22168

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

RECEIVED
OCT 28 2015
SC Court of Appeals

Appellate Case No. 2015-000808

James Osment.....Appellant,

v.

The Timken Company, Employer,
and Phoenix Insurance Company, ...Respondents.

RECORD ON APPEAL
VOLUME II

John David Hawkins
South Carolina Bar No. 5891
Charles Logan Rollins
South Carolina Bar No. 78395
George Randall Taylor
South Carolina Bar No. 10151
The Hawkins Law Firm
P.O. Box 5048
Spartanburg, SC 29304
(864) 574-8801

ATTORNEYS FOR APPELLANT

J. South Lewis
Willson Jones Carter & Baxley, PA
872 Pleasantburg Drive,
Greenville, SC 29607

ATTORNEY FOR RESPONDENT

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8 South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1008356

Claimant's Name: James Osment
Address: 205 Fortenberry Road
City: Gaffney State: SC Zip: 29340
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: John Hawkins, The Hawkins Law Firm

Employer's Name: The Timken Company
Address: 100 Timken Road
City: Gaffney State: SC Zip: 29341
Carrier: The Phoenix Insurance Co.
Preparer's Phone #: (864) 574-8801

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

1. Compensation Rate: $689.71 2. AWW: $1,079.46 **Date of Injury:** 05/20/2010
3. Type of injury and body part(s): Right knee, Right Leg, Right Hip, Right Foot & Back.
4. Facts in controversy: Compensability of Right Leg, Right Hip, Right Foot & Back.; MMI?; Whether claimant is Permanently & Totally Disabled? Permanent Partial Disability for the above body parts? Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 2d 593 (S.C. App. 1999); Did Timken make an offer of employment to Claimant under SC law.
5. Legal issues involved: S.C. Code Ann § 42-1-160(Case Compensable)(Injury & personal inj defined);42-15-60(Entitled to Medical Care); 42-9-30 Scheduled Member (Partial Permanent Disability to a Scheduled Member) 42-9-10 Total Disability: 42-9-20 Partial Disability Compensation; Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 2d 593 (S.C. App. 1999). Did Timken make a legally enforceable offer of employment to Claimant under SC law?
6. Unusual aspects: Utica Mohawk & Lump Sum; Defendants have presented no evidence rebutting the vocational opinions of Adger Brown that no reasonably stable market for the vocational services Claimant is offering exists; accordingly, the only factual or legal issue to be decided in the case is whether Timken has made a *bona fide* offer of employment to Claimant under South Carolina law.
7. Witnesses (designate if expert):* James Osment, Claimant; Rick Poston Senior HR Health and Safety Analyst ; Raymond Sarratt, Facilities Manager over Maintenance and Equipment; Bobbie Griffin, Insurance Adjuster
8. Exhibits: Medical Records of Claimant; Retirement Election Form; Deposition of Rick Poston; Deposition of Raymond Sarratt, Deposition of Anthony Sanchez; Deposition of Bobbie Griffin (upon scheduling and receipt)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See Notice of Witnesses and Written Reports (APA Submissions)
10. Name, address, and specialty, if any, of the treating physician: Peachview Medical Park, 722 Hyatt St., Suite C, Gaffney, SC 29341; Company doctors at The Timken Company; Grady Orthopaedics, 480 Floyd Road, Spbg, SC 29307; Orthopedic Specialties of Spartanburg, 303 East Wood Street, Spartanburg, SC 29303
11. Impairment rating(s); body part(s); physician and date of opinion: On 8/22/2012, Dr. Anthony Sanchez gave the claimant a 20% whole person impairment rating and a 50% lower extremity impairment rating.
    On 6/16/2014, Dr. Anthony Sanchez gave the claimant a 20% impairment rating to his right hip.
12. I am amending my Form 50/51 in the following manner: N/A

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to South Lewis, Willson Jones Carter & Baxley, 872 S. Pleasantburg Drive, Greenville, SC 29607 on the 11th day of September, 2014 by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Randy Taylor for John Hawkins
Email: john@hawkinslawsc.com
Date of hearing: September 26, 2014
Time needed for hearing: 1 hour

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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

James Osment Employee/Claimant, v. The Timken Company Employer, and Phoenix Insurance Company Defendants.	NOTICE OF WITNESSES AND WRITTEN REPORTS/PHYSICIANS OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF **James Osment** Hearing Date: 09/26/2014 at 2:30 p.m. WCC FILE NOS.: 1008356

TO: THE HONORABLE COMMISSIONER SUSAN BARDEN SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; AND J. SOUTH LEWIS II, ATTORNEY FOR DEFENDANTS.

YOU ARE HEREBY NOTIFIED that the Employee pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence as direct evidence on behalf of the Employee, to wit:

APA #	NAME	PROVIDER	DATE	PAGES
1	The Timken Company / Medical Record		05/20/2010	1
2	Peachview Medical Park		05/20/2010-05/21/2010	2
3	Statements of Physical Condition / Timken		05/21/2010-09/10/2013	3-13

4	Physical Exam Supplemental Doctors Notes / Timken		05/24/2010-10/28/2013	14-19
5	Upstate Carolina Medical Center		05/25/2010-06/10/2010	20-27
6	Grady Orthopaedics		06/07/2010-01/20/2011	28-55
7	Orthopedic Specialties of Spartanburg		05/02/2011-08/27/2014	56-131
8	Out of Work Statements		09/09/2013 & 10/28/2013	132-133
9	Questionnaires of Dr. Anthony Sanchez		03/09/2014 & 06/16/2014	134-137
10	Retirement Election Form		10/21/2013	138
11	Vocational Evaluation Report		04/30/2014	139-145
12	Deposition of Dr. Anthony Sanchez		05/23/2014	146-215
13	Deposition of Rick Poston		08/21/2014	216-284
14	Deposition of Raymond Sarratt		08/21/2014	285-317
15	Deposition of Bobbie Griffin		To Be Scheduled	To Be Submitted Upon Receipt

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

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

YOU ARE HEREBY NOTIFIED that the following witnesses may be called on behalf of the Employee/Claimant.

James Osment, Claimant
Rick Poston, Senior HR Health and Safety Analyst
Raymond Sarratt, Manager over Maintenance and Equipment
Bobbie Griffin, Insurance Adjuster

Respectfully submitted,

Randy Taylor for

John Hawkins
THE HAWKINS LAW FIRM
Attorney for the Employee/Claimant
PO Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 574-8810 (Facsimile)
john@hawkinslawsc.com

September 11, 2014

027861

IE TIMKEN COMPANY MEDICAL RECORD

James Osment	SOCIAL SECURITY NO. 248-82-1547	BIRTHDATE 11-13-49	AGE 60	SEX M	SHIFT 2nd	HIRE DATE
ADDRESS 205 Montauk Rd. Gaffney S.C.					PHONE	
OCCUPATION Maintance	CLOCK NO. 11264	PLANT Eng		SUPERVISOR'S NAME Cy Addington		PHONE

Employee step off of train on track and foot slipped off. Twisting right knee. Braced himself by grabbing side of train. B.T.

DATE & TIME ILLNESS/ACCIDENT	T.T.	TIME OUT / TIME RETURN	WGT. INVOLVED	SAFETY PROTECTION	WITNESS
5/20/10 9:20	☐				Brian Cox, Barry Durrett

DATE & TIME REPORTED	SUTURES	MEDICINE	X-RAY AT	POS	NEG	PREVIOUS BACK OR SPRAIN INJURIES
Same	☐	☐		☐	☑	

I HEREBY AUTHORIZE ANY PHYSICIAN, HOSPITAL OR PERSON TO RELEASE ANY INFORMATION RELATING TO DIAGNOSIS AND TREATMENT WHICH MAY BE RELATED TO THIS INJURY TO THE TIMKEN COMPANY, AND I CERTIFY THAT THE ABOVE PATIENT'S STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

ASSOCIATE'S SIGNATURE James J Osment

NURSE'S IMPRESSION Employee said he can't apply weight and

DIAGNOSIS Some bruising noted.

TREATMENT Advil, TCE, ACE

☑ OCCUPATIONAL
☐ NON-OCCUPATIONAL

Osment v. Timken1

PEACHVIEW MEDICAL PARK
722 Hyatt St. • Suite C
Gaffney, SC 29341

Susan Bland, M.D.
Charles Stroup, M.D.
Todd Morgan, M.D.

5/20/10 P: 8
Stepped off train onto track twisted
(R) Knee some swelling ——— Alaina

5/21/10 P: 8-9
W/c Re✓ (R) Knee ——— B. Wilder
improved

Patient's Name: James Osment Date: 5/24/10 Nurse: AC
Referral to: UCMC Date: 5/25/10 Time: 10:20

Osment v. Timken2

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
James Osment		

TYPE OF PHYSICAL

- ☐ New Hire
- ☐ Return To Work
- ☐ LO/R
- ☐ Prolonged Absence
- ☐ Mandatory Exam
- ☑ New Restriction
- ☐ Review Of Restriction
- ☐ Job Bid
- ☐ LO/P Implied List
- ☐ Job Retrogression
- ☐ Job Addition/Restructure
- ☐ Supervisor Request
- ☐ Medical Consult
- ☐ Working
- ☐ Not Working _____ LAST DATE WORKED
- ☐ LO/P

☑ Accepted with restrictions by: Cy Addington 2673
NAME EXT.

☐ Not Accepted by: _____
NAME EXT.

DATE RTW	TIME	PHONE MESSAGE LEFT ON _____ CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE

In my opinion the above named associate is:

CLASS A

- ☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
- ☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B

- ☑ 3. ABLE TO DO COMPANY WORK ON WITH RESTRICTIONS LISTED BELOW: — DATE 5-21-10

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE. REVIEW DATE

PROLONGED ☐ ABSENCE	EXPECTED DELIVERY DATE (PREGNANCY)	EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > # .	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height _____ lbs.	080/088
		B3 No climbing > 6 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. / - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving Company vehicles/cranes (remote control cranes OK).	008
		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of: ☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	086/090
		B12 To wear/use orthopedic device: ☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039) ☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ _____	
		B13 No incentive related work.	029
	✓	B14 Allow to sit/stand per patient comfort.	078
		B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movement of: R L ☐ Arm ☐ Hand ☐ Leg ☐ Foot	083/094
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

OPP Rest today

ICE on -3X today

IS THIS CONDITION A RESULT OF A PLANT INJURY?
☐ YES ☐ NO ☐ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE

DATE 5-20-10

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0398

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken3

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
James Osment		

TYPE OF PHYSICAL

☐ New Hire ☐ Return To Work ☐ LO/R ☐ Prolonged Absence
☐ Mandatory Exam ☐ New Restriction ☑ Review Of Restriction ☐ Job Bid
☐ LO/P Implied List ☐ Job Retrogression ☐ Job Addition/Restructure ☐ Supervisor Request
☐ Medical Consult ☐ Working ☐ Not Working _____ LAST DATE WORKED ☐ LO/P

☑ Accepted with restrictions by: CY Addington 2673 (NAME / EXT.)
☐ Not Accepted by: _____ (NAME / EXT.)

DATE RTW	TIME	PHONE MESSAGE LEFT ON _____ CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE

In my opinion the above named associate is:

CLASS A
☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B
☑ 3. ABLE TO DO COMPANY WORK ON WITH RESTRICTIONS LISTED BELOW: — DATE 5-21-10

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE. REVIEW DATE _____

PROLONGED ☐ ABSENCE — EXPECTED DELIVERY DATE (PREGNANCY) — EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION: Monday

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height _____ lbs.	080/088
		B3 No climbing > 6 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	008
		B7 Wear ear defenders > 85 db.	083
		B8 No driving Company vehicles/cranes (remote control cranes OK).	008
		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of: ☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	086/090
		B12 To wear/use orthopedic device: ☐ Brace(082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039) ☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ _____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
	✓	B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movement of: R L ☐ Arm ☐ Hand ☐ Leg ☐ Foot	083/094
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

IS THIS CONDITION A RESULT OF A PLANT INJURY? ☐ YES ☐ NO ☑ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE — DATE 5-21-10

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0398

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken4

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME: James Osment | CLOCK NO: 1264 | SOCIAL SECURITY NUMBER:

TYPE OF PHYSICAL

- ☐ New Hire
- ☑ Return To Work
- ☐ LO/R
- ☐ Prolonged Absence
- ☐ Mandatory Exam
- ☐ New Restriction
- ☐ Review Of Restriction
- ☐ Job Bid
- ☐ LO/P Implied List
- ☐ Job Retrogression
- ☐ Job Addition/Restructure
- ☐ Supervisor Request
- ☐ Medical Consult
- ☐ Working
- ☐ Not Working ____ LAST DATE WORKED
- ☐ LO/P

☑ Accepted with restrictions by: NAME CJ Chamberlain EXT. 2673

☐ Not Accepted by: NAME ____ EXT. ____

DATE Aug 23, 2010 | TIME 7:00A | PHONE MESSAGE LEFT ON ____ | CALL 3760 FOR PROBLEMS | SUPERVISOR'S SIGNATURE | DATE

RTW RAL

In my opinion the above named associate is:

CLASS A

- ☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
- ☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B

- ☑ 3. ABLE TO DO COMPANY WORK ON WITH RESTRICTIONS LISTED BELOW: — DATE 8-23-10

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE. REVIEW DATE ____

PROLONGED ☐ ABSENCE | EXPECTED DELIVERY DATE (PREGNANCY) | EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION: 3 wk

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > # .	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height ____ lbs.	080/088
	✓	B3 No climbing ~~or work with out fall protection.~~	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
	✓	B6a No excessive walking. 4 - Hrs./Day	006
	✓	B6b No excessive standing. 4 - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving Company vehicles/cranes (remote control cranes OK).	008
	✓	B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of: ☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	086/090
		B12 To wear/use orthopedic device: ☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039) ☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ ____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
	✓	B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
	✓	B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movement of: R L ☐ Arm ☐ Hand ☐ Leg ☐ Foot	083/094
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

4 hrs / day

IS THIS CONDITION A RESULT OF A PLANT INJURY? ☐ YES ☐ NO ☑ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE | DATE 8-20-10

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0398

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken5

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
James Osment	11264	

TYPE OF PHYSICAL

☐ New Hire ☐ Return To Work ☐ LO/R ☐ Prolonged Absence
☐ Mandatory Exam ☐ New Restriction ☒ Review Of Restriction ☐ Job Bid
☐ LO/P Implied List ☐ Job Retrogression ☐ Job Addition/Restructure ☐ Supervisor Request
☐ Medical Consult ☐ Working ☐ Not Working _____ LAST DATE WORKED ☐ LO/P

☒ Accepted with restrictions by: C Addington 2643 NAME EXT.
☐ Not Accepted by: _____ NAME EXT.

DATE / RTW	TIME	PHONE MESSAGE LEFT ON _____ CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE

In my opinion the above named associate is:

CLASS A
☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B
☒ 3. ABLE TO DO COMPANY WORK ON ☛ WITH RESTRICTIONS LISTED BELOW: — DATE 9/15/10

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE. REVIEW DATE

PROLONGED ☐ ABSENCE	EXPECTED DELIVERY DATE (PREGNANCY)	EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height _____ lbs.	080/088
		B3 No climbing > 6 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
✓		B7 Wear ear defenders > 85 db.	063
		B8 No driving Company vehicles/cranes (remote control cranes OK).	008
	✓	B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of: ☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	086/090
		B12 To wear/use orthopedic device: ☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039) ☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ _____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
		B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movement of: R L ☐ Arm ☐ Hand ☐ Leg ☐ Foot	083/094
	✓	B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

Work 4 hrs. day till 9/27/10. Then may go to 8 hrs/day. (Still on sedentary duty!)

IS THIS CONDITION A RESULT OF A PLANT INJURY? ☒ YES ☐ NO ☐ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE: Jane Huffley RN — DATE: 9/15/10

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0399

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken6

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
James Osment		

TYPE OF PHYSICAL

- ☐ New Hire
- ☐ Return To Work
- ☐ LO/R
- ☐ Prolonged Absence
- ☐ Mandatory Exam
- ☑ New Restriction
- ☑ Review Of Restriction
- ☐ Job Bid
- ☐ LO/P Implied List
- ☐ Job Retrogression
- ☐ Job Addition/Restructure
- ☐ Supervisor Request
- ☐ Medical Consult
- ☐ Working
- ☐ Not Working _____ LAST DATE WORKED
- ☐ LO/P

☑ Accepted with restrictions by: G Addington 2673 (NAME / EXT.)

☐ Not Accepted by: _____ (NAME / EXT.)

DATE RTW	TIME	PHONE MESSAGE LEFT ON _____ CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE

In my opinion the above named associate is:

CLASS A

- ☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
- ☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B

- ☑ 3. ABLE TO DO COMPANY WORK ON ☛ WITH RESTRICTIONS LISTED BELOW: — DATE 3/11/11

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE. REVIEW DATE _____

PROLONGED ☐ ABSENCE — EXPECTED DELIVERY DATE (PREGNANCY) — EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION: 3/16/11

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > # .	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height _____ lbs.	080/088
		B3 No climbing > 6 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
	✓	B6a No excessive walking. 4 - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving Company vehicles/cranes (remote control cranes OK).	008
		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of: ☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	086/090
		B12 To wear/use orthopedic device: ☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039) ☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ _____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
	✓	B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
	✓	B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movement of: R L ☐ Arm ☐ Hand ☐ Leg ☐ Foot	083/094
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

IS THIS CONDITION A RESULT OF A PLANT INJURY?
☐ YES ☐ NO ☑ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE

DATE 3-10-11

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0398

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken7

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME: James Osment | CLOCK NO. | SOCIAL SECURITY NUMBER

TYPE OF PHYSICAL

- ☐ New Hire
- ☒ Return To Work
- ☐ LO/R
- ☐ Prolonged Absence
- ☐ Mandatory Exam
- ☐ New Restriction
- ☐ Review Of Restriction
- ☐ Job Bid
- ☐ LO/P Implied List
- ☐ Job Retrogression
- ☐ Job Addition/Restructure
- ☐ Supervisor Request
- ☐ Medical Consult
- ☐ Working
- ☐ Not Working ____ LAST DATE WORKED
- ☐ LO/P

☑ Accepted with restrictions by: Cy Addington 2673 (NAME / EXT.) ☐ Not Accepted by: ____ (NAME / EXT.)

DATE 1/3/12 RTW JA | TIME 7:00 AM | PHONE MESSAGE LEFT ON ____ CALL 3750 FOR PROBLEMS | SUPERVISOR'S SIGNATURE Cy Addington | DATE 1-3-2012

In my opinion the above named associate is:

CLASS A
- ☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
- ☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B
- ☒ 3. ABLE TO DO COMPANY WORK ON ☛ WITH RESTRICTIONS LISTED BELOW: — DATE

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE — REVIEW DATE

PROLONGED ☐ ABSENCE | EXPECTED DELIVERY DATE (PREGNANCY) | EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION: 1/12/12

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height ____ lbs.	080/088
		B3 No climbing > 4 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving/operating: ☐ Vehicles for company business	008
		☐ Cab operated cranes ☐ Remote control operated cranes	
		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of:	086/090
		☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	
		B12 To wear/use orthopedic device:	
		☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039)	
		☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ ____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
	✓	B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movment of: R L	083/094
		☐ Arm ☐ Hand ☐ Leg ☐ Foot	
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

IS THIS CONDITION A RESULT OF A PLANT INJURY? ☑ YES ☐ NO ☐ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE: Jane Ruffley RN | DATE 1/3/12

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0607

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken8

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME: James Osment | CLOCK NO. | SOCIAL SECURITY NUMBER

TYPE OF PHYSICAL

- ☐ New Hire
- ☐ Return To Work
- ☐ LO/R
- ☐ Prolonged Absence
- ☐ Mandatory Exam
- ☐ New Restriction
- ☑ Review Of Restriction
- ☐ Job Bid
- ☐ LO/P Implied List
- ☐ Job Retrogression
- ☐ Job Addition/Restructure
- ☐ Supervisor Request
- ☐ Medical Consult
- ☐ Working
- ☐ Not Working — LAST DATE WORKED
- ☐ LO/P

☑ Accepted with restrictions by Cy Addington NAME 2673 EXT.

☐ Not Accepted by: NAME EXT.

DATE | TIME | PHONE MESSAGE LEFT ON ____ CALL 3750 FOR PROBLEMS

RTW

SUPERVISOR'S SIGNATURE Cy Addington DATE 1-11-12

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE — REVIEW DATE

PROLONGED ☐ ABSENCE | EXPECTED DELIVERY DATE (PREGNANCY) | EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION: 6 week

In my opinion the above named associate is:

CLASS A

- ☑ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
- ☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B

- ☐ 3. ABLE TO DO COMPANY WORK ON WITH RESTRICTIONS LISTED BELOW: — DATE 1-11-12

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > 30 #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height ____ lbs.	080/088
		B3 No climbing > 4 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. 4 - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving/operating: ☐ Vehicles for company business	008
		☐ Cab operated cranes ☐ Remote control operated cranes	
		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of:	086/090
		☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	
		B12 To wear/use orthopedic device:	
		☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039)	
		☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ ____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
		B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
	✓	B19 No/Limited Bending, stooping, crouching Kneeling	076/083
		B20 No/Limited Repetitive movment of: R L	083/094
		☐ Arm ☐ Hand ☐ Leg ☐ Foot	
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

IS THIS CONDITION A RESULT OF A PLANT INJURY?
☐ YES ☑ NO ☑ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE Todd Myers DATE 1-11-12

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0507

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
OSMENT, JAMES	11264	

TYPE OF PHYSICAL

☐ New Hire ☐ Return To Work ☐ LO/R ☐ Prolonged Absence
☐ Mandatory Exam ☐ New Restriction ☐ Review Of Restriction ☐ Job Bid
☐ LO/P Implied List ☐ Job Retrogression ☐ Job Addition/Restructure ☐ Supervisor Request
☐ Medical Consult ☐ Working ☐ Not Working ____ (LAST DATE WORKED) ☐ LO/P

☑ Accepted with restrictions by: Christopher S Owen (NAME) 2657 (EXT.)
☐ Not Accepted by: ____ (NAME) ____ (EXT.)

DATE / RTW	TIME	PHONE MESSAGE LEFT ON ____ / CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE
			Christopher S Owen	11/15/2012

In my opinion the above named associate is:

CLASS A
☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B
☐ 3. ABLE TO DO COMPANY WORK ON ☛ WITH RESTRICTIONS LISTED BELOW: — DATE

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE — REVIEW DATE

PROLONGED ☐ ABSENCE | EXPECTED DELIVERY DATE (PREGNANCY) | EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height ____ lbs.	080/088
		B3 No climbing > 4 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving/operating: ☐ Vehicles for company business	008
		☐ Cab operated cranes ☐ Remote control operated cranes	
		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of:	086/090
		☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	
		B12 To wear/use orthopedic device:	
		☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039)	
		☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ ____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
		B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movment of: R L	083/094
		☐ Arm ☐ Hand ☐ Leg ☐ Foot	
		B21 Must wear Rx lenses	084

CLASS B (SPECIFIC RESTRICTION) (PERMANENT)

NO WALKING GREATER THAN 100 YARDS, NO KNEELING, CRAWLING, OR CLIMBING

IS THIS CONDITION A RESULT OF A PLANT INJURY? ☐ YES ☐ NO ☐ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE: RDapp — DATE: 11/15/12

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0607

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken10

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
James Osment	11264	

TYPE OF PHYSICAL

☐ New Hire ☐ Return To Work ☐ LO/R ☐ Prolonged Absence
☐ Mandatory Exam ☐ New Restriction ☐ Review Of Restriction ☐ Job Bid
☐ LO/P Implied List ☐ Job Retrogression ☐ Job Addition/Restructure ☐ Supervisor Request
☐ Medical Consult ☐ Working ☐ Not Working ____ (LAST DATE WORKED) ☐ LO/P

☐ Accepted with restrictions by: ____ (NAME) ____ (EXT.)
☐ Not Accepted by: ____ (NAME) ____ (EXT.)

DATE RTW	TIME	PHONE MESSAGE LEFT ON / CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE
1/28/13	7:00 AM			

In my opinion the above named associate is:

CLASS A	☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK	DATE
	☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER	DATE
CLASS B	☑ 3. ABLE TO DO COMPANY WORK ON WITH RESTRICTIONS LISTED BELOW:	DATE 1-28-13

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE ____ (REVIEW DATE)

PROLONGED ☐ ABSENCE | EXPECTED DELIVERY DATE (PREGNANCY) | EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height ____ lbs.	080/088
		B3 No climbing > 4 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving/operating: ☐ Vehicles for company business	008
		☐ Cab operated cranes ☐ Remote control operated cranes	
✓		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of:	086/090
		☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	
		B12 To wear/use orthopedic device:	
		☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039)	
		☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ ____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
		B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movment of: R L	083/094
		☐ Arm ☐ Hand ☐ Leg ☐ Foot	
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

No Walking greater than 100 yards, No Kneeling, Crawling or Climbing

IS THIS CONDITION A RESULT OF A PLANT INJURY? ☐ YES ☑ NO ☐ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE

DATE 1-28-13

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

300-1123-0607

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken11

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
Osment Jane		

TYPE OF PHYSICAL

- ☐ New Hire
- ☐ Return To Work
- ☐ LO/R
- ☐ Prolonged Absence
- ☐ Mandatory Exam
- ☐ New Restriction
- ☐ Review Of Restriction
- ☐ Job Bid
- ☐ LO/P Implied List
- ☐ Job Retrogression
- ☐ Job Addition/Restructure
- ☐ Supervisor Request
- ☐ Medical Consult
- ☐ Working
- ☐ Not Working _____ LAST DATE WORKED
- ☐ LO/P

☐ Accepted with restrictions by: _____ NAME _____ EXT.

☐ Not Accepted by: _____ NAME _____ EXT.

DATE	TIME	PHONE MESSAGE LEFT ON _____	SUPERVISOR'S SIGNATURE	DATE
RTW		CALL 3750 FOR PROBLEMS		

In my opinion the above named associate is:

CLASS A

- ☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
- ☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B

- ☑ 3. ABLE TO DO COMPANY WORK ON ☛ WITH RESTRICTIONS LISTED BELOW: — DATE 5-20-13

CLASS C ☐ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE — REVIEW DATE

PROLONGED ☐ ABSENCE	EXPECTED DELIVERY DATE (PREGNANCY)	EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION

PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001
		B2a No heavy lifting > #.	002
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075
		B2c No/Limited Lifting over shoulder height _____ lbs.	080/088
		B3 No climbing > 4 feet without fall protection.	003
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089
		B4b Avoid excessive heat.	026
		B5 Avoid skin irritants.	005
		B6a No excessive walking. - Hrs./Day	006
		B6b No excessive standing. - Hrs./Day	006
		B7 Wear ear defenders > 85 db.	063
		B8 No driving/operating: ☐ Vehicles for company business	008
		☐ Cab operated cranes ☐ Remote control operated cranes	
✓		B9 Special restriction. (See class B-Specific Below)	054
		B10 Keep dressing clean and dry.	070

PERM	TEMP	RESTRICTIONS	CODE
		Dominant hand R L	
		B11 No/Limited Use of:	086/090
		☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	
		B12 To wear/use orthopedic device:	
		☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039)	
		☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ _____	
		B13 No incentive related work.	029
		B14 Allow to sit/stand per patient comfort.	078
		B15 Desk work/bench work only/sit down work	018
		B16 No/Limited Reaching overhead R L	085/091
		B17 No/Limited Stairs	055/092
		B18 Close parking/notify security	081
		B19 No/Limited Bending, stooping, crouching	076/093
		B20 No/Limited Repetitive movment of: R L	083/094
		☐ Arm ☐ Hand ☐ Leg ☐ Foot	
		B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

No Walking greater than 100 yards,
No Kneeling, Crawling or Climbing

IS THIS CONDITION A RESULT OF A PLANT INJURY?	MEDICAL DEPARTMENT AUTHORIZED SIGNATURE	DATE
☐ YES ☐ NO ☐ CLAIMS		5-20-13

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0507

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken12

TIMKEN

STATEMENT OF PHYSICAL CONDITION

NAME	CLOCK NO.	SOCIAL SECURITY NUMBER
OSment, JAmes	11264	

TYPE OF PHYSICAL

☐ New Hire ☐ Return To Work ☐ LO/R ☐ Prolonged Absence
☐ Mandatory Exam ☐ New Restriction ☐ Review Of Restriction ☐ Job Bid
☐ LO/P Implied List ☐ Job Retrogression ☐ Job Addition/Restructure ☐ Supervisor Request
☐ Medical Consult ☐ Working ☐ Not Working _____ LAST DATE WORKED ☐ LO/P

☐ Accepted with restrictions by: _____ NAME _____ EXT.

☐ Not Accepted by: _____ NAME _____ EXT.

DATE RTW	TIME	PHONE MESSAGE LEFT ON _____ CALL 3750 FOR PROBLEMS	SUPERVISOR'S SIGNATURE	DATE

In my opinion the above named associate is:

CLASS A
☐ 1. ABLE TO DO ANY FORM OF COMPANY WORK — DATE
☐ 2. MEDICAL CONSULTATION NECESSARY FOR REASSIGNMENT OR TRANSFER — DATE

CLASS B
☐ 3. ABLE TO DO COMPANY WORK ON ☛ WITH RESTRICTIONS LISTED BELOW: — DATE

CLASS C ☒ TEMPORARILY UNABLE TO DO ANY FORM OF COMPANY WORK WHICH MAY BE AVAILABLE — REVIEW DATE INDEFINITE

PROLONGED ☐ ABSENCE | EXPECTED DELIVERY DATE (PREGNANCY) | EST. LAST DAY TO WORK

APPROX. DATE OF RETURN TO WORK OR REVIEW OF RESTRICTION

PERM	TEMP	RESTRICTIONS	CODE	PERM	TEMP	RESTRICTIONS	CODE
		B1 No hazardous (unguarded) machinery.	001			Dominant hand R L	
		B2a No heavy lifting > #.	002			**B11** No/Limited Use of:	086/090
		B2b No/Limited Repetitive bending or twisting of trunk.	087/075			☐ Arm ☐ Hand ☐ Leg ☐ Foot R L	
		B2c No/Limited Lifting over shoulder height _____ lbs.	080/088			**B12** To wear/use orthopedic device:	
		B3 No climbing > 4 feet without fall protection.	003			☐ Brace (082) ☐ Cane (038) ☐ Cast (012) ☐ Crutches (039)	
		B4a No/Limited Excessive exposure to dust and/or fumes.	004/089			☐ Shoe (072) ☐ Sling (053) ☐ Splint (071) ☐ _____	
		B4b Avoid excessive heat.	026			**B13** No incentive related work.	029
		B5 Avoid skin irritants.	005			**B14** Allow to sit/stand per patient comfort.	078
		B6a No excessive walking. - Hrs./Day	006			**B15** Desk work/bench work only/sit down work	018
		B6b No excessive standing. - Hrs./Day	006			**B16** No/Limited Reaching overhead R L	085/091
		B7 Wear ear defenders > 85 db.	063			**B17** No/Limited Stairs	055/092
		B8 No driving/operating: ☐ Vehicles for company business	008			**B18** Close parking/notify security	081
		☐ Cab operated cranes ☐ Remote control operated cranes				**B19** No/Limited Bending, stooping, crouching	076/093
		B9 Special restriction. (See class B-Specific Below)	054			**B20** No/Limited Repetitive movment of: R L	083/094
		B10 Keep dressing clean and dry.	070			☐ Arm ☐ Hand ☐ Leg ☐ Foot	
						B21 Must wear Rx lenses	084

CLASS B SPECIFIC RESTRICTION

IS THIS CONDITION A RESULT OF A PLANT INJURY?
☐ YES ☐ NO ☒ CLAIMS

MEDICAL DEPARTMENT AUTHORIZED SIGNATURE: KL RN

DATE: 9/10/13

MEDICAL-White Copy-(GNW03) ASSOCIATE-Green Copy DEPARTMENTAL RECORDS-Yellow Copy DISABILITY PROGRAMS-Pink Copy-(GNW03)

600-1123-0607

PATIENT INSTRUCTIONS

MEDICATION/OTHER

NEXT APPOINTMENT

Osment v. Timken13

PHYSICAL EXAM
SUPPLEMENTAL DOCTORS NOTES

TIMKEN

NAME	LAST	FIRST	MIDDLE	SEX	PLANT	CLOCK NUMBER
	Osment	James	A.	(M) F		11264

DATE	FURTHER REMARKS
5-24-10	Pt has had Knee injury which was treated at my office. He says over the weekend that patella have slotted up + down his leg. ROM wl both very tender. Will need Phys Ther and will obtain MRI. Rev wkd 25th
5-26-10	Pt has had 25% improvement Patellar Cartilage Menisci have Not been damaged Will refer to Dr Kanne (ortho) for further eval.
5/26/10 3:55p	Called + LM for Bobbie Griffin w/Travelers re: orthopedic consult. J Heffley PA
6/18/10	Pt. reported that Dr. Grady has told him that he need arthroscopic surg. on right knee. States still having a lot of pain, especially at night. States (R) knee "locks up" occas. J Heffley PA
10/12/10	Talked w/pt. He states that he was scheduled for inject on (R) knee tomorrow but it was cancelled because Travelers wouldn't approve it. States Dr. Grady told him when he did the surgery that he would need an inject. in 60-90 days. Sent note to Asa Main w/Travelers to contact James + explain situation. J Heffley PA

KEN COMPANY

8592-0828

PHYSICAL EXAM
SUPPLEMENTAL DOCTOR'S NOTES

TIMKEN

NAME	LAST	FIRST	MIDDLE	SEX	PLANT	CLOCK NUMBER
	Osment	James		M / F		11264

DATE	FURTHER REMARKS
1/24/11	Pt. reports that orthopedic doctor advised him he will need further surgery on (R) knee. States D. is communicating w/ Travelers. J Hufflyn PA
2/3/11	States (R) knee is causing a lot of pain. If surgery is recommended by Travelers, pt would like to see Dr. Shirley (1st choice) or Dr. Sanchez for 2nd opinion. J Hufflyn PA
3/28/11	Pt. reports that (R) knee "gives out" at times, causing him to be fearful of falling. asks for update as to when he might get in with another Dr. Bobbie Griffin @ Travelers rep. via VM + email awaiting reply. J Hufflyn PA
3/30/11	Bobbie Griffin @ Travelers replied that Dr. Shirley wouldn't see him. Advised her to try Dr. Sanchez. Spoke w/ James + told him of progress being made in making appt. for 2nd opinion. J Hufflyn PA

THE TIMKEN COMPANY
REV-0405

8592-0895

PHYSICAL EXAM
SUPPLEMENTAL DOCTORS NOTES

TIMKEN

NAME (LAST)	(FIRST)	(MIDDLE)	SEX M F	PLANT	CLOCK NUMBER
Osment	James				

DATE	FURTHER REMARKS
1-4-12	PT has been placed on Sedentary work only. Will need to have cart to transport to desk. Knee has swollen since starting back to work
1-11-12	PT has few problem. Swelling improved since he changed shoes. Restrictions per SPC. Rev 6 week
1/14/12	RESTRICTIONS APPROVED BY SUPERVISOR. KL
1/21/12	EE STATES HAD Appointment T ORTHO TODAY. NEXT APPOINTMENT IN FEBRUARY 2013. KLpn
8/10/13	EE SAW DR MORGAN FOR (R) KNEE PAIN. WAS INSTRUCTED BY MD TO CALL DR. SACHEZ & GET APPOINTMENT FOR EE. CALLED OFFICE & LM FOR W/C PERSON (CAY GAULT). KLpn RN
8/11/13	EE HAS Appointment TODAY to see DR. SANCHEZ. KLpn
8/17/13	EE CALLED ON PHONE. STATES WAS BEEN OOW ALL WEEK & RASH AROUND HIS KNEE. STATES IS BEING SEEN BY HIS PCP FOR RASH, WAS REFERRED FROM DR. SANCHEZ. STATES IS PLANNING TO TAKE VACATION DAYS. STATES: "KNEE FEELS TIGHT". KLpn

CAL EXAM
LEMENTAL DOCTORS NOTES

TIMKEN

AME	LAST	FIRST	MIDDLE	SEX M F	PLANT	CLOCK NUMBER
	Osment	JAMES				11264

DATE	FURTHER REMARKS
1/8/13	EE CAME TO medical. HAS SEVERE RASH (Red) c SOME BLISTERS ON (R) KNEE. EE STATES WAS REFERRED TO HIS PCP BY DR. SANCHEZ. EE UNDER CARE OF PCP & WILL BE OOW UNTIL 1/24/13. EE WILL BE FILING FOR STD. STD PAPERWORK INITIATED. KLpp RN
1-24-13	Pt has been release from Outpatient. Pt will remain
1/4/13	S) EE HERE FOR F/U FOR WORK-RELATED INJURY TO (R) KNEE S/P Twisted KNEE (see ENCOUNTER - INJURY REPORT). EE Reported THIS ON 2/11/13. EE STATES NAD (R) KNEE REPLACEMENT FROM WORK-RELATED injury ON NOV 2012. O) EE A&O x3. NAD. WALKS c STEADY/UPRIGHT GAIT. EE HAS (R) KNEE SWELING. NO REDNESS OR DEFORMITIES NOTED. EE HAS limited ROM of (R) KNEE. KNEE SWELLING, PAIN & TENDERNESS ARE ONGOING ISSUE SINCE KNEE REPLACEMENT (PER EE). A) ALTERED comfort P) EE STATES HAS Appointment c DR. SANCHEZ ON 2/20/13 FOR F/U. INSTRUCTED EE TO ASK MD ABOUT Getting NON-NARCotic PAIN med. EE VERBALIZED UNDERSTANDING. KLpp RN

THE TIMKEN COMPANY

8592-0898

Osment v. Timken17

PHYSICAL EXAM
SUPPLEMENTAL DOCTORS NOTES

TIMKEN

NAME	LAST	FIRST	MIDDLE	SEX M F	PLANT	CLOCK NUMBER
	OSMENT	JAMES				11264

DATE	FURTHER REMARKS
4/30/13	EE CAME BY MEDICAL AND STATES SAW DR SANCHEZ TODAY @ 9:30AM. MD HAS ORDERED BONE SCAN. EE STATES PAIN IN (R) KNEE WORSE SINCE LAST WEEK. STATES PAIN IS 6 of 10 NOW WHILE SITTING IN CHAIR. STATES MD PRESCRIBED AN ANTIINFLAMMATORY med. b) EE WALKS C SLIGHT LIMP. (R) KNEE APPEARS BIGGER THAN (L). NO REDNESS OR DEFORMITIES NOTED. EE HAS Limited ROM of (R) KNEE P) Sent EMAIL TO B.GRIFFIN @ TRAVELERS TO GET AUTHORIZATION FOR BONE SCAN. BONE SCAN Sceduled FOR 2/26/13 @ 9:00AM. K Lpn RN
5/10/13	EE CAME BY medical STATES HAS Ap. C MD TO R/O ~~RE~~ BODY REJECTION FROM METAL IN KNEE REPLACEMENT Next week. STATES HAS 2 OTHER Appointments AS well. K Lpn
5/20/13	FAXED NOTE FROM DERMATOLOGIST TO TRAVELERS. EE missed SEVERAL DAYS of WORK FOR ALLERY Tests. NOT APPROVED yet FROM TRAVELERS. RTW BY DR. MORGAN ON 5/20/13. K Lpn RN
7/9/13	EE CAME TO medical. STATES SAW DR. SANCHEZ YESTERDAY. STATE DR SANCHEZ WANTS TO DO "NERVE Test" TO MAKE SURE HE DOES NOT HAVE A PINCHED NERVE IN HIS KNEE. EE STATES SANCHE WILL BE IN TOUCH C W/C (TRAVELERS) K Lpn RN

PHYSICAL EXAM
SUPPLEMENTAL DOCTORS NOTES

TIMKEN

NAME	LAST	FIRST	MIDDLE	SEX M F	PLANT	CLOCK NUMBER
	OSMENT	JAMES				112 64

DATE	FURTHER REMARKS
1/9/13	EE CAME IN FOR PASS TO SEE DOCTOR FOR NERVE CONDUCTION TEST. GAVE PASS. KLpRN
1/20/13	BROUGHT IN APPOINTMENT NOTIFICATION FROM: CAROLINAS CENTER FOR ADVANCED MANAGEMENT OF PAIN. KLpRN
1/9/13	EE CAME BY MEDICAL & GOT PASS FOR AP. C DR. SANCHEZ. LEFT WORK @ 11:00AM.
1/10/13	EE BROUGHT IN NOTE TO BE OOW INDEFINITELY. SENT SPC FORM TO SUPERVISORS & RICK POSTON, BOBBIE @ TRAVELERS. WILL REQUEST NOTES FROM SANCHEZ'S OFFICE. EE'S CELL: 494-4306 KLpRN
1/10/13	EE STATES WAS GIVEN 2 RXS FROM DR. SANCHEZ. SENT EMAIL TO B. GRIFFIN @ TRAVELERS. KLpRN
1/12/13	RECEIVED NOTES FROM DR. SANCHEZ. KLpRN
0/28/13	EE BROUGHT IN NOTE FROM DR. SANCHEZ. ~~FAXED~~ EMAILED TO TRAVELERS, BOBBY GRIFFIN. KLpRN
10/28/13	REQUESTED MOST RECENT NOTES FROM DR. SANCHEZ FOR W/C. KLpRN

UPSTATE CAROLINA MEDICAL CENTER

1530 North Limestone Street • Gaffney, South Carolina 29340
Phone 864.487-4271

ADMISSION RECORD

ACCOUNT NO. 6270105 | MEDICAL RECORDS NO. 0000087543

PATIENT

ADMIT DATE / TIME	ROOM NO.	PT	FC	AGE	DATE OF BIRTH	SEX	RA	MS	LOCATION	PROGRAM
05/25/2010 10:18		OM	W	060	11/13/1949	M	1	M	OPT	

PATIENT NAME & ADDRESS: OSMENT, JAMES JR
205 FORTENBERRY RD
GAFFNEY SC 293400000 US

SS NUMBER: 248-82-1547
PHONE NUMBER: (864)489-4006
PATIENT EMPLOYER: TIMKEN COMP
EMPLOYER PHONE NO.: (864)489-0211
COUNTY: 11CHEROKEE SC

GUARANTOR

RESPONSIBLE PARTY & ADDRESS: OSMENT, JAMES JR
205 FORTENBERRY RD
GAFFNEY SC 293400000 US

SS NUMBER: 248-82-1547
PHONE NUMBER: (864)489-4006
RESPONSIBLE PARTY EMPLOYER: TIMKEN COMP
EMPLOYER PHONE: (864)489-0211
RELATIONSHIP TO PATIENT:

EMERGENCY CONTACT NAME: OSMENT, RYAN
EMERGENCY CONTACT PHONE: (864)489-1694
EMERGENCY CONTACT RELATIONSHIP TO PATIENT: SON

COMMENTS:

MSP	MED. KEY	PRIVACY	ADMIT. BY
☐Y ☒N	☐Y ☒N		TAC

INSURANCE

1 | PAYER: 945 | PLAN: TIM | POLICY NUMBER: 248821547 | 11/13/1949

INSURANCE CO. NAME & ADDRESS:
WORKER COMP / TIMKEN
100 TIMKEN RD
GAFFNEY SC 29341
(864)487-2638

INSURED'S NAME: OSMENT, JAMES JR
GROUP NUMBER: PER JANE AT
GROUP NAME:
AUTHORIZATION: CLAIM EHZ9292

2 | PAYER: | PLAN: | POLICY NUMBER:

INSURANCE CO. NAME & ADDRESS:

INSURED'S NAME:
GROUP NUMBER:
GROUP NAME:
AUTHORIZATION:

3 | PAYER: | PLAN: | POLICY NUMBER:

INSURANCE CO. NAME & ADDRESS:

INSURED'S NAME:
GROUP NUMBER:
GROUP NAME:
AUTHORIZATION:

MISC

DR. ATTENDING / ADMITTING: MORGAN, DONALD TODD
DR. FAMILY / PRIMARY CARE: *NOT FOUND*

DIAGNOSIS / SIGNS & SYMPTOMS: KNEE PAIN AND SWELLING
ACCIDENT: EMPLOYMENT
ACCIDENT DATE:

PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).

DISCHARGE CODE: NORMAL DISCHARGE
DISCHARGE DATE/TIME: 05/25/2010 10:18

Diagnosis Codes (Primary) (2) (3) (4) (5) (6) (7) (8) (9)
71946 JOINT PAIN-L/LEG 71946 71906

COMPLICATIONS

COMORBIDITY(IES)

PRINCIPAL PROCEDURE

Procedure Codes/Dates (1): (2): (3):
(4): (5): (6):

AD001A

6270105

0000087543

Osment v. Timken20

Fax 487-2024

UPSTATE CAROLINA MEDICAL CENTER
1530 N. LIMESTONE STREET
GAFFNEY, SC 29340
TELEPHONE (864) 487-4271
RADIOLOGICAL INTERPRETATION
PRELIMINARY REPORT

PATIENT NAME:	OSMENT JAMES JR	MED REC #:	87543
X-RAY#:	101349	ACCOUNT #:	6270105
EXAM DATE:	5/25/2010	D.O.B.:	11/13/1949
ORDERING:	DONALD TODD MORGAN.MD MD	ROOM:	OPT
ATTENDING:			
PRIMARY/ON CALL:			
HISTORY:	KNEE PAIN AND SWELLING KNEE SWELLING		

MRI OF THE RIGHT KNEE 05-25-2010:

HISTORY: Knee pain and swelling, specially anteriorly and medially.

TECHNIQUE: Axial and sagittal T1 and fat saturated proton-density and T2 and axial fat saturated T2 images.

FINDINGS: There is subchondral cystic change or edema in the patella near the median ridge. Just superficial to this is a small flat tear of the overlying cartilage.

There is significant chondral thinning in the medial femoral condyle anteriorly, best seen on the sagittal T1 images. This is near the intercondylar notch. There is some mild edema along the medial collateral ligament suggesting a mild medial collateral ligament strain. There is subchondral edema just deep to the chondral thinning in the medial femoral condyle.

The menisci are intact. Anterior cruciate and posterior cruciate ligaments are both intact. The fibulocolateral ligament is unremarkable.

IMPRESSION: 1. FLAT TYPE TEAR OF THE PATELLA CARTILAGE NEAR THE MEDIAN RIDGE WITH UNDERLYING EDEMA.

CONTINUED ON PAGE 2

UPSTATE CAROLINA MEDICAL CENTER
1530 N. LIMESTONE STREET
GAFFNEY, SC 29340
TELEPHONE (864) 487-4271
RADIOLOGICAL INTERPRETATION
PRELIMINARY REPORT

PATIENT NAME:	OSMENT JAMES JR	MED REC #:	87543
X-RAY#:	101349	ACCOUNT #:	6270105
EXAM DATE:	5/25/2010	D.O.B.:	11/13/1949
ORDERING:	DONALD TODD MORGAN,MD MD	ROOM:	OPT
ATTENDING:			
PRIMARY/ON CALL:			

HISTORY: KNEE PAIN AND SWELLING
KNEE SWELLING

---

2. SIGNIFICANT CONDYLAR THINNING OF THE MEDIAL FEMORAL CONDYLE WITH UNDERLYING BONE MARROW EDEMA AS WELL.

3. MILD MEDIAL COLLATERAL LIGAMENT SPRAIN.

CPT CDE: 73721

DATE DICTATED: 5/25/2010
DATE TRANSCRIBED: 5/25/2010
TRANSCRIPTIONIST: LSO
2111256 FAX TO SPECIFIC

DAVID STOPPENHAGEN
INTERPRETING PHYSICIAN

UPSTATE CAROLINA MEDICAL CENTER
1530 N. LIMESTONE STREET
GAFFNEY, SC 29340
TELEPHONE (864) 487-4271
RADIOLOGICAL INTERPRETATION

PATIENT NAME:	OSMENT JAMES JR	MED REC.#:	87543
X-RAY#:	101349	ACCOUNT #:	4013007
EXAM DATE:	5/20/2010	D.O.B.:	11/13/1949
ORDERING:	DONALD TODD MORGAN,MD MD	ROOM:	OPT
ATTENDING:			
PRIMARY/DN CALL:			

HISTORY: TWISTED KNEE
RT KNEE

RIGHT KNEE, THREE VIEWS, 05/20/2010:

No fracture, dislocation, or acute bony abnormality. There is very mild narrowing of the medial compartment of the femorotibal joint consistent with degenerative change.

IMPRESSION:

NO ACUTE ABNORMALITY

DD: 05/20/2010 14:00 Dictated By: ENRIGHT, MICHAEL
DT: 05/20/2010 14:44 MIT Signed By: ENRIGHT, MICHAEL

CPT CDE:

DATE DICTATED: 5/20/2010
DATE TRANSCRIBED: 5/20/2010
TRANSCRIPTIONIST: MIT
2120540 ORDERING FAX

REVIEWED AND SIGNED
MICHAEL ENRIGHT
INTERPRETING PHYSICIAN

PAGE 1 OF 1

Osment v. Timken23

RADIOLOGY TEST INFORMATION

Type/source: RAD MRI LOW EXTREM JT W/O CONT
Medical Record Number: 0000087543
Status: Final 14:29
Result Date/Time: 06/03/2010

Order #: 102111256
DOB: 11/13/1949
Order Date: 05/25/2010
Order Time: 10:29

Account: 6270105
Gender: MALE
Patient Name: OSMENT, JAMES JR
Admit Date: 05/25/2010

PHYSICIANS Dictating: STOPPENHAGEN, DAVID R

Signature: STOPPENHAGEN, DAVID R

RESULT TEXT

KNEE PAIN AND SWELLING
KNEE SWELLING
Procedure Acknowledge Date: 05/25/2010 11:22:00
MRI OF THE RIGHT KNEE 05-25-2010:

HISTORY: Knee pain and swelling, specially anteriorly and medially.

TECHNIQUE: Axial and sagittal T1 and fat saturated proton-density and T2 and axial fat saturated T2 images.

FINDINGS: There is subchondral cystic change or edema in the patella near the median ridge. Just superficial to this is a small flap tear of the overlying cartilage.

There is significant chondral thinning in the medial femoral condyle anteriorly, best seen on the sagittal T1 images. This is near the intercondylar notch. There is some mild edema along the medial collateral ligament suggesting a mild medial collateral ligament strain. There is subchondral edema just deep to the chondral thinning in the medial femoral condyle.

The menisci are intact. Anterior cruciate and posterior cruciate ligaments are both intact. The fibulocolateral ligament is unremarkable.

IMPRESSION: 1. FLAP TYPE TEAR OF THE PATELLA CARTILAGE NEAR THE MEDIAN RIDGE WITH UNDERLYING EDEMA.

2. SIGNIFICANT CONDYLAR THINNING OF THE MEDIAL FEMORAL CONDYLE WITH UNDERLYING BONE MARROW EDEMA AS WELL.

3. MILD MEDIAL COLLATERAL LIGAMENT SPRAIN.

DD: 05/25/2010 11:46 Dictated By: STOPPENHAGEN, DAVID

Radiology Results
UPSTATE CAROLINA MEDICAL CTR
1530 N LIMESTONE STREET
GAFFNEY SC 29340

RADIOLOGY TEST INFORMATION

Type/source: RAD DUPLEX EXTREM VEINS Order #: 102082578 Account: 6271395
Medical Record Number: 0000087543 DOB: 11/13/1949 Gender: MALE
Status: Final 10:56 Order Date: 06/10/2010 Patient Name: OSMENT, JAMES JR
Result Date/Time: 06/14/2010 Order Time: 14:18 Admit Date: 06/10/2010

PHYSICIANS Dictating: BURDETT, MAUREEN G. Signature: BURDETT, MAUREEN G.

RESULT TEXT

POPLITEAL PAIN RIGHT KNEE STAT
Procedure Acknowledge Date: 06/10/2010 14:18:00
RIGHT LOWER EXTREMITY VENOUS STUDY 06-10-2010:

INDICATION: Pain and swelling in the right lower extremity.

2D scanning and imaging were of bilateral common femoral, the right superficial femoral, popliteal, posterior tibial, peroneal, and greater saphenous veins. There is normal response to surface compression consistent with patent vessels at each site tested. The patient is noted to have multiple varicosities in the right lower extremity.

CLINICAL IMPRESSION: NO EVIDENCE OF RIGHT LOWER EXTREMITY DEEP VENOUS THROMBOSIS.

DD: 06/11/2010 00:00 Dictated By: BURDETT, MAUREEN G.
DT: 06/11/2010 17:02 LSO Signed By: BURDETT, MAUREEN G.

BURDETT MAUREEN G.
Dictated By
BURDETT MAUREEN G.
Reviewed & Signed

UPSTATE CAROLINA MEDICAL CENTER
1530 N. LIMESTONE STREET
GAFFNEY, SC 29340
TELEPHONE (864) 487-4271
RADIOLOGICAL INTERPRETATION

PATIENT NAME: OSMENT JAMES JR
X-RAY#: 101349
EXAM DATE: 6/10/2010
ORDERING: WALTER GRADY,MD DO
ATTENDING:
PRIMARY/ON CALL:
HISTORY: POPLITEAL PAIN RIGHT KNEE STAT

MED REC #: 87543
ACCOUNT #: 6271395
D.O.B.: 11/18/1949
ROOM: OPT

RIGHT LOWER EXTREMITY VENOUS STUDY 06-10-2010:

INDICATION: Pain and swelling in the right lower extremity.

2D scanning and imaging were of bilateral common femoral, the right superficial femoral, popliteal, posterior tibial, peroneal, and greater saphenous veins. There is normal response to surface compression consistent with patent vessels at each site tested. The patient is noted to have multiple varicosities in the right lower extremity.

CLINICAL IMPRESSION: NO EVIDENCE OF RIGHT LOWER EXTREMITY DEEP VENOUS THROMBOSIS.

DD: 06/11/2010 00:00 Dictated By: BURDETT, MAUREEN G.
DT: 06/11/2010 17:02 LSD Signed By: BURDETT, MAUREEN G.

CPT CDE: 93971

DATE DICTATED: 6/11/2010
DATE TRANSCRIBED: 6/11/2010
TRANSCRIPTIONIST: LSD
2082578 ORDERING FAX

REVIEWED AND SIGNED
MAUREEN G. BURDETT MD
INTERPRETING PHYSICIAN

PAGE 1 OF 1

UPSTATE CAROLINA MEDICAL CENTER

1530 North Limestone Street • Gaffney, South Carolina 29340
Phone 864.487-4271

ADMISSION RECORD

ACCOUNT NO.	MEDICAL RECORDS NO.
6271395	0000087543

PATIENT

ADMIT DATE / TIME	ROOM NO.	PT	FC	AGE	DATE OF BIRTH	SEX	RA	MS	LOCATION	PROGRAM
06/10/2010 14:14		OE	W	060	11/13/1949	M	1	M	OPT	

PATIENT NAME & ADDRESS	SS NUMBER	PATIENT EMPLOYER	EMPLOYER PHONE NO.
OSMENT, JAMES JR 205 FORTENBERRY RD GAFFNEY SC 293400000 US	248-82-1547 PHONE NUMBER (864)489-4006	TIMKEN COMP	(864)489-0211 COUNTY 11CHEROKEE SC

GUAR

RESPONSIBLE PARTY & ADDRESS	SS NUMBER	RESPONSIBLE PARTY EMPLOYER	EMPLOYER PHONE
OSMENT, JAMES JR 205 FORTENBERRY RD GAFFNEY SC 293400000 US	248-82-1547 PHONE NUMBER (864)489-4006	TIMKEN COMP	(864)489-0211 RELATIONSHIP TO PATIENT

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	EMERGENCY CONTACT RELATIONSHIP TO PATIENT
OSMENT, RYAN	(864)489-1694	SON

COMMENTS	MSP	MED. KEY	PRIVACY	ADMIT. BY
	☐Y ☒N	☐Y ☒N		THK

INSURANCE

	1	2	3
PAYER	945		
PLAN	TIM		
POLICY NUMBER	248821547		
INSURANCE CO. NAME & ADDRESS	WORKER COMP / TIMKEN 100 TIMKEN RD GAFFNEY SC 29341 (864)487-2638		
INSURED'S NAME	OSMENT, JAMES JR		
GROUP NUMBER	PER JANE AT		
GROUP NAME			
AUTHORIZATION			

11/13/1949

MISC

DR. ATTENDING / ADMITTING	DR. FAMILY / PRIMARY CARE
GRADY, WALTER	*NOT FOUND*

DIAGNOSIS / SIGNS & SYMPTOMS	ACCIDENT	ACCIDENT DATE
POPLITEAL PAIN RIGHT KNEE STAT		

PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).	DISCHARGE CODE	DISCHARGE DATE/TIME
	NORMAL DISCHARGE	06/10/2010 14:14

Diagnosis Codes (Primary) (2) (3) (4) (5) (6) (7) (8) (9)
71946 JOINT PAIN-L/LEG 71946

COMPLICATIONS

COMORBIDITY(IES)

PRINCIPAL PROCEDURE

Procedure Codes/Dates (1): (2): (3):
(4): (5): (6):

AD001A

6271395

0000087543

Osment v. Timken27

Grady Orthopaedics
Walter Grady, DO
480 Floyd Road Spartanburg, SC 29307
(864)582-2115 fax: (864)582-2117
Toll Free(877)582-2115 Toll Free Fax (866)583-2117

PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 06/07/2010

CHIEF COMPLAINT:
KNEE: James Osment is a 60 y old new patient seen in our office today. The patient complains of symptoms involving the right knee.

HISTORY OF PRESENT ILLNESS: He sustained an injury to his right knee (workman's comp related). He indicates that he step down about 20 feet trying to move a rail type of car and turned his knee. From what he describes his knee went into a valgus type of posturing (right knee). He did see Dr. Morgan subsequently. He indicates that Dr. Morgan evaluated him and sent him for MRI study.

PAST MEDICAL HISTORY:
Gastroesophageal reflux disease, hypertension.
Rotator cuff repair, right shoulder
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
CURRENT PROBLEM LIST:

FAMILY HISTORY:
Positive history of DIABETES (non-specific), POSITIVE FOR CEREBROVASCULAR ACCIDENT, POSITIVE FOR HYPERTENSION, Patient has family history of cancer (type unspecified).

SOCIAL HISTORY:
TOBACCO USE Has no smoking history.
ALCOHOL Does not give any significant history of alcohol usage.
OCCUPATION: Timken
FAMILY PHYSICIAN: Dr. Austin McElhaney
HISTORY:
GENERAL: No complaints of weakness, fatigue, fever, or significant weight loss or gain.
SKIN: No rashes, skin lumps, itching, excessive dryness, localized skin discoloration , or changes in hair or nails.
HEAD: No headaches or head injuries.
EYES: No glasses or contacts, pain, redness, excessive tearing, double vision, glaucoma, or cataracts.
EARS: No hearing loss, dizziness, earaches, ear infection, ear drainage.
NOSE: No nosebleed, hayfever, frequent cold.
THROAT/MOUTH: COMPLAINS OF HOARSENESS.
NECK: No lumps, swollen glands, goiter, or neck pain.
BREAST: No lumps in breast, breast pain, or nipple drainage.

Grady Orthopaedics
Walter Grady, DO
480 Floyd Road Spartanburg, SC 29307
(864)582-2115 fax: (864)582-2117
Toll Free(877)582-2115 Toll Free Fax (866)583-2117

PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 06/07/2010

RESPIRATORY/BREATHING: Patient denies cough, secretions, wheezing, shortness of breath, coughing up blood, asthma, pneumonia, tuberculosis, bronchitis, or emphysema.
VASCULAR:
No leg cramps, varicose veins, phlebitis.
HEART: HIGH BLOOD PRESSURE.
URINARY: Patient denies frequent urination, painful urination, blood in urine, pus in urine, infections, loss of control, kidney stones, awaked at night to urinate.
GASTROINTESTINAL/STOMACH: Patient denies trouble swallowing, heartburn, nausea, vomitting, loss of appetite, indigestion, constipation, diarrhea, stomach pain, hemorroids, blood in bowel movements, liver problems, yellowing skin, hepatitis, gallbladder problems.
PSYCHIATRIC: No nervousness, tension, or depression.
ENDOCRINE: No thyroid problem, diabetes, excessive thirst, excessive hunger, excessive urination, excessive sweating.
NEUROLOGICAL: EXPERIENCES NUMBNESS, EXPERIENCES TINGLING.
MUSCULOSKELETAL: Patient denies arthritis, gout, backache, joint pain or stiffness, muscle cramps or spasms.

PHYSICAL EXAM:
MUSCULOSKELETAL & SKIN EXAMS:
XRAY REPORT: Xrays from Upstate Medical Center dated 5-25-10 reveals a flat type tear of the patella cartilage near the median ridge with underlying edema. He had significant condylar thinning of the medial femoral condyle with underlying bone marrow edema. He has a mild medial collateral ligament sprain.

LOWER EXTREMITIES:
RIGHT KNEE: He has tenderness predominantly over the region of the gastrocnemius muscle and also over the gastroc aponeurosis and popliteal aspect of the knee. He has tenderness over the pes anserine bursa as well. The integumentary exam is negative and the neurocirculatory status is intact.

The medial McMurray's test is negative. The Drawer's test, Lachman's test are negative.

IMPRESSION/PLAN: 1) Pes anserine bursitis, right knee.
2) Popliteal pain, rule out DVT, right lower extremity
3) MRI consistent with tear of the patella cartilage near the median ridge as well as articular surface thinning of the medial femoral condyle.

PLAN: It is my recommendation that we go ahead and get him scheduled for a venous doppler ultrasound study first to make sure that he does not have DVT in the popliteal aspect of his right knee.

It is also my recommendation that we see him back in the office in a few days and if that is negative, then we will inject his knee with 3:3:1 an also his pes anserine bursa with 3:3:1.

Grady Orthopaedics
Walter Grady, DO
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(864)582-2115 fax: (864)582-2117
Toll-Free(877)582-2115 Toll Free Fax (866)583-2117

PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 06/07/2010

It is my recommendation, again, that he has been seen by Dr. Morgan, the company physician, and I would recommend that he continue with his regular duty work status. He reports that his work primarily is int he office and he does some walking around and he is not really doing any maintenance detail.

I will see him back as scheduled.

WG:ch

Electronically Signed by: Walter Grady, DO on Thursday, December 02, 2010

UPSTATE CAROLINA MEDICAL CENTER
1530 N. LIMESTONE STREET
GAFFNEY, SC 29340
TELEPHONE (864) 487-4271
RADIOLOGICAL INTERPRETATION

PATIENT NAME: OSMENT JAMES JR
X-RAY#: 101349
EXAM DATE: 6/10/2010
ORDERING: WALTER GRADY,MD DO
ATTENDING:
PRIMARY/ON CALL:
HISTORY: POPLITEAL PAIN RIGHT KNEE STAT

MED REC #: B7543
ACCOUNT #: 6271395
D.O.B.: 11/13/1949
ROOM: OPT

RIGHT LOWER EXTREMITY VENOUS STUDY 06-10-2010:

INDICATION: Pain and swelling in the right lower extremity.

2D scanning and imaging were of bilateral common femoral, the right superficial femoral, popliteal, posterior tibial, peroneal, and greater saphenous veins. There is normal response to surface compression consistent with patent vessels at each site tested. The patient is noted to have multiple varicosities in the right lower extremity.

CLINICAL IMPRESSION: NO EVIDENCE OF RIGHT LOWER EXTREMITY DEEP VENOUS THROMBOSIS.

DD: 06/11/2010 00:00 Dictated By: BURDETT, MAUREEN G.
DT: 06/11/2010 17:02 LSO Signed By: BURDETT, MAUREEN G.

CPT CDE: 93971

DATE DICTATED: 6/11/2010
DATE TRANSCRIBED: 6/11/2010
TRANSCRIPTIONIST: LSO
2082578 ORDERING FAX

REVIEWED AND SIGNED
MAUREEN G. BURDETT MD
INTERPRETING PHYSICIAN

PAGE 1 OF 1

Osment v. Timken31

Grady Orthopaedics
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Toll Free(877)582-2115 Toll Free Fax (866)583-2117

PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 06/17/2010

CHIEF COMPLAINT: Mr. Osment is seen today relative to his work related injuries.

HISTORY OF PRESENT ILLNESS: Please see the note dated 6-7-10 for details. He states that his right knee tends to lock up on him and it is a real problem for him.

His pain score is 6 out of 10 right now and 10 out of 10 in the p.m.

He states that he does not really feel that when the MRI was done, the tech did know what she was doing.

He indicates that in the work place he feels that he can function although it hurts him.

PAST MEDICAL HISTORY:
Gastroesophageal reflux disease, hypertension.
Rotator cuff repair, right shoulder
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
CURRENT PROBLEM LIST:

FAMILY HISTORY:
Positive history of DIABETES (non-specific), POSITIVE FOR CEREBROVASCULAR ACCIDENT, POSITIVE FOR HYPERTENSION, Patient has family history of cancer (type unspecified).

SOCIAL HISTORY:
TOBACCO USE Has no smoking history.
ALCOHOL Does not give any significant history of alcohol usage.
OCCUPATION: Timken
HISTORY:
GENERAL: No complaints of weakness, fatigue, fever, or significant weight loss or gain.
SKIN: No rashes, skin lumps, itching, excessive dryness, localized skin discoloration , or changes in hair or nails.
HEAD: No headaches or head injuries.
EYES: No glasses or contacts, pain, redness, excessive tearing, double vision, glaucoma, or cataracts.
EARS: No hearing loss, dizziness, earaches, ear infection, ear drainage.
NOSE: No nosebleed, hayfever, frequent cold.
THROAT/MOUTH: COMPLAINS OF HOARSENESS.
NECK: No lumps, swollen glands, goiter, or neck pain.

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 06/17/2010

BREAST: No lumps in breast, breast pain, or nipple drainage.
RESPIRATORY/BREATHING: Patient denies cough, secretions, wheezing, shortness of breath, coughing up blood, asthma, pneumonia, tuberculosis, bronchitis, or emphysema.
VASCULAR:
No leg cramps, varicose veins, phlebitis.
HEART: HIGH BLOOD PRESSURE.
URINARY: Patient denies frequent urination, painful urination, blood in urine, pus in urine, infections, loss of control, kidney stones, awaked at night to urinate.
GASTROINTESTINAL/STOMACH: Patient denies trouble swallowing, heartburn, nausea, vomitting, loss of appetite, indigestion, constipation, diarrhea, stomach pain, hemorroids, blood in bowel movements, liver problems, yellowing skin, hepatitis, gallbladder problems.
PSYCHIATRIC: No nervousness, tension, or depression.
ENDOCRINE: No thyroid problem, diabetes, excessive thirst, excessive hunger, excessive urination, excessive sweating.
NEUROLOGICAL: EXPERIENCES NUMBNESS, EXPERIENCES TINGLING.
MUSCULOSKELETAL: Patient denies arthritis, gout, backache, joint pain or stiffness, muscle cramps or spasms.

PHYSICAL EXAM:

MUSCULOSKELETAL & SKIN EXAMS:

LOWER EXTREMITIES: He is quite tender in the medial and lateral compartments. I do note a definitively positive medial and lateral McMurray's test in his right knee. The Drawer's test and Lachman's test are negative.

Integumentary test is negative and the neurocirculatory status is intact.

IMPRESSION/PLAN: 1) Internal derangement of the right knee with clinical exam findings of medial meniscus tear and questionable lateral meniscus tear.
2) Pes anserine bursitis, right knee.
3) Venous doppler ultrasound study, negative for DVT.
4) MRI consistent with a tear of the medial patella cartilage near the median ridge of the patella.

PLAN: It is my recommendation that we proceed with surgery in terms of diagnostic and surgical arthroscopy of the patient's right knee. This is based on the patient's history and the definitive clinical examination findings of medial meniscus tear, right knee. I do feel that more than likely he has a meniscus tear that is displacing and is causing locking or an intra-articular loose body that may be present popping/locking.

I did explain to the patient that the clinical examination findings is the most important in the examination scenario and that diagnostic studies such as MRI's are meant to support our clinical diagnosis and suspicion. Based on my heavy clinical exam findings of medial meniscus tear and questionable lateral meniscus tear, combined with a history of locking, it is my very strong recommendation that we proceed with surgery in terms

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 06/17/2010

of diagnostic and surgical arthroscopy of his right knee with arthroscopic partial medial and lateral meniscectomy as indicated with debridement, etc as indicated. I discussed the procedure with the patient at length and we will see him back for pre op. Again, we will get workman's compensation authorization in this regard and I will see him back for pre op.

WG:ch

Electronically Signed by: Walter Grady, DO on Thursday, December 02, 2010

Osment v. Timken34

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 07/12/2010

CHIEF COMPLAINT:

KNEE: James Osment is a 60 y old established patient seen in our office today. The patient is here for follow-up of the right knee. The patient is seen for preoperative check, H&P and informed consent. He is scheduled for a right knee arthroscopy with medial and lateral meniscectomies.

HISTORY OF PRESENT ILLNESS: He is seen with his wife for this examination and pre op H&P and informed consent.

PAST MEDICAL HISTORY:

Gastroesophageal reflux disease, hypertension.
Rotator cuff repair, right shoulder

CURRENT ALLERGY LIST:

NO KNOWN DRUG ALLERGY

CURRENT MEDICATION LIST:

AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB-ORAL TABLET 200 MG,

CURRENT PROBLEM LIST:

FAMILY HISTORY:

Positive history of DIABETES (non-specific), POSITIVE FOR CEREBROVASCULAR ACCIDENT, POSITIVE FOR HYPERTENSION, Patient has family history of cancer (type unspecified).

SOCIAL HISTORY:

TOBACCO USE Has no smoking history.
ALCOHOL Does not give any significant history of alcohol usage.
OCCUPATION: Timken

FAMILY PHYSICIAN: Dr. Austin McElhaney

HISTORY:

GENERAL: No complaints of weakness, fatigue, fever, or significant weight loss or gain.
SKIN: No rashes, skin lumps, itching, excessive dryness, localized skin discoloration , or changes in hair or nails.
HEAD: No headaches or head injuries.
EYES: No glasses or contacts, pain, redness, excessive tearing, double vision, glaucoma, or cataracts.
EARS: No hearing loss, dizziness, earaches, ear infection, ear drainage.
NOSE: No nosebleed, hayfever, frequent cold.
THROAT/MOUTH: COMPLAINS OF HOARSENESS.
NECK: No lumps, swollen glands, goiter, or neck pain.
BREAST: No lumps in breast, breast pain, or nipple drainage.
RESPIRATORY/BREATHING: Patient denies cough, secretions, wheezing, shortness of breath,

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 07/12/2010

coughing up blood, asthma, pneumonia, tuberculosis, bronchitis, or emphysema.
VASCULAR:
No leg cramps, varicose veins, phlebitis.
HEART: HIGH BLOOD PRESSURE.
URINARY: Patient denies frequent urination, painful urination, blood in urine, pus in urine, infections, loss of control, kidney stones, awaked at night to urinate.
GASTROINTESTINAL/STOMACH: Patient denies trouble swallowing, heartburn, nausea, vomitting, loss of appetite, indigestion, constipation, diarrhea, stomach pain, hemorroids, blood in bowel movements, liver problems, yellowing skin, hepatitis, gallbladder problems.
PSYCHIATRIC: No nervousness, tension, or depression.
ENDOCRINE: No thyroid problem, diabetes, excessive thirst, excessive hunger, excessive urination, excessive sweating.
NEUROLOGICAL: EXPERIENCES NUMBNESS, EXPERIENCES TINGLING.
MUSCULOSKELETAL: Patient denies arthritis, gout, backache, joint pain or stiffness, muscle cramps or spasms.

PHYSICAL EXAM:
CONSTITUTIONAL:
GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.
MUSCULOSKELETAL & SKIN EXAMS:
LOWER EXTREMITIES:
RIGHT KNEE: Exam is consistent with a medial meniscus tear. He has mild medial collateral ligament sprain. He also has significant chondral thinning of the medial femoral condyle with underlying bone marrow edema as well.

His ROM is from about 0 degrees to 105 to 110 degrees. The medial McMurray's test is positive. Drawer's test, Lachman's test, etc are negative. Integumentary exam is unremarkable and the neurocirculatory status is intact.

MRI REPORT: Review of the MRI Report from Upstate Carolina Medical Center reeals a flap type tear of the patella cartilage near the median ridge with underlying edema

CARDIOVASCULAR:
PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4. Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.
NEUROLOGIC/PSYCHIATRIC:
ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect appropriate.
HEAD/FACE: Normocephalic and without tenderness, scars, lesions, or masses. No salivary gland or sinus abnormalities. Normal facial strength.
EYES: Lids and lashes are normal without ptosis, edema, ectropion or entropion. Conjunctivae are normal and without inflammation, injection, hemorrhages or exudates. Corneas are transparent, smooth and shiny. Pupils are equal, round and react to light (direct and consensual) and accomodation. Retinal

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 07/12/2010

background was uniformly pink in appearance. The optic discs were sharp. Light reflexes were present. There was no AV nicking, hemorrhages or exudates and the ratio of A:V was approximately 4:5. EOMs and VFs are full. Visual acuity normal.
EARS/NOSE/THROAT: Tympanic membranes without retraction, canals clear. Nose and throat unremarkable.
NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.
RESPIRATORY: Normal respiratory effort with symmetrical lung expansion. Lungs clear to auscultation. No adventitious sounds noted.
ABDOMEN: Soft, non-tender, without masses, hernias or bruits. Bowel sounds are active in all 4 quadrants.
LYMPHATICS: No lymphadenopathy in the neck, axillae, or groin.

IMPRESSION/PLAN: 1) Clinical examination consistent with medial meniscus tear, right knee.
2) DJD, right knee with thinning of the medial femoral condylar segment.
3) Cartilage defect or issue of the medial meniscus patella, right knee.
4) Essential hypertension.

PLAN: It is my recommendation that we proceed with surgery as scheduled and as specified above.

The planned procedure, risks, benefits, options, alternatives and complications were discussed. The patient apparently understands and consents to surgery. The surgery will proceed as scheduled. Muscle atrophy and weakness in the affected area suggests muscle stimulation post operatively.

MEDICATIONS:
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain., 50 Dispensed, status: NEW PRESCRIPTION, 07/12/2010.

We also gave him a prescription for an adjustable walker with wheels.

I will plan on seeing him back two weeks post op and Allen will see him for post op therapy.

Walter Grady, DO

WG:ch

Electronically Signed by: Walter Grady, DO on Thursday, December 02, 2010

OP REPORT
PATIENT NAME: OSMENT, JAMES J
DOB: 11/13/1949
MEDICAL RECORD #: 23573
PROCEDURE DATE: 07/14/2010
ACCOUNT NUMBER: 1019330062
ROOM:

PREPROCEDURAL DIAGNOSIS
Medial meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES
1. Medial meniscus tear, right knee, radial, involving the extreme posterior horn.
2. Grade 3 and 4 degenerative joint disease, medial femoral condyle, right knee, involving 100% of weight-bearing surface area.
3. Grade 2 degenerative joint disease, medial tibial plateau and anterior segment lateral tibial plateau, right knee.
4. Grade 3 degenerative joint disease, central patella facet, right knee.
5. Grade 3 and 4 degenerative joint disease, anterior area/femoral trochlea groove area, right knee, involving the majority surface area.

ANESTHESIA
General plus supplemental local, Marcaine half percent with epinephrine.

COMPLICATIONS
None. To recovery room in stable condition.

PROCEDURE PERFORMED
Arthroscopic partial medial meniscectomy, right knee.
Arthroscopic synovectomy medial compartment and patellofemoral compartments, right knee.
Arthroscopic soft chondroplasty tricompartmental, right knee.

ESTIMATED BLOOD LOSS
Minimal.

SPECIMEN TO PATHOLOGY
None.

INDICATION FOR SURGERY
Mr. Osment is a very pleasant 60-year-old male who has been under my care for the past several weeks to months for right knee pain. His clinical examination was consistent with a medial meniscus tear. His MRI study was accomplished as a result of that, suspicion. Because of continued symptoms, as well as positive clinical examination and MRI findings, a recommendation was made for surgery. The planned procedure, risks, benefits, options, alternatives, and complications were discussed with Mr. Osment. He apparently understood and consented to surgery.

Osment v. Timken38

OPERATIVE PROCEDURE
Mr. Osment was taken to the operating room this date, 7/14/2010, where general anesthetic induction was accomplished by the department of anesthesia. This was followed by placement of a tourniquet high about his right upper thigh and subsequently the right lower extremity and leg was placed into the metal surgical assistant legholder device and the foot of the table was dropped. This was then followed by sterile prep with DuraPrep and draping in standard fashion. Approximately 90 mL of Marcaine half percent with epinephrine was instilled into the knee joint and into the planned arthroscopic portal site.

Following injection of the planned arthroscopic portal sites, we did accomplish the establishment of a standard anterior inferolateral arthroscopic portal. This was then followed by placement of a blunt scope cannula and trocar into the patellofemoral joint. The arthroscope was then placed where we did note evidence of advanced degenerative joint disease, central patella facet grade 3 change, and advanced grade 3 with primary grade 4 degenerative joint disease anterior aspect of the femur/femoral trochlea groove segment. Heavy synovitic change was noted as well. Arthroscope was then positioned to visualize the medial compartment. We then established an instrumental portal and probed the medial meniscus and noted evidence of a radial tear in the extreme posterior horn segment. Arthroscopic partial medial meniscectomy was accomplished utilizing arthroscopic shaver, arthroscopic basket, and ArthroCare vaporizing wand. We did also note evidence of grade 3 and grade 4 degenerative joint disease, medial femoral condyle, right knee, involving 100% of weight-bearing surface area. We, likewise, noted evidence of grade 2 degenerative joint disease medial tibial plateau and anterior segment of the lateral tibial plateau, right knee. We did accomplish arthroscopic soft chondroplasty relative to the medial femoral condyle and the medial tibial plateau utilizing arthroscopic shaver and ArthroCare vaporizing wand. The arthroscope was then positioned to visualize the anterior cruciate ligament, which was intact. We next visualized the lateral compartment, where that grade 2 change was noted in terms of the lateral tibial plateau, right knee. There was no evidence of meniscus tear. Again, the anterior cruciate ligament was intact. There was no evidence of a lateral meniscus tear noted. We subsequently readvanced the instrumentation into the patellofemoral joint. We did that after having accomplished soft chondroplasty on the anterior segment of the lateral tibial plateau. I did subsequently accomplish arthroscopic synovectomy in the patellofemoral compartment. We had accomplished arthroscopic synovectomy also in the medial compartment prior to that. We did control bleeders with electrocautery. Arthroscopic soft chondroplasty was accomplished relative to the patella and femoral trochlea groove segment. This was accomplished with arthroscopic shaver and ArthroCare vaporizing wand. At this juncture, we did place an 18-gauge spinal needle into the suprapatellar pouch under direct arthroscopic visualization. This was then followed by injection of an additional 90 ml Marcaine half percent with

epinephrine and subsequently we closed the incisions with 3-0 nylon sutures. This was followed by placement of a sterile dressing of bacitracin, Adaptic, 4 x 4's and ABDs x4. This construct was secured with sterile Kerlix, and we did place TENS unit wires. A 6 inch Ace wrap was placed from upper thigh region down to the ankle. We then placed the knee immobilizer. The patient did tolerate the procedure well and was subsequently transported to the recovery room in stable condition.

DICTATED BY: WALTER GRADY, M.D.

D:07/14/2010 12:04:25
T:07/16/2010 07:02:33/bt
968998/846676

cc:
OP REPORT Page 2 of 3
OSMENT, JAMES J
23573

Note: Document is draft unless signed.<END FOOTER>

Osment v. Timken40

OP REPORT
PATIENT NAME: OSMENT, JAMES J
DOB: 11/13/1949
MEDICAL RECORD #: 23573
PROCEDURE DATE: 07/14/2010
ACCOUNT NUMBER: 1019330062
ROOM:

PREPROCEDURAL DIAGNOSIS
Medial meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES
1. Medial meniscus tear, right knee, radial, involving the extreme posterior horn.
2. Grade 3 and 4 degenerative joint disease, medial femoral condyle, right knee, involving 100% of weight-bearing surface area.
3. Grade 2 degenerative joint disease, medial tibial plateau and anterior segment lateral tibial plateau, right knee.
4. Grade 3 degenerative joint disease, central patella facet, right knee.
5. Grade 3 and 4 degenerative joint disease, anterior area/femoral trochlea groove area, right knee, involving the majority surface area.

ANESTHESIA
General plus supplemental local, Marcaine half percent with epinephrine.

COMPLICATIONS
None. To recovery room in stable condition.

PROCEDURE PERFORMED
Arthroscopic partial medial meniscectomy, right knee.
Arthroscopic synovectomy medial compartment and patellofemoral compartments, right knee.
Arthroscopic soft chondroplasty tricompartmental, right knee.

ESTIMATED BLOOD LOSS
Minimal.

SCANNED

SPECIMEN TO PATHOLOGY
None.

INDICATION FOR SURGERY
Mr. Osment is a very pleasant 50-year-old male who has been under my care for the past several weeks to months for right knee pain. His clinical examination was consistent with a medial meniscus tear. His MRI study was accomplished as a result of that, suspicion. Because of continued symptoms, as well as positive clinical examination and MRI findings, a recommendation was made for surgery. The planned procedure, risks, benefits, options, alternatives, and complications were discussed with Mr. Osment. He apparently understood and consented to surgery.

M
8/11/11

PRINTED BY: CP31698 DATE 11/8/2010

ECSP - DCN: 20103205680001401 Claim: EHZ9292 Clmnt: 001 Received: 11/12/2010

OPERATIVE PROCEDURE
Mr. Osment was taken to the operating room this date, 7/14/2010, where general anesthetic induction was accomplished by the department of anesthesia. This was followed by placement of a tourniquet high about his right upper thigh and subsequently the right lower extremity and leg was placed into the metal surgical assistant legholder device and the foot of the table was dropped. This was then followed by sterile prep with DuraPrep and draping in standard fashion. Approximately 30 mL of Marcaine half percent with epinephrine was instilled into the knee joint and into the planned arthroscopic portal site.

Following injection of the planned arthroscopic portal sites, we did accomplish the establishment of a standard anterior inferolateral arthroscopic portal. This was then followed by placement of a blunt scope cannula and trocar into the patellofemoral joint. The arthroscope was then placed where we did note evidence of advanced degenerative joint disease, central patella facet grade 3 change, and advanced grade 3 with primary grade 4 degenerative joint disease anterior aspect of the femur/femoral trochlea groove segment. Heavy synovitic change was noted as well. Arthroscope was then positioned to visualize the medial compartment. We then established an instrumental portal and probed the medial meniscus and noted evidence of a radial tear in the extreme posterior horn segment. Arthroscopic partial medial meniscectomy was accomplished utilizing arthroscopic shaver, arthroscopic basket, and ArthroCare vaporizing wand. We did also note evidence of grade 3 and grade 4 degenerative joint disease, medial femoral condyle, right knee, involving 100% of weight-bearing surface area. We, likewise, noted evidence of grade 2 degenerative joint disease medial tibial plateau and anterior segment of the lateral tibial plateau, right knee. We did accomplish arthroscopic soft chondroplasty relative to the medial femoral condyle and the medial tibial plateau utilizing arthroscopic shaver and ArthroCare vaporizing wand. The arthroscope was then positioned to visualize the anterior cruciate ligament, which was intact. We next visualized the lateral compartment, where that grade 2 change was noted in terms of the lateral tibial plateau, right knee. There was no evidence of meniscus tear. Again, the anterior cruciate ligament was intact. There was no evidence of a lateral meniscus tear noted. We subsequently readvanced the instrumentation into the patellofemoral joint. We did that after having accomplished soft chondroplasty on the anterior segment of the lateral tibial plateau. I did subsequently accomplish arthroscopic synovectomy in the patellofemoral compartment. We had accomplished arthroscopic synovectomy also in the medial compartment prior to that. We did control bleeders with electrocautery. Arthroscopic soft chondroplasty was accomplished relative to the patella and femoral trochlea groove segment. This was accomplished with arthroscopic shaver and ArthroCare vaporizing wand. At this juncture, we did place an 18-gauge spinal needle into the suprapatellar pouch under direct arthroscopic visualization. This was then followed by injection of an additional 30 ml Marcaine half percent with

ECBP - DCN 20103205680001401 Claim: EHZ9292 Clmnt: 001 Received: 11/12/2010

epinephrine and subsequently we closed the incisions with 3-0 nylon sutures. This was followed by placement of a sterile dressing of bacitracin, Adaptic, 4 x 4's and ABDs x4. This construct was secured with sterile Kerlix, and we did place TENS unit wires. A 6 inch Ace wrap was placed from upper thigh region down to the ankle. We then placed the knee immobilizer. The patient did tolerate the procedure well and was subsequently transported to the recovery room in stable condition.

DICTATED BY: WALTER GRADY, M.D.

D:07/14/2010 12:04:25
T:07/16/2010 07:02:33/bt
968998/846676

cc:
OP REPORT Page 2 of 3
OSMENT, JAMES J
23513

Note: Document is draft unless signed.<END FOOTER>

Authenticated by Walter Grady, MD. On 07/23/2010 07:44:49 PM

PRINTED BY: CP31698 DATE 11/8/2010

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Toll Free(877)582-2115 Toll Free Fax (866)583-2117

PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 07/29/2010

CHIEF COMPLAINT:
KNEE: James Osment is a 60 y old established patient seen in our office today. The patient is seen for follow-up post right knee arthroscopy.

HISTORY OF PRESENT ILLNESS: He is seen with his wife and Jan Redfern, nurse case manager, for this evaluation and team conference.

PAST MEDICAL HISTORY:
Gastroesophageal reflux disease, hypertension.
Rotator cuff repair, right shoulder
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain.
CURRENT PROBLEM LIST:

FAMILY HISTORY:
Positive history of DIABETES (non-specific), POSITIVE FOR CEREBROVASCULAR ACCIDENT, POSITIVE FOR HYPERTENSION, Patient has family history of cancer (type unspecified).

SOCIAL HISTORY:
TOBACCO USE Has no smoking history.
ALCOHOL Does not give any significant history of alcohol usage.
OCCUPATION: Timken
HISTORY:
GENERAL: No complaints of weakness, fatigue, fever, or significant weight loss or gain.
SKIN: No rashes, skin lumps, itching, excessive dryness, localized skin discoloration , or changes in hair or nails.
HEAD: No headaches or head injuries.
EYES: No glasses or contacts, pain, redness, excessive tearing, double vision, glaucoma, or cataracts.
EARS: No hearing loss, dizziness, earaches, ear infection, ear drainage.
NOSE: No nosebleed, hayfever, frequent cold.
THROAT/MOUTH: COMPLAINS OF HOARSENESS.
NECK: No lumps, swollen glands, goiter, or neck pain.
BREAST: No lumps in breast, breast pain, or nipple drainage.
RESPIRATORY/BREATHING: Patient denies cough, secretions, wheezing, shortness of breath, coughing up blood, asthma, pneumonia, tuberculosis, bronchitis, or emphysema.

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Grady Orthopaedics
Walter Grady, DO
480 Floyd Road Spartanburg, SC 29307
(864)582-2115 fax: (864)582-2117
Toll Free(877)582-2115 Toll Free Fax (866)583-2117

PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 07/29/2010

VASCULAR:
No leg cramps, varicose veins, phlebitis.
HEART: HIGH BLOOD PRESSURE.
URINARY: Patient denies frequent urination, painful urination, blood in urine, pus in urine, infections, loss of control, kidney stones, awaked at night to urinate.
GASTROINTESTINAL/STOMACH: Patient denies trouble swallowing, heartburn, nausea, vomitting, loss of appetite, indigestion, constipation, diarrhea, stomach pain, hemorroids, blood in bowel movements, liver problems, yellowing skin, hepatitis, gallbladder problems.
PSYCHIATRIC: No nervousness, tension, or depression.
ENDOCRINE: No thyroid problem, diabetes, excessive thirst, excessive hunger, excessive urination, excessive sweating.
NEUROLOGICAL: EXPERIENCES NUMBNESS, EXPERIENCES TINGLING.
MUSCULOSKELETAL: Patient denies arthritis, gout, backache, joint pain or stiffness, muscle cramps or spasms.

PHYSICAL EXAM:
MUSCULOSKELETAL & SKIN EXAMS:
LOWER EXTREMITIES:
RIGHT KNEE: Exam reveals that it is moderately swollen. The knee is warm to touch and not hot to touch and exhibits no signs of infection.

ROM of his knee appears to be from about 5 degrees to 105 degrees. We note that he has about 4+ to 5/5 strength in terms of extension and flexion.

We have reviewed his OP report and note that he has grade III DJD and grade IV DJD medial femoral condyle, right knee, involving 100% of the weightbearing surface area. He additionally has grade II and III DJD otherwise throughout the knee.

I have informed them that that is going to be his biggest challenge in terms of arthritis. That is going to be the thing that causes him pain. Also the fact that he had to take some of the cushion on the meniscus out will lead to greater joint contact forces and acceleration of his arthritis to a faster degree than it would in the normal population in someone that had not had that done.

IMPRESSION/PLAN: 1) Status post diagnostic and surgical arthroscopy, right knee, 7-14-10.
2) Advanced DJD, right knee.

PLAN: It is my recommendation that we have him return to work provided the work place can accommodate him two hours a day for two weeks sitting duties only with short periods of walking and standing for activities such as going to the bathroom, etc. This will be ongoing for two weeks and then the following two weeks we can graduate him to four hours a day and subsequently six hours a day two weeks after that and the eight hours a day

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PatientID: WC05136
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Date of Birth: 11/13/1949

Date of Service: 07/29/2010

two weeks after that.

I would recommend that he not drive until he is three weeks out which will put him at another week out for that. He can only do short drives and it is my understanding that he lives about 4 miles from the work place.

He did indicate to me that in terms of his work that typically he sits about three hours a day and the other 5 hours is normally walking and doing things and taskings.

Therapy should continue as scheduled and I will plan on seeing him back here in the office for follow up in about three weeks. I do anticipate that it will probably be somewhere in the neighborhood of three months or so before he is at MMI considering the fact that I am recommending the viscus injection series at the 90 day point post surgery.

It is my recommendation, also that his therapy continue as scheduled for about another four weeks. That will be twice a week for about another four weeks and that would total somewhere in the neighborhood of about 8 to 10 more visits.

It is my recommendation that we have him take Mobic as a nonsteroidal and Pennsaid or Voltaren as a topical arthritic preparation.

WG:ch
cc: Jan Redfern

Electronically Signed by: Walter Grady, DO on Thursday, December 02, 2010

Osment v. Timken46

8-19-10 **OSMENT, JAMES**

Mr. Osment is seen with the workman's comp case manager present for this examination. His wife is also present. We accomplished diagnostic and surgical arthroscopy of his right knee on 7-14-10. Pain score on presentation today is 4 out of 10.

His wife is wondering when he is going to stop limping. James also indicates that he has pain along the lateral aspect of the patella and over the prepatella region.

EXAMINATION: My numbers pretty much duplicate therapy's numbers of about 0 to 3 degrees to 121. I also note that he has tenderness over the prepatella bursa of his right knee and tenderness over the medial compartment of his right knee.

He indicates also that he had an episode of calf pain recently. I have checked him this morning and he has a negative Homan's and negative Moses sign with no signs of DVT. I have cautioned him, however, that if he does get increased pain in his calf, or popliteal aspect of his knee, he should go to the ER and get definitive treatment, also get an ultrasound study for evaluation.

The integumentary exam is negative and the neurocirculatory status is intact. Also no crepitation on range of motion excursion of that right knee.

I also note on examination, with him in the supine position that he has a 5 mm leg length discrepancy being shorter on the left side. I do feel that this is something that is pre-existing and has no relationship to his work. I did let him know, however, that with the leg length discrepancy when one does have knee surgery and shift their weight, that will make things worse relative to the gait pattern and perhaps even precipitate other joint pains. We also note that he has advanced grade DJD in his right knee and that, in itself, contributes to chronic pain and limping as well as a leg length discrepancy as indicated above.

ASSESSMENT: 1) Status post diagnostic and surgical arthroscopy, right knee on the date of 7-14-10.
2) Advanced grade DJD right knee.
3) Leg length discrepancy of 5 mm short on the left side.

PLAN: It is my understanding that Mobic upsets his stomach and the Pennsaid did not do anything for him. Patient indicates that Aleve seems to be a better thing for him so we will go ahead and let him continue with that.

With regards to work duties, I would recommend that he return to work on 8-22-10, 4 hours a day, sedentary duties only with short periods of walking and standing. No extended periods of walking and standing and no climbing, crawling, kneeling, squatting, etc. I do feel that he can walk 75 to 100 feet at least 4 times a day. It is my understanding that he has to walk 500 ft from the car's parking spot into the building. Once he is in the building, it is my feeling that since he has a golf cart, he should certainly be able to walk 75 to 100 feet 4 times a day or so. We will see him back in 3 weeks and we will probably upgrade him at that time in terms of his work.

WG:ch

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 09/14/2010

CHIEF COMPLAINT:
KNEE: James Osment is a 60 y old established patient seen in our office today. The patient is here for follow-up of the right knee.

HISTORY OF PRESENT ILLNESS: He is seen due to continuance of pain in his right knee.

PAST MEDICAL HISTORY:
Gastroesophageal reflux disease, hypertension.
Rotator cuff repair, right shoulder
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain.
CURRENT PROBLEM LIST:

FAMILY HISTORY:
Positive history of DIABETES (non-specific), POSITIVE FOR CEREBROVASCULAR ACCIDENT, POSITIVE FOR HYPERTENSION, Patient has family history of cancer (type unspecified).

SOCIAL HISTORY:
TOBACCO USE Has no smoking history.
ALCOHOL Does not give any significant history of alcohol usage.
OCCUPATION: Timken
FAMILY PHYSICIAN: Dr. Austin McElhaney
HISTORY:
GENERAL: No complaints of weakness, fatigue, fever, or significant weight loss or gain.
SKIN: No rashes, skin lumps, itching, excessive dryness, localized skin discoloration , or changes in hair or nails.
HEAD: No headaches or head injuries.
EYES: No glasses or contacts, pain, redness, excessive tearing, double vision, glaucoma, or cataracts.
EARS: No hearing loss, dizziness, earaches, ear infection, ear drainage.
NOSE: No nosebleed, hayfever, frequent cold.
THROAT/MOUTH: COMPLAINS OF HOARSENESS.
NECK: No lumps, swollen glands, goiter, or neck pain.
BREAST: No lumps in breast, breast pain, or nipple drainage.
RESPIRATORY/BREATHING: Patient denies cough, secretions, wheezing, shortness of breath, coughing up blood, asthma, pneumonia, tuberculosis, bronchitis, or emphysema.

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 09/14/2010

VASCULAR:
No leg cramps, varicose veins, phlebitis.
HEART: HIGH BLOOD PRESSURE.
URINARY: Patient denies frequent urination, painful urination, blood in urine, pus in urine, infections, loss of control, kidney stones, awaked at night to urinate.
GASTROINTESTINAL/STOMACH: Patient denies trouble swallowing, heartburn, nausea, vomitting, loss of appetite, indigestion, constipation, diarrhea, stomach pain, hemorroids, blood in bowel movements, liver problems, yellowing skin, hepatitis, gallbladder problems.
PSYCHIATRIC: No nervousness, tension, or depression.
ENDOCRINE: No thyroid problem, diabetes, excessive thirst, excessive hunger, excessive urination, excessive sweating.
NEUROLOGICAL: EXPERIENCES NUMBNESS, EXPERIENCES TINGLING.
MUSCULOSKELETAL: Patient denies arthritis, gout, backache, joint pain or stiffness, muscle cramps or spasms.

PHYSICAL EXAM:
MUSCULOSKELETAL & SKIN EXAMS:
LOWER EXTREMITIES:
RIGHT KNEE: He has tenderness in the medial compartment of the knee. The integumentary exam is unremarkable and the neurocirculatory status is intact.

We have established from his OP report that he has significant grade DJD in that knee. Crepitation on ROM excursion is noted.

IMPRESSION/PLAN: Advanced DJD, right knee.

PLAN: Injection of 3:3:1 into the right knee and Medrol Dosepak. Patient should come off the Medrol while he is on Medrol Dosepak and once the Medrol Dosepak is finished, he can resume the Mobic. We will also go ahead and set him up for the viscus injection series.

Again, this is a workman's compensation issue.

WG:ch

Electronically Signed by: Walter Grady, DO on Thursday, December 02, 2010

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 11/12/2010

CHIEF COMPLAINT:
KNEE: James Osment is a 60 y old established patient seen in our office today. The patient is here for follow-up of degenerative joint disease of the right knee. He is here for his first hyalgan injection.
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain.
CURRENT PROBLEM LIST:

PLAN: A sterile prep was accomplished utilizing Betadine followed by local Xylocaine infiltrative anesthesia. This was subsequently followed by hyalgan injection #1 into the right knee without difficulty. He will return in one week for injection #2.

WG:ch

Electronically Signed by: Walter Grady, DO on Tuesday, December 07, 2010

Osment v. Timken50

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 11/19/2010

CHIEF COMPLAINT:
KNEE: James Osment is a 60 y old established patient seen in our office today. The patient is here for follow-up of degenerative joint disease of the right knee. He is here for his second hyalgan injection.
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain.
CURRENT PROBLEM LIST:

PLAN: A sterile prep was accomplished utilizing Betadine followed by local Xylocaine infiltrative anesthesia. This was subsequently followed by hyalgan injection #2 into the right knee without difficulty. He will return in one week for injection #3.

WG:ch

Electronically Signed by: Walter Grady, DO on Tuesday, December 07, 2010

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 11/29/2010

CHIEF COMPLAINT:
KNEE: James Osment is a 60 y old established patient seen in our office today. The patient is here for follow-up of degenerative joint disease of the right knee. He is here for his third hyalgan injection.
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain.
CURRENT PROBLEM LIST:

PLAN: A sterile prep was accomplished utilizing Betadine followed by local Xylocaine infiltrative anesthesia. This was subsequently followed by hyalgan injection #3 into the right knee without difficulty. He will return in six weeks for follow up.

WG:ch

Electronically Signed by: Walter Grady, DO on Tuesday, December 07, 2010

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 01/20/2011

CHIEF COMPLAINT:
KNEE: James Osment is a 61 y old established patient seen in our office today. The patient is here for follow-up of the right knee.
PAIN SCALE: The severity of pain is a 6 on a scale of 0-10.

HISTORY OF PRESENT ILLNESS: He indicates that going up stairs and things of that nature and steps is a real issue for him in terms of pain in the anterior aspect of that knee.

The hyalagan injection has not helped him very much.

PAST MEDICAL HISTORY:
Gastroesophageal reflux disease, hypertension.
Rotator cuff repair, right shoulder
CURRENT ALLERGY LIST:
NO KNOWN DRUG ALLERGY
CURRENT MEDICATION LIST:
AVAPRO ORAL TABLET 150 MG,
CRESTOR ORAL TABLET 10 MG,
IBUPROFEN IB ORAL TABLET 200 MG,
LORTAB 10 ORAL TABLET 10-500 MG, one po 4 to 6 h prn pain.
CURRENT PROBLEM LIST:

FAMILY HISTORY:
Positive history of DIABETES (non-specific), POSITIVE FOR CEREBROVASCULAR ACCIDENT, POSITIVE FOR HYPERTENSION, Patient has family history of cancer (type unspecified).

SOCIAL HISTORY:
TOBACCO USE Has no smoking history.
ALCOHOL Does not give any significant history of alcohol usage.
OCCUPATION: Timken
FAMILY PHYSICIAN: Dr. Austin McElhaney
HISTORY:
GENERAL: No complaints of weakness, fatigue, fever, or significant weight loss or gain.
SKIN: No rashes, skin lumps, itching, excessive dryness, localized skin discoloration , or changes in hair or nails.
HEAD: No headaches or head injuries.
EYES: No glasses or contacts, pain, redness, excessive tearing, double vision, glaucoma, or cataracts.
EARS: No hearing loss, dizziness, earaches, ear infection, ear drainage.
NOSE: No nosebleed, hayfever, frequent cold.
THROAT/MOUTH: COMPLAINS OF HOARSENESS.

Osment v. Timken53

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 01/20/2011

NECK: No lumps, swollen glands, goiter, or neck pain.
BREAST: No lumps in breast, breast pain, or nipple drainage.
RESPIRATORY/BREATHING: Patient denies cough, secretions, wheezing, shortness of breath, coughing up blood, asthma, pneumonia, tuberculosis, bronchitis, or emphysema.
VASCULAR:
No leg cramps, varicose veins, phlebitis.
HEART: HIGH BLOOD PRESSURE.
URINARY: Patient denies frequent urination, painful urination, blood in urine, pus in urine, infections, loss of control, kidney stones, awaked at night to urinate.
GASTROINTESTINAL/STOMACH: Patient denies trouble swallowing, heartburn, nausea, vomitting, loss of appetite, indigestion, constipation, diarrhea, stomach pain, hemorroids, blood in bowel movements, liver problems, yellowing skin, hepatitis, gallbladder problems.
PSYCHIATRIC: No nervousness, tension, or depression.
ENDOCRINE: No thyroid problem, diabetes, excessive thirst, excessive hunger, excessive urination, excessive sweating.
NEUROLOGICAL: EXPERIENCES NUMBNESS, EXPERIENCES TINGLING.
MUSCULOSKELETAL: Patient denies arthritis, gout, backache, joint pain or stiffness, muscle cramps or spasms.

PHYSICAL EXAM:
MUSCULOSKELETAL & SKIN EXAMS:
LOWER EXTREMITIES:
RIGHT KNEE: Clinically we note that he has tenderness in the medial compartment of the right knee and ROM from about 0 degrees to about 110 degrees. We also note that strength assessment testing reveals him to have about 4+/5 flexion strength and about 3+/5 extension strength.

XRAY REPORT; Review of xrays today from the office 1-20-11 reveals evidence of medial joint space narrowing and flattening of the medial femoral condylar articular surface and tibial spine osteophytosis. No acute pathology is noted. The left knee demonstrates similar findings. We note, however, the right knee has more medial joint space narrowing.

I have reviewed his OP report and note grade III DJD pretty much throughout the right knee with the involvement being at least 100% of the weightbearing surface area medial femoral condyle.

IMPRESSION/PLAN: 1) Advanced DJD, right knee with medial joint space narrowing.
2) Status post diagnostic and surgical arthroscopy, right knee.

PLAN: Right total knee arthroplasty. I have discussed the procedure with Mr. Osment and he understands the same. He understands the major reason for doing this is for pain.

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PatientID: WC05136
Patient Name: JAMES J OSMENT
Date of Birth: 11/13/1949

Date of Service: 01/20/2011

We will plan on seeing him back for pre op. I will let him discuss the matter with my nurse and see him back as scheduled.

WG:ch

Electronically Signed by: Walter Grady, DO on Thursday, September 15, 2011

Orthopedic Specialties of Spartanburg, LLC

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC
Karen L. Babish, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 05/02/2011

HX OF PRESENT ILLNESS: Mr. Osment is a 61-year old male who came in for a second opinion with respect of his right knee. He originally injured his knee after twisting it on 5/15/10 after slipping on some metal. He ultimately underwent a knee arthroscopy by Dr. Grady in July of 2010 at which time he had a medial meniscus tear as well as grade IV chondromalacia of the medial femoral condyle and patellofemoral joint. He has been treated with activity modification, anti-inflammatories, injections, and viscosupplementation which all gave him minimal relief. He notes give way, night pain, swelling and notes limited walking tolerance. He is considering knee replacement.

PAST MEDICAL HISTORY: Positive for hypertension, hypercholesterolemia.
PAST SURGICAL HISTORY: As above.
MEDICATIONS: None listed.
ALLERGIES: No known drug allergies.
SOCIAL HISTORY: Patient works for Timiken in maintenance. He denies tobacco or alcohol use.
REVIEW OF SYSTEMS: Positive for reflux. All other systems are negative/normal.

PHYSICAL EXAM: Patient is a well-developed, well-nourished male in no apparent distress. Alert and oriented x 3. Weight 230 pounds. Height 5'8".

ORTHOPEDIC EXAM: Examination of his right knee reveals range of motion from full extension to 110° of flexion. He has medial tenderness without instability. He has patellofemoral crepitus with range of motion.

X-RAYS: Radiographs, AP and lateral of the right knee reveals near bone on bone arthrosis in the medial compartment as well as advanced patellofemoral arthritis.

IMPRESSION: Right knee arthritis.

PLAN: Mr. Osment's symptoms are progressively worsening. He is felt to be a candidate for total knee arthroplasty given his lack of response to maximum conservative measures. He was counseled that knee replacement works well alleviating pain from arthritis, however, patient's with knee replacements typically do not like to kneel or crawl on them. Additionally, they are mechanical and so the more rigorous the activity on the knee, the faster it will wear out. He may follow up with me as desired.
Anthony A. Sanchez, M.D.
(AAS: aws)

Electronically Signed by: Anthony A. Sanchez, MD on Wednesday, May 04, 2011 8:52 am

Orthopedic Specialties of Spartanburg, LLC

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC
Karen L. Babish, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 09/29/2011

PREOP VISIT: Patient is seen today for preop visit prior to upcoming surgery. Patient watched the video. Patient signed appropriate consent forms. All questions were answered concerning the procedure. Patient was given their packet to carry with them to their preop visit at the hospital. Patient will be seen in follow-up with physician prior to the scheduled procedure.
Kelley Jones

Electronically Signed by: Kelley B. Jones on Thursday, September 29, 2011 2:48 pm

Orthopedic Specialties of Spartanburg, LLC

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC
Karen L. Babish, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

Patient ID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 10/03/2011

HISTORY & PHYSICAL

CHIEF COMPLAINT: Right knee pain.

HX OF PRESENT ILLNESS: Mr. Osment is a 64-year old male who injured his knee in May of 2010 after slipping on some metal. He ultimately knee arthroscopy by Dr. Grady in July of 2010 for a medial meniscus tear and was noted to have Grade IV chondromalacia of the medial compartment and the patellofemoral joint. Since then, he has noticed progressively worsening pain. He notes lesser symptoms on the left. He notes a limited walking tolerance with instability, difficulty with stairs, and night pain. He has been treated with activity modification, medications, injections, and viscosupplementation but with no significant, lasting relief. He feels his symptoms have progressively worsened to the point of requiring operative intervention.

PAST MEDICAL HISTORY: Positive for hypertension, hypercholesterolemia.
PAST SURGICAL HISTORY: As above.
MEDICATIONS: None.
ALLERGIES: No known drug allergies.
SOCIAL HISTORY: Patient works in maintenance for Timken. He denies tobacco or alcohol use.
REVIEW OF SYSTEMS: Positive for reflux. All other systems are negative/normal.

PHYSICAL EXAM: Patient is a well-developed, well-nourished male in no apparent distress. Alert and oriented x 3. Weight 230 pounds. Height 5'8".

ORTHOPEDIC EXAM: Examination of his right knee reveals range of motion from full extension to 110 degrees of flexion. He has medial tenderness and crepitus as well as patellofemoral crepitus. He has no ligamentous laxity present. Distally, he is neurologically intact.

X-RAYS: Radiographs obtained previously as well as a long-leg alignment radiograph obtained today reveal bone on bone arthrosis of the medial compartment as well as advanced patellofemoral arthritis.

IMPRESSION: Right knee arthritis with arthroplasty-level symptoms.

PLAN: Mr. Osment's options were discussed at length with him. Given his lack of response to conservative measures as well as his advanced arthritis, he is felt to be a candidate for a total knee arthroplasty. The nature of this along with the alternatives, benefits, and risks including but not limited to anesthesia, bleeding, infection, chronic pain, stiffness, knee or patellar instability, leg length inequality, fracture, wound problems, neurovascular injury, loosening, and/or thromboembolism were discussed at length with him and his wife. All questions were answered, and they appear to understand and desire to proceed with the planned procedure. He is to see Dr. Burnett for pre-operative medical clearance in the morning.
Anthony A. Sanchez, M.D.
(AAS: acw)

Electronically Signed by: Anthony A. Sanchez, MD on Wednesday, October 05, 2011 8:15 am

Orthopedic Specialties of Spartanburg, LLC

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Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC
Karen L. Babish, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 10/03/2011

CHIEF COMPLAINT: Right knee pain.

HX OF PRESENT ILLNESS: Mr. Osment is a 64-year old male who injured his knee in May of 2010 after slipping on some metal. He ultimately knee arthroscopy by Dr. Grady in July of 2010 for a medial meniscus tear and was noted to have Grade IV chondromalacia of the medial compartment and the patellofemoral joint. Since then, he has noticed progressively worsening pain. He notes lesser symptoms on the left. He notes a limited walking tolerance with instability, difficulty with stairs, and night pain. He has been treated with activity modification, medications, injections, and viscosupplementation but with no significant, lasting relief. He feels his symptoms have progressively worsened to the point of requiring operative intervention.

PAST MEDICAL HISTORY: Positive for hypertension, hypercholesterolemia.
PAST SURGICAL HISTORY: As above.
MEDICATIONS: None.
ALLERGIES: No known drug allergies.
SOCIAL HISTORY: Patient works in maintenance for Timken. He denies tobacco or alcohol use.
REVIEW OF SYSTEMS: Positive for reflux. All other systems are negative/normal.

PHYSICAL EXAM: Patient is a well-developed, well-nourished male in no apparent distress. Alert and oriented x 3. Weight 230 pounds. Height 5'8".

ORTHOPEDIC EXAM: Examination of his right knee reveals range of motion from full extension to 110 degrees of flexion. He has medial tenderness and crepitus as well as patellofemoral crepitus. He has no ligamentous laxity present. Distally, he is neurologically intact.

X-RAYS: Radiographs obtained previously as well as a long-leg alignment radiograph obtained today reveal bone on bone arthrosis of the medial compartment as well as advanced patellofemoral arthritis.

IMPRESSION: Right knee arthritis with arthroplasty-level symptoms.

PLAN: Mr. Osment's options were discussed at length with him. Given his lack of response to conservative measures as well as his advanced arthritis, he is felt to be a candidate for a total knee arthroplasty. The nature of this along with the alternatives, benefits, and risks including but not limited to anesthesia, bleeding, infection, chronic pain, stiffness, knee or patellar instability, leg length inequality, fracture, wound problems, neurovascular injury, loosening, and/or thromboembolism were discussed at length with him and his wife. All questions were answered, and they appear to understand and desire to proceed with the planned procedure. He is to see Dr. Burnett for pre-operative medical clearance in the morning.
Anthony A. Sanchez, M.D.
(AAS: acw)

Electronically Signed by: Anthony A. Sanchez, MD on Wednesday, October 05, 2011 8:15 am

Orthopedic Specialties of Spartanburg, LLC

Mark D. Visk, M.D. LLC John E. Keith, Jr., M.D. LLC Stephen M. Kana, M.D. LLC
Anthony A. Sanchez, M.D. LLC, Thomas A. Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC
Karen L. Babish, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 10/12/2011

OP NOTE
Mr. Osment was taken to the operating room at Spartanburg Regional Medical Center where he underwent right total knee arthroplasty with computer navigation under a general anesthetic with a femoral nerve block without complication. Implants placed were an Osteonics Triathlon #6 cruciate retaining femur, a #5 tibia, an 11 mm CR insert, and a 35 x 10 mm patella, cemented with Tobramycin impregnated Simplex cement. PRP was utilized. Post-operatively, the patient was taken to the floor for convalescence per protocol. Karen Babish assisted with this case.
Anthony A. Sanchez, M.D.
(AAS: acw)

Electronically Signed by: Anthony A. Sanchez, MD on Thursday, October 13, 2011 2:53 pm

WC73859.7

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT

PATIENT NAME:	OSMENT, JAMES J
DOB:	11/13/1949
MEDICAL RECORD #:	820468
ACCOUNT NUMBER:	1127800149
ADMISSION DATE:	10/12/2011
DATE OF SERVICE:	10/12/2011
ATTENDING PHYSICIAN:	SANCHEZ, ANTHONY A
ROOM:	725

SERVICE
Alliance Inpatient Medicine

PRIMARY CARE PHYSICIAN
Dr. Burnett.

SERVICE REQUESTING CONSULT
Orthopedics, Dr. Sanchez.

REASON FOR CONSULT
Postoperative medical management.

HISTORY OF PRESENT ILLNESS
Mr. Osment is a 64-year-old male who injured his knee in May of 2010, at the _____ medal. Ultimately, he had a knee arthroscopy by Dr. Grady in July 2010, for medial meniscus tear and was noted to have grade IV chondromalacia of the medial compartment and the patellofemoral joint. Since then, he has noticed progressively worsening pain. He notes lesser symptoms on the left. He knows limited walking _____ with instability, difficulty with stairs, and night pain. He has been treated with activity modification, medications, injections and viscosupplementation but with no significant lasting relief. Therefore, he was schedule for a right total knee arthroplasty. The patient is status post his right total knee arthroplasty. We are consulted by Dr. Sanchez for medical management.

PAST MEDICAL HISTORY
Significant for hypertension, hyperlipidemia, and GERD.

PAST SURGICAL HISTORY
Significant for right rotator cuff repair.

ALLERGIES
No known drug allergies.

SCANNED

Note: Document is draft unless signed.

10/8/11

Osment v. Timken61

MEDICATIONS
None.

SOCIAL HISTORY
Negative for tobacco, alcohol, or drugs.

FAMILY HISTORY
Positive for diabetes, hypertension, and CVA.

REVIEW OF SYSTEMS
Currently positive only for mild right knee pain. All other 10-point review of systems is currently negative.

PHYSICAL EXAMINATION
VITAL SIGNS: Temperature is 96.3 degrees Fahrenheit, pulse of 99, blood pressure of 140/87, respiratory rate of 21, and saturating 97% on room air.
GENERAL: The patient is in no acute distress, alert and oriented x3.
LUNGS: Clear to auscultation bilaterally.
CARDIOVASCULAR: Regular. No murmurs, rubs, or gallops.
GASTROINTESTINAL: Nontender to palpation, nondistended and positive bowel sounds.
EXTREMITIES: Right leg is wrapped, but no evidence of acute bleed.

ASSESSMENT
1. Status post right total knee arthroplasty.
2. Hypertension.
3. Hyperlipidemia.
4. Gastroesophageal reflux disease.
5. Osteoarthritis.
6. Prophylaxis with Lovenox, Coumadin, and Protonix.

SCANNED

PLAN
We will follow along the care and management of this patient with Dr. Sanchez. We will monitor the patient for any elevation of high blood pressure and have p.r.n. meds as needed. We will continue the patient on his statin for his hyperlipidemia and place the patient on Protonix for his GERD.

We would like thank Dr. Sanchez for this wonderful consult, and we will gladly follow on the care of this patient with him.

DICTATED BY: OMAR ALEXANDER, MD

CONSULT
OSMENT, JAMES J
820468
PHYSICIAN COPY

ADMITTING

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Osment v. Timken62

DICTATED FOR (IF APPLICABLE):
D:10/12/2011 18:35:00
T:10/13/2011 03:57:43/m
1160490/1011740

cc: SAMUEL T BURNETT, M.D.
ANTHONY A SANCHEZ, M.D., Admitting Physician

SCANNED

Osment v. Timken63

WC 73859-7

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORT

PATIENT NAME:	OSMENT, JAMES J
DOB:	11/13/1949
MEDICAL RECORD #:	820468
PROCEDURE DATE:	10/12/2011
ACCOUNT NUMBER:	1127800149
ROOM:	725

PREOPERATIVE DIAGNOSIS
Right knee degenerative joint disease.

POSTOPERATIVE DIAGNOSIS
Right knee degenerative joint disease.

PROCEDURE
Right total knee arthroplasty with computer navigation.

SURGEON
Anthony A Sanchez, MD

ASSISTANT
Karen Babish, PA-C

ANESTHESIA
General and femoral nerve block.

IMPLANTS
Osteonics Triathlon size #6 cruciate retaining femur, size #5 tibia, 11-mm CR insert, 35 x 10-mm patella, cemented with tobramycin-impregnated Simplex cement. PRP was utilized.

INDICATION
Mr. Osment is a 61-year-old female complaining of progressively worsening right knee pain. He originally injured his knee in May of 2010 after slipping on some metal. He underwent knee arthroscopy by Dr. Grady in July of 2010 at which time, he was noted to have grade IV changes of his patellofemoral and medial compartments. Since then, he notes progressively increasing pain with limited talking tolerance. He notes difficulty with stairs and has night pain. He has been treated with activity modification, medications, injections and viscosupplementation without significant lasting relief. He feels his symptoms progressively worse. On physical exam, he had range of motion of his knee was from full extension to 110 degrees of flexion without instability. Radiographs revealed near bone on bone arthrosis of the medial compartment as well as lateral compartment changes and patellofemoral changes as well. Due to

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Osment v. Timken64

the patient's symptoms, radiographic appearance and physical findings, he is felt to be a candidate for operative intervention.

DESCRIPTION OF PROCEDURE

After preoperative medical clearance, informed consent as well as signing of the surgical site after patient confirmation in the preoperative holding room, Mr. Osment was admitted and taken to a laminar flow operating room at Spartanburg Regional Medical Center, where successful general anesthetic was applied. He received 2 g of Ancef intravenously preoperatively and a Foley catheter was placed. A femoral nerve block was placed in the preoperative holding room for postoperative pain relief. His right lower extremity was then prepped and draped in the usual sterile orthopedic fashion after a tourniquet had been placed proximally outside the sterile field over padding. An iodine-impregnated drape was placed over the skin as an additional barrier to infection. All scrub personnel wore total-body exhaust outfits, and the irrigation contained antibiotics. The limb was exsanguinated and the tourniquet was inflated to a pressure of 300 mmHg.

After time-out was performed, an incision was made beginning at the superior pole of the patella and extended to the tibial tubercle. Dissection was carried through the soft tissue utilizing a combination of sharp and blunt dissection obtaining hemostasis with electrocautery. The extensor mechanism was identified. A medial parapatellar arthrotomy was made revealing clear joint fluid. A medial subperiosteal dissection was carried down to the posterior medial corner of the tibia for visualization. The anterior horn of the medial and lateral meniscus was removed and a portion of the fat pad was removed for visualization as well. The patient was noted to have advanced arthritis in all 3 compartments. The patella was then sized and noted to be 24 mm in thickness. The posterior 10 mm was removed leaving residual 14-mm patella. It was further sized and noted to be 35 mm. Lugs were drilled and a protection plate applied. Attention was then directed to the femur. Utilizing the Stryker Computer Navigation Pinless System, the distal femoral tracker was applied and all data points entered in standard fashion. A navigated distal femoral resection was then made and set for neutral alignment, neutral flexion and extension and set to remove 9 mm of bone from the distal femur. The cut was made with a precision saw felt to be excellent. The femur was further sized and noted to be size #6. The #6 cutting block was pinned in 3 degrees of external rotation based off the posterior condyle and cross-referenced with the transepicondylar axis. The anterior, posterior and chamfer cuts were made with a sagittal saw protecting the collateral ligaments. Peripheral osteophytes were trimmed and attention was directed to the tibia. A navigated proximal tibia resection made set for neutral varus valgus alignment, mimicking the patient's natural posterior slope of 4 degrees and set to remove 9 mm of bone off the less involved medial plateau. The cut was again made with a precision saw, protecting the collateral ligaments, posterior cruciate ligament and patellar tendon. The resected tibia was removed and tibial sized and noted to be size #5. Meniscal remnants were removed as were posterior osteophytes. Trials were placed. With an 11-mm insert, knee range of motion was from full extension to 130 degrees of flexion with excellent varus valgus stability in all ranges and central patellar tracking. The tibial tray rotation was then marked and lugs were drilled for the femoral component. The tibial keel was punched, cross referencing the resected

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Osment v. Timken65

surface with the extramedullary alignment rod which was felt to be excellent. The cancellous surfaces were then thoroughly irrigated and dried including drying with the Carbojet while 2 batches of tobramycin-impregnated Simplex cement were vacuum mixed on the back table. The implants were precoated with cement and the cancellous surfaces were digitally pressurized. The tibial component was cemented first followed by the femoral component and then the patellar component. Excess cement from cleared from about all the components. A trial liner was placed and the knee was brought into full extension to allow final seating of the components. The patellar clamp was applied. The knee was held still in full extension until all cement on the back had hardened. The tourniquet was then released after being up for a total of 54 minutes. Hemostasis was excellent. The wound was thoroughly irrigated, and the permanent insert, 11-mm cruciate retaining, was impacted on a clean tibial tray. It was tested and noted to be well seated. Knee range of motion was again from full extension to 130 degrees of flexion with excellent symmetric varus valgus stability at all ranges and central patellar tracking. The wound was then thoroughly irrigated and platelet gel was applied to the capsular surface. The extensor mechanism was reapproximated in flexion with #1 Ethibond suture placed in figure-of-eight fashion. The knee was cycled 20 times revealing excellent repair and patellar tracking. The wound was again irrigated, additional platelet gel was applied and the skin closed with 0 Vicryl, 2-0 Vicryl and running Monocryl placed in a subcuticular fashion. A sterile dressing was applied.

The patient tolerated the procedure well without complications.

ESTIMATED BLOOD LOSS
100 mL.

TOTAL TOURNIQUET TIME
54 minutes.

POSTOPERATIVE PLAN
The patient was taken to the recovery room in stable condition. He will begin rehabilitation per total knee arthroplasty protocol. He will be partial weightbearing until quadriceps function returns. CPM will be instituted in the recovery room. He will receive Coumadin for DVT prophylaxis as well as a Lovenox bridge and will receive Ancef for 24 hours postoperatively as well. Of note, the PA was utilized extensively in this case for patient positioning, exposure, preparation, implant placement and closure.

DICTATED BY: ANTHONY A SANCHEZ, M.D.

D:10/12/2011 22:51:33
T:10/13/2011 06:57:11/sn

OP REPORT
OSMENT, JAMES J
820468
PHYSICIAN COPY

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DICTATING

Note: Document is draft unless signed.

Osment v. Timken66

1160531/1011819

cc:

SCANNED

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Karen L. Babish, PA-C, Casey S. Satterfield, PA-C
Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 10/31/2011

HX OF PRESENT ILLNESS: Mr. Osment came in for follow up of his right total knee arthroplasty which was performed on 10/12/11. He is at home performing therapy exercises there. They are coming twice per week. He has been partial weight bearing and is taking Coumadin for DVT prophylaxis and denies fever, chills, or sweats. He has been taking Percocet, however, her feels this may be too strong.

ORTHOPEDIC EXAM: Physical exam reveals his wound to be healing well without evidence of infection. Range of motion of his knee is from lacking 5° of full extension and 105° of flexion without instability. His calf is soft and non-tender. Distally he is neurovascularly intact.

X-RAYS/IMAGING: Radiographs AP and lateral of the right knee reveals a cemented total knee arthroplasty in excellent alignment.

IMPRESSION: Stable right total knee arthroplasty.

PLAN: Mr. Osment was able to straight leg raise and therefore may advance his weight bearing to full as tolerated. He should continue Coumadin until he is four weeks post op. He was switched to Lortab as needed for pain. The importance of dental prophylaxis was reviewed with him. He was also given a prescription for a cane. He will follow up with me in three to four weeks for recheck. He was instructed the importance of ankle pumps and prone hangs to promote full extension.
Anthony A. Sanchez, M.D.
(AAS: aws)

Electronically Signed by: Anthony A. Sanchez, MD on Wednesday, November 02, 2011 4:40 pm

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Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Patrick N. Penland, PA-C, Roxanne M. Dingman ATC, OPA-C

Patient ID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 11/30/2011

HX OF PRESENT ILLNESS: Mr. Osment came in for follow-up of his right total knee arthroplasty, which was performed on 10/12/11. He is performing therapy exercises two to three times a week. He has been utilizing an Extensionator brace to try to get full extension. He does have some pain at night. He has been taking Lortab, which he feels may be too strong, and it is bothering his stomach. He has completed Coumadin and denies fever, chills, or sweats. He is able to ambulate full weight-bearing, and he does utilize a cane on occasion.

ORTHOPEDIC EXAM: Physical exam reveals range of motion of his knee to be from lacking 5 degrees of full extension to 115 degrees of flexion, which is improved. His calf is soft and non-tender, and his wound is healed. There is no effusion present.

IMPRESSION: Stable right total knee arthroplasty with residual stiffness.

PLAN: Mr. Osment was given a prescription for Ultracet. He was ordered additional knee physical therapy. He was also given a prescription for Amoxicillin for some upcoming dental work. He is felt to be able to perform desk work only, and he should perform no physical therapy at work. He should continue to utilize his dynamic extension brace. He will follow-up with me in six weeks for recheck.
Anthony A. Sanchez, M.D.
(AAS: acw)

Electronically Signed by: Anthony A. Sanchez, MD on Monday, December 05, 2011 3:49 pm

Orthopedic Specialties of Spartanburg, LLC

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Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Patrick N. Penland, PA-C, Roxanne M. Dingman ATC, OPA-C

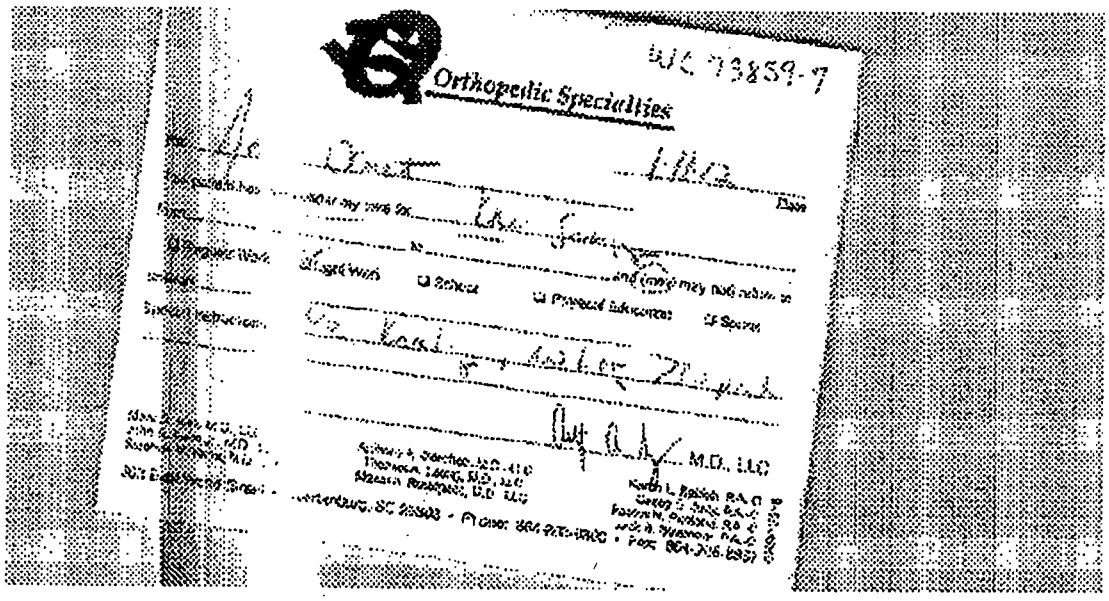
PatientID: WC73859
Patient Name: JAMES OSMENT
Patient SS#: 248-82-1547
Date of Birth: 11/13/1949

Physician: ANTHONY A SANCHEZ MD
Date of Service: 11/30/2011

PATIENT PHONE NUMBER: (864) 489-4006

PHYSICAL / OCCUPATIONAL THERAPY
DIAGNOSIS/ICD-9: right TKA
EVALUATE AND TREAT
I certify this Rehabilitation Therapy is medically necessary. The Plan of Care is established and will be reviewed every 30 days or more often if the condition warrants.
FACILITY FOR REFERRAL:
Anthony A. Sanchez, M.D.

Electronically Signed by: Anthony A. Sanchez, MD on Wednesday, November 30, 2011 12:10 pm


Orthopedic Specialties
M.D., LLC

Orthopedic Specialties of Spartanburg

303 E. Wood Street, Spartanburg, S.C. 29303, Phone: 864-208-8800, Fax: 864-208-8857

Mark D. Visk, M.D. LLC, John E. Keith Jr., M.D. LLC, Anthony A. Sanchez, M.D., LLC, Stephen M. Kana, M.D. LLC
Thomas A Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC, Matthew Terzella, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
01/17/2012 10:54 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 62 year old male

Note: Mr. Osment came in for follow up of his right total knee arthroplasty which was performed on 10/12/11. He notes anterolateral ache and is performing therapy exercises two times per week. He notes improving walking tolerance and went back to work last week. He does utilize ice on occasion. He takes Ultracet as needed for pain. He denies any fever, chills, or sweats.

Addendum Note *(ANTHONY A SANCHEZ MD; 1/17/2012 11:01:47 AM)*
Actual date of service was 1/11/12, documented 1/16/12.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married: 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 01/17/2012 10:55 AM)*
The physical exam findings are as follows:

Musculoskeletal

Physical exam reveals range of motion of his knee to be from full extension to 115 degrees of flexion without instability. There is no effusion present. His calf is soft and non-tender.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 01/17/201210:57 AM)*
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:

IMPRESSION: Stable right total knee arthroplasty.

PLAN: Mr. Osment should continue his therapy exercises on his own. The importance of dental prophylaxis was reviewed with him. He may advance his duty at work, however, he should avoid any lifting more than 30 pounds and perform no kneeling or crawling. He will follow up with me in three months for recheck. The importance of dental prophylaxis was reviewed with him today.
Anthony A. Sanchez, M.D.
(AAS: aws)

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

303 E. Wood Street, Spartanburg, S.C. 29303, Phone: 864-208-8800, Fax: 864-208-8857

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Thomas A Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC, Matthew Terzella, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
03/05/2012 01:46 PM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 62 year old male who presents for a recheck of Right Knee Pain. He is seen today in follow up for his right total knee arthroplasty which was performed on 10/12/11. He has finished organized therapy and has been utilizing a stationary bicycle at his home. He has walking tolerance of 100 yards and notes improving stair climbing ability. He notes that going up is better than descending them. He does note occasional pain in his shin. He notes ache at the end of the day. He takes Aleve in the morning without GI upset as well as Tramadol on occasion. He is utilizing no brace.

Review of Systems *(Tammy Keith; 03/07/2012 02:44 PM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Not Present- Blurred Vision, Double Vision, Impaired Vision, Hoarseness, Hearing Loss, Headache and Trouble Swallowing.
Respiratory: Not Present- Dyspnea and Chronic Cough.
Breast: Not Present- Breast Lumps.
Cardiovascular: Not Present- Chest Pain and Palpitations.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Blood In Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Easy Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 03/09/2012 11:26 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal

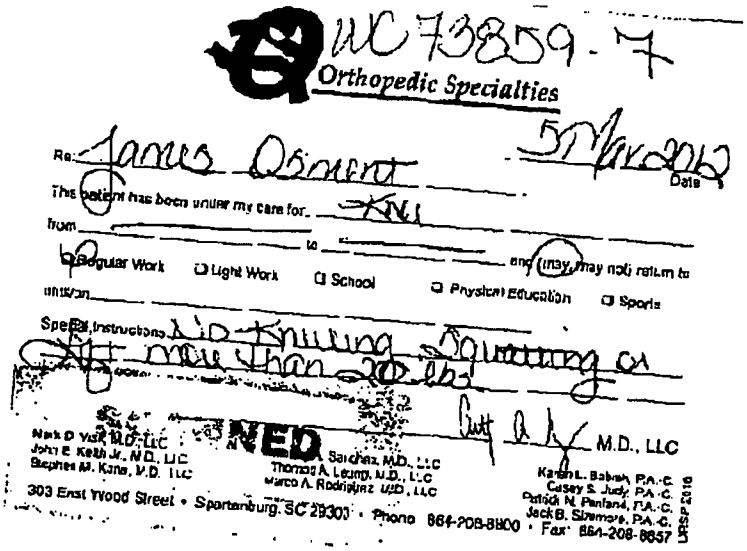
Physical exam reveals range of motion of his knee to be from full extension to 120 degrees of flexion without instability. There is no effusion present. His wound is well healed. His calf is soft and non-tender.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 03/09/2012 11:28 AM)*
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Today's Impression: Stable right total knee arthroplasty.
Current Plans:

- PLAN: Mr. Osment should continue his therapy exercises and engage in a low impact aerobic exercise program. The importance of dental prophylaxis was reviewed with him. He should avoid crawling or kneeling; otherwise may advance his activity as tolerated. He will follow up with me in 6-8 weeks for recheck.

Electronically signed by ANTHONY A SANCHEZ MD,



UC 73859-7

Orthopedic Specialties

Re: James Osment 5th Nov 2013
Date

The patient has been under my care for XXI

from _____ to _____ and (may, may not) return to

☐ Regular Work ☐ Light Work ☐ School ☐ Physical Education ☐ Sports

until on _____

Special Instructions No Kneeling Squatting or

lift more than 20 lbs

Scott A. Ly M.D., LLC

Mark D. Yaz M.D., LLC
John E. Kelly Jr., M.D., LLC
Stephen M. Kane, M.D. LLC
Thomas A. Leung, M.D., LLC
Marco A. Rodriguez M.D., LLC
Karen L. Babish, P.A.-C.
Casey S. Judy, P.A.-C.
Patrick N. Penland, P.A.-C.
Jack B. Sizemore, P.A.-C.

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Thomas A Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC, Matthew Terzella, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
04/23/2012 10:04 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 62 year old male presenting for a follow up visit. Mr. Osment follows up for his right total knee arthroplasty, which was performed on 10/12/11. Patient notes that overall, his knee has done well, but he reports that he has been having a little bit more problems with it recently. He feels that working on concrete floors does aggravate his symptoms, especially after a full day. He notes some fullness and swelling in his knee. He notes pain that is almost worse at rest. He notes pain with extended sitting, and he gets very restless in the car after even a short period of time or any kind of road trip. He notes pain with extended sitting. He notes restlessness at night and has night pain. He notes stiffness in the morning. Patient notes an approximate one-half mile walking tolerance. He notes that descending stairs, in partkular, does bother him some. Patient has been taking just period Norco as needed for pain. He has not been taking any anti-inflammatories. Patient denies any GI upset with Norco. Mr. Osment denies any neurologic complaints. Patient denies any significant increase in swelling recently. He denies any erythema. He notes minimal warmth in the knee. Patient denies any fever, chills, sweats, or recent infection.

Review of Systems *(Joey Crocker; 04/23/2012 10:04 AM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Not Present- Blurred Vision, Double Vision, Impaired Vision, Hoarseness, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken79

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(KAREN L BABISH PAC; 04/25/2012 03:45 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Patient is a pleasant 62-year old male.

Musculoskeletal

Orthopedic exam of his right knee reveals his wound to have healed well. There is mild anterior swelling. There is fullness noted posteriorly. Range of motion is from full extension to 120 degrees of flexion without instability. His calf is soft and non-tender. Distally, he is neurovascularly intact.

Assessment & Plan *(KAREN L BABISH PAC; 04/25/2012 03:49 PM)*
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:
- pain control with exercise

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Today's Impression: Stable right total knee arthroplasty with swelling.
Current Plans:
- Started Norco 5-325MG, 1 Tablet every four hours, as needed, #40, 04/23/2012, No Refill.
- Started Mobic 15MG, 1 Tablet Daily, #30, 04/23/2012, Ref. x3.
- Follow up in 6 weeks or as needed.

Treatment options were discussed at length with Mr. Osment and his wife. Patient's symptoms are felt to be primarily due to some inflammation and swelling, and patient is felt to be a candidate for an anti-inflammatory. Patient was given a prescription for Mobic to take with food in place of any other anti-inflammatories. At this point, patient will lay off some of his more strenuous activities, and for the next couple of weeks, he will focus on quad strengthening. Patient was encouraged to elevate and ice after activities, especially after work, to address his swelling. Mr. Osment was given a prescription for Norco to take as needed for pain. We will plan to follow up with Mr. Osment in six weeks to check progression of symptoms or sooner as needed.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
06/04/2012 08:32 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 62 year old male presenting for a follow up visit. Mr. Osment follows up for his right total knee arthroplasty, which was performed on 10/12/11. He notes occasional swelling at work especially on concrete floors. He has a walking tolerance of 1/4 mile, and he has pain with prolonged activity. He notes descending stairs is difficult; however, going up is good. He takes Mobic with some relief, although he feels it may bother his stomach slightly. He takes Norco as needed for pain as well. He denies any fever, chills, or sweats.

Vitals *(Kelley Jones; 06/04/2012 08:32 AM)*
06/04/2012 08:32 AM
Weight: 230 lb **Height:** 68 in
Body Surface Area: 2.24 m² **Body Mass Index:** 34.97 kg/m²
Pulse: 83 (Regular)
BP: 138/81 Electronic (Sitting, Left Arm, Standard)

Review of Systems *(Michelle Gray; 06/06/2012 08:52 AM)*
General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Not Present- Blurred Vision, Double Vision, Impaired Vision, Hoarseness, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 05/06/2012 10:39 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal

Physical exam today of his knee reveals range of motion from full extension to 120 degrees of flexion without instability or effusion.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 05/06/2012 10:41 AM)*
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:

STATUS, KNEE JOINT REPLACEMENT (V43.65)
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Today's Impression: Stable right total knee arthroplasty.
Current Plans:
- Follow up in 3 months or as needed.

Mr. Osment may continue the present treatment regimen. I do believe he needs to be on light duty with no climbing and no prolonged walking. He will follow-up with me in three months with repeat radiographs of his knee, sooner should his symptoms progress.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
07/11/2012 08:37 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 62 year old male presenting for a follow up visit. Mr. Osment follows up for his right total knee arthroplasty, which was performed on 10/12/11. He notes slow improvement. He has a walking tolerance of ½ mile, and he notes some swelling, especially at the end of the day and at work when walking on a concrete floor. He notes an occasional ache at night when turning over. He takes Tylenol on occasion. He denies any fever, chills, or sweats.

Review of Systems *(Joey Crocker; 07/11/2012 08:38 AM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 07/17/2012 09:00 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal

Physical exam reveals range of motion of his knee to be from full extension to 115 degrees of flexion without instability or effusion. X-RAYS/IMAGING: AP/lateral of the right knee reveals a cemented total knee arthroplasty in excellent alignment without evidence of loosening or wear.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 07/16/2012 07:51 AM)*
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Today's Impression: Stable right total knee arthroplasty.
Current Plans:

STATUS, KNEE JOINT REPLACEMENT (V43.65)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Today's Impression: Stable right total knee arthroplasty.
Current Plans:
- X-RAY EXAM OF KNEE 1 OR 2 (73560) Routine (JGP RT TOT)
- Follow up in 6 weeks or as needed.

Mr. Osment should continue the present treatment regimen. He should continue light duty. I do believe crawling and squatting may be a lifelong restriction. He will follow up with me in six weeks for recheck.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
08/22/2012 08:42 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 62 year old male presenting for a follow up visit. Mr. Osment came in for follow-up of his right total knee arthroplasty, which was performed on 10/12/11. He does note some soreness with prolonged riding or driving. He has an ache at night. His pain is primarily anterior. He has a walking tolerance of 100 yards. He notes that walking on concrete floors makes his symptoms much worse. He has an occasional burning sensation anteriorly. He utilizes ice at night for the throbbing sensation in his knee. He takes Aleve with some relief. He has been working in maintenance where he has to get on the floor and has been on light duty and has been able to do his job in that capacity. He does have some persistent stiffness and has some difficulty descending stairs. He denies any fever, chills, or sweats.

Review of Systems *(Nichelle Gray; 09/05/2012 09:25 AM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 09/12/2012 05:11 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal

Physical exam reveals range of motion of his knee to be from full extension to 115 degrees of flexion without instability. His wound is well-healed. His calf is soft and non-tender.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 09/12/2012 05:12 PM)*
STATUS, KNEE JOINT REPLACEMENT (V43.65)
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Today's Impression: Stable right total knee arthroplasty.
Current Plans:

- Follow up in 2 months or as needed.

Mr. Osment should continue his therapy exercises. He may continue medication as he has been doing as long as he has no GI side effect from it. He is felt to have a disability with respect to his knee, and he is felt to have reached maximal medical improvement. Based on the AMA guidelines, he has a fair result, which equates to a 20% whole person impairment and a 50% lower extremity impairment. He should avoid kneeling or crawling, and this is a permanent restriction. He should minimize any high-impact activity to increase the longevity of his prosthesis. I do believe that concrete floors are not in his best interest. The importance of dental prophylaxis was again reviewed with him. He will follow up in two months with repeat annual radiographs of his knee.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
11/21/2012 09:47 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male presenting for a follow up visit. Mr. Osment is status post right total knee arthroplasty performed on 10/12/11. He notes occasional soreness and swelling with prolonged activity. He has a walking tolerance of two hundred yards. He can climb stairs okay with railing, however, descending them is worse. He takes Aleve or Tylenol without gastrointestinal upset. He does have an ache at night. He has occasional thigh pain. He recently went to the beach and had some difficulty walking in the loose sand. He continues to work on concrete floors and feels that may be exacerbating symptoms as well. He denies any fever, chills or sweats, recent illness.

Review of Systems *(ANTHONY A SANCHEZ MD; 11/27/2012 11:44 AM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS. LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 11/27/2012 11:48 AM)*
The physical exam findings are as follows:

Musculoskeletal

Exam reveals range of motion of the right knee to be from full extension to 115 degrees of flexion without instability or effusion. Distally, neurologically intact. X-RAYS/IMAGING: AP lateral right knee reveals cemented total knee arthroplasty in excellent alignment without evidence of loosening or wear.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 11/27/2012 2:00 PM)*
STATUS, KNEE JOINT REPLACEMENT (V43.65)
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Today's Impression: Stable right total knee arthroplasty.
Current Plans:

- X-RAY EXAM OF KNEE 1 OR 2 (73560) Routine (NF RT TOT)
  Findings: AP lateral right knee reveals cemented total knee arthroplasty in excellent alignment without evidence of loosening or wear.
- KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (L1820) Routine
- Mr. Osment should continue present treatment regimen. He should continue to maximize his quad/hamstring strength. He may continue over the counter anti-inflammatories as long as he has no gastrointestinal side effect from them. I do believe he has a disability with respect to his right knee and the concrete floors are exacerbating his symptoms. He should minimize high impact activity. He was given a hinged sleeve brace to see if this gives him additional relief and will follow up with me in three months for recheck. The importance of dental prophylaxis was reviewed with him today.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
01/11/2013 11:11 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male who presents with a complaint of Right Knee Pain. Mr. Osment is in today with right knee pain, he is status post right total knee arthroplasty on 10/12/11. Patient notes he had been doing fairly well. He does have some pain as he works on concrete floors but last Friday he had a fair amount of pain in his knee as well as some swelling with radiation of pain into his groin that did seem to migrate posteriorly and into his low back. Patient now notes the pain has localized again in his knee. The swelling was not primarily lateral which has improved, he notes some feelings of give way. Patient denies any fever, chills or recent infection. Patient does have pain with ambulation as well as mild night pain. The patient has been taking Aleve or Tylenol with minimal relief, without any gastrointestinal upset.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Vitals *(Data Pre: 01/11/2013 11:11 AM)*
01/11/2013 11:11 AM
Weight: 230 lb **Height:** 68 in
Body Surface Area: 2.24 m² **Body Mass Index:** 34.97 kg/m²

BP: 136/78 Electronic (Sitting, Left Arm, Standard)

Review of Systems *(KAREN L BABISH PAC; 01/14/2013 11:59 AM)*
General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS. LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(KAREN L BABISH PAC; 01/14/2013 11:58 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Right knee reveals a well-healed surgical wound, very mild swelling. No significant joint effusion no erythema or fluctuance. Very minimal tenderness with palpation with range of motion from full extension to 115 degrees of flexion with very mild pain and no instability. Calf is soft, non-tender. Distally, neurovascular intact. X-RAYS/IMAGING: Radiographs, (two views) AP/lateral right knee reveals total knee arthroplasty in excellent without evidence of loosening, wear or fracture.

Assessment & Plan *(KAREN L BABISH PAC; 01/14/2013 12:02 PM)*
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Today's Impression: Stable right total knee arthroplasty with increased pain.
Current Plans:
- X-RAY EXAM OF KNEE 1 OR 2 (73560) Routine (NF RT TOT)
  Findings: X-RAYS/IMAGING: Radiographs, (two views) AP/lateral right knee reveals total knee arthroplasty in excellent without evidence of loosening, wear or fracture.

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

STATUS, KNEE JOINT REPLACEMENT (V43.65)
Current Plans:
- Treatment options were discussed with Mr. Osment. As his pain has been somewhat migratory it is difficult to assess the origin of his pain. The patient was advised there may be somewhat radicular component but as his pain is localized to the knee he is felt to be a candidate for a work up. He is sent for a CBC, sed rate and CRP to rule out infection. Patient notes he has a hinged brace at home and was encouraged to wear that if it gives him some relief, if he has symptoms of give way he was encouraged to elevate, ice for any type of fullness, tightness, or swelling. Patient is to return in two weeks to check progression of symptoms. Patient was encouraged to call sooner if he develops any worsening pain, fever, swelling or drainage.

Electronically signed by KAREN L BABISH PAC,

Report for Osment, James J (MRN: 000820468)

TEST: COMPLETE BLOOD COUNT
Collected Date & Time: 01/11/13 12:27

Result Name	Results	Units	Reference Range
White Blood Cell Count	6.6	K/cmm	3.1-9.7
Accession #:C130110342			
Red Blood Cell Count	5.05	million/cmm	4.08-5.70
Hemoglobin	15.7	g/dL	13.1-16.8
Hematocrit	44.0	%	38.2-48.4
Mean Corpuscular Volume	87.0	fL	80.1-98.7
Mean Corpuscular Hemoglobin	31.0	pg	27.5-34.3
Mean Corpuscular Hemoglobin Concentr	35.6	g/dL	33.2-35.7
Red Cell Distribution Width	13.5	%	11.7-15.0
Platelet	202	K/cmm	119-332

The above 9 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET,SPARTANBURG,SC 29303

TEST: C REACTIVE PROTEIN
Collected Date & Time: 01/11/13 12:27

Result Name	Results	Units	Reference Range
C Reactive Protein	0.50	mg/dL	0.00-0.60

The above 1 analytes were performed by SPARTANBURG REGIONAL LABORATORY
101 EAST WOOD STREET,SPARTANBURG,SC 29303
Accession #:C130110701

TEST: ERYTHROCYTE SEDIMENTATION RATE
Collected Date & Time: 01/11/13 12:27

Result Name	Results	Units	Reference Range
Erythrocyte Sedimentation Rate	2		0-20

The above 1 analytes were performed by NORTH GROVE LAB
1330 Boiling Spring Hwy,suite 1500,SPARTANBURG,SC 29303
Accession #:C130110698

Osment v. Timken97

265

Orthopedic Specialties of Spartanburg

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Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
02/20/2013 09:00 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male who presents for a recheck of Right Knee Pain. Mr. Osment came in for follow-up of his right total knee arthroplasty. He notes continued symptoms. He notes global pain as well as intermittent swelling. He noted a rash several weeks ago, which has been treated with topical medication. He notes no fever, chills, or sweats. He notes having slipped in some water at work and nearly fell last week. He has been taking Tylenol as needed for pain. He denies any fever, chills, or sweats recently or neurological complaint.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications, and Review of Systems.

Review of Systems *(ANTHONY A SANCHEZ MD: 02/21/2013 12:03 PM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married: 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 02/21/2013 02:12 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal

Examination of his right knee reveals resolving rash with a well-healed surgical scar. He has no effusion present. Range of motion of his knee is from full extension to 115 degrees of flexion without instability. His calf is soft and non-tender. Distally, he is neurologically intact. Dorsalis pedis pulses are +2. Labs: Labs reveal a normal white blood cell count of 6.6, a normal C-reactive protein of 0.5, and a normal sed rate of 2.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 02/21/2013 02:13 PM)*
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

STATUS, KNEE JOINT REPLACEMENT (V43.65)
Today's Impression: Painful right total knee arthroplasty.
Current Plans:

- Restarted Mobic 15MG, 1 Tablet daily, #30, 02/20/2013, Ref. x3.
- The patient will return following a bone scan
- Patient instructed to return in 3 weeks.

Mr. Osment was sent for a bone scan to further assess his prosthesis. He was given a prescription for Mobic to see if this gives him any relief as well, and he reported no contraindication to anti-inflammatories. He may continue to utilize a brace. He will follow up with me in three to four weeks, at which time, he should have a long-leg alignment radiograph, sunrise view, and AP pelvis radiograph. The importance of dental prophylaxis was again reviewed with him today.

Electronically signed by ANTHONY A SANCHEZ MD,

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
North Grove

WC 73859 - 7

Spartanburg Regional

NAME: OSMENT, JAMES J
ORDERING PHYSICIAN: SANCHEZ, ANTHONY A
LOC: OPI
Pt. Type:OPT

DOB: 11/13/49
NORTH GROVE RADIOLOGY

UNIT #: 000820468
CI#: 3563264
AN#:B1305700250

FINAL
Exam
78320 NC NM BONE SCAN 3 PHASE
78315

Date: 02/26/13 0916
Cre Diag: 996.40 CMP INT ORTH DEV/GFT NO

Nuclear Medicine 3 Phase Bone Scan, 2/26/2013

Indication: Right knee replacement with right knee pain, swelling, and soreness

Comparison: Outside facility x-ray from 1/11/2013

Radiopharmaceutical: 25 mCi Tc-99m MDP IV

Findings: Blood flow, blood pool, and 4 hour delayed images of the knees were obtained.

The angiographic images show mild hyperemia to the right knee with similar increased blood pool. The delayed images show pintopenic right knee replacement with low level increased activity at the right knee replacement most prominent at the patellar component. Findings are most compatible with reactive bone change.

At the left knee, there is low level increased activity at the tibial subarmic and lateral compartment with also medial and lateral joint space narrowing consistent with degenerative findings.

Impression: Right knee replacement with mild hyperemic and reactive bone change.
2. Degenerative changes at the left knee.

Transcriptionist: n/a
Page 1

SCANNED

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
North Grove

Spartanburg Regional

NAME: OSMENT,JAMES J
ORDERING PHYSICIAN: SANCHEZ,ANTHONY A
LOC: OPT
Pt. Type:OPT
DOB: 11/13/49
NORTH GROVE RADIOLOGY

UNIT #: 0200820460
CI#: 3563264
AN#:613057u0250

Checkin Exam Code Summary
3563264 76020

Reading Radiologist- JOSEPH K KURKJIAN MD
Releasing Radiologist- JOSEPH K KURKJIAN MD
Released Date Time- 02/26/13 1342

Page 2

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
04/03/2013 02:21 PM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male presenting for a follow up visit. Mr. Osment came in for follow up of his painful right total knee arthroplasty which was performed one year ago. He notes continued pain primarily medially. He notes electric type sensation intermittently as well as burning anteriorly. He has no instability complaint. He notes limited walking tolerance and notes ache at night especially after working. He has start up pain. He has been taking Mobic without relief. In addition, he has been wearing a brace, also without relief. He notes his symptoms are worse with working on concrete floor. He has been on light duty at work.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Review of Systems *(ANTHONY A SANCHEZ MD: 04/04/2013 01:56 PM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken103

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 04/04/2013 02:00 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Examination of his right knee reveals well-healed surgical scar without effusion. Range of motion of his knee is from full extension to 115 degrees of flexion with no varus/valgus laxity present. Distally, neurovascularly intact.LABS: Labs obtained previously reveals no evidence of infection. He had a normal white blood cell count, C-reactive protein, and sed rate.
X-RAY/IMAGING: Note: Bone scan reveals no evidence of prosthetic loosening.Three views of the knee long-leg alignment radiograph reveals the weight bearing line to go through the center of the knee, sunrise view reveals central patellar tracking, and AP pelvis reveals no hip arthritis.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 04/04/2013 02:06 PM)*
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:
- X-RAY EXAM OF PELVIS (72170) Routine (JGP)
- X-RAY EXAM OF KNEE 1 OR 2 (73560) Routine (JGP LLA W/MV)
- X-RAY EXAM OF KNEES (73565) Routine (JGP BIL WB)

Impression: Three views of the knee long-leg alignment radiograph reveals the weight bearing line to go through the center of the knee, sunrise view reveals central patellar tracking, and AP pelvis reveals no hip arthritis.

STATUS, KNEE JOINT REPLACEMENT (V43.65)
Today's Impression: Painful right total knee arthroplasty.
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

ACUTE KNEE PAIN (719.46)
Current Plans:
- Mr. Osment may continue Mobic. He was sent for metal allergy testing. He should continue light duty at work and will follow up with me after his allergy testing for additional recommendations.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

303 E. Wood Street, Spartanburg, S.C. 29303, Phone: 864-208-8800, Fax: 864-208-8857

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Thomas A Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC, Matthew Terzella, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
07/08/2013 06:03 PM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male presenting for a follow up visit. Patient has painful right total knee arthroplasty. He notes continued soreness and stiffness primary posterolateral pain. He notes occasional numbness in his foot. He does have pain at night on occasion. He utilizes a brace, ice. He has a one-quarter mile walking tolerance and is able to climb stairs sideways. He has pain at start up as well. He notes increasing difficulty at work.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Review of Systems *(ANTHONY A SANCHEZ MD; 07/09/2013 02:40 PM)*

General: Not Present- Weight Loss, Weight Gain and Fever.
Skin: Present- Rash. Not Present- Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Not Present- Headaches, Sleep Disorder and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken106

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History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married; 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 07/10/2013 08:46 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Exam of the knee reveals well healed surgical scar. Range of motion of the knee is from full extension to 115 degrees of flexion without instability. Distally, neurovascularly intact.Metal allergy testing is negative. He has also had normal labs, negative bone scan and no abnormalities on radiographs.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 07/10/2013 08:47 AM)*
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40)
Today's Impression: Painful right total knee arthroplasty.
Current Plans:
- Started Neurontin 300MG, 1 Capsule AT bedtime, #30, 07/08/2013, Ref. x3.

ACUTE KNEE PAIN (719.46)
Current Plans:
- The patient will return following an EMG/NCV
- Patient is sent for an EMG of his lower extremity given his complaint. He was given a prescription to take at night of Neurontin. He may continue Mobic as well. I do believe his work is aggravating his symptoms with respect to his knee and he will likely need a job change. I do believe he does have a permanent disability with respect to his knee. He will follow up in one month for recheck, sooner if symptoms progress.

Electronically signed by ANTHONY A SANCHEZ MD,

WC 73859-7

CAROLINAS CENTER
FOR ADVANCED MANAGEMENT OF PAIN

320 Roper Mountain Division
Greenville, SC 29615
864.288.8390

141 Asheland Ave
Asheville, NC 28801
828.212.1955

1083 Midlands Court
West Columbia, SC 29169
800.791.7175

Clemmons Office
Park Ridge Hospital

1320 Boiling Springs Road
Suite 2100
Spartanburg, SC 29646
864.582.8683

Test Date: 9/19/2013

Patient:	James Osment	DOB:	11/13/1949	Physician:	Renju T. Joseph, MD
Sex:	Male	Height:		Ref Phys:	Anthony Sanchez, M.D.

PATIENT HISTORY
63-year-old male with a two year history of right lower limb pain status post total knee replacement in November of 2011. He describes his pain as sharp in quality starting at the medial knee and radiating proximally to the groin and distally to the medial leg. He also notes numbness and tingling involving the right lateral thigh.

PAST MEDICAL HISTORY
The patient denies any history of diabetes, thyroid disease, heavy alcohol use, or cancer.

PHYSICAL EXAM:
Muscle stretch reflex: 2+ bilateral lower limbs except right patella not tested secondary to total knee replacement
Manual muscle testing: 5/5 bilateral lower limbs
Sensation: diffusely decreased right lower limb

SUMMARY:
1. The nerve conduction studies of the right lower limb were within normal limits.
2. No significant side to side differences were noted between the left and right tibial H-reflexes.
3. The needle EMG study of the right lower limb was within normal limits.

IMPRESSION:
1. There is no electrodiagnostic evidence of a RLE focal mononeuropathy, radiculopathy, plexopathy, myopathy, or overt peripheral neuropathy.

Thank you for this referral, please feel free to contact me if you have any questions.

Renju T. Joseph, MD

Board Certified, American Board of Electrodiagnostic Medicine
Board Certified, American Board of Physical Medicine & Rehabilitation

Osment v. Timken109

Nerve Conduction Studies
Anti Sensory Summary Table

Right Peron Anti Sensory (Ant Lat Mall)								
14 cm	6.0	<4.2	12.8	>3.0	14cm	Ant Lat Mall	6.0	14.0
Right Saphenous Anti Sensory (Ant Med Mall)								
14cm	3.9	<4.2	9.4	>2	14cm	Ant Med Mall	3.9	0.0
	3.8		4.8					
Right Sural Anti Sensory (Lat Mall)								
Calf	3.6	<6.2	7.2	>5.0	Calf	Lat Mall	3.6	14.0

Motor Summary Table

Right Peroneal Motor (Ext Dig Brev)										
Ankle	5.0	<6.6	5.0	>2.0	B Fib	Ankle	6.5	31.0	48	>40
B Fib	11.6		4.4		Popl	B Fib	1.8	8.0	44	>40
Popl	13.5		4.5							
Right Tibial Motor (Abd Hall Brev)										
Ankle	3.2	<6.1	15.1	>4.0	Knee	Ankle	7.9	37.5	47	>41
Knee	19.1		11.7							

H Reflex Studies

Left Tibial (Gastroc)		
31.19	0.46	<1.0
Right Tibial (Gastroc)		
31.13	0.44	<1.0

EMG

Right	Ant Tibialis	Dp Br Perne	L4-5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	Absent
Right	Med Gastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	Absent
Right	Peroneus Long	Sup Br Perne	L5-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	Absent
Right	Vastus Med	Femoral	L3-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	Absent
Right	Gluteus Med	Sup Gluteal	L4-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	Absent

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
09/09/2013 01:26 PM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male presenting for a follow up visit. Patient has painful right total knee arthroplasty performed on 10/12/2011. He continues to note general soreness. He has cramping sensation in his calf as well as an occasional shooting sensation. He takes Neurontin at night which has given him some relief. He has a walking tolerance of one quarter mile at work, however, he notes significant soreness afterwards. He has global pain worse anteriorly. He has been taking Tylenol as well as utilizing a brace on occasion. He is presently performing office work, however, he has difficulty with that as well.

He had an EMG which revealed no evidence of nerve root compromise.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Review of Systems *(Charlene Miller; 09/09/2013 01:26 PM)*

General: Present- Weight Gain. Not Present- Weight Loss and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Present- Sleep Disorder. Not Present- Headaches and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
OSTEOARTHROSIS NOS, LOWER LEG (715.96)
AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
STATUS, KNEE JOINT REPLACEMENT (V43.65): Painful right total knee arthroplasty.
ACUTE KNEE PAIN (719.46)
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40): Painful right total knee arthroplasty.

Other Problems
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High blood pressure
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Is my home setting supportive?: 04/23/2012: yes
Non drinker / no alcohol Use:
Alcohol use: 04/23/2012: none
09/09/2013: none
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Illicit drug use: 04/23/2012: no
09/09/2013: no
Marital status: Married: 09/09/2013: married
Race: 04/23/2012: White
09/09/2013: White
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Cerebrovascular Accident:;
Hypercholesterolemia:;
Family history unknown:;
Diabetes Mellitus:;
Ulcer Disease:;
Blood clots:;
Heart Problems:;
Hypertension:;

Physical Exam *(ANTHONY A SANCHEZ MD; 09/11/2013 02:17 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Exam of the right knee reveals a well-healed surgical scar, there is no effusion present. Range of motion of his knee is from full extension to 115 degrees of flexion, he has no instability present. Distally, neurovascularly intact. He has had normal labs, negative bone scan and negative metal allergy testing.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 09/11/2013 02:19 PM)*
STATUS, KNEE JOINT REPLACEMENT (V43.65)
Today's Impression: Painful right total knee arthroplasty.
Current Plans:

MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40)
Today's Impression: Painful right total knee arthroplasty.
Current Plans:

ACUTE KNEE PAIN (719.46)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:
- Mr. Osment should continue the present treatment regimen, he should continue to maintain his quad hamstring strength. He may continue Neurontin at night. I believe his work is exacerbating his symptoms at present and he is felt to be a candidate for permanent disability with respect to his knee. I do not believe he can return to work at his present employment. He will follow up with me in six to eight weeks for recheck at which time he should have annual radiographs of his knee. The importance of dental prophylaxis was reviewed with him.

Electronically signed by ANTHONY A SANCHEZ MD,

WC 73859-7

Print In Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Patient History
Please answer every question

STAFF: Handwritten responses must be entered MANUALLY.

Marking Instructions
Please use a # 2 pencil
Fill in the complete oval as shown..

PLEASE PRINT PATIENT'S LAST NAME: OSMENT
PLEASE PRINT PATIENT'S FIRST NAME: JAMES J
PATIENT'S DATE OF BIRTH: 11 / 13 / 1949 (Month / Day / Year)

YOUR MEDICAL HISTORY

Please indicate if YOU have had any of the following. Mark all that apply.

- anemia
- anesthesia reaction
- anxiety
- angina
- asthma
- bleeding problems
- blood clots
- bronchitis
- cancer
- colon problems
- COPD
- depression
- diabetes
- drug / alcohol abuse
- frequent pneumonia
- gout
- heart attack
- heart disease
- heart murmur
- hepatitis
- hepatitis C
- high blood pressure
- high cholesterol
- HIV / AIDS
- kidney problems
- liver problems
- menopause
- MRSA infection
- muscular disorders
- neurological disorders
- osteoarthritis
- osteoporosis
- pulmonary embolism
- respiratory disease
- rheumatoid arthritis
- seizures
- sexual difficulty
- sleep apnea
- stroke
- thyroid problems
- tuberculosis
- ulcers
- varicose veins
- OTHER MEDICAL ILLNESS NOT LISTED
- NONE

FAMILY MEDICAL HISTORY

Please indicate if YOUR FAMILY has had any of the following. Mark all that apply. (ONLY include parents, grandparents, siblings, and children.)

- FAMILY HISTORY UNKNOWN
- anemia
- anesthesia reaction
- anxiety
- bleeding problems
- blood clots
- cancer
- colon problems
- depression
- diabetes
- drug / alcohol abuse
- gout
- heart problems
- high blood pressure
- high cholesterol
- HIV / AIDS
- kidney problems
- liver problems
- lung problems
- muscular disorders
- neurologic disorders
- osteoarthritis
- osteoporosis
- rheumatoid arthritis
- seizures
- stroke
- thyroid problems
- ulcers
- OTHER MEDICAL ILLNESS NOT LISTED
- NONE

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Patient History

Please answer every question

STAFF: Handwritten responses must be entered MANUALLY.

SOCIAL HISTORY

Marital status:
single
married
partnered
separated
divorced
widowed

Race:
Asian
African American
White
American Indian / Alaska Native
Native Hawaiian / Pacific Islander
unknown
other

If you chose "other", please specify: _____

Ethnicity: Hispanic / Latino · Non-Hispanic / Non-Latino

Highest level of education completed:
elementary
high school
unknown
vocational
college
post graduate

Current work status:
full time
part time
student
seeking employment
not working by choice
unable to work
retired
disabled

If disabled, please explain why: _____

What is your smoking status?
current (every day)
current (some days)
previous
never

How many packs per day do you (did you) smoke?
< ½ · ½ · ¾ · 1 · 1 ½ · 2 · > 2

If you smoked previously, when did you stop smoking? *(in months)*
< 2 · 2-6 · 6-12 · 12-24 · > 24

Alcohol use *(drinks per day)*:
occasional · 1 · 2 · 3 · > 3 · NONE

Illicit drug use: yes · no

Have you ever been addicted to or dependent on drugs or pain medicine? yes · no

What is your ability to enjoy life?
excellent · very good · good · fair · poor

My home setting is supportive. yes · no

SURGICAL HISTORY

Please indicate if you have had surgery in any of the following locations. Mark all that apply.

I HAVE HAD NO SURGERIES
back
neck
shoulder
hip
knee
other

If you chose "other", please specify: _____

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Osment v. Timken115

Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Review of Systems

Please answer every question

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME: OSMENT
PLEASE PRINT PATIENT'S FIRST NAME: JAMES J
PATIENT'S DATE OF BIRTH: 11 (Month) 13 (Day) 1949 (Year)

Mark only the symptoms that you are experiencing CURRENTLY.

Mark all that apply — If no symptoms, please mark "NONE."

General	frequent fever	weight loss weight gain	NONE
Eyes	blurred vision	double vision impaired vision	NONE
Ear, Nose, and Throat	hoarseness	hearing loss trouble swallowing	NONE
Cardiovascular	chest pain	palpitations	NONE
Respiratory	shortness of breath	chronic cough	NONE
Gastrointestinal	vomiting loss of appetite stomach pain with anti-inflammatory	reflux nausea blood in stool	NONE
Genitourinary	painful urination excessive urination	blood in urine kidney problems irregular periods	NONE
Breast		breast lumps	NONE
Skin	rash	skin ulcer psoriasis	NONE
Neurological	headache	sleep disorder dizziness	NONE
Musculoskeletal	muscle weakness	fibromyalgia	NONE
Psychiatric	anxiety	bipolar depression	NONE
Endocrine	excessive thirst	cold intolerance heat intolerance	NONE
Heme / Lymphatic	anemia prior blood transfusion	easy bleeding easy bruising	NONE

U.S. Patent No. 7,487,021 B2 Patent No. 7,941,339
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Orthopedic Specialties of Spartanburg

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Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
10/28/2013 10:11 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 63 year old male presenting for a follow up visit. Patient has painful right total knee arthroplasty performed on 10/12/2011. He continues to note general soreness. He notes achiness when sitting. He notes that his knee is doing better, however he notes that his low back is starting to hurt more recently, and notes radiation of the pain down his right leg to his ankle. He denies numbness, but admits to a heavy feeling in his leg. He took Neurontin at night which gave him some relief, but he had to stop due to swelling in his feet and hands. He was having more shooting sensation into his leg, but since he has been off of work, he notes that this seems to be less, however not resolved. He notes that Mobic does help. He has a walking tolerance of one quarter mile at work, however, he notes significant soreness afterwards. He notes that he has spoken with work and that he is unable to return to work due to the amount of walking on concrete that he has to do. He has filed for disability as well. He denies fever or chills.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Review of Systems *(ANTHONY A SANCHEZ MD; 10/30/2013 08:35 AM)*

General: Present- Weight Gain. Not Present- Weight Loss and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Present- Sleep Disorder. Not Present- Headaches and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
STATUS, KNEE JOINT REPLACEMENT : Painful right total knee arthroplasty.
OSTEOARTHROSIS NOS, LOWER LEG
LUMBAR RADICULAR PAIN
ACUTE KNEE PAIN: Early right hip arthritis.
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT: Painful right total knee arthroplasty.
AFTERCARE FOLLOWING JOINT REPLACEMENT

Other Problems
High blood pressure
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High Cholesterol
Drug Dependence: 04/23/2012: no
High blood pressure

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Tobacco use: Never smoker; 09/09/2013: Never smoker
Illicit drug use: 04/23/2012: no
09/09/2013: no
Current work status: Full-time; 09/09/2013: full time
Race: 04/23/2012: White
09/09/2013: White
Marital status: Married; 09/09/2013: married
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Alcohol use: 04/23/2012: none
09/09/2013: none
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Is my home setting supportive?: 04/23/2012: yes
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good
Non drinker / no alcohol Use:

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Blood clots:;
Blood clots:;
Heart Problems:;
Hypercholesterolemia:;
Family history unknown:;
Hypertension:;
Ulcer Disease:;
Cerebrovascular Accident:;
Diabetes Mellitus:;

Physical Exam *(ANTHONY A SANCHEZ MD; 10/30/2013 08:36 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Exam of the right knee reveals a well-healed surgical scar, there is no effusion present. Range of motion of his knee is from full extension to 120 degrees of flexion, he has no instability present. Distally, neurovascularly intact. Exam of the back reveals a mildly positive Stinchfield on the right as well as a positive straight leg raise with equal leg lengths. Distally, neurovascularly intact. EMG studies obtained 8/19/13 reveal normal results.He has had normal labs, negative bone scan and negative metal allergy testing.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 10/30/2013 08:36 AM)*
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40)
Today's Impression: Painful right total knee arthroplasty.
Current Plans:
- X-RAY EXAM OF KNEE 1 OR 2 (73560) Routine (NF RT TOT)

ACUTE KNEE PAIN (719.46)
Current Plans:

LUMBAR RADICULAR PAIN (724.4)
Current Plans:
- Referred to TERZELLA MD, MATTHEW, (Undefined)
- The patient will return following a MRI
- Will obtain an MRI of the LS spine and refer him to Dr. Terzella for further evaluation and treatment of his back pain with radicular symptoms. He should continue Mobic as long as he has no gastrointestinal upset. He is permanently out of work as of now, as he is unable to perform his present job due to extreme amount of walking requirement. If his groin pain continues, will obtain right hip x-rays on return.
  Follow up in 6 weeks or as needed
  Patient was seen in conjunction with Beth Spring, PA-C.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

JAMES J OSMENT
01/03/2014 04:33 PM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 64 year old male presenting for a follow up visit. Patient has painful right total knee arthroplasty. He notes symptoms are essentially the same. He has been having intermittent pain in his right groin, no recent injections. He notes primary medial knee pain on the right. He feels his knee occasionally swells and feels symptoms gradually worsen. He has an ache at night. He has been taking Neurontin and Mobic with some relief.

He recently retired in December, he was unable to work on concrete surfaces. He was sent for evaluation of his lumbar spine, however, his insurance company apparently denied his MRI.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Review of Systems *(Michelle Gray; 01/06/2014 11:15 AM)*

General: Present- Weight Gain. Not Present- Weight Loss and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Present- Sleep Disorder. Not Present- Headaches and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken120

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
STATUS, KNEE JOINT REPLACEMENT : Painful right total knee arthroplasty.
OSTEOARTHROSIS NOS, LOWER LEG
LUMBAR RADICULAR PAIN
ACUTE KNEE PAIN: Early right hip arthritis.
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT: Painful right total knee arthroplasty.
AFTERCARE FOLLOWING JOINT REPLACEMENT

Other Problems
High blood pressure
Hypercholesterolemia
High blood pressure
Drug Dependence: 07/11/2012: no 09/09/2013: no
High Cholesterol
Drug Dependence: 04/23/2012: no
High blood pressure

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Tobacco use: Never smoker; 09/09/2013: Never smoker
Illicit drug use: 04/23/2012: no
09/09/2013: no
Current work status: Full-time; 09/09/2013: full time
Race: 04/23/2012: White
09/09/2013: White
Marital status: Married; 09/09/2013: married
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Alcohol use: 04/23/2012: none
09/09/2013: none
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino
Is my home setting supportive?: 04/23/2012: yes
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good
Non drinker / no alcohol Use:

Medications
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Neurontin (300MG Capsule, 1 Oral AT bedtime, Taken starting 07/08/2013) Active.
Tylenol (1 Oral) Specific dose unknown - Active.
Aspirin (1 Oral) Specific dose unknown - Active.

Family
Blood clots:;
Blood clots:;
Heart Problems:;
Hypercholesterolemia:;
Family history unknown:;
Hypertension:;
Ulcer Disease:;
Cerebrovascular Accident:;
Diabetes Mellitus:;

Physical Exam *(ANTHONY A SANCHEZ MD; 01/06/2014 04:00 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Exam of the right knee reveals well-healed surgical scar with no effusion present. Exam reveals range of motion of the knee to be from full extension to 120 degrees of flexion without instability. Leg lengths are equal, however, Stinchfield is positive as is straight leg raise.
X-RAY/IMAGING: Note: Radiographs, AP pelvis, AP/lateral right hip (two views) reveals some narrowing of the superior dome of acetabulum compared to previous radiographs and compared to the left hip.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 01/06/2014 04:02 PM)*
ACUTE KNEE PAIN (719.46)
Today's' Impression: Early right hip arthritis.
Current Plans:

MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40)
Today's' Impression: Painful right total knee arthroplasty.
Current Plans:

- X-RAY EXAM OF HIP (73510) Routine (JGP RT: AP pelvis, AP/lateral right hip (two views) reveals some narrowing of the superior dome of acetabulum compared to previous radiographs and compared to the left hip.)
- Patient Education: X-Rays *: x rays
- Patient is sent to get a hip injection under Fluoroscopy for both diagnostic and therapeutic purposes. He was specifically instructed to note how much pain relief he gets while the anesthetic is in effect in his entire leg. He should continue follow up with Dr. Terzella with respect to his lumbar spine and may continue Mobic and Neurontin. He will follow up with me in four to six weeks for recheck, sooner if any problems.

Electronically signed by ANTHONY A SANCHEZ MD,

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C, Matthew J. Naegel, PA-C, Alexandra L. Wallace PA-C

JAMES J OSMENT
03/19/2014 08:35 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 64 year old male presenting for a follow up visit. Mr. Osment came in for follow-up of his painful right total knee arthroplasty and low back pain. He notes his symptoms are essentially unchanged. He has a walking tolerance of ¼ mile and notes intermittent stiffness. He has pain with prolonged sitting such as driving. He has been taking Mobic and Neurontin. He has not yet had an MRI of his back. He notes primarily low back pain with radiation to his foot. He notes groin pain on occasion as well. He has been waiting to see Dr. Terzella as this has not yet been approved by his insurance. He notes occasional numbness in his leg.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications, and Review of Systems.

Vitals *(Catherine R Jones; 03/19/2014 09:07 AM)*
03/19/2014 09:06 AM
Weight: 230 lb **Height:** 68 in
Body Surface Area: 2.24 m² **Body Mass Index:** 34.97 kg/m²

BP: 143/91 Electronic (Sitting, Left Arm, Standard)
Review of Systems *(Michelle Gray; 03/21/2014 03:31 PM)*
General: Present- Weight Gain. Not Present- Weight Loss and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Present- Sleep Disorder. Not Present- Headaches and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken123

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
LUMBAR RADICULAR PAIN
OSTEOARTHROSIS NOS, LOWER LEG
STATUS, KNEE JOINT REPLACEMENT : Status post right total knee arthroplasty with residual pain secondary to radiculopathy.
ACUTE KNEE PAIN
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT: Status post right total knee arthroplasty with residual pain secondary to early hip arthritis and radiculopathy.
AFTERCARE FOLLOWING JOINT REPLACEMENT

Other Problems
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no
High blood pressure
High blood pressure
Hypercholesterolemia
Drug Dependence: 07/11/2012: no 09/09/2013: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Marital status: Married; 09/09/2013: married
Non drinker / no alcohol Use:
Illicit drug use: 04/23/2012: no
09/09/2013: no
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Is my home setting supportive?: 04/23/2012: yes
Alcohol use: 04/23/2012: none
09/09/2013: none
Race: 04/23/2012: White
09/09/2013: White
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino

Medications
Neurontin (300MG Capsule, 1 Oral at bedtime. Taken starting 03/19/2014) Active.
Mobic (15MG Tablet, 1 Oral daily. Taken starting 09/09/2013) Active.
Aspirin (1 Oral) Specific dose unknown - Active.
Tylenol (1 Oral) Specific dose unknown - Active.

Family
Blood clots:;
Blood clots:;
Ulcer Disease:;
Diabetes Mellitus:;
Hypercholesterolemia:;
Cerebrovascular Accident:;
Family history unknown:;
Hypertension:;
Heart Problems:;

Physical Exam *(ANTHONY A SANCHEZ MD; 03/24/2014 10:06 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Examination of his right knee reveals a well-healed surgical scar without effusion present. Range of motion of his knee is from full extension to 120 degrees of flexion without instability. He is distally neurovascularly intact. Stinchfield is positive as is straight leg raise.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 03/24/201410:06 AM)*
ACUTE KNEE PAIN (719.46)
Current Plans:

MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT (996.40)
Today's' Impression: Status post right total knee arthroplasty with residual pain secondary to early hip arthritis and radiculopathy.
Current Plans:

- Patient instructed to return in 2 months.

Mr. Osment should continue the present treatment regimen. He should continue to maximize his quad and hamstring strength. The importance of dental prophylaxis was reviewed with him. I, again, believe he should have an MRI to further assess his lumbar nerve roots. He was given a prescription for Neurontin and may continue Mobic. He will follow up with me in two months with repeat radiographs of his knee and hip.

Electronically signed by ANTHONY A SANCHEZ MD,

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Ronald M. Kniecik, PA-C, Elizabeth A. Spring, PA-C, Matthew J. Naegel, PA-C, Alexandra L. Wallace PA-C

JAMES J OSMENT
05/28/2014 08:18 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 64 year old male presenting for a follow up visit. Patient is in for check. He had a right total knee arthroplasty. He has right hip and back pain. He notes the pain in the right leg, pain in his back down the posterior aspect of the right leg that is worse with activity. He notes intermittent spasm. He does note occasional thigh pain. He has minimal groin pain at present. He apparently since last visit did see Dr. Cherry who placed stents, however, he had no myocardial infarction yet. He is presently on Plavix and aspirin. He was told to stop his Mobic and is taking Tylenol as needed. He has a walking tolerance at present of one hundred yards and has no bowel or bladder complaint, no neurologic complaint. No MRI.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Review of Systems *(Michelle Gray; 05/30/2014 02:05 PM)*

General: Present- Weight Gain. Not Present- Weight Loss and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Present- Sleep Disorder. Not Present- Headaches and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken126

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
LUMBAR RADICULAR PAIN
OSTEOARTHROSIS NOS, LOWER LEG
STATUS, KNEE JOINT REPLACEMENT : Status post right total knee arthroplasty with residual pain secondary to radiculopathy.
ACUTE KNEE PAIN
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT: Status post right total knee arthroplasty with residual pain secondary to early hip arthritis and radiculopathy.
AFTERCARE FOLLOWING JOINT REPLACEMENT

Other Problems
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no
High blood pressure
High blood pressure
Hypercholesterolemia
Drug Dependence: 07/11/2012: no 09/09/2013: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Marital status: Married; 09/09/2013: married
Non drinker / no alcohol Use:
Illicit drug use: 04/23/2012: no
09/09/2013: no
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Is my home setting supportive?: 04/23/2012: yes
Alcohol use: 04/23/2012: none
09/09/2013: none
Race: 04/23/2012: White
09/09/2013: White
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino

Medications
Neurontin (300MG Capsule, 1 Oral at bedtime, Taken starting 03/19/2014) Active.
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Aspirin (1 Oral) Specific dose unknown - Active.
Tylenol (1 Oral) Specific dose unknown - Active.

Family
Blood clots:;
Blood clots:;
Ulcer Disease:;
Diabetes Mellitus:;
Hypercholesterolemia:;
Cerebrovascular Accident:;
Family history unknown:;
Hypertension:;
Heart Problems:;

Physical Exam *(ANTHONY A SANCHEZ MD; 06/02/2014 10:53 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Exam of the right knee reveals a well-healed surgical scar. Exam reveals range of motion of the knee to be from full extension to 120 degrees of flexion without instability or effusion. Distally, neurovascularly intact. He has a positive straight leg raise on the right, negative on the left. Stinchfield is mildly positive on the right.
X-RAY/IMAGING: Note: Radiographs, AP/Lat right knee (two views) reveals cemented total knee arthroplasty in excellent alignment without evidence of loosening or wear. AP/Pelvis,lateral right hip (two views) reveals mild arthritic changes present primarily infeirorly with decreased cartilage space compared to previous radiographs. Does not have bone on bone arthrosis of right hip.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 06/03/201407:54 AM)*
STATUS, KNEE JOINT REPLACEMENT (V43.65)
Today's Impression: Status post right total knee arthroplasty with residual pain secondary to radiculopathy.
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:

- X-RAY EXAM OF HIP (73510) Routine (RT SNB:AP/Pelvis,lateral right hip (two views) reveals mild arthritic changes present primarily infeirorly with decreased cartilage space compared to previous radiographs. Does not have bone on bone arthrosis of right hip.)
- X-RAY EXAM OF KNEE 1 OR 2 (73560) Routine (RT TOT SNB: AP/Lat right knee (two views) reveals cemented total knee arthroplasty in excellent alignment without evidence of loosening or wear.)
- Patient Education: X-Rays *: Imaging
- Patient instructed to return in 3 months.

Patient should continue the present treatment regimen.
He should continue to refrain from anti-inflammatories due to concurrent Plavix use.
He may continue Neurontin.
Should symptoms continue he would be a candidate for a MRI, maybe candidate for epidural steroid injection and/or orthopedic spine referral.
He will follow up with me in three months for recheck.
I do not believe he is able to return to work at present.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

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Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C, Matthew J. Naegel, PA-C. Alexandra L. Wallace PA-C

JAMES J OSMENT
08/27/2014 08:46 AM

Patient #: WC73859
DOB: 11/13/1949
Gender: Male

History of Present Illness

The patient is a 64 year old male presenting for a follow up visit. Patient is in for follow up of right total knee arthroplasty. He does admit to medial and lateral pain in his knee on sitting. He notes pain on twisting. He does admit that since he is not working, his knee pain is some lees as he is not standing for long periods on concrete. He has right hip and back pain. He notes the pain in the right leg, pain in his back down the posterior aspect of the right leg and foot that is worse with activity. He does admit to numbness in the right foot as well. She notes that he ascends stairs sideways. He notes intermittent spasm. He does note occasional thigh pain. He has minimal groin pain at present. He apparently since last visit did see Dr. Cherry who placed stents, however, he had no myocardial infarction yet. He is presently on Plavix and aspirin. He was told to stop his Mobic and is taking Tylenol as needed. He has a walking tolerance at present of one hundred yards and has no bowel or bladder complaint, no neurologic complaint. He has had a bone scan and an allergy test for his knee with negative result. He notes that he is now unable to take Neurontin due to cardiac status. He is currently in negotiations with workers comp with his attorney.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Medications and Review of Systems.

Vitals *(Holly Lovelace; 08/27/2014 09:00 AM)*
08/27/2014 08:58 AM
Weight: 209 lb **Height:** 696 in
Body Surface Area: 6.82 m² **Body Mass Index:** 0.3 kg/m²

BP: 110/67 Electronic (Sitting, Left Arm, Standard)
Review of Systems *(ANTHONY A SANCHEZ MD; 09/02/2014 02:28 PM)*
General: Present- Weight Gain. Not Present- Weight Loss and Fever.
Skin: Not Present- Rash, Ulcer and Psoriasis.
HEENT: Present- Hoarseness. Not Present- Blurred Vision, Double Vision, Impaired Vision, Hearing Loss and Trouble Swallowing.
Respiratory: Not Present- Chronic Cough.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Chest Pain, Palpitations and Shortness of Breath.
Gastrointestinal: Present- Reflux. Not Present- Vomiting, Nausea, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Bloody Stool.
Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.
Musculoskeletal: Not Present- Muscle Weakness and Fibromyalgia.
Neurological: Present- Sleep Disorder. Not Present- Headaches and Dizziness.
Psychiatric: Not Present- Anxiety, Depression and Bipolar.
Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.
Hematology: Not Present- Anemia, Abnormal Bleeding, Easy Bruising and Prior Blood Transfusion.

Osment v. Timken129

History

Allergy
No Known Drug Allergies (09/09/2013)
No Known Allergies (03/07/2012)

Problem List/Past Medical
LUMBAR RADICULAR PAIN
OSTEOARTHROSIS NOS, LOWER LEG
STATUS, KNEE JOINT REPLACEMENT : Status post right total knee arthroplasty with residual pain secondary to radiculopathy.
ACUTE KNEE PAIN
MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE, IMPLANT OR GRAFT: Status post right total knee arthroplasty with residual pain secondary to early hip arthritis and radiculopathy.
AFTERCARE FOLLOWING JOINT REPLACEMENT

Other Problems
High Cholesterol
High blood pressure
Drug Dependence: 04/23/2012: no
High blood pressure
High blood pressure
Hypercholesterolemia
Drug Dependence: 07/11/2012: no 09/09/2013: no

Past Surgical
Knee Surgery:
Shoulder Surgery:

Social
Marital status: Married; 09/09/2013: married
Non drinker / no alcohol Use:
Illicit drug use: 04/23/2012: no
09/09/2013: no
Tobacco use: Never smoker; 09/09/2013: Never smoker
What is your ability to enjoy life?: 04/23/2012: very good
09/09/2013: good
Highest Education Level Attained: 04/23/2012: high school
09/09/2013: high school
Is my home setting supportive?: 04/23/2012: yes
Alcohol use: 04/23/2012: none
09/09/2013: none
Race: 04/23/2012: White
09/09/2013: White
Current work status: Full-time; 09/09/2013: full time
Ethnicity: 04/23/2012: Non-Hispanic/Non-Latino
09/09/2013: Non-Hispanic/Non-Latino

Medications
Neurontin (300MG Capsule, 1 Oral at bedtime, Taken starting 03/19/2014) Active.
Mobic (15MG Tablet, 1 Oral daily, Taken starting 09/09/2013) Active.
Aspirin (1 Oral) Specific dose unknown - Active.
Tylenol (1 Oral) Specific dose unknown - Active.

Family
Blood clots::
Blood clots::
Ulcer Disease::
Diabetes Mellitus::
Hypercholesterolemia::
Cerebrovascular Accident::
Family history unknown::
Hypertension::
Heart Problems::

Physical Exam *(ANTHONY A SANCHEZ MD; 09/02/2014 02:28 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - Not in acute distress. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Musculoskeletal
Lower Extremity Note: Exam of the right knee reveals a well-healed surgical scar. Exam reveals range of motion of the knee to be from full extension to 120 degrees of flexion without instability or effusion. He has a positive straight leg raise on the right with decreased sensation medial and lateral right leg otherwise Distally, neurovascularly intact. . Stinchfield is negative.
X-RAY/IMAGING: Note: Review radiographs, AP/Lat right knee (two views) reveals cemented total knee arthroplasty in excellent alignment without evidence of loosening or wear. AP/Pelvis,lateral right hip (two views) reveals mild arthritic changes present primarily inferiorly with decreased cartilage space compared to previous radiographs. Does not have bone on bone arthrosis of right hip.

Assessment & Plan *(ANTHONY A SANCHEZ MD; 09/02/2014 02:29 PM)*
STATUS, KNEE JOINT REPLACEMENT (V43.65)
Today's' Impression: Status post right total knee arthroplasty with residual pain secondary to radiculopathy.
Current Plans:

OSTEOARTHROSIS NOS, LOWER LEG (715.96)
Current Plans:

AFTERCARE FOLLOWING JOINT REPLACEMENT (V54.81)
Current Plans:
- How to access health information online

LUMBAR RADICULAR PAIN (724.4)
Current Plans:
- Sanchez - Back Exercises
- The importance of dental and gastrointestinal prophylaxis was reviewed as well as the importance of low impact exercise such as walking, cycling, and swimming. Patient's questions were reviewed and answered, and patient voiced understanding.
  Patient knee pain is some resolved since he is not working. He is given back stretches.
  Workers compensation is in negotiations with his attorney. Once something is resolved, will plan on further work up of his back with MRI and possibly formal physical therapy .
  Follow up in 3 months or as needed.

  Patient was seen in conjunction with Beth Spring, PA-C.

Electronically signed by ANTHONY A SANCHEZ MD,

Orthopedic Specialties of Spartanburg

303 E. Wood Street, Spartanburg, S.C. 29303, Phone: 864-208-8800, Fax: 864-208-8857

Mark D. Visk, M.D. LLC, John E. Keith Jr., M.D. LLC, Anthony A. Sanchez, M.D., LLC, Stephen M. Kana, M.D. LLC
Thomas A Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC, Matthew Terzella, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

Date: 09/09/2013

Re: JAMES J OSMENT DOB: 11/13/1949

Patient ID: WC73859

This patient has been under my care for: **KNEE** to and [] may **[X] may not return** to

[X] Regular Work [] Light Work [] School [] Physical Education [] Sports

until/on **INDEFINITELY**
Special Instructions:

Electronically signed by ANTHONY A SANCHEZ MD 09/09/2013 02:39:42 PM

Orthopedic Specialties of Spartanburg

303 E. Wood Street, Spartanburg, S.C. 29303, Phone: 864-208-8800, Fax: 864-208-8857

Mark D. Visk, M.D. LLC, John E. Keith Jr., M.D. LLC, Anthony A. Sanchez, M.D., LLC, Stephen M. Kana, M.D. LLC
Thomas A Leong, M.D. LLC, Marco A. Rodriguez, M.D. LLC, Matthew Terzella, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Jack B. Sizemore, PA-C,
Ronald M. Kmiecik, PA-C, Elizabeth A. Spring, PA-C

Date: 10/28/2013

Re: JAMES J OSMENT DOB: 11/13/1949

Patient ID: WC73859

This patient has been under my care for: KNEE to and [] may [X] may not return to

[X] Regular Work [] Light Work [] School [] Physical Education [] Sports

until/on INDEFINTELY/ NO RETURN TO WORK EXPECTED
Special Instructions:

Electronically signed by ANTHONY A SANCHEZ MD 10/28/2013 11:32:18 AM

To: CHRIS

QUESTIONNAIRE FOR DR. ANTHONY A. SANCHEZ
James Osment v. Timken
WCC File No.:1008356

1. To a reasonable degree of medical certainty, which body parts listed below are causally related to James Osment's workplace accident of May 20, 2010.

Y Back
X Right Hip
___ Left Hip
X Right Leg
___ Left Leg
___ Other (Body Part) _____

2. Please state an impairment rating to the following body parts, as applicable.

Back	___%	TBD
Right Hip	___%	TBD
Left Hip	___%	
Right Leg	20 %	
Left Leg	___%	
Other _____	___%	

3. Please state whether the claimant is at maximum medical improvement (MMI) with regard to the following body parts, and the date of the same.

Back	Yes ☐ No ☒	Date_____
Right Hip	Yes ☐ No ☒	Date_____
Left Hip	Yes ☐ No ☐	Date_____
Right Leg	Yes ☐ No ☐	Date_____
Left Leg	Yes ☐ No ☐	Date_____
Other _____	Yes ☐ No ☐	Date_____

4. Please state whether the claimant is totally and permanently disabled from his employment at Timken as a Maintenance Man due to his injuries.

Yes ☐ No ☐

Permanetly - yes
Totally - No

5. Please state the claimant's permanent work restrictions.

No squatting, crawling, stooping, kneeling, climbing
Limit walking, carrying, lifting

faxed + mailed
A-3-14 BE

6. Please state what future medical care is indicated on the part of the claimant.

Future surgery TKA Revis in 20 years : ? Back/Hip surg

Physical therapy Back, Hip, Knee

Pain management Back, Hip, Knee

Epidural steroid injections Back

Other Hip inject.

I state the above opinions as being most probable and to a reasonable degree of medical certainty.

Dr. Anthony Sanchez

3/19/14
Date

COPY

HAWKINS LAW FIRM
EXPECT MORE

John D. Hawkins
john@hawkinslawsc.com

C. Logan Rollins
logan@hawkinslawsc.com

May 30, 2014

Dr. Anthony A. Sanchez
Orthopedic Specialties of Spartanburg
303 East Wood Street
Spartanburg, SC 29303

Re: James Osment v. Timken
WCC File No.: 1008356
DOB: 11/13/1949

Dear Dr. Sanchez:

South Lewis and I took your deposition last week in the above-captioned case. I asked you whether you could provide a independent impairment to Mr. Osment's hip since that falls within your specialty, and you kindly agreed to do so.

I am writing to respectfully request that you state, to a reasonable degree of medical certainty, Mr. Osment's hip impairment rating pursuant to the AMA Guidelines. I have attached a very brief questionnaire to that effect.

Thank you in advance for your kind consideration, I remain

Sincerely,

John Hawkins

JDH/vcc

Enclosure: Questionnaire

cc: James Osment (with enclosure)
South Lewis (with enclosure)

QUESTIONNAIRE FOR DR. ANTHONY A. SANCHEZ
James Osment v. Timken
WCC File No.:1008356

To a reasonable degree of medical certainty, Mr. James Osment has a 20 % impairment rating to his Right Hip.

Dr. Anthony Sanchez

6/12/14
Date

The Timken Company

Faxed 10/01/13

RETIREMENT ELECTION FORM

Instructions: If you are planning to retire:
1. Please type or print the following information.
2. Return the completed form to:
   a. If you are a Bucyrus Hourly associate: The Bucyrus Associate Relations Department
   b. If you are Gaffney or Lincolnton Hourly Associate: Your Plant's HR Department
   c. All others: The Timken Company
   Associate Services/Retirement, BIC -16
   P.O. Box 6927
   Canton, OH 44706

out on medical - Please mail to Home Address.

Name: First	Middle	Last
JAMES	JUNIOR	OSMENT

Social Security Number:	Plant or Office Location: (Check One) Salary ☐ or Hourly ☑	Clock Number (Bargaining Unit Only):
248-82-1547		11264

Home Phone Number:	Name of Supervisor:
864-489-4006	STEPHEN OWENS

Marital Status: (Check One)
☐ Single ☑ Married* ☐ Divorced

*If Married:
Full Name of Spouse: PEGGY ANN OSMENT
Birth Date of Spouse: 6-20-41

My chosen retirement date: NOVEMBER (Month) 30 (Day), 2013 (Year)

Note: It is to your advantage to retire on the last day of the month. You may choose a different date. However, you will not be paid a pension benefit for the remainder of the month in which you retire.

If you are a participant in the Timken Bargaining Unit Plan, please answer the following question: Are you or have you been a union committee member within the last 10 years?
☐ Yes ☑ No

Please sign and date.

James J Osment (Signature) 10-21-2013 (Date)

THIS SECTION IS FOR OFFICE USE ONLY
A _____ YOS _____ M/S _____ QDRO _____ H/C DATE _____
ACT _____ HR STL DATE _____ LUMP SUM _____ A/C DATE _____
T2A 006 _____

AllPlans
10/11

Osment v. Timken138

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consulting

Tel: (803) 738-0347
Fax: (803) 787-8662

4705 Crystal Drive
Columbia, SC 29206

April 30, 2014

TRANSMITTED VIA E-MAIL

RE:	Claimant	:James Osment
	Employer	:Timken
	DOA	:5/20/10
	SSN	:xxx-xx-1547
	Date of Interview	:4/29/14
	Our File No.	:14-0465

VOCATIONAL EVALUATION REPORT

INTRODUCTION:

James Osment is presently a sixty-four year old individual who is kindly referred to me by his attorney in connection with a work-related accident that occurred on May 20, 2010, when Mr. Osment was approximately sixty years old. This gentleman was employed as a lead maintenance technician for Timken when, on May 20, he slipped while descending from a railcar, twisting his right knee and hip. He states he later started having the onset of low back pain as well. Since that time this gentleman has undergone two surgeries and has been under continuous medical care.

Mr. Osment is being referred for a vocational evaluation to discuss the impact his injury, treatment, and current functional limitations on his ability to return to any form of substantial gainful work. The report that follows is based not only on my clinical interview with Mr. Osment but also on a review of medical records, including the in-house physicians of Timken, office records of Dr. Walter Grady, DO, Dr. Anthony A. Sanchez, M.D., and physical therapy records from Smith Therapy Services.

MEDICAL HISTORY:

Mr. Osment advises me that at the time of his accident he was being treated for some high blood

pressure and acid reflux. Since that time, in fact approximately a month ago, Mr. Osment was diagnosed with coronary artery disease and underwent angioplasty and stenting. Beyond this, he has not been diagnosed with any other unrelated medical problems nor has he been in any subsequent accidents.

Some time in the mid 1990s, while also employed by Timken, Mr. Osment sustained a right rotator cuff tear, was out of work for about eight weeks while he underwent surgery and eventually returned to work on his regular job with a near total, if not total resolution of his problems. Beyond this, Mr. Osment's given history is negative for any other significant work-related injuries, serious motor vehicle accidents or any serious personal injuries. With the exception of the aforementioned right rotator cuff surgery in the mid 1990s, Mr. Osment's pre-accident surgical history is negative as well.

As relates to the current matter, the records available for my review show that Mr. Osment was first followed by the company physicians of Timken, who initially took him out of any work that required extensive walking, limited his work to several hours a day, and then ultimately referred him to Dr. Walter Grady for an orthopaedic evaluation.

On June 7, 2010, Mr. Osment was seen by Dr. Grady, who diagnosed bursitis of the right knee, popliteal pain of the right lower extremity, and an MRI consistent with a tear of the patella cartilage near the median ridge as well as articular surface thinning of the medial femoral condyle. Initially, it was recommended that Mr. Osment continue on regular duty as by that time he was now working primarily in the office, although he did have to do some walking.

By mid-June of 2010, it was Dr. Grady's recommendation that they proceed with surgery by means of a diagnostic arthroscopy of the right knee. On July 14, 2010, Dr. Grady performed an arthroscopic partial medial meniscectomy of the right knee with an arthroscopic synovectomy of the medial compartment and patellofemoral compartments of the right knee.

By July 29, 2010, it was Dr. Grady's recommendation that Mr. Osment return to work two hours a day for the first couple of weeks with sedentary duties only and then try to progress up to four hours a day and then six and eventually eight hours a day. The records indicate that Mr. Osment was also involved in a course of physical therapy during this time.

On August 19, 2010, Dr. Grady noted advanced degenerative joint disease of the right knee that, in and of itself, contributed to chronic pain and limping as well as leg length discrepancy. By this time, Mr. Osment was capable of working no more than four hours a day on sedentary duties with short periods of walking and standing, but no extended walking, standing, climbing, crawling, kneeling, or squatting. It was noted that Mr. Osment had access to a golf cart and should be able to walk about

seventy-five to a hundred feet four times a day.

By mid-September, this gentleman was receiving injections and being set up for viscous injections. A series of three Hyalgan injections were given but without benefit. On January 20, 2011, Mr. Osment was recommended for a total right knee arthroplasty.

During much of the time that Mr. Osment was under the care of Dr. Grady, he was also being seen by Dr. Sanchez of Orthopaedic Specialties of Spartanburg. He was initially seen on May 2, 2011, for a second opinion, which revealed right knee arthritis of a progressively worsening nature, identifying him as being a candidate for a total knee replacement. Follow-up notes following that date show continued recommendations for a knee replacement and on October 12, 2011, Dr. Sanchez performed a right total knee arthroplasty. Following surgery, Mr. Osment was in a course of physical therapy for approximately three and a half months.

A note of November 30, 2011, shows that by then Mr. Osment could only perform desk work and no physical work. By January of 2012, he was able to lift no more than thirty pounds but with no kneeling or crawling. By early March of 2012, Mr. Osment had finished his formal physical therapy, was using a stationary bicycle at home and was out of his knee brace.

By May of 2012, Mr. Osment was complaining that working on concrete floors was aggravating his symptoms, particularly after a full day. Dr. Sanchez was of the opinion that his symptoms were primarily due to inflammation and swelling and that he needed anti-inflammatory medication. He was requested to lay off his more strenuous activities for several weeks and focus on quad and strengthening, being encouraged to elevate (his leg) and use ice after activities, especially after work. A month later, though, Dr. Sanchez prohibited Mr. Osment from any kneeling, squatting, or lifting of more than twenty pounds. That opinion was reiterated on June 4, 2012, and on June 11 he was put on light duty, with no crawling and squatting, which would likely be a lifelong restriction.

On August 22, 2012, Dr. Sanchez placed Mr. Osment at maximum medical improvement with a 20% whole person impairment and a 50% lower extremity impairment, noting he should avoid kneeling and crawling on a permanent basis, minimizing high impact activities, and stated that concrete floors were not in his best interest. A follow-up note of November 21, 2012, again noted that his working on concrete floors was exacerbating his symptoms as well. On January 11, 2013, Dr. Sanchez noted increasing pain, particularly with ambulation, as well as mild night pain. He was encouraged to use a hinged brace if that gave him relief.

A note of April 3, 2013, shows that Mr. Osment was still working, taking Mobic without relief, wearing his brace without any real relief, with worsening symptoms due to his being on the concrete

floor. Increasing difficulties at work were noted in July of 2013, with Dr. Sanchez stating that with respect to his knee, he would need to change jobs, having permanent disability with respect to his knee. Follow-up notes show continued worsening conditions, with Dr. Sanchez stating on September 9, 2013, that his work was exacerbating his symptoms and he is felt to be a candidate for permanent disability with respect to his knee, stating he cannot return to work at his present employment. That was reiterated in a note of October 28, 2013.

The last notes I have from Dr. Sanchez make reference to the need for MRI studies and evaluations of back pain which, as of this vocational evaluation, have not been completed as those services have been denied by his workers' compensation carrier.

Mr. Osment is a right-hand dominant individual who is five feet eight inches tall and now weighs 224 pounds, having had a net gain of about 4 pounds since the time of his accident. He continues under the care of Dr. Sanchez, who was seen approximately a month ago and is scheduled for a follow-up appointment in May of 2014. He also follows with his family physician for general medical problems and his cardiologist for follow-up of his angioplasty and stenting. Presently, Mr. Osment is taking medication for high blood pressure, is also taking Plavix, has Nitro to use on an as-needed basis, and is also taking medication for cholesterol. He does have a prescription for Mobic which he uses rarely. In addition to his prescription medications, Mr. Osment is also taking 81mg Aspirin. He states that he tries to alleviate his difficulty by staying off of his knee, performing mild exercises, avoiding long walking, and any concrete floors.

EDUCATIONAL BACKGROUND:

Mr. Osment advises me that he completed the twelfth grade getting a high school diploma through adult night school in the 1980s through Gaffney High School. He then took a personal interest course in masonry in the 1980s at Cherokee Technical Center. Based on Mr. Osment's self-report, work history, and educational background, the assumption can be made that he is a reasonably literate individual who would not have any problems in a job requiring regular reading and writing. There is no history of any military service.

WORK HISTORY:

Mr. Osment's work history is very straightforward, having only worked for one employer since 1976, that being Timken where he was employed as a maintenance mechanic and ultimately the lead maintenance technician. Mr. Osment was not sure of his salary, but tells me he was making

approximately $24.00 an hour, working forty hours a week. In his regular job, he would assign jobs duties to subordinate maintenance workers, spend most of his time on the floor performing maintenance and assisting others with maintenance duties, ordering parts and performing maintenance work including diagnosing mechanical problems, performing routine preventative maintenance, removing, repairing, and replacing parts such as motors, conveyors and the like, working on heating and air-conditioning systems, performing welding and other duties consistent with this type of employment. The work of a maintenance mechanic is skilled work typically performed at least at the medium, if not heavy level of physical exertion. This type of work requires the ability to stand, walk, stoop, bend, reach, crawl, handle, and often work in awkward positions to get at the equipment that needs to be repaired. The skills associated with this type of employment would be transferable to other jobs in machinery, mechanical and maintenance repair work assuming an individual retained the physical ability to perform at least at the medium level of exertion.

Following Mr. Osment's injury in May of 2010, he recalls being out of work for one or two days and then returning to work more or less in his full duty position with some limitations. He maintained that until July of 2010 when he came out of work for his arthroscopic examination. He states he returned to work a couple of months later, this time on light duty, mostly being in the office ordering parts, doing some shop work, but not doing much on the floor. This continued until around October of 2011, when he was out for his knee replacement, returning to work some time around the first of 2012, returning to the same light duty work mentioned above. This continued until around September or October of 2013 when his symptoms increased in severity such that he was unable to continue work and was taken out of employment by Dr. Sanchez.

It is understood that when Mr. Osment was on light duty, the company had a number of golf carts that were available to help him get from one location to the other in the plant. These were not assigned to him but available for staff. Later the number of carts were reduced, making getting access to a cart more problematic. Mr. Osment tells me that even if he could get a golf cart, he frequently couldn't get all the way to the area where he needed to perform work, requiring that he still do a considerable amount of standing and walking on concrete, creating a cumulative problem that eventually grew in severity that he was no longer able to continue.

OBSERVATIONS:

Mr. Osment arrived on time for his scheduled appointment with me. His presentation was that of a somewhat overweight gentleman who appeared his stated age. Throughout the course of our interview, which lasted approximately fifty minutes, Mr. Osment sat comfortably in a straight-back, office-style chair not appearing to be in significant physical distress. The information that Mr.

Osment provided to me was quite consistent with the medical record, there was no evidence of exaggeration, self-pity, inflation of symptoms, or really any other behavior to indicate that he was not being truthful and forthright in his presentation. Mr. Osment was a little bit vague about dates, length of treatment, and other specifics; however, generally his recounting of his treatment history was consistent with the medical record available for my review.

CONCLUSIONS:

James Osment is a sixty-four year old individual who, for employment purposes, is now on the threshold of normal retirement age. In fact, Mr. Osment states that he took early retirement from Timken and has since gone back and applied for social security disability benefits, which he is now receiving based on his initial application. For the reader's benefit, social security disability is predicated on the physical inability to perform work within certain limitations and parameters without consideration for an individual's ability to actually become hired.

Mr. Osment was involved in a serious work-related injury in May of 2010, underwent an arthroscopic evaluation in June of that year, and then a total knee replacement in October of 2011. The record indicates that his employer made a valiant effort to try to get Mr. Osment to return to work, providing him alternate duty working in the office, in a shop, or with limited duties out on the floor. But even with this, Mr. Osment was not able to handle the necessity of regular standing and walking on concrete which continued to exacerbate his symptoms. Despite all best efforts, it looks like Mr. Osment ultimately succumbed to his limitations, being taken out of work in late 2013. He states he has been out of work since and has not been offered any alternate employment or job placement services.

Mr. Osment is a man who has worked for the same company for approximately thirty-seven years. He has an exemplary work history, which also includes his return to work after a torn rotator cuff incident some time in the mid 1990s. This work history speaks well for Mr. Osment's work ethic and for the value placed in him by his employer. Unfortunately, it appears that his limitations have now grown to the point that he is unable to perform any duties associated with his prior employment.

There is nothing in the medical record that indicates that Mr. Osment would not be capable of performing sedentary work, or perhaps a little more. However, in so doing, Mr. Osment would not be able to make any significant use of his prior skills, placing him in the position of having to apply for work being sixty-four years old with no transferable skills and severe physical limitations and restrictions. Even if a technical argument could be made that Mr. Osment would be capable of performing some unskilled, sedentary employment, the fact remains that he would be at an extreme

deficit in becoming hired. Employers, who have the final word in whether or not someone is hired, have the opportunity to pick and choose from available applicants. No reasonable argument can be made as to why an employer would choose an individual of this man's age, functional limitations, and lack of skills over a younger, less physically encumbered individual.

It is my opinion, within a reasonable degree of vocational certainty, that Mr. Osment is incapable of returning to his former work or anything like it, that his skills are not transferable to any meaningful degree, and that no stable labor market exists for him, rendering him permanently and totally disabled. This opinion appears supported by the findings of the Social Security Administration which has also awarded him total disability based on his functional limitations.

J. Adger Brown, Jr.
J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:gl

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1008356

EMPLOYEE/CLAIMANT: JAMES OSMENT

EMPLOYER: THE TIMKEN COMPANY

INSURER: THE PHOENIX INSURANCE COMPANY



DEPOSITION OF ANTHONY SANCHEZ, M.D.

PURSUANT TO NOTICE, THE WITHIN DEPOSITION OF ANTHONY SANCHEZ, M.D., WAS TAKEN BY THE EMPLOYER/INSURER ON THE 23RD DAY OF MAY, 2014, COMMENCING AT THE HOUR OF 12:30 P.M., AT THE OFFICES OF ORTHOPEDIC SPECIALTIES OF SPARTANBURG, P.C., 393 EAST WOOD STREET, SPARTANBURG, SOUTH CAROLINA, ATTENDED BY COUNSEL AS FOLLOWS:

SHEILA SMALL
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

JOHN D. HAWKINS, ESQUIRE, OF THE FIRM
THE HAWKINS LAW FIRM
POST OFFICE BOX 5048
SPARTANBURG, SOUTH CAROLINA 29304

ATTORNEY FOR THE CLAIMANT,

J. SOUTH LEWIS, II, ESQUIRE, OF THE FIRM
WILLSON JONES CARTER & BAXLEY, P.A.
872 SOUTH PLEASANTBURG DRIVE
GREENVILLE, SOUTH CAROLINA 29607

ATTORNEY FOR THE EMPLOYER/INSURER.

I N D E X

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DEFENDANT'S EXHIBIT NUMBER TWO,
MARKED, ATTACHED, MEDICAL NOTE..... 33

OBJECTIONS:

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

PURSUANT TO NOTICE AND/OR AGREEMENT TO TAKE DEPOSITIONS, THE WITHIN DEPOSITION WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, BY CONSENT OF ALL PARTIES AT THE OFFICES OF ORTHOPEDIC SPECIALTIES OF SPARTANBURG IN SPARTANBURG, SOUTH CAROLINA.

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

STIPULATIONS:

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

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

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

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

ANTHONY SANCHEZ, M.D.

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

EXAMINATION BY MR. LEWIS:

Q. DR. SANCHEZ, GOOD AFTERNOON. MY NAME IS SOUTH LEWIS; I'M AN ATTORNEY IN GREENVILLE WITH WILLSON, JONES, CARTER & BAXLEY. AND I DON'T THINK I'VE EVER

TAKEN YOUR DEPOSITION BEFORE. I'VE HAD SEVERAL OTHER OVER ONES HERE. BUT ANYWAY, IT'S NICE TO MEET YOU.

A. NICE MEETING YOU.

Q. AND I'M REPRESENTING TIMKEN IN A WORKERS' COMP CASE INVOLVING ONE OF YOUR PATIENTS, MR. OSMENT; ARE YOU FAMILIAR WITH HIM?

A. YES, SIR.

Q. AND YOU'VE GOT A COMPUTER THERE IN FRONT OF YOU. I ASSUME HIS FILE IS IN THERE?

A. YES, SIR, THAT'S OUR ELECTRONIC RECORD.

Q. SO, IF I NEED TO REFERENCE A NOTE, A DATE OR SOMETHING, YOU CAN PULL IT UP THROUGH THAT?

A. YES, SIR, I'LL DO MY BEST.

Q. ALL RIGHT. AND MR. HAWKINS OF COURSE IS REPRESENTING MR. OSMENT, AND HE AND I HAVE STIPULATED BEFORE WE WENT ON THE RECORD THAT YOU ARE AN ORTHOPAEDIC SURGEON AND YOU SPECIALIZE -- YOU FOCUS ON HIPS AND KNEES?

A. YES, SIR, MOSTLY.

Q. OKAY. AND YOU'VE BEEN PRACTICING HERE FOR HOW LONG?

A. ALMOST 13 YEARS.

Q. ALL RIGHT. AND LET'S JUST JUMP RIGHT INTO MR. OSMENT'S TREATMENT. I BELIEVE, FROM WHAT I CAN TELL, YOU FIRST SAW HIM ON MAY THE 2ND OF '11?

A. YES, SIR.
Q. AND HAD YOU EVER SEEN HIM; IS THERE A RECORD OF HIM EVER SEEING YOU OR YOUR PRACTICE BEFORE?
A. NO, SIR.
Q. AND THE PURPOSE OF YOUR VISIT THAT DAY WAS A -- IT LOOKS LIKE A SECOND OPINION FOR HIS RIGHT KNEE?
A. THAT'S RIGHT.
Q. OKAY. AND DID HE DESCRIBE TO YOU HAVING HAD AN INJURY?
A. HE DID.
Q. AND WHAT DID HE TELL YOU SPECIFICALLY?
A. HE SAID THAT HE ORIGINALLY INJURED HIS KNEE AFTER TWISTING IT ON MAY THE 15TH, 2010, AFTER SLIPPING ON SOME METAL.
Q. AND YOU UNDERSTOOD THAT HE HAD TREATED WITH DR. WALTER GRADY BEFORE YOU?
A. YES, SIR.
Q. AND HAD HE ALREADY UNDERGONE SURGERY WITH DR. GRADY?
A. HE DID.
Q. AND WAS THE SECOND OPINION FOR YOU TO LOOK IF ANOTHER SURGERY WAS WARRANTED?
A. I THINK JUST -- JUST TO DECIDE WHAT, YOU KNOW, HIS TREATMENT OPTIONS WERE WITH HIS KNEE 'CAUSE HE WAS STILL HAVING SOME PROBLEMS WITH IT.
Q. OKAY. AND THEN ON MAY THE 2ND, 2011, WHAT DID YOU

DETERMINE HIS DIAGNOSIS WAS?

A. WELL, IT LOOKED LIKE HE HAD DEVELOPED SOME ARTHRITIS IN HIS KNEE INVOLVING MOSTLY THE INNER PART OF HIS KNEE AND BEHIND HIS KNEECAP. SO IT WAS ARTHRITIS THAT WE WERE TREATING.

Q. AND YOUR NOTE REFERENCES SOME GRADE FOUR ARTHRITIS; IS THAT PRETTY ADVANCED?

A. THAT'S RIGHT. THAT'S WHEN THE -- THE LINING CARTILAGE IS WORN DOWN TO BONE. THAT'S -- THAT'S WHEN IT GETS TO GRADE FOUR.

Q. SO, WHEN WE HEAR BONE-ON-BONE, GRADE FOUR WOULD BE REPRESENTATIVE OF THAT?

A. YES, SIR.

Q. EVEN FOR SOMEONE AT HIS AGE OF 61, IS THAT PRETTY ADVANCED ARTHRITIC CONDITION?

A. IT -- THAT -- YES, SIR, THAT'S -- THAT'S MORE ADVANCED.

Q. IN OTHER WORDS, THE GENERAL 61-YEAR-OLD IN THE PUBLIC, THEY'RE PROBABLY -- MOST OF THEM AREN'T GOING TO HAVE THAT SEVERE FINDING; IS THAT WHAT YOU'RE SAYING?

A. WELL, NO. I MEAN, YOU CAN BE 30 AND HAVE GRADE FOUR CHANGES, BUT WHEN IT GETS TO GRADE FOUR, THAT JUST MEANS THAT IT'S -- IT'S MORE ADVANCED, IT'S NOT EARLY ARTHRITIS.

Q. OKAY. AND IS THAT WHEN IT'S APPROPRIATE TO LOOK INTO DOING A TOTAL KNEE REPLACEMENT?
A. YES.
Q. NOW, DID YOU GET A MEDICAL HISTORY FROM HIM AS TO WHETHER HE HAD EVER HAD ANY PROBLEMS WITH HIS KNEES OR ANY OTHER ORTHOPAEDIC TYPE PROBLEMS?
A. NO, SIR.
Q. WHEN THEY FIRST COME IN AS PATIENTS, DO THEY FILL OUT A HISTORY FORM OR ANYTHING?
A. THEY DO.
Q. AND DO YOU HAVE THAT HISTORY FORM ON YOUR COMPUTER?
A. I DO.
Q. AND DO YOU HAVE ACCESS TO IT NOW?
A. YEAH, I'M -- I'M LOOKING AT IT RIGHT NOW.
Q. ALL RIGHT. ON THAT HISTORY FORM, DOES HE INDICATE -- DOES HE ASK ABOUT HIS PRIOR PROBLEMS AND SUCH?
A. HE CHECKED THE BOX FOR HIGH CHOLESTEROL FOR HIS PAST MEDICAL HISTORY. HE DIDN'T SAY -- HE DIDN'T WRITE ANYTHING OF HIS PAST SURGICAL HISTORY.
Q. AND IN MY LOOKING AT YOUR NOTE, MAY THE 2ND OF '11, THERE'S A SECTION CALLED PAST MEDICAL HISTORY, AND YOUR RECORDS SAY POSITIVE FOR HYPERTENSION AND HYPERCHOLESTEROLEMIA.
A. RIGHT.
Q. THAT'S THE HIGH CHOLESTEROL?

A. THAT'S RIGHT.
Q. AND THE HYPERTENSION, IS THAT HIGH BLOOD PRESSURE?
A. THAT'S RIGHT.
Q. AND WOULD THOSE FINDINGS HAVE BEEN SOMETHING YOU GOT OFF OF HIS HISTORY FORM?
A. THAT'S RIGHT.
Q. IF HE HAD INDICATED ON HIS HISTORY FORM THAT HE HAD HAD INJURIES TO HIS KNEES OR ANY OTHER BODY PARTS IN THE PAST, WOULD THAT BE ON THE MEDICAL HISTORY IN YOUR NARRATIVE?
A. IF HE HAD MENTIONED IT, IT -- IT PROBABLY WOULD BE ON THERE, YES.
Q. IN HIS HISTORY FORM, DID HE MENTION ANY PREVIOUS PROBLEMS WITH EITHER ONE OF HIS KNEES, HIS BACK, HIS HIP, HIS SHOULDERS, ANY ORTHOPAEDIC RELATED ISSUES?
A. NOT THAT I CAN SEE, NO.
Q. ALL RIGHT. IN YOUR DIAGNOSIS ON MAY THE 2ND, IS THAT WHAT WE FIND UNDER THE SECTION CALLED IMPRESSION?
A. THAT'S RIGHT.
Q. AND YOUR IMPRESSION, WAS IT RIGHT KNEE ARTHRITIS?
A. THAT'S RIGHT.
Q. OKAY. AND DID YOU DETERMINE HE WOULD HAVE BEEN AN APPROPRIATE CANDIDATE FOR A TOTAL KNEE REPLACEMENT?
A. WELL, WE TOLD HIM WHAT HIS OPTIONS WERE FROM

MEDICATION INJECTIONS UP THROUGH KNEE REPLACEMENT.

Q. AND WHAT DID HE OPT FOR?

A. NO, THAT DAY HE DIDN'T. I JUST SAID -- I KIND OF GAVE HIM HIS OPTIONS AND SAID THAT YOU CAN FOLLOW UP WITH ME IF -- IF YOU WANT. AND SO I DON'T KNOW IF HE DECIDED UNTIL -- UNTIL LATER.

Q. WAS HIS NEXT VISIT OCTOBER 3RD?

A. THE NEXT VISIT -- YES, SIR, OCTOBER 3RD, 2011.

Q. SO, YOU HAD NOT SEEN HIM IN BETWEEN THE FIRST VISIT IN MAY AND OCTOBER?

A. NO, SIR.

Q. AND ULTIMATELY, IT LOOKS LIKE HE DECIDED TO GO AHEAD AND MOVE FORWARD WITH THE TOTAL KNEE?

A. THAT'S RIGHT.

Q. AND WHAT DATE DID YOU DO THAT SURGERY?

A. 10/12/2011.

Q. AND THEN AFTER YOU DO A SURGERY, WHAT'S THE GENERAL REGIMEN IN TERMS OF FOLLOWUP WITH YOU, HOW FREQUENTLY AND SUCH?

A. WELL, A ROUTINE FOLLOWUP WOULD BE TWO WEEKS POST-OP, SIX WEEKS POST-OP, THREE MONTHS POST-OP, SIX MONTHS POST-OP, AND THEN ONCE A YEAR. AND THEN IF THEY HAVE ANY PROBLEMS, THEN WE SEE 'EM BACK MORE FREQUENT IN BETWEEN.

Q. NOW, WHEN WAS YOUR FIRST VISIT WITH HIM AFTER THE

TOTAL KNEE ON OCTOBER THE 10TH -- I'M SORRY, OCTOBER THE 12TH?

A. IT LOOKED LIKE HE CAME IN ON 10/31/2011.

Q. SO, OCTOBER THE 31ST?

A. THAT'S RIGHT.

Q. AND WAS HE DOING AS EXPECTED?

A. YES, HE WAS.

Q. AND THEN AFTER YOU SAW HIM ON 10/31, OCTOBER 31ST, EXCUSE ME, WAS THE NEXT VISIT IN JANUARY?

A. NO, IT LOOKS LIKE THERE WAS ONE ON 11/30/2011.

Q. WAS THAT SIGNIFICANT FOR ANY REASON, ANY TYPE OF COMPLICATIONS, OR WAS THAT JUST THE NORMAL FOLLOWUP?

A. NORMAL FOLLOWUP. THAT'S THE -- LIKE I SAID, THAT'S THE -- THAT WOULD HAVE BEEN THE -- 10/12, THAT WOULD HAVE BEEN THE SIX WEEK POST-OP CHECK.

Q. OKAY. WAS HE HAVING ANY COMPLAINTS AT THAT POINT IN TIME ON NOVEMBER THE 30TH?

A. NO, HE THOUGHT HIS -- NO, I THINK HE WAS GOING THROUGH REHAB. HE -- HE WAS WORKING ON HIS FULL EXTENSION. HE COULDN'T QUITE STRAIGHTEN HIS KNEE OUT ALL THE WAY, SO WE HAD PUT HIM IN A DYNAMIC TYPE BRACE TO WORK ON STRETCHING HIS KNEE. HAVING SOME PAIN AT NIGHT, TAKING SOME PAIN MEDICATION, WHICH HE THOUGHT MIGHT BE TOO STRONG.

Q. WERE THE PROBLEMS THAT YOU JUST DESCRIBED THAT HE

HAD ON NOVEMBER THE 30TH, ARE THOSE COMMON PROBLEMS FOR SOMEONE AFTER A KNEE REPLACEMENT?

A. YES.

Q. SO, NOTHING PARTICULARLY UNUSUAL ABOUT HIS CASE VERSES OTHERS?

A. NO, SIR.

Q. AND THEN WAS THE NEXT TIME YOU SAW HIM THEN IN JANUARY OF '12?

A. YES.

Q. AND ON THAT PARTICULAR VISIT, WAS THAT JANUARY THE 17TH?

A. THAT'S RIGHT.

Q. ANYTHING STAND OUT IN TERMS OF COMPLAINTS?

A. HE SAID HE WAS HAVING A LITTLE PAIN OVER -- SOME PAIN OVER THE FRONT OUTER SIDE OF HIS KNEE, SAID HE WAS GETTING -- HIS WALKING TOLERANCE WAS IMPROVING AND HE -- HE HAD GONE BACK TO WORK THE PREVIOUS WEEK. BUT NO OTHER COMPLAINTS BESIDES THOSE.

Q. AND DID HE COMPLAIN OF ANY PROBLEMS WITH HIS BACK OR HIS HIP AT THAT VISIT?

A. NO.

Q. AND THEN AS YOU FOLLOWED UP WITH HIM THROUGHOUT 2012, I'M NOT GOING TO GO THROUGH EACH AND EVERY NOTE, BUT WAS HE MAINTAINING SOMEWHAT OF A REGULAR FOLLOW-UP SCHEDULE WITH YOU AT THAT POINT?

A. YES, SIR.
Q. DID YOU SEE HIM IN MARCH, APRIL?
A. I SAW HIM IN -- YES, SIR, MARCH, I SAW HIM IN APRIL, I SAW HIM IN JUNE; I SAW HIM IN JULY, AUGUST. I SAW HIM MONTHLY THERE FOR A WHILE IT LOOKED LIKE.
Q. OKAY. AND I THINK ON AUGUST THE 22ND YOU -- ACCORDING TO YOUR NOTE, YOU PLACED HIM AT MAXIMUM MEDICAL IMPROVEMENT AT THAT TIME, CORRECT?
A. YES, SIR. YES, SIR, THAT'S RIGHT.
Q. NOW, BETWEEN THE SURGERY AND WHEN YOU PLACED HIM AT MAXIMUM MEDICAL IMPROVEMENT, DID HE EVER COME INTO YOU WITH COMPLAINTS OF ANY PROBLEMS OTHER THAN HIS KNEE?
A. NO, SIR, IT WAS MOSTLY THE KNEE, OR IT -- IT WAS THE KNEE.
Q. OKAY. I HAD LOOKED THROUGH YOUR NOTES AND I DIDN'T SEE AND I WANTED TO MAKE SURE, DID YOU HAVE ANY INDICATION WHERE HE HAD COMPLAINED TO YOU OF EITHER BACK PAIN OR HIP PAIN OR ANY OTHER NON-KNEE RELATED PAIN DURING THOSE VISITS IN 2012 UP UNTIL AUGUST OF M.M.I.?
A. NOT THAT I CAN SEE, NO, SIR.
Q. IF HE HAD COMPLAINED OF HAVING BACK PAIN OR HIP PAIN, WOULD THAT HAVE BEEN NOTED IN YOUR RECORDS?
A. YES, SIR.

Q. AND THEN ON AUGUST THE 22ND, THAT WOULD HAVE BEEN WHAT, TEN MONTHS OR SO AFTER HIS SURGERY?
A. THAT'S RIGHT.
Q. AND DID YOU DETERMINE ON AUGUST 22ND HE WAS AT M.M.I.?
A. YES, SIR.
Q. AND SO, DID HIS RECOVERY -- UP UNTIL MAXIMUM MEDICAL IMPROVEMENT, WAS HIS TIME FRAME PRETTY STANDARD?
A. YES.
Q. ANY COMPLICATIONS THAT YOU NOTED FROM HIM AT THE TIME THAT YOU HAD RELEASED HIM AT M.M.I.?
A. NO, SIR.
Q. AND DID YOU GIVE HIM ANY PERMANENT RESTRICTIONS?
A. I DID, THAT HE SHOULDN'T KNEEL OR CRAWL.
Q. ARE THOSE JUST ACROSS-THE-BOARD RESTRICTIONS THAT YOU'RE GOING TO TELL ANYBODY WITH A TOTAL KNEE, OR WAS IT SOMETHING IN PARTICULAR ABOUT HIM?
A. NO, THE MAJORITY OF PEOPLE CAN'T KNEEL OR CRAWL. A FEW PERCENTAGE CAN, BUT MOST PEOPLE CAN'T. WE DON'T USUALLY RECOMMEND THAT.
Q. OKAY. AND WERE THOSE THE ONLY RESTRICTIONS, DON'T KNEEL OR CRAWL, THAT YOU RELEASED HIM WITH?
A. YES, THAT'S ALL.
Q. AFTER SOMEONE REACHES M.M.I., DID I UNDERSTAND YOU EARLIER TO SAY THEN YOU'RE GOING TO PROBABLY JUST

PUT THEM ON A YEARLY FOLLOWUP IS THE NORMAL ROUTINE?
A. RIGHT, IF THEY'RE NOT HAVING ANY PROBLEMS, WE JUST MONITOR IT ONCE A YEAR.
Q. AND WHEN DID MR. OSMENT COME BACK TO SEE YOU?
A. THREE MONTHS LATER.
Q. WAS THAT THE NOVEMBER 21ST VISIT?
A. THAT'S RIGHT.
Q. AND WHAT DID HE COME IN FOR?
A. LET'S SEE, HE -- OCCASIONAL SORENESS IN PROLONGED ACTIVITY; HE -- OCCASIONALLY THIGH PAIN; HE HAD RECENTLY BEEN TO THE BEACH AND HAD SOME DIFFICULTY WALKING IN LOOSE SAND; HE'S BEEN WORKING ON CONCRETE FLOORS AND FEELS HE MAY BE -- THAT MAY BE EXACERBATING HIS SYMPTOMS AS WELL. SO HE WAS HAVING SOME PAIN IN HIS KNEE.
Q. WOULD HE HAVE BEEN ON ANY PAIN MEDICATION AT THIS POINT IN TIME FROM YOU, YOU KNOW, HE HAD BEEN RELEASED THREE MONTHS BEFORE?
A. YOU KNOW, SOMETIMES FOLKS ARE ON EITHER ANTI-INFLAMMATORY, OR SOMETIMES WE'LL GIVE 'EM LIKE A LOW DOSE OF A PAIN MEDICATION TO TAKE INTERMITTENTLY. AND LET ME SEE IF HE WAS TAKING ANYTHING LIKE THAT. NO, IT LOOKED LIKE HE WAS JUST ON OVER-THE-COUNTER ANTI-INFLAMMATORIES.
Q. OKAY. AND WHEN YOU SAW HIM ON NOVEMBER THE 21ST,

WHAT DID YOU -- DID YOU DO ANYTHING, TAKE ANY ACTION, PUT HIM ON ANYTHING?

A. WE PUT HIM IN A KNEE BRACE. WE TOLD HIM TO KEEP DOING HIS EXERCISES, KEEP TAKING HIS OVER-THE-COUNTER ANTI-INFLAMMATORIES. SO REALLY THE ONLY THING WE ADDED WAS A BRACE.

Q. OKAY. AND ON PAGE TWO OF YOUR REPORT, THERE'S A SENTENCE IN THERE WHERE YOU DISCUSS CONCRETE FLOORS.

A. RIGHT.

Q. AND WHAT DID YOU SAY ABOUT THOSE?

A. WELL, THAT SENTENCE SAYS "I -- I DO BELIEVE HE HAS DISABILITY WITH RESPECT TO HIS RIGHT KNEE, AND THE CONCRETE FLOORS ARE EXACERBATING HIS SYMPTOMS."

Q. AND IS THAT BASED ON WHAT HE TOLD YOU?

A. YES, AND I DO SEE SOME FOLKS THAT -- THAT THE HARD FLOORS MAKE THEIR KNEES FEEL WORSE. SO IT MADE SENSE TO ME.

Q. NOW, HE CAME BACK TO SEE YOU AGAIN?

A. THAT'S RIGHT, IN -- ON JANUARY 11TH, 2013.

Q. AND I'M GOING TO ASK YOU THIS. BACK TO NOVEMBER 21ST OF '12, DID HE MAKE ANY COMPLAINTS OF ANY PAIN IN HIS BACK OR HIS HIP?

A. WELL, HE SAID WAS HAVING SOME THIGH PAIN, AND THAT CAN SOMETIMES BE REFERRED TO YOUR HIP. BUT HE DIDN'T SPECIFICALLY SAY "HIP" OR "BACK."

Q. OKAY. AND HOW ABOUT WHEN HE SAW YOU ON -- YOU SAID, JANUARY 11TH WAS THE NEXT VISIT?
A. YES, SIR.
Q. WHAT DID HE REPORT TO YOU?
A. HE'S BEEN DOING FAIRLY WELL. HE HAD SOME PAIN WORKING ON CONCRETE FLOORS. LAST FRIDAY HE HAD A FAIR AMOUNT OF PAIN IN HIS KNEE AS WELL AS SOME SWELLING WITH RADIATION OF PAIN INTO HIS GROIN THAT MIGRATED TO HIS BACK AS WELL.
Q. NOW, CAN YOU EXPLAIN THAT, YOU SAID, "PAIN IN THE GROIN THAT MIGRATES TO THE BACK"; HOW WOULD THAT BE?
A. WELL, HE WOULD HAVE SAID -- WELL, TYPICALLY GROIN PAIN IS WHERE -- WHERE -- THAT'S THE AREA WE WORRY ABOUT WITH HIP ARTHRITIS. THE BACK PART OF YOUR HIP, THAT'S WHERE WE WORRY ABOUT MORE YOUR BACK. SO HE WAS DESCRIBING IT FELT LIKE IT WAS GOING FROM HIS GROIN INTO HIS BACK. AND THAT'S JUST WITH HIS DESCRIPTION OF HOW -- HOW IT FELT.
Q. SO, HE WAS DESCRIBING PAIN IN HIS GROIN AREA, BUT ALSO IN HIS LIKE BACK BUTTOCKS TYPE AREA?
A. BUTTOCK, YES, SIR.
Q. AND IS THAT A COMMON SYMPTOM ASSOCIATED WITH TOTAL KNEE REPLACEMENTS, OR WOULD THAT BE SOMETHING SEPARATE?
A. NO, THAT WOULD BE MORE RELATED TO YOUR -- TO YOUR --

WELL, THE GROIN PAIN WOULD BE MORE RELATED TO YOUR HIP, AND THE BUTTOCK PAIN MORE RELATED TO YOUR BACK. BUT NEITHER WOULD BE -- POTENTIALLY RELATED TO THE KNEE.

Q. OKAY. DID YOU HAVE AN OPINION AS TO WHAT WAS CAUSING THE PAINS THAT HE REPORTED TO YOU ON JANUARY THE 11TH OF '13?

A. THE -- THE DISCUSSION WAS -- YOU KNOW, WAS THIS A RADICULAR COMPONENT? WAS -- SO -- WAS THIS DUE TO A BACK PROBLEM?

Q. WAS THAT THE -- WAS THE JANUARY 11TH VISIT, 2013, WAS THAT THE FIRST TIME THERE HAD BEEN ANY MENTION OF BACK PROBLEMS TO YOU?

A. YES, THAT I SEE IN THESE NOTES.

Q. AND I THINK YOU TESTIFIED EARLIER THAT IF HE HAD MENTIONED BACK TO YOU AT ANOTHER VISIT, YOU WOULD HAVE PROBABLY PUT THAT IN YOUR NOTE, WOULDN'T YOU?

A. THAT'S RIGHT.

Q. ALL RIGHT. AND DID HE COME BACK TO YOU THE FOLLOWING MONTH?

A. HE DID.

Q. WAS HE REPORTING ANY NEW ISSUES?

A. CONTINUED SYMPTOMS -- NO, HE TALKED ABOUT A RASH THAT WAS NOT PROBABLY RELATED. HE SAID HE HAD SLIPPED IN SOME WATER AT WORK AND HAD ALMOST FALLEN

THE PREVIOUS WEEK AND -- BUT HIS SYMPTOMS SOUND LIKE THEY WERE SIMILAR TO WHAT HE WAS PREVIOUSLY EXPERIENCING.

Q. DID HE MENTION ANY OF THE HIP -- EITHER THE PAIN IN THE GROIN, WHICH WOULD BE SUGGESTIVE OF THE HIP, OR THE PAIN IN THE BUTTOCKS AREA, WHICH WOULD BE SUGGESTIVE OF A BACK ISSUE?

A. NO, SIR.

Q. AND WHY DID YOU REFER HIM FOR A BONE SCAN, I THINK THAT'S WHEN YOU DID THAT. I MEAN, WHAT'S THE BASIS FOR THAT?

A. WELL, WHEN SOME -- WHEN FOLKS START HAVING PAIN AROUND A PROSTHESIS, WE START RULING OUT THINGS THAT COULD CAUSE PAIN. AND SO HE HAD -- WE HAD SENT HIM FOR LABS TO ENSURE HE DIDN'T HAVE LIKE A SMOLDERING INFECTION, AND THEN WE'LL SEND FOLKS FOR A BONE SCAN TO SEE IF THERE'S ANY, YOU KNOW, EARLY LOOSENING OR STRETCH FRACTURE OR SOMETHING YOU CAN'T SEE ON AN X-RAY.

Q. AND HOW DID HIS BONE SCAN TURN OUT?

A. IT WAS -- IT WAS FINE.

Q. SO, DOES THAT BONE SCAN THEN TELL YOU, BASED ON A NORMAL RESULT, THAT THERE'S NOT A PROBLEM WITH THE PROSTHESIS ITSELF?

A. WELL, IT TELLS ME THAT THERE'S NOTHING LOOSE AND

THAT THERE'S NOT A FRACTURE ON THE IMPLANT. SO THAT'S -- YOU'RE REASSURING THAT, YOU KNOW, THE IMPLANT'S NOT FAILING.

Q. AND THEN WHEN WAS THE NEXT VISIT THAT YOU SAW MR. OSMENT?

A. IT LOOKS LIKE 4/3/2013.

Q. AT THAT TIME, DID HE MAKE ANY COMPLAINTS TO YOU OF BACK PAIN OR HIP PAIN?

A. NO, HE WASN'T HAVING ANY BACK OR HIP PAIN.

Q. AND WAS HE HAVING -- DID HE REPORT ANY OF THE OTHER SYMPTOMS, WHICH YOU SAID, "WOULD BE ASSOCIATED WITH BACK OR HIP PAIN," YOU KNOW, PAIN IN THE GROIN, PAIN IN THE LOWER BUTTOCKS?

A. NO, THE ONLY THING WAS SOME ELECTRICAL SENSATION THAT HE WAS HAVING. THAT WAS SORT OF A NEW COMPLAINT; ELECTRICAL SENSATION AND BURNING PAIN IN THE FRONT PART OF HIS KNEE.

Q. BUT THE ELECTRICAL SENSATION WOULD HAVE BEEN, YOU'RE SAYING FOCUSED AROUND HIS KNEE?

A. RIGHT.

Q. DID YOU HAVE ANY EXPLANATION FOR THAT?

A. WELL, IT SOUNDED LIKE SOME TYPE OF NERVE IRRITATION TO ME, AND...

Q. WOULD THAT BE A NERVE SOMEWHERE AROUND THE KNEE, OR YOU'RE TALKING ABOUT SOMEWHERE ELSE THAT'S REFERRING

PAIN TOWARD THE KNEE?

A. EITHER.

Q. OKAY. IS THAT WHY YOU REFERRED HIM FOR AN E.M.G.?

A. THAT'S RIGHT.

Q. DID YOU REFER HIM FOR AN E.M.G. AT THAT VISIT, OR WAS IT THE FOLLOWING VISIT IN JULY?

A. I THINK IT WAS THE FOLLOWING ONE 'CAUSE WE WERE STILL WORKING UP A PROSTHESIS. WE -- WE SENT HIM FOR SOME METAL TESTING AND...

Q. DID ALL HIS PROSTHESIS TESTING TURN OUT TO BE NEGATIVE?

A. YOU KNOW, I DON'T SEE THE -- THE REPORT FROM HERE, BUT I -- BELIEVE IT WAS NORMAL. IT WAS NOT -- HE WASN'T ALLERGIC TO ANYTHING.

Q. NOW, WHAT DID HE REPORT TO YOU ON JULY THE 8TH, 2013?

A. HE WAS HAVING -- YOU KNOW, IT WAS CONTINUED SORENESS AND STIFFNESS PRIMARILY OF THE BACK, OUTER PART OF HIS KNEE. HE WAS HAVING SOME OCCASIONAL NUMBNESS IN HIS FOOT, SOME PAIN AT NIGHT.

Q. WAS THIS THE FIRST TIME HE HAD EVER MENTIONED ANY KIND OF PAIN OR NUMBNESS SYMPTOMS INTO HIS FOOT?

A. YES, SIR.

Q. IS THAT WHY YOU HAD REFERRED HIM FOR AN E.M.G., TRYING TO FIGURE OUT WHAT WAS GOING ON?

A. WELL, THAT COMBINED WITH THE ELECTRICAL FEELING IN THE FRONT.

Q. AND WHAT DID THE E.M.G. REVEAL?

A. HIS E.M.G. WAS NORMAL.

Q. AND FROM A DIAGNOSTIC STANDPOINT, WHAT DOES THAT TELL YOU IF HIS E.M.G. IS NORMAL BUT HE'S GOT THESE PROBLEMS?

A. WELL, I MEAN, THERE'S CERTAINLY NOT -- NOT ANY CONSTANT THING THAT'S GOING ON WITH ANY NERVES. IT COULD BE AN INTERMITTENT WHERE THE E.M.G. JUST, YOU KNOW, GETS A SNAPSHOT OF SOMETHING. BUT CERTAINLY IT -- IT -- THAT'S REASSURING TOO THAT THERE'S NOT A, YOU KNOW, A PINCHED NERVE IN HIS LEG OR IN HIS BACK.

Q. SO, WOULD THAT E.M.G. ALSO RULE OUT A RADICULOPATHY?

A. IT CAN. LIKE I SAID, IF IT'S A CONSTANT THING, IT DEFINITELY WOULD, INTERMITTENT MIGHT NOT. BUT LIKE I SAID, IT'S REASSURING THAT IT'S NOT SOMETHING BAD GOING ON.

Q. OKAY. AND IT WAS AT THAT -- DID Y'ALL DO THE E.M.G. HERE IN OFFICE, OR DO Y'ALL SEND THEM OUT SOMEWHERE?

A. WELL, WE DO SOME HERE, BUT I THINK HIS WAS DONE -- HIS WAS DONE SOMEWHERE ELSE. LET'S SEE, IT WAS DONE AT CAROLINAS CENTER FOR ADVANCED MANAGEMENT OF PAIN IT LOOKS LIKE ON BOILING SPRINGS ROAD.

Q. AND WHEN WAS YOUR FOLLOWUP WITH HIM AFTER HE HAD THE E.M.G TO DISCUSS IT WITH HIM?
A. ON 9/9/2013.
Q. SO, ON SEPTEMBER THE 9TH?
A. THAT'S RIGHT.
Q. AND I ASSUME IT WOULD HAVE BEEN EXPLAINED TO HIM THAT HIS E.M.G. WAS NORMAL AND SUCH?
A. THAT'S RIGHT.
Q. AND IS THAT GOOD NEWS?
A. THAT IS GOOD NEWS.
Q. I BELIEVE YOU WROTE HIM OUT OF WORK AT THAT APPOINTMENT; IS THAT RIGHT?
A. THAT'S RIGHT.
Q. AND WHAT WAS THE BASIS FOR THAT?
A. WELL, IT JUST SOUNDED LIKE HE WAS DOING WORSE AND WORSE, AND WE HAD A DISCUSSION AND I DIDN'T THINK HE COULD CONTINUE TO WORK WHAT HE WAS -- YOU KNOW, DO THE WORK THAT HE WAS DOING.
Q. WAS THAT BECAUSE OF THE CONCRETE FLOORS?
A. WELL, IT WAS BECAUSE OF ALL -- ALL OF HIS SYMPTOMS. I MEAN, HE -- I MEAN, HE SAID HE HAS GENERAL SORENESS, CRAMPING SENSATION IN HIS CALF, SHOOTING PAIN. IT JUST SOUNDED LIKE IT -- TO -- TO ME HIS SYMPTOMS HAD GOTTEN WORSE. AND SO WHATEVER HE WAS DOING, AND THE CONCRETE FLOORS PROBABLY ONLY MADE IT

WORSE, BUT IT JUST DIDN'T SEEM LIKE HE WAS ABLE TO FUNCTION WITH WHAT HE WAS DOING.

Q. DOES YOUR FILE HAVE IN THERE A NOTE SENT TO YOU FROM THE INSURANCE ADJUSTOR INDICATING THAT THEY COULD ACCOMMODATE SEDENTARY WORK?

A. YEAH, THERE'S A LETTER FROM TIMKEN ON 9/23/2013 THAT SAID -- THAT SAYS THAT.

Q. AND CAN YOU READ THAT TO US, THAT LETTER?

A. IT SAYS (AS READ) "ATTENTION ORTHOPAEDIC SPECIALTIES OF SPARTANBURG. PLEASE NOTE THAT MR. OSMENT'S EMPLOYER CAN ACCOMMODATE ANY AND ALL WORK RESTRICTIONS THAT WOULD INCLUDE TOTALLY SEDENTARY DUTY. THEREFORE, I RESPECTFULLY ASK THAT YOU OUTLINE THE BASIS FOR TAKING MR. OSMENT OUT OF WORK. WHAT IS YOUR RESPECTIVE DATE FOR MAXIMUM MEDICAL IMPROVEMENT? THANK YOU IN ADVANCED FOR YOUR TIME TO ADDRESS THESE QUESTIONS."

Q. OKAY. AND OF COURSE, YOU HAD ALREADY PUT HIM AT M.M.I., BUT THE ISSUE ABOUT THE RESTRICTIONS, DID YOU FEEL LIKE HE COULD DO A SEDENTARY JOB?

A. YOU KNOW, SOMETIME FOLKS CAN DO SEDENTARY WORK. SOMETIMES WITH BACK PROBLEMS, SEDENTARY EXACERBATES IT TOO. BUT CERTAINLY BASED ON HIS KNEES, SEDENTARY WORK WOULD BE OKAY.

Q. OKAY. AND WAS HE COMPLAINING OF BACK PROBLEMS ON

SEPTEMBER THE 9TH?

A. WELL, THAT'S -- THAT'S WHERE WE WERE SAYING THAT THE -- THAT HE WAS HAVING THE SHOOTING SENSATION DOWN HIS LEGS. SO THAT'S...

Q. THAT COULD BE A BACK PROBLEM?

A. RIGHT, SO THAT'S...

Q. AND THEN WHEN HE CAME TO YOU IN OCTOBER, I BELIEVE HE TOLD YOU HIS BACK WAS BOTHERING HIM MORE; IS THAT RIGHT?

A. YEAH, KNEE WAS DOING BETTER, BACK WAS HURTING WORSE.

Q. OKAY. AND DID HE TELL YOU WHAT HAD -- WHAT HAD CAUSED THAT? I MEAN, DID HE HAVE AN INJURY TO MAKE HIS BACK HURT, OR DID HE SAY HE JUST STARTED EXPERIENCING THE SYMPTOMS?

A. NO, IT DOESN'T LOOK LIKE THERE WAS A SPECIFIC INJURY THAT HE HAD HAD.

Q. AND YOU HAD TAKEN HIM OUT OF WORK ON SEPTEMBER THE 9TH, SO I GUESS HE -- DID HE REPORT THAT HE HAD BEEN DOING AN ACTIVITY WHEN HE SAW YOU ON OCTOBER 28TH, YOU KNOW, THAT HE HAD BEEN DOING ANYTHING IN THAT INTERIM PERIOD OF TIME?

A. LET'S SEE, HE SAID, "GENERAL," HE DID HAVE GENERAL SORENESS, ACHE -- ACHE WITH SITTING. KNEE IS DOING BETTER. HIS LOW BACK IS GETTING WORSE, RADIATION PAIN DOWN HIS LEG TO HIS ANKLE, NOT HAVING NUMBNESS,

HEAVY SENSATION IN HIS LEG, SHOOTING SENSATION IN HIS LEG, BUT SINCE HE'S BEEN OFF OF WORK, HE NOTICES THAT IT SEEMS TO BE LESS, HAVE NOT RESOLVED. HE'S TAKING ANTI-INFLAMMATORY. HE CAN WALK A QUARTER OF A MILE, HOWEVER, THERE IS SORENESS AFTERWARD. HE IS UNABLE TO RETURN TO WORK DUE TO THE AMOUNT OF WALKING ON THE CONCRETE THAT HE HAS TO DO, AND HE HAS FILED FOR DISABILITY." THAT WAS HIS -- ALL OF HIS HISTORY.

Q. OKAY. SO, HE GAVE YOU THAT HISTORY?

A. UH-HUH.

Q. DID YOU MAINTAIN HIS OUT-OF-WORK STATUS?

A. WE DID.

Q. WAS THAT BECAUSE HE WAS TELLING YOU THAT HE WAS HAVING TO WALK CONCRETE FLOORS AT WORK?

A. YES.

Q. NOW, DID YOU HAVE AN OPINION ON OCTOBER THE 28TH ABOUT WHAT WAS CAUSING HIS BACK PAIN?

A. NO, NOT FOR SURE. I MEAN, OFTEN TIMES, IT'S A COMBINATION OF THINGS THAT CAUSE IT. BUT ALTERED GAIT, OR IF THEY'RE JUST HAVING PAIN IN, YOU KNOW, ONE KNEE, THE OTHER SIDE COULD START HURTING BUT -- YOUR BACK, SO PROBABLY RELATED TO THE ENTIRE -- HIS WHOLE CONSOLATION OF SYMPTOMS.

Q. OKAY. DID YOU PUT IN YOUR REPORT ANYWHERE IN

OCTOBER WHAT YOU THOUGHT WAS CAUSING HIS BACK PROBLEM?

A. NO.

Q. BASED ON THE PATIENT HISTORY THAT MR. OSMENT COMPLETED, WAS IT YOUR UNDERSTANDING THAT HE HAD NEVER HAD ANY KIND OF BACK PROBLEMS BEFORE?

A. RIGHT, HE HAD NEVER SAID ON -- ON THE INITIAL SHEETS THAT WE -- WE LOOKED AT.

Q. NOW, ON JANUARY THE 3RD OF '14, THERE'S SOME REFERENCE IN THERE ABOUT SOME HIP PROBLEMS, HIP PAINS?

A. RIGHT, HE WAS HAVING MORE GROIN PAIN AT THAT POINT, SO IT WASN'T NOT ONLY IN HIS BUTTOCK BUT IN HIS -- IN HIS GROIN AS WELL.

Q. AND WAS THAT SIMILAR TO -- I THINK YOU SAID HE HAD MENTIONED THAT ONCE BEFORE, KIND OF SOME PAIN IN HIS GROIN?

A. THAT'S RIGHT.

Q. DID YOU NEED TO GET AN X-RAY OR AN M.R.I. OR ANYTHING OF HIS HIP TO LOOK AT IT FURTHER?

A. I THINK WE GOT SOME X-RAYS. WE GOT X-RAYS THAT DAY, UH-HUH.

Q. WHAT DO THOSE X-RAYS SHOW?

A. WELL, COMPARED TO HIS PREVIOUS X-RAYS, I THOUGHT THAT HIS JOINT SPACE WAS LESS ON THE RIGHT THAN IT

WAS IN RADIOGRAPHS HE HAD TWO YEARS EARLIER.

Q. YOU'RE TALKING ABOUT THE JOINT SPACE IN THE HIP?

A. RIGHT.

Q. AND WHAT WOULD EXPLAIN THAT DECREASE IN THE JOINT SPACE?

A. ARTHRITIS DEVELOP IN THERE AS WELL.

Q. AND DID YOU ORDER SOME TREATMENT FOR THE HIP ITSELF?

A. I DID. WE -- WE -- WE WERE GOING TO SEND HIM FOR A HIP INJECTION FOR DIAGNOSTIC AND THERAPEUTIC REASONS. SO WHAT WE'LL DO FOR THAT IS WE'LL SEND FOLKS -- THEY'LL GET -- THEY'LL GET AN INJECTION. WE ASK THEM TO NOTE HOW MUCH PAIN RELIEF THEY GET WHILE THE ANESTHETIC'S IN EFFECT, AND THAT'S WHAT'S COMING FROM THE HIP. SO SOMETIMES KNEE PAIN CAN COME FROM THE HIP TOO. AND SO FOLKS THAT HAVE SOME EARLY ARTHRITIC CHANGES AND STILL HAVE KNEE PAIN, WE'RE TRYING TO FIGURE OUT, YOU KNOW, IS IT THE KNEE THAT'S BOTHERING THEM OR IS IT THE HIPS. SO IT'LL KIND OF HELP US DECIDE THAT. SO -- SO, YEAH, WE SEND THEM FOR AN INJECTION. AND ONE OF THE GUYS HERE IN OUR GROUP ACTUALLY DOES THOSE INJECTIONS. SO THAT'S WHO WE'RE GOING TO SEND HIM TO.

Q. AND DID THE HIP INJECTION GIVE HIM ANY RELIEF?

A. DID HE GET THAT INJECTION?

Q. I DON'T KNOW.

A. I DON'T THINK HE EVER GOT IT.
Q. SO, YOU'VE ORDERED IT BUT YOU SAY YOU DON'T THINK HE'S GOT IT?
A. THAT'S RIGHT. WE HAD ORDERED AN M.R.I. OF HIS BACK TOO, AND HE DIDN'T GET THAT EITHER, SO.
Q. ALL RIGHT. AND I'LL BE FINISHED HERE IN A COUPLE OF MINUTES. LET'S TALK ABOUT HIS BACK FOR A MINUTE. DID YOU HAVE AN OPINION AS TO WHETHER HIS BACK PROBLEM WAS RELATED TO HIS INJURY TO HIS KNEE?
A. YOU KNOW, WHEN SOMEBODY HAS PERSISTENT PAIN AFTER A REPLACEMENT AND WE'RE TRYING TO FIGURE OUT WHERE IT'S COMING FROM, WE START LOOKING UPSTREAM. SO IT COULD -- SOMETIMES FOLKS CAN HAVE TWO THINGS GOING ON AT THE SAME TIME AND YOU'RE FOCUSED ON ONE PART OF IT. YOU -- YOU HELP WITH THAT OR TRY TO HELP WITH THAT, AND THEN RESIDUAL PAIN IS COMING FROM SOMEWHERE UPSTREAM, EITHER HIP, BACK, SOMEWHERE ELSE. SO SOMETIMES THOSE TWO THINGS CAN KIND OF COINCIDE. SO A LOT OF TIMES WHEN FOLKS HAVE A PERSISTENT PAIN AROUND A JOINT THAT YOU THINK YOU'VE FIXED, YOU'LL LOOK FURTHER UPSTREAM FOR A SOURCE OF THEIR PAIN. SO IT COULD ALL BE RELATED. IT COULD BE EXACERBATED BY, YOU KNOW, A LIMP FROM YOUR KNEE TOO.
Q. OKAY. BUT MR. OSMENT DIDN'T TELL YOU THAT HE HAD

ANY BACK PROBLEMS BEFORE, DID HE?

A. NO, IT WAS, YEAH, THE KNEE THAT HE WAS ALWAYS COMPLAINING ABOUT, AND HE CONTINUES TO COMPLAIN ABOUT.

Q. I MEANT, WHEN I SAY BEFORE, PRIOR TO HIS WORK INJURY.

A. RIGHT.

Q. BASED ON HIS PATIENT HISTORY, DID HE -- WAS IT YOUR UNDERSTANDING THAT HE HAD NOT HAD ANY BACK PROBLEMS BEFORE?

A. RIGHT, BUT I NEVER ASKED HIM ABOUT IT. BUT YEAH, HE NEVER TOLD ME THAT EITHER.

Q. OKAY. AND IF SOMEONE'S GOT SOME ARTHRITIS ALREADY IN THEIR BACK, I MEAN, IS IT COMMON FOR THOSE SYMPTOMS TO COME AND GO?

A. YES.

Q. YOU KNOW, LIKE IT MIGHT FLARE UP FOR A SHORT PERIOD OF TIME. IT CALMS BACK DOWN, AND THAT PROCESS CAN KIND OF REPEAT ITSELF OVER A NUMBER OF YEARS?

A. YES, SIR, THAT CAN HAPPEN IN ANY JOINT IN THE BACK, NO -- NO DIFFERENT.

Q. I'M GOING TO SHOW YOU SOME RECORDS.

BY MR. LEWIS:

LET ME GET THAT MARKED PLEASE. LET'S LET THE COURT REPORTER MARK IT, AND THEN I'LL ASK YOU -- BUT

YOU CAN HOLD ONTO THAT ONE. ALL RIGHT, THANK YOU.

(COURT REPORTER MARKS MEDICAL RECORDS DEFENDANT'S EXHIBIT NUMBER ONE, ATTACHED)

EXAMINATION RESUMED BY MR. LEWIS:

Q. DR. SANCHEZ, I'VE HANDED YOU A RECORD FROM SEPTEMBER 15TH, 2008, OF DR. MCELHANEY; ARE YOU FAMILIAR WITH HIM?

A. YES, SIR.

Q. IS HE A PRIMARY CARE PHYSICIAN HERE IN TOWN?

A. YES, SIR.

Q. AND IT'S MY UNDERSTANDING THAT HE WAS MR. OSMENT'S PRIMARY CARE PHYSICIAN AT LEAST FOR SOME PERIOD OF TIME. HAVE YOU HAD AN OPPORTUNITY TO -- WELL, TAKE THE TIME YOU NEED TO LOOK OVER THAT DOCUMENT AND THEN LET ME KNOW.

A. (WITNESS VIEWS DOCUMENT). OKAY.

Q. DOES THE DEFENDANT'S EXHIBIT ONE THAT I'VE HANDED YOU, DOES THAT INDICATE THAT MR. OSMENT WAS COMPLAINING OF SOME PAIN IN HIS RIGHT LOWER BACK IN SEPTEMBER OF '08?

A. HE WAS, YES.

Q. AND I'LL ASK YOU IF YOU'LL LOOK AT -- IF YOU WOULD PLEASE ON PAGE TWO OF THAT NOTE, AT THE VERY BOTTOM, THERE'S A SECTION CALLED MUSCULOSKELETAL. CAN YOU PUBLISH FOR US WHAT'S INDICATED THERE?

A. YES. IT SAYS (AS READ) "GAIT AND STATION MILDLY." IT SAYS "ARTHRITIC GAIT," IT PROBABLY MEANS ANTALGIC GAIT. I'M NOT SURE WHAT AN ARTHRITIC GAIT IS, BUT MILDLY "ARTHRITIC GAIT." AND THEN "DIGITS AND NAILS: MILD O.A.; HEAD AND NECK: DECREASED CERVICAL RANGE OF MOTION; SPINE, RIBS, PELVIS: DECREASED LUMBAR FLEXION; RIGHT UPPER EXTREMITY: NORMAL RANGE OF MOTION STRENGTH, NO JOINT ENLARGEMENT OR TENDERNESS; LEFT UPPER EXTREMITY: NORMAL RANGE OF MOTION AND STRENGTH, NO JOINT ENLARGEMENT OR TENDERNESS; RIGHT LOWER EXTREMITY: NO EFFUSION NOTED; AND LEFT LOWER EXTREMITY: PATIENT HAS TENDERNESS ALONG LATERAL ASPECT OF LEFT KNEE, WITH PAIN ON FULL FLEXION, NO LIGAMENT INSTABILITY NOTED."

Q. OKAY. SO, HE'S REPORTING IN SEPTEMBER OF '08 HE'S -- THE DOCTOR'S INDICATED A MILDLY ARTHRITIC GAIT, AND YOU SAID YOU ASSUME THAT MEANS ANTALGIC GAIT?

A. YES, SIR.

Q. THAT WOULD MEAN SOME TYPE OF GAIT, SOME KIND OF ---

A. LIMP.

Q. --- GAIT ABNORMALITY. A LIMP, RIGHT?

A. YES, SIR.

Q. AND YOU TESTIFIED A FEW MINUTES AGO THAT CAN RESULT IN PAIN IN YOUR BACK, CAN'T IT?

A. YES, SIR.
Q. AND THEN HIS MOTION'S NOT FULL STRENGTH IN THE LUMBAR ACCORDING TO THAT EXAM AS WELL EITHER, IS IT, DECREASED FLEXION?
A. RIGHT, HIS DECREASED MOTION, UH-HUH.
Q. AND THE RIGHT PART OF HIS LOWER BACK, THAT'S THE SAME PART THAT HE WAS COMPLAINING OF THE SYMPTOMS TO YOU?
A. I KNOW IT WAS LOW BACK. I'M NOT SURE IF IT WAS ON BOTH SIDES OR JUST THE RIGHT SIDE BUT.
Q. ALL RIGHT, I'M GOING TO SHOW YOU ONE MORE.

BY MR. LEWIS:

LET ME GET THAT MARKED PLEASE.

(COURT REPORTER MARKS MEDICAL NOTE DEFENDANT'S EXHIBIT NUMBER TWO, ATTACHED)

EXAMINATION RESUMED BY MR. LEWIS:

Q. ALL RIGHT. DOCTOR, I'VE HAD MADAM COURT REPORTER MARK AS DEFENDANT'S EXHIBIT NUMBER TWO A MEDICAL NOTE; WHAT DAY IS THAT?
A. (WITNESS VIEWS DOCUMENT). 12/28/2009.
Q. AND THAT'S ALSO WITH DR. MCELHANEY, HIS FAMILY DOCTOR, IS IT NOT?
A. THAT'S RIGHT.
Q. AND WHAT ARE HIS COMPLAINTS AT THAT POINT IN TIME?
A. "CHIEF COMPLAINT IS PAIN, RIGHT LOWER BACK. HISTORY

OF PRESENT ILLNESS: PATIENT COMPLAINS OF PAIN IN RIGHT LOWER BACK FOR ABOUT A WEEK NOW. HE DENIES ANY PAIN WITH URINATION, BUT SAYS HE HAS NOTICED HAVING TO URINATE MORE THAN USUAL."

Q. THE DIAGNOSIS IS A LOW BACK PAIN?

A. YES, SIR.

Q. AND IS THAT CONSISTENT WITH WHAT HE WAS REPORTING TO YOU WHEN HE STARTED TALKING ABOUT BACK PROBLEMS IN JANUARY OF '13?

A. SIMILAR, BUT HE WAS HAVING MORE OF THE SHOOTING TYPE PAINS. BUT, YEAH, BACK PAIN WITH -- WAS HERE, BACK PAIN WITH JUST THE RADIATION WAS WHEN HE WAS EXPLAINING IT TO ME.

Q. AND IF THIS INJURY THAT HAPPENED -- WELL, I SUBMIT TO YOU THAT THE INJURY THAT HAPPENED AT TIMKEN WAS IN MAY OF 2010. THAT VISIT WITH DR. MCELHANEY, WAS THAT DECEMBER OF '09?

A. YES, SIR.

Q. SO, APPROXIMATELY SIX MONTHS BEFORE THE WORK ACCIDENT?

A. (WITNESS NODS HEAD UP AND DOWN).

Q. OKAY. MR. HAWKINS SENT YOU A MEDICAL QUESTIONNAIRE, AND I'M JUST GOING TO SHOW IT TO YOU, I'M NOT GOING TO GET IT MARKED. CAN YOU REVIEW THAT AND LET ME KNOW IF THAT'S SOMETHING YOU COMPLETED.

A. (WITNESS VIEWS DOCUMENT). I DID.
Q. AND IN THAT QUESTIONNAIRE, IT ASKS ABOUT THE DIFFERENT PARTS OF HIS BODY THAT HE INJURED IN THIS WORK ACCIDENT. AND OF COURSE IN ADDITION TO HIS RIGHT KNEE, YOU INDICATED THAT HE ALSO HURT HIS BACK AND HIS HIP?
A. DIDN'T SAY HE HURT IT, BUT CAUSALLY RELATED HIS INJURY. IT'S NOT THAT HE HURT IT AT THAT POINT.
Q. OKAY.
A. YES, I DID.
Q. ALL RIGHT. AND WHAT WAS THE BASIS OF THAT OPINION? LET'S START WITH THE BACK.
A. WELL, HE HURT HIS KNEE. HIS KNEE WAS STILL BOTHERING HIM, SO IT WAS MY OPINION THAT THAT WAS BOTHERING HIS -- AGGRAVATING HIS -- HIS -- OR LED TO HIS HIP AND BACK SYMPTOMS, OR EXACERBATED A PREVIOUS PROBLEM.
Q. NOW, ACCORDING TO YOUR TESTIMONY, HE HAD NOT REPORTED ANY SYMPTOMS IN HIS BACK UNTIL JANUARY OF '13, SO 18 MONTHS OR SO AFTER THE INJURY; IS THAT RIGHT?
A. THAT'S RIGHT.
Q. NOW, BASED ON THE FACT THAT HE HAD BACK PROBLEMS BEFORE; YOU SAW IN THE NOTES HE HAD HAD AN ANTALGIC GAIT, COULD HIS PAIN JUST NOT BE A CONTINUATION OF

THE SAME PAIN HE'S HAD FOR -- YOU KNOW, FROM PRIOR TO HIS INJURY TO HIS BACK?

A. YES, IT COULD BE.

Q. BASED ON HIS HISTORY, I MEAN, WOULD IT BE SPECULATIVE TO SAY THAT THE BACK PAIN IS CAUSALLY RELATED TO THE WORK INJURY VERSES, YOU KNOW, HIS PREEXISTING HISTORY?

BY MR. HAWKINS:

OBJECT TO THE FORM.

BY THE WITNESS:

I MEAN, I'D ALMOST THINK THAT HE DIDN'T HAVE ANY BACK SYMPTOMS BEFOREHAND, AND HE HAD IT AFTERWARD. THAT THAT WOULD POTENTIALLY BE -- I MEAN, IT SOUNDS TO ME LIKE HIS WORK INJURY EXACERBATED SOMETHING HE ALREADY HAD GOING ON. SO IF HE HAD AN INJURY, HE ALREADY HAD A PROBLEM, AND THEN HE HAD AN INJURY, AND HE STARTS WALKING WITH A LIMP. HE'S GOT A REASON TO POTENTIALLY HAVE MORE SYMPTOMS AFTER THE INJURY THAT HE HAD.

EXAMINATION RESUMED BY MR. LEWIS:

Q. WELL, HE WAS WALKING WITH A LIMP BEFORE, WASN'T HE?

A. INTERMITTENTLY, HE WAS.

Q. BUT YOU DIDN'T KNOW HE HAD HAD ANY BACK PROBLEMS BEFORE UNTIL TODAY, DID YOU?

A. NO, I DIDN'T KNOW HE HAD HIS ROTATOR CUFF FIXED

EITHER UNTIL YOU JUST SHOWED ME THIS NOTE EITHER. HE HAD SAID HE HAD NO SURGERY. BUT ---

Q. HE'S NOT COMPLAINING OF ANY SHOULDER PROBLEMS TO YOU, IS HE?

A. NO, BUT -- WELL, I GUESS THE POINT IS THAT THE PATIENTS DON'T ALWAYS TELL US ALL THEIR HISTORY. WE START FINDING OUT OTHER THINGS AS THINGS COME ABOUT.

Q. WELL, AS A PHYSICIAN, IN ORDER FOR YOU TO GIVE A CAUSATION OPINION ABOUT WHETHER THIS EVENT CAUSED THIS PROBLEM, DON'T YOU NEED A FULL AND ACCURATE HISTORY FROM YOUR PATIENT?

A. YES, BUT THEY DON'T ALWAYS GIVE US THOSE.

Q. BUT THEY'RE CERTAINLY HELPFUL, AREN'T THEY?

A. IT DOES HELP.

Q. AND WITH RESPECT TO HIS BACK, TO CONCLUDE THAT THE, NOT THE INJURY ITSELF BUT WHATEVER HE EXPERIENCED AFTERWARDS AGGRAVATED THAT, WHAT TYPES OF INFORMATION DO YOU NEED? BECAUSE, I MEAN, IT WAS QUITE SOME TIME UNTIL HE REPORTED ANY BACK PROBLEMS TO YOU. SO HOW DO YOU MAKE THAT NEXUS IS MY QUESTION?

A. I GUESS THE ONLY WAY I'D MAKE IT IS THAT, YOU KNOW, HE WENT ON WITH HIS KNEE; YOU KNOW, HIS KNEE GOT WORSE AND WORSE. AND EVEN AFTER HIS REPLACEMENT, HE CONTINUED TO HAVE PAIN. SO HE CONTINUED TO WALK

WITH AN ALTERED GAIT, WHICH HAS ULTIMATELY EXACERBATED THESE -- THESE SYMPTOMS IN HIS -- IN HIS BACK AND LEG.

Q. DID YOU NOTE IN YOUR RECORD THAT OPINION THAT THE ALTERED GAIT WAS WHAT WAS CAUSING HIS BACK PROBLEMS?

A. WELL, WHEN FOLKS HAVE -- NO, NOT THAT SPECIFICALLY THE ALTERED GAIT CAUSED IT.

Q. BUT THAT'S YOUR TESTIMONY IS THAT THE ALTERED GAIT...?

A. WELL, I MEAN, LIKE YOU SAID, I'M TRYING TO LOOK AT THE WHOLE BIG PICTURE RIGHT NOW, AND WHY -- WHY IS THIS GUY STILL HAVING SO MUCH PAIN IN HIS -- IN HIS LEG AND WHY IS HE HAVING SUCH A TOUGH TIME, YOU KNOW, GETTING AROUND. AND I GUESS THE QUESTION IS, YOU KNOW, HIS KNEE HAS NEVER BEEN PERFECT. HAS IT ALL ALONG BEEN CONTRIBUTABLE TO HIS HIP OR BACK, AND THAT THE KNEE WAS THE -- THE WORST PART OF IT, BUT THAT ALL OF THESE OTHER THINGS HAVE BEEN CONTRIBUTING TO IT ALL ALONG. 'CAUSE A LOT OF PEOPLE WITH KNEE REPLACEMENTS, WHEN THEY'RE -- WHEN THEY'RE DONE, HEAL FROM THEIR KNEE REPLACEMENT, THEY'RE NOT COMPLAINING OF ANYTHING. THEY'RE -- THEY'RE GETTING AROUND GOOD. THEY -- AND HE'S NEVER BEEN PAIN FREE IN THAT KNEE, EVER.

Q. NOW, IF HE'S GOT -- ACCORDING TO THE RECORDS YOU

LOOKED AT, SIX MONTHS BEFORE HE WAS ALSO COMPLAINING OF BACK PAIN, RIGHT?

A. YES, SIR.

Q. SO, IF YOU TOOK THE KNEE REPLACEMENT OUT OF IT, HE HAD A BACK ISSUE, DIDN'T HE?

A. YES, SIR, HE DID.

Q. AND SO, THE BASIS FOR AN AGGRAVATION THEORY WOULD BE THAT IT'S WORSE NOW THAN IT WOULD HAVE BEEN BEFORE?

A. WELL, NOT NECESSARILY. I MEAN, YEAH, I SUPPOSE HIS -- HIS PRIOR BACK PROBLEM COULD GRADUALLY GET WORSE IN AND OF ITSELF. WITH THE KNEE PROBLEM, I GUESS IN MY MIND IS -- IS -- IS HE'S ALREADY HAD KIND OF A LOW-LEVEL BACK PROBLEM AND THAT THE KNEE WAS WORSE THAN THE BACK, AND THAT'S BEEN SORT OF ADDRESSED. BUT THE BACK PROBLEM HAS BEEN EXACERBATED, JUST -- OR NEVER BEEN FULLY ADDRESSED.

Q. GIVEN THAT HE HAD THE BACK PROBLEM BEFORE, CAN YOU STATE TO A REASONABLE DEGREE OF MEDICAL CERTAINTY HE WOULDN'T BE HAVING THOSE BACK WITH LEG SYMPTOMS AT THIS POINT NOW ANYWAY?

A. NO, SIR, HE MIGHT STILL BE HAVING SOME OF THOSE, YOU'RE RIGHT.

Q. NOW, HOW ABOUT WITH HIS HIP; DO YOU HAVE AN OPINION ABOUT WHAT CAUSED HIS HIP PAIN? I KNOW YOU SAID, "HE'S GOT SOME ARTHRITIS."

A. NO. AND, YOU KNOW, -- AND I -- I JUST REVIEWED HIS X-RAYS TO SEE EXACTLY WHAT -- WHAT -- AND THERE IS DEFINITELY A CHANGE, WHICH IS -- SO THAT'S DIFFERENT FROM EVEN THE TIME WHEN HE HAD HIS SURGERY 'CAUSE WE'LL GET AN X-RAY AT THAT POINT. SO THAT MAY BE THE NATURAL PROGRESSION OF HIS, YOU KNOW, HOW HIS ARTICULAR CARTILAGE IS STANDING UP TO WEAR WITH TIME WITH TIME.

Q. SO, JUST TO MAKE SURE I'M CLEAR, YOU'RE SAYING HE HAD AN X-RAY OF HIS HIP BEFORE HE HAD HIS KNEE SURGERY?

A. RIGHT.

Q. AND IT SHOWED SOME ARTHRITIS?

A. NO, IT DOESN'T -- THE X-RAYS THAT WE HAD -- SEE, WE GET A LONG-LEG ALIGNMENT X-RAY RIGHT BEFORE SURGERY, LIKE THE WEEK BEFORE, AND I COMPARED THAT X-RAY TO THE ONE WE JUST GOT. AND THE ONE WE JUST GOT HAS GOT SOME ARTHRITIS. IT'S DEFINITELY DIFFERENT.

Q. SO, THE ONE AROUND THE TIME OF -- RIGHT BEFORE THE LONG ONE THAT YOU TOOK AT THE TIME OF THE SURGERY, WAS THERE NO ARTHRITIS OR LIMITED ARTHRITIS?

A. NO, IT DIDN'T LOOK LIKE MUCH TO ME AT ALL.

Q. AND NOW, YOU'RE SAYING YOU TOOK ONE BACK IN JANUARY, AND THERE'S A DECENT AMOUNT?

A. YES, SIR, DECREASED CARTILAGE SPACE IN THAT HIP

COMPARED TO THE OTHER SIDE.

Q. AND WHAT WOULD EXPLAIN THAT?

A. IT COULD JUST BE, YOU KNOW, HE'S DEVELOPING ARTHRITIS IN HIS -- IN HIS HIP, AND THAT'S PROGRESSING ---

Q. CAN THAT JUST BE ---

A. --- WITH WEAR AND TEAR.

Q. --- NATURAL AGE RELATED ARTHRITIC PROGRESSION?

A. YES, SIR.

Q. CAN WE ATTRIBUTE THAT TO HIS WORK INJURY?

A. AGAIN, I THINK THAT'S PROBABLY DEVELOPING MORE THAN -- BECAUSE HE DIDN'T -- HE DID NOT HAVE GROIN PAIN INITIALLY, SO IT'S PROBABLY HARDER TO MAKE THAT CONNECTION, YES.

Q. SO, IT'S ---

A. PROBABLY LESS LIKELY.

Q. IN OTHER WORDS, YOU CAN'T STATE TO A REASONABLE DEGREE OF MEDICAL CERTAINTY THAT HIS HIP PROBLEMS ARE RELATED TO HIS WORK INJURY?

A. RIGHT.

BY MR. LEWIS:

ALL RIGHT. I DON'T HAVE ANYMORE QUESTIONS FOR YOU. THANK YOU. MR. HAWKINS PROBABLY HAS SOME FOR YOU.

EXAMINATION BY MR. HAWKINS:

Q. DOCTOR, TALKING ABOUT THE HIP, CAN YOU STATE TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, AS YOU DID IN THE QUESTIONNAIRE THAT WE SENT YOU, THAT HIS HIP, WHATEVER HIP PROBLEMS HE IS HAVING, ARE AGGRAVATED OR WORSENED BY HIS ALTERED GAIT?

A. YEAH, I CAN SAY THAT IT CAN BE AGGRAVATED BY HIS ALTERED GAIT. YES, SIR.

Q. SO, EVEN IF THE WORK INJURY, AS MR. LEWIS SAID, ISN'T NECESSARILY THE PRIME CAUSE OF THE HIP PROBLEMS, THAT HIS ALTERED GAIT CERTAINLY AGGRAVATES THE PROBLEMS?

A. YES, I CAN SAY THAT.

Q. AND THE ARTHRITIC -- OR THE CHANGES BETWEEN THE TWO X-RAYS, THE ONE IN THE SURGERY AND THE ONE THAT WAS TAKEN WHEN ---

A. I THINK IN JANUARY MAYBE.

Q. --- MORE RECENTLY, RIGHT.

A. YES, SIR.

Q. THAT NOTED A CLEAR CHANGE ---

A. YES, SIR.

Q. --- WITH REGARD TO HIS HIP. AND THAT CHANGE, IN TERMS OF SPACE AND TIME, TOOK PLACE AFTER THE WORKPLACE INJURY, RIGHT?

A. THAT'S RIGHT, YES, SIR.

Q. OKAY. NOW, I WOULD SAY THE SAME THING ABOUT -- OR

ASK YOU THE SAME QUESTION ABOUT THE BACK GIVEN THE FACT THAT HE HAD SOME FORM OF PRIOR BACK PROBLEM. AND I BELIEVE YOU REFER TO IT AS LOW-LEVEL BACK PROBLEM, RIGHT?

A. WELL, LOWER LUMBAR.

Q. WELL, I GUESS I MEAN LOW-LEVEL IN THE SENSE -- NON-SURGICAL?

A. OH, YES, SIR. SO, BEFORE HIS VISITS WITH DR. MCELHANEY, RIGHT, IT SOUNDED LIKE IT WAS, RIGHT, NON-SURGICAL TYPE BACK PROBLEM.

Q. AND IN FACT, SOME OF THE RECORDS INDICATES SOME URINARY TRACT PROBLEMS, DON'T THEY?

A. YES, SIR.

Q. AND CAN THAT CAUSE BACK PAIN AS WELL, URINARY TRACT INFECTIONS?

A. IT CAN, OR KIDNEY PROBLEMS CERTAINLY CAN.

Q. AND I BELIEVE IN BOTH OF THE RECORDS THAT WERE SUBMITTED TO YOU FROM DR. MCELHANEY -- WELL, I WILL LIMIT MY QUESTION TO ONE TO THE RECORD, IT'S JANUARY 28TH, 2009, HAVING TO URINATE MORE THAN RECENTLY -- OR EXCUSE ME, BUT HE STATES -- SAYS HE HAS NOTICED HAVING TO URINATE MORE THAN USUAL. DO YOU SEE THAT THERE?

A. YES.

Q. ARE YOU AWARE THAT HE HAS BEEN TREATED FOR A URINARY

TRACT INFECTION BEFORE?

A. NO, I DIDN'T KNOW THAT, BUT...

Q. YOU'RE NOT AWARE THAT HE HAS A POSITIVE HISTORY FOR URINARY TRACT INFECTION?

A. NO, SIR.

Q. ALL RIGHT. SO, WITH REGARD TO THE BACK, ASSUMING THAT HE DID HAVE PRIOR BACK PROBLEMS, ARE THOSE BACK PROBLEMS AGGRAVATED BY THE ALTERED GAIT?

A. YES.

Q. AND YOU SAY THAT TO A REASONABLE DEGREE OF MEDICAL CERTAINTY?

A. YES.

Q. DID THE E.M.G. IN THIS CASE RULE OUT RADICULOPATHY?

A. WELL, LIKE I SAID, I THINK THAT THE -- IF IT'S AN ONGOING OR CONSTANT THING, THEN IT WOULD HAVE SHOWN UP ON THAT, BUT IF IT'S INTERMITTENT, I DON'T THINK THAT RULES IT OUT. IN OTHER WORDS, HE'LL GET IN CERTAIN POSITIONS AND THE NERVE CAN GET PINCHED. BUT UNLESS YOU GET THE E.M.G. WHILE HE'S HAVING BACK FINDINGS, YOU'RE NOT GOING TO PICK IT UP ON THE E.M.G. SO NO, YOU CAN HAVE AN INTERMITTENT RADICULOPATHY THAT'S NOT PICKED UP ON THE E.M.G.

Q. SO, IS THERE A WAY TO TELL WHAT PAIN HE'S HAVING IN HIS LEG THAT'S COMING FROM THE KNEE AND WHAT'S COMING FROM RADICULOPATHY?

A. WELL, I MEAN, I SUPPOSE IF YOU HAD A -- YOU KNOW, IF YOU DID AN EPIDURAL STEROID SHOT AT WHATEVER LEVEL YOU THINK IS THE CAUSE OF WHEN HE GOT RELIEF, THEN DEFINITELY THAT'S WHERE IT'S COMING FROM.

Q. THE KNEE?

A. WELL, I'M SAYING ---

Q. OH, ABOUT THE BACK?

A. --- THE BACK.

Q. RIGHT.

A. RIGHT. WE THOUGHT HIS -- HIS KNEE PAIN WAS REFERRED PAIN FROM HIS HIP. WE DID AN INJECTION THERE. SO -- SO WE'LL KIND OF USE THESE INJECTIONS FOR DIAGNOSTIC REASONS. THAT'S ONE WAY YOU CAN TELL FOR SURE. IN OTHER WORDS, IF YOU GET A SHOT IN YOUR HIP AND IT TAKES AWAY ALL OF YOUR KNEE PAIN, YOU KNOW THAT THE HIP'S THE CULPRIT.

Q. RIGHT. SO, IS THERE MEDICAL CARE WHICH YOU BELIEVE IS MEDICALLY NECESSARY TO FIND OUT THE SOURCE OF HIS KNEE PAIN?

A. WELL, AGAIN, FOR HIM, BECAUSE HE'S HAD, YOU KNOW, SOME ONGOING PAIN AND NOW IT'S SORT OF EVEN CHANGING, I THINK THAT -- I THINK -- I THINK A HIP INJECTION UNDER FLUORO WOULD -- WOULD BE DIAGNOSTIC AND MAYBE THERAPEUTIC FOR HIM. AND I THINK FOR THE WORK OF HIS LUMBAR SPINE, IT'D BE A REASONABLE THING

TO DO TOO, IN OTHER WORDS, AN M.R.I. AND MAYBE AN INJECTION THERE.

Q. OKAY. AND THAT WOULD TELL YOU -- IF, FOR EXAMPLE, THE WORK UP OF THE LUMBAR SPINE TURNED OUT TO BE NEGATIVE, WHAT WOULD THAT TELL YOU? WHAT CLUES WOULD THAT GIVE YOU ABOUT HOW TO TREAT THE KNEE GOING FORWARD?

A. WELL, IF -- IF THE WORK UP OF THE BACK IS COMPLETELY NEGATIVE, THEN MAYBE I'D STILL MONITOR HIS KNEE TO SEE SORT OF WHAT HIS -- YOU KNOW, WHAT HIS SYMPTOMS ARE. WE CAN STILL GET SERO-RADIOGRAPHS AND THAT SORT OF THING, BUT I MEAN, I THINK IT WOULD TELL YOU THAT IT'S, YOU KNOW, NOT A CENTRAL THING AND YOU NEED TO DO ANYTHING ELSE TO HIS BACK AT THAT POINT.

Q. I MEAN, IS IT NOT -- WAS YOUR TREATMENT RECOMMENDED FOR THE BACK, OR THE WORK UP OF THE BACK, WAS THAT NOT DONE TO IN ESSENCE RULE OUT A POTENTIAL CAUSE OF HIS CURRENT PAIN IN HIS LEG, WHICH YOU DON'T HAVE AN EXPLANATION FOR?

A. RIGHT, I WAS TRYING TO FIGURE OUT WHY HE'S STILL HAVING PAIN IN HIS KNEE. YOU KNOW, WE SORT OF DO ALL OF THESE THINGS TO THE -- TO THE -- TO THE KNEE TO RULE OUT, YOU KNOW, INTRINSIC PROBLEM WITH THAT. AND IF WE DON'T FINE IT THEN WE'RE LOOKING FOR OTHER -- OTHER SOURCES OF PAIN. SO YEAH, YES, SIR.

Q. OKAY. AND YOU WOULD SAY THE SAME THING FOR THE HIP?
A. YES, SIR.
Q. SO, BOTH THE HIP AND THE BACK PROCEDURES THAT YOU HAVE ORDERED, WHICH HAVE BEEN DENIED BY THIS CARRIER, BOTH OF THOSE ARE DESIGNED TO RULE OUT POTENTIAL CAUSES OF PAIN IN HIS KNEE, CORRECT?
A. THAT'S RIGHT.
Q. AND THAT'S -- YOU'RE JUST FOLLOWING THE STANDARD OF CARE TO TREAT THE KNEE, RIGHT?
A. RIGHT.
Q. AND IF THERE WOULD BE A PROBLEM IN HIS BACK FOR EXAMPLE, WOULD THAT BE SOMETHING THAT YOU WOULD TREAT?
A. NO, I'D REFER HIM TO ONE OF MY -- TO A SPINE SURGEON.
Q. BUT THE HIP?
A. I'D DO THAT.
Q. YOU COULD DO THE HIP, RIGHT?
A. YES, SIR.
Q. SO, THESE ARE THE THINGS DESIGNED TO SORT OF GET TO THE BOTTOM OF WHAT'S GOING ON IN HIS KNEE, RIGHT?
A. TO STOP IT, YES, SIR.
Q. IS IT UNUSUAL FOR A PATIENT TO STILL BE HAVING PAIN AT THIS POINT IN TIME?
A. YES, SIR.

Q. OKAY. SO, IS HE AT MAXIMUM MEDICAL IMPROVEMENT?
A. WELL, I MEAN, WITH RESPECT TO HIS -- HIS KNEE, I MEAN, I FELT HE WAS BEFORE. HE -- CERTAINLY, HIS SYMPTOMS HAVE GOTTEN WORSE RECENTLY, SO I CAN'T SAY FOR SURE THAT HE'S AT IT RIGHT NOW 'CAUSE SINCE HE'S GOTTEN WORSE.
Q. OKAY. BUT HE MAY NOT BE AT M.M.I. AT THIS POINT?
A. THAT'S RIGHT.
Q. AND YOU GAVE THE RIGHT LEG AN IMPAIRMENT RATING I SEE OF, IS IT 20 OR 50 PERCENT?
A. YEAH, I HAD LOOKED UP THE -- THE NUMBERS FROM THE A.M.A. GUIDELINES FOR DISABILITY, AND I THINK IT WAS 20 FOR THE PERSON, 50 PERCENT FOR THE LOWER EXTREMITY BASED ON A FAIR RESULT AS I RECALL.
Q. CAN YOU GIVE AN IMPAIRMENT RATING TO HIS RIGHT HIP?
A. YOU KNOW, I COULD LOOK IT UP. I KNOW THAT THERE'S A -- THERE IS AN IMPAIRMENT RATING WE GIVE BASED ON, YOU KNOW, X-RAYS FINDINGS. YOU KNOW, IT WAS THE CARTILAGE SPACE, SO I -- I COULD DO THAT. I CAN -- I'D HAVE TO LOOK THAT UP THOUGH.
Q. WELL, YOU CAN, IF YOU DON'T MIND, SUPPLEMENT, WE WON'T HOLD YOU UP TODAY, OR IS IT A BOOK YOU CAN LOOK AT VERY QUICKLY HERE OR...?
A. I MIGHT HAVE TO GO LOOK THROUGH -- I DON'T KNOW IF IT'S IN HERE.

Q. WELL, I DON'T WANT TO HOLD YOU UP FROM A -- I KNOW YOU'VE GOT YOUR SURGERY, SO WE CAN DO THAT LATER. I'M JUST ASKING FOR PURPOSES OF WHAT WE'RE DOING HERE. AND THE SAME FOR THE BACK; ARE YOU ABLE TO GIVE A BACK RATING?

A. THAT MIGHT BE A LITTLE BIT MORE DIFFICULT JUST BASED ON THE FACT THAT I DON'T KNOW IF WE'VE REALLY DONE MUCH WORK UP OF HIS BACK YET. IT'LL ALL BE BASED ON SYMPTOMS MORE SO THAN ANY OBJECTIVE FINDINGS.

Q. WELL, AGAIN, HE'D NOT -- UNTIL THESE TESTS ARE DONE ON THE BACK, ---

A. NO.

Q. --- HE'S NOT AT M.M.I. ON EITHER BODY PART; IS THAT CORRECT?

A. THAT'S RIGHT.

Q. NOW, IN TERMS OF SEDENTARY DUTY, WOULD YOU SAY THAT GIVEN HIS CURRENT SYMPTOMS, HE COULD DO SEDENTARY DUTY ON A REGULAR BASIS, 40 HOURS A WEEK?

A. FORTY HOURS MIGHT BE, YOU KNOW, MUCH FOR HIM. YOU KNOW, IF HE DIDN'T HAVE ANY -- ANY BACK SYMPTOMS AT ALL, HE PROBABLY COULD DO THAT IF IT WAS JUST THE KNEE. THE FACT THAT HE'S GOT AT THIS POINT SOME, LIKE I SAID, RADICULAR TYPE SYMPTOMS, I THINK PROLONGED SITTING MIGHT BE PROBLEMATIC FOR HIM. SO I DON'T THINK HE COULD DO IT FULL TIME.

Q. AND WOULD HE NEED TO -- POSITIONAL CHANGES, ALTERNATE STANDING AND SITTING?

A. THAT'S RIGHT.

Q. OKAY. AND THEN IN TERMS OF THE QUESTIONNAIRE THAT YOU FILLED OUT, YOU SAID, "NO SQUATTING, CRAWLING, STOOPING, KNEELING, CLIMBING, LIMIT WALKING, CARRYING, LIFTING," RIGHT?

A. RIGHT.

Q. AND WHAT PAIN MEDICATION WOULD YOU RECOMMEND FOR HIM TO CONTROL HIS PAIN, OR DO YOU HAVE HIM ON PAIN MEDICATION?

A. YEAH, I WAS GOING TO LOOK TO SEE WHAT HE'S ON. BUT, I MEAN, USUALLY I TELL FOLKS IF THEY CAN CONTROL THEIR PAIN WITH OVER-THE-COUNTER ANTI-INFLAMMATORIES OR PRESCRIPTION ANTI-INFLAMMATORIES, I'D DO THAT FIRST. IF THAT DIDN'T WORK, THEN I'D ADD EITHER SOME TYPE OF MUSCLE RELAXANT. AND THEN IF -- IF THAT DIDN'T WORK, THEN I'D SUPPLEMENT THAT WITH SOME TYPE OF NARCOTIC PAIN MEDICINE WITH THE LOWEST DOSE POSSIBLE. AND I THINK HE WAS ON -- YEAH, HE'S TAKING MOBIC, SO THAT'S A PRESCRIPTION ANTI-INFLAMMATORY. AND HE'S ON NEURONTIN, AND THAT'S FOR NERVE TYPE PAIN. SO THAT'S WHAT HE'S ON RIGHT NOW.

Q. IF HE DOES REQUIRE A MILD NARCOTIC MEDICATION, WOULD THAT HAVE SIDE EFFECTS, WHICH WOULD AFFECT A

PERSON'S ABILITY TO WORK?

A. IT DOES, AND NEURONTIN, TOO. NEURONTIN CAN MAKE YOU DROWSY AS WELL.

Q. AND HE'S ON NEURONTIN NOW?

A. YES, SIR.

Q. WHAT DOSAGE IS HE ON?

A. I DON'T HAVE HIS DOSE IN HERE. HE'S TAKING 300 MILLIGRAMS AT NIGHTTIME. SO JUST ONCE A DAY RIGHT NOW.

Q. AND ONE OF THE SYMPTOMS WOULD BE...?

A. DROWSINESS.

Q. DROWSINESS. YOU HAD MENTIONED EARLIER IN YOUR DEPOSITION EARLIER THAT MR. OSMENT HAS A CONSTELLATION OF SYMPTOMS THAT YOU'VE BEEN TREATING HIM FOR. WOULD YOU JUST MIND LAYING THOSE OUT AT THIS TIME?

A. WELL, I MEAN, HE'S HAVING, YOU KNOW, KNEE PAIN; HE'S HAVING SHOOTING PAIN IN HIS LEG; HE'S HAVING LOW BACK PAIN; HE'S HAVING GROIN PAIN; HE'S GOT SOME NUMBNESS IN HIS FOOT. SO -- SO IT'S BASICALLY PAIN IN HIS BACK AND LEG WITH NUMBNESS AND SOME ELECTRICAL TYPE PAIN.

Q. CAN YOU EXPOUND ON THE FOOT?

A. WELL, THAT'S -- MY THEORY IS THAT'S MORE RELATED TO HIS BACK SYMPTOMS. SO INTERMITTENT NUMBNESS IN THE

-- I THINK I SAID ON THE OUTER SIDE OF HIS FOOT.

Q. OKAY. THE QUESTIONNAIRE THAT YOU COMPLETED, QUESTION NUMBER SIX, (AS READ) "WHAT FUTURE MEDICAL CARE IS INDICATED;" WOULD YOU PLEASE READ TO ME WHAT YOU SAID THERE FOR EACH OF THOSE?

A. FUTURE MEDICAL TREATMENT I SAID, "HE -- AT SOME POINT HE'LL NEED A TOTAL KNEE REVISION," AND I SAID "HOPEFULLY IN 20 YEARS. HE MAY NEED BACK OR RIB SURGERY, QUESTIONABLE." AND I SAID "HE'LL NEED PHYSICAL THERAPY FOR HIS BACK, HIP, AND KNEE. HE'LL NEED PAIN MANAGEMENT FOR THE SAME AREAS. HE MAY NEED INJECTIONS IN EITHER HIS HIP OR HIS BACK."

Q. AND THE FUTURE SURGERIES WERE...?

A. KNEE REVISION, BACK, RIB.

Q. SO, THE KNEE REVISION IN 20 YEARS, THAT WILL BE PRETTY CERTAIN, RIGHT; AT SOME POINT HE WOULD NEED A KNEE REVISION?

A. WELL, I USUALLY SAY THEY LAST IN THE 20 TO 30 YEAR RANGE. THE MORE ACTIVE FOLKS TEND TO WEAR THEM OUT FASTER. BUT SOMETIME AFTER 20 YEARS IS WHAT WE WOULD EXPECT.

Q. AND YOU NOTED TO THAT BACK AND HIP SURGERY MIGHT BE NECESSARY DEPENDING ON WHAT THE TESTS SHOWED?

A. RIGHT.

Q. OKAY. NOW, IN TERMS OF MR. OSMENT, HAS HE BEEN

COOPERATIVE WITH YOU?

A. YES.

Q. AND HAS HE DONE EVERYTHING THAT YOU'VE ASKED HIM TO DO?

A. BASICALLY, YES.

Q. DO YOU HAVE ANYTHING NEGATIVE TO SAY ABOUT MR. OSMENT?

A. NO.

Q. AND ANY EVIDENCES YOU'VE SEEN, I MEAN, A MALINGERING OR NOT DOING WHAT HE'S SUPPOSED TO DO?

A. NO.

Q. I'M ALMOST FINISHED, JUST A FEW MORE MINUTES. OKAY, IN TERMS OF THE QUESTIONNAIRE THAT YOU SUBMITTED, IS IT STILL YOUR MEDICAL OPINION?

A. I MEAN, I'D SAY CERTAINLY THAT HIS -- I MEAN, I THINK, YEAH, THEY'RE ALL RELATED TO HIS -- TO HIS INJURY. I THINK THAT WAS THE QUESTION, WAS -- WAS HIS HIP AND BACK INJURED AT THE TIME OF HIS OTHER INJURY. AND I THINK THEY'RE RELATED. I CAN'T SAY THEY WERE INJURED AT THE TIME THAT HE HAD FALLEN. BUT, YEAH, I THINK IT'S STILL THE SAME THING.

BY MR. HAWKINS:

THANK YOU. THAT'S ALL I HAVE.

BY MR. LEWIS:

JUST A COUPLE FOLLOW UPS.

BY THE WITNESS:

YES, SIR.

FURTHER EXAMINATION RESUMED BY MR. LEWIS:

Q. YOU WERE ASKED ABOUT SOME URINARY TRACT TYPE ISSUES, AND UNDERSTANDING THOSE CAN CAUSE SOME PROBLEMS IN THE LOW -- SYMPTOMS IN THE LOW BACK, ---

A. YES, SIR.

Q. --- THEY WOULDN'T -- THE URINARY TRACT TYPE INFECTIONS, THEY WOULDN'T COUNT FOR ANY ISSUES WITH LUMBAR FLEXION OR ALTERED GAIT, WOULD THEY?

A. NO, SIR.

Q. SO, TO THE EXTENT THAT THOSE TYPES OF SYMPTOMS WERE PRESENT, YOUR ORTHOPAEDIC OPINION WOULD BE THAT THAT WAS MORE RELATED TO THE BACK, NOT A URINARY TRACT ISSUE, ALTERED GAIT AND FLEXION?

A. RIGHT, MORE RELATED TO HIS BACK.

Q. AND I THINK YOU TESTIFIED THAT FOR -- TALKED ABOUT HIS RESTRICTIONS, YOU SAID IF IT WAS JUST HIS KNEE YOU WERE DEALING WITH, YOU THINK HE PROBABLY COULD DO SEDENTARY WORK, BUT THE ISSUES WITH THE BACK AND SUCH MAKE IT LESS LIKELY?

A. RIGHT.

Q. BUT IF WE ARE JUST TALKING ABOUT THE KNEE, YOU WOULD THINK THAT HE WOULD BE ABLE TO DO SEDENTARY WORK FOR THE KNEE STANDPOINT ONLY?

A. IF IT WAS ONLY HIS KNEE, YES.
Q. AND YOU SAID SOMETHING ABOUT NEURONTIN CAN CAUSE DROWSINESS. DO YOU HAVE PATIENTS THOUGH THAT TAKE NEURONTIN REGULARLY AND STILL WORK A FULL-TIME JOB?
A. YES, SIR.
Q. SO, THAT DOESN'T ELIMINATE FOLKS FROM WORKING, THEY'RE BEING ON NEURONTIN?
A. NO, I THINK SOME PEOPLE TAKE STRONGER MEDICATIONS THAN THAT CAN STILL WORK. SOME PEOPLE CLAIM THEY CAN'T WORK WITH LESS STRONG STUFF. BUT THERE ARE PLENTY OF PEOPLE THAT WORK WITH NEURONTIN.
Q. OKAY. AND WITH RESPECT TO THE QUESTIONNAIRE, I KNOW WE'VE GONE OVER IT, I UNDERSTOOD YOU ON YOUR DIRECT EXAMINATION, ---
A. YES, SIR.
Q. --- SAID YOU REALLY COULDN'T SAY AS MUCH ABOUT THE HIP, MAKE A CONNECTION LIKE YOU DID WITH THE BACK, AND THEN YOU KIND OF LUMPED THEM TOGETHER WHEN MR. HAWKINS JUST ASKED YOU. SO I WANT TO BREAK -- ISN'T IT SPECULATIVE FOR YOU TO INDICATE THAT THE HIP IS RELATED?
A. I MEAN, I THINK THAT -- YOU KNOW, THE HIP ARTHRITIS HAS DEVELOPED SINCE HIS INJURY, SO CERTAINLY THAT'S -- I CAN'T SAY ---
Q. BUT WE DON'T KNOW WHY IT -- DO YOU KNOW WHY IT

DEVELOPED?

A. NO, WE DON'T.

Q. OKAY. DO YOU KNOW WHETHER -- EVEN IF HE HAD NOT HAD THIS INJURY, DO FOLKS DEVELOP ARTHRITIS?

A. THEY DO, YES, SIR.

Q. AND HE'S HOW OLD?

A. SIXTY -- SIXTY-TWO.

Q. IT'S NOT UNCOMMON FOR -- IS IT UNCOMMON FOR SIXTY-TWO-YEAR-OLDS TO HAVE THAT LEVEL OF ARTHRITIC FINDING IN THE HIP?

A. I'M SORRY, HE'S OLDER; HE'S 64. NO, THEY CAN HAVE THAT LEVEL OF ARTHRITIS.

BY MR. LEWIS:

ALL RIGHT, THANK YOU FOR YOUR TIME.

BY MR. HAWKINS:

QUICK QUESTION.

FURTHER EXAMINATION BY MR. HAWKINS:

Q. HE'S 64 YEARS OLD. DOES THAT CHANGE YOUR APPROACH? IN OTHER WORDS, IF YOU HAVE THIS SAME INJURY THAT YOU'RE TREATING A FORTY-YEAR-OLD-PERSON VERSES A 64--YEAR-OLD PERSON, DOES THAT CHANGE THE APPROACH?

A. NO, THERE'S NO SUCH THING. IT'S THE SAME THING.

Q. DOES IT AFFECT A PERSON'S RECOVERY?

A. OLDER FOLKS WILL RECOVER A LITTLE BIT SLOWER, YES, SIR.

BY MR. HAWKINS:

THANK YOU.

BY MR. LEWIS:

WE APPRECIATE IT.

(THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION WAS CONCLUDED AT THE HOUR OF 1:32 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1008356

EMPLOYEE/CLAIMANT: **JAMES OSMENT**

EMPLOYER: **THE TIMKEN COMPANY**

INSURER: **THE PHOENIX INSURANCE COMPANY**

I, SHEILA SMALL, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING **57** PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING DEPOSITION OF **ANTHONY SANCHEZ, M.D.** TAKEN ON THE 23RD DAY OF MAY, 2014.

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

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

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 5TH DAY OF JUNE, 2014.

SHEILA SMALL
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3/20/2019

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

Carolina Medical Affiliates
1330 Boiling Springs Road Suite 2500 Spartanburg, SC 29303
(864) 585-5433 Fax: (864) 591-4053

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

09/15/2008 - Office Visit: Office Visit: right back, face
Provider: Austin R McElhaney MD
Location of Care: Eastside Family Physicians

Office Visit

History of Present Illness
History from: patient
Reason for visit: see chief complaint
Chief Complaint: right back pain, face
History of Present Illness: pt complains of right back pain. He also says his left face has been swollen and can't hear our of left ear now.

Past, Past Surgical, Family, and Social History
reviewed - no changes required
Past Surgical History (reviewed - no changes required): 2-2007 right rotator cuff (Dr Singleton)
Family History (reviewed - no changes required): Cancer: uncles(stomach, lung)
Diabetes: father
Heart disease: father
Hypertension: father, brother

Risk Factors
Tobacco use: never
Alcohol use: no
Prev: Alcohol use
no

HEALTH MAINTENANCE

Flu Vaccine: 2006 (10/09/2007 8:21:49 AM)
Pneumovax Vaccine: last unknown (10/09/2007 8:21:49 AM)
Tetanus Immunization: 2005 (10/09/2007 8:21:49 AM)
Hemoccult Test: gualac negative (06/20/2008 11:51:50 AM)
Colonoscopy: 2005 Dr Blestel. 3 hyperplastic polyps (10/09/2007 8:21:49 AM)
PSA: 0.8 (10/10/2007 12:00:00 PM)
EKG: couple years ago (10/09/2007 8:21:49 AM)
Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: couple years ago (10/09/2007 8:21:49 AM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 2007 Piedmont Eye (06/20/2008 11:51:50 AM)

Review of Systems
General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss
Musculoskeletal: hx of dengernative arthritis, back and left knee and cervical spine
Neurologic: denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo
Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

DEFENDANT'S EXHIBIT
Dr. Sanchez
5-23-14 /
Osment v. Timken206

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Vital Signs
Prev Wt.
225
Weight: 224 pounds
Temperature: 98.4 degrees F (tympanic)
Pulse rate: 68
Respirations: 16
Blood Pressure: 148/86 mm Hg

Physical Exam
General appearance: senior whtie male appears to be doing well for his age

Eyes
External: conjunctivae and lids normal
Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat
External ears: normal, no lesions or deformities
External nose: normal, no lesions or deformities
Otoscopic: swelling exedate in ear canal, tenderness to touch on outter ear
Nasal: mucosa, septum, and turbinates normal
Pharynx: tongue normal, posterior pharynx without erythema or exudate

Neck
Neck: supple, no masses, trachea midline
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory
Respiratory effort: no intercostal retractions or use of accessory muscles
Auscultation: no rales, rhonchi, or wheezes

Cardiovascular
Auscultation: S1, S2, no murmur, rub, or gallop
Carotid arteries: pulses 2+, symmetric, no bruits
Pedal pulses: pulses 2+, symmetric
Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Gastrointestinal
Abdomen: soft, non-tender, no masses, bowel sounds normal
Liver and spleen: no enlargement or nodularity

Lymphatic
Neck: no cervical adenopathy

Musculoskeletal
Gait and station: mildly arthritic gait

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Digits and nails: mild oa
Head and neck: decresed cervical rom
Spine, ribs, pelvis: decreased lumbar flexion
RUE: normal ROM and strength, no joint enlargement or tenderness
LUE: normal ROM and strength, no joint enlargement or tenderness
RLE: no effusion noted
LLE: patient has tenderness along the lateral aspect of the left knee, with pain on full flexion, no ligament instability noted

Skin
Inspection: no rashes, lesions, or ulcerations

Neurologic
Reflexes: 2+, symmetric, no pathological reflexes

Mental Status Exam
Judgment, Insight: Intact
Mood and affect: no depression, anxiety, or agitation

Office Lab Report
Name: JAMES OSMENT
ID: 24E-62-1547

Urine Dipstick

S.G.:	1.015	NORMAL(1-1.03)
pH:	6.0	NORMAL(5-8)
Leukocytes:	Negative	NORMAL(Negative)
Nitrate:	Negative	NORMAL(Negative)
Protein:	Negative	NORMAL(Negative)
Glucose:	Normal	NORMAL(Normal)
Ketones:	Negative	NORMAL(Negative)
Urobilinogen:	Normal	NORMAL(Normal)
Bilirubin:	Negative	NORMAL(Negative)
Blood:	Negative	NORMAL(Negative)

Assessment
Status of Existing Problems:
Assessed DEGENERATIVE JOINT DISEASE, LEFT KNEE as comment only - Austin R McElhaney MD
New Problems:
BACK STRAIN, LUMBAR (ICD-847.2)
DEGENERATIVE DISC DISEASE, CERVICAL SPINE, W/RADICULOPATHY (ICD-722.0)
DEGENERATIVE JOINT DISEASE, LEFT KNEE (ICD-715.96)
OTITIS EXTERNA, ACUTE NEC (ICD-380.22)
BACK PAIN, RIGHT (ICD-724.5)

Comments: follow up otitis externa if ear sx not cleared in 2 weeks

Plan
New Prescriptions/Refills:

LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain #20 x 0, 09/15/2008, Austin R McElhaney MD
AUGMENTIN XR 1000-62.5 MG TB12 (AMOXICILLIN-POT CLAVULANATE) 2 po bid for infection #40 x 0, 09/15/2008, Austin R McElhaney MD
CORTISPORIN 5-10000-1 SUSP (NEOMYCIN-POLYMYXIN-HC) 4 gtts in ear qid #10ml x 1, 09/15/2008, Austin R McElhaney MD

Updated Medication List:
ZITHROMAX Z-PAK 250 MG TABS (AZITHROMYCIN)
HYCODAN 5-1.5 MG/5ML SYRP (HYDROCODONE-HOMATROPINE) one tsp po qid prn cough
LISINOPRIL 10 MG TABS (LISINOPRIL) one po q day for bp
NAPROXEN 500 MG TABS (NAPROXEN) one po bid
LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain
PRAVACHOL 40 MG TABS (PRAVASTATIN SODIUM) one po q hs for cholesterol generic preferred

New Orders:
Urinalysis w/micro [CPT-81001]
Referral [CPT-test1]
Ofc Vst, Est Level IV [CPT-99214]

Prescriptions:
LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain #20 x 0
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 09/15/2008
Method used: Print then Give to Patient
RxID: 1537127165150990
AUGMENTIN XR 1000-62.5 MG TB12 (AMOXICILLIN-POT CLAVULANATE) 2 po bid for infection #40 x 0
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 09/15/2008
Method used: Print then Give to Patient
RxID: 1537127075150990
CORTISPORIN 5-10000-1 SUSP (NEOMYCIN-POLYMYXIN-HC) 4 gtts in ear qid #10ml x 1
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 09/15/2008
Method used: Print then Give to Patient
RxID: 1537127015150990

]

Electronically signed by Austin R McElhaney MD on 04/10/2009 at 2:15 PM

Carolina Medical Affiliates
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(864) 585-5433 Fax: (864) 591-4053

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

12/28/2009 - Office Visit: Office Visit: pain right lower back
Provider: Austin R McElhaney MD
Location of Care: Eastside Family Physicians

Office Visit

History of Present Illness
History from: patient
Reason for visit: see chief complaint
Chief Complaint: pain right lower back
History of Present Illness: pt complains of pain in right lower back for about a week now. He denies any pain with urination,but says he has noticed having to urinate more than usual. Pt says he has been out of Lisinopril and Simvastatin for a while now.

Past, Past Surgical, Family, and Social History
Past History (reviewed - no changes required): colonoscopy Dr Blestel 2005 several polyps Told 4-5 yr followup. NOt precanceroous polyps/ also had fissure .
reviewed - no changes required
Past Surgical History (reviewed - no changes required): 2-2007 right rotator cuff (Dr Singleton)
Family History (reviewed - no changes required): Cancer: uncles(stomach, lung)
Diabetes: father
Heart disease: father d 49. died to blood clot to heart .
Hypertension: father, brother
Social History (reviewed - no changes required): Timken

Risk Factors
Tobacco use: never
Alcohol use: no
Prev: Alcohol use
no

HEALTH MAINTENANCE

Flu Vaccine: 10/2008 Timken (12/29/2008 10:20:50 AM)
Pneumovax Vaccine: last unknown (10/09/2007 8:21:49 AM)
Tetanus Immunization: 2005 (10/09/2007 8:21:49 AM)
Hemoccult Test: guaiac negative (12/29/2008 10:20:50 AM)
Colonoscopy: 2005 Dr Blestel. 3 hyperplastic polyps (10/09/2007 8:21:49 AM)
PSA: 0.7 (12/30/2008 3:38:00 AM)
EKG: couple years ago (10/09/2007 8:21:49 AM)
Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: couple years ago (10/09/2007 8:21:49 AM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 12/2008-Carolina Vision (12/29/2008 10:20:50 AM)

DEFENDANT'S EXHIBIT
5 Orsanchez
5-23-14 dl

Osment v. Timken211

Vital Signs

Prev Wt.
228
Weight: 230 pounds
Temperature: 97.2 degrees F (tympanic)
Pulse rate: 76
Respirations: 16
Blood Pressure: 152/90 mm Hg

Physical Exam

General appearance: overweight late middleaged white male

Eyes

External: conjunctivae and lids normal
Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat

External ears: normal, no lesions or deformities
External nose: normal, no lesions or deformities
Otoscopic: canals clear, tympanic membranes intact with good movement, no fluid
Nasal: mucosa, septum, and turbinates normal
Pharynx: tongue normal, posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory

Respiratory effort: no intercostal retractions or use of accessory muscles
Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: S1, S2, no murmur, rub, or gallop
Carotid arteries: pulses 2+, symmetric, no bruits
Pedal pulses: pulses 2+, symmetric
Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Gastrointestinal

Abdomen: obese,nontender, bs normal
Liver and spleen: no enlargement or nodularity

Genitourinary

Scrotum: normal
Penis: uncirc
Prostate: borderline enlarged , smooth, no nodularity

Lymphatic

Neck: no cervical adenopathy

Musculoskeletal
Gait and station: normal, can undergo exercise testing and/or participate in exercise program
Digits and nails: stiffness PIP
Head and neck: normal alignment and mobility
Spine, ribs, pelvis: mild tightness rt lower paralumbar
RUE: pain rt shoudler abduction
RLE: knee stiffness
LLE: knee stiffness

Skin
Inspection: no rashes, lesions, or ulcerations

Neurologic
Reflexes: 2+, symmetric, no pathological reflexes

Mental Status Exam
Judgment, insight: intact
Mood and affect: no depression, anxiety, or agitation

Office Lab Report
Name: JAMES OSMENT
ID: 248-82-1547

Urine Dipstick

S.G.:	1.000	NORMAL(1-1.03)
pH:	7.0	NORMAL(5-8)
Leukocytes:	Negative	NORMAL(Negative)
Nitrate:	Negative	NORMAL(Negative)
Protein:	Negative	NORMAL(Negative)
Glucose:	Normal	NORMAL(Normal)
Ketones:	Negative	NORMAL(Negative)
Urobilinogen:	Normal	NORMAL(Normal)
Bilirubin:	Negative	NORMAL(Negative)
Blood:	Negative	NORMAL(Negative)

Assessment
Status of Existing Problems:
Assessed HYPERTENSION, BENIGN ESSENTIAL as comment only - BP not at goal. Compliance stressed. as ben problem meds refillied. return fasting labs , CMP, lipids. PSA - Austin R McElhaney MD
Assessed HYPERCHOLESTEROLEMIA as comment only - refileld pravastatin - Austin R McElhaney MD
Assessed DEGENERATIVE JOINT DISEASE, LEFT KNEE as comment only - rx meloxicam - Austin R McElhaney MD
New Problems:
URINARY FREQUENCY (ICD-788.41)

UA: Neg

Osment v. Timken213

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

A: Urinary freq Mild BPH
P: Flomax 0.4 mg oen po q pm
refiled pravastatin' meloxicam, lisinopril, and nexium for gerd

Plan

New Prescriptions/Refills:
MELOXICAM 15 MG TABS (MELOXICAM) one po q day for joint pain #30 x 5, 12/28/2009, Austin R McElhaney MD
PRAVASTATIN SODIUM 40 MG TABS (PRAVASTATIN SODIUM) one by mouth daily #30 x 5, 12/28/2009, Austin R McElhaney MD
LISINOPRIL 10 MG TABS (LISINOPRIL) one by mouth daily #30 x 5, 12/28/2009, Austin R McElhaney MD
FLOMAX 0.4 MG CP24 (TAMSULOSIN HCL) one by mouth q pm for prostate #30 x 5, 12/28/2009, Austin R McElhaney MD
NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one by mouth daily #30 x 5, 12/28/2009, Austin R McElhaney MD

Updated Medication List:
NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one by mouth daily

New Orders:
Urinalysis w/micro [CPT-81001]
Ofc Vst, Est Level III [CPT-99213]

Disposition: return to clinic in: 6 months

Prescriptions:

MELOXICAM 15 MG TABS (MELOXICAM) one po q day for joint pain #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640466151080

PRAVASTATIN SODIUM 40 MG TABS (PRAVASTATIN SODIUM) one by mouth daily #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406351080

LISINOPRIL 10 MG TABS (LISINOPRIL) one by mouth daily #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406251080

FLOMAX 0.4 MG CP24 (TAMSULOSIN HCL) one by mouth q pm for prostate #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406151080

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one by mouth daily #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406051080

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

]

Electronically signed by Austin R McElhaney MD on 05/13/2010 at 10:15 AM

SOUTH CAROLINA WORKERS' COMPENSATION

COLUMBIA, SOUTH CAROLINA

WCC FILE NO. 1008356

EMPLOYEE: JAMES OSMENT

EMPLOYER: TIMKIN

INSURER: THE PHOENIX INSURANCE COMPANY

DEPOSITION OF

RICK POSTON

Pursuant to notice of deposition and/or agreement in the above-entitled case, a deposition of RICK POSTON was taken on the 21st day of August, 2014, commencing at approximately 9:08 a.m., attended as follows:

APPEARANCES:

RANDY TAYLOR, ESQUIRE
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HAWKINS LAW FIRM
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Attorney for Plaintiff;

J. SOUTH LEWIS, II, ESQUIRE
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Greenville, South Carolina 29604,

Attorney for Defendant.

Deposition Reported By: MARLA J. O'BRIEN, CVR-M, ACR
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Exhibits:

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Plaintiff's exhibit number 2 marked. . . . 56

The attached 69 pages of testimony of Rick Poston in the above matter is the work product of Depositions And..., Inc. and not to be copied or utilized in any manner without the express written authorization of Depositions And..., Inc.

Pursuant to Notice of Hearing issued by the South Carolina Workers' Compensation Commission, the within deposition was taken by the above reporter, a notary public, in accordance with the South Carolina Workers' Compensation Act and the Code of Laws of South Carolina, Section 42-3-160, 1976, as amended, by consent of all parties, at the offices of the Timkin Company, 100 Timkin Road, Gaffney, South Carolina.

WAIVER:

It is agreed by the witness and counsel for all parties that the reading over and signing of the deposition by the witness are waived.

** ** ** **

The witness was duly sworn to tell the truth, the whole truth, and nothing but the truth of his own knowledge concerning the matter herein.

RICK POSTON, BEING DULY SWORN, TESTIFIED AS FOLLOWS:

EXAMINATION BY MR. TAYLOR:

Q. Mr. Poston, I'm Randy Taylor with the Hawkins Law Firm. I'm here today to take your deposition concerning what you know or may know about Mr. James Osment, who is our client. I don't know if you -- have you ever had your deposition taken before?

A. Yes, sir.
Q. Okay. You understand that I need an answer from you --
A. Yeah, don't nod.
Q. -- on every question. No nods, no gesturing or anything like that, uh-huhs, huh-uhs. I have to have a yes, a no, or some type of oral answer.
A. Just remind me if I slip up.
Q. Okay. That's good. To begin with, would you state your full name for the record?
A. Ricky Thomas Poston.
Q. And another little ground rule, if you don't understand a question I ask, please tell me and I'll try to --
A. Yes, sir.
Q. -- phrase it in a way that's more understandable, and try to accommodate you any way that I can. And your position with Timkin is?
A. My title is Senior HR Health and Safety Analyst.
Q. And how long have you been in this position?
A. I assumed this role the fourth quarter of 2012.
Q. Okay. And were you here at this Gaffney facility back in 2010?
A. Yes, I've been here for 20-odd years.
Q. And you are familiar with Mr. James Osment, then?

A. Yes, I know Mr. Osment.
Q. How well would you say that you know him?
A. It's a working relationship. You know, prior to being in this role, I was department manager, and he helped, he was the leader in maintenance department. So I would contact him with scheduling needs and things like that. I don't know him personally, it's just a business relationship.
Q. Okay. But you've been in HR for 29 years, then?
A. No. Actually, I started out here as an hourly associate for eight or nine years, and then I promoted to supervisor, then to department supervisor, then to manager over the greening facility. And then I went into, actually into resource management. I managed our raw materials. Then I went into this role.
Q. Okay.
A. So I've done a good deal of stuff here.
Q. Well, you recall the time or the approximate time and date that Mr. Osment was injured on the job that's the reason that we're all here today?
A. I know it from this job, and the fact that I've had to review these records.
Q. Yes, sir.

A. I do not specifically remember, you know, when the accident happened. Mr. Osment didn't work for me, so --
Q. Yes, sir.
A. -- it wouldn't have come to my direct attention.
Q. Okay. At the time that Mr. Osment was injured, what was his job title here at Timkin?
A. He was a maintenance associate. He was in special assignment as what we call a hourly lead, or lead person, I guess would be the correct terminology for it.
Q. Okay. And he was in the maintenance department; correct?
A. Yes.
Q. What work does the maintenance department perform here at Timkin?
A. Well, the maintenance department is actually three-phased. You've got your maintenance group, you've got your repair group, and you've got your electrical group. Basically, the electric group kind of does what it says, they work on electrical stuff. The repair group does mainly equipment repairs. What I'm talking about, machine repairs. And then the maintenance group more handles the working on conveyors, that type stuff, you know,

the upkeep on your general maintenance type issues, the conveyors, the building stuff. Not specifically on a machine.

Q. I see. And which group was Mr. Osment a member of?

A. He was actually a member of the general maintenance group, but as lead person, he kind of helped oversee all aspects of it.

Q. So all aspects, all three groups, then?

A. Uh-huh (indicates affirmative response).

Q. So --

A. Yes. I shook my head.

Q. -- are you saying that he was one of the more highly ranking individuals in the maintenance department?

A. In order for him to be a lead person, he would have carried a lot more responsibility than a standard maintenance man, yes.

Q. Okay. And how large is the facility here at Timkin?

A. I think we have about 16 acres under roof. Currently, we employ about 750.

Q. Okay.

A. I'm sorry, I don't know the square footage. It's a big building.

Q. About 16 acres, you'd say.
A. It's about 16 acres, under roof.
Q. And I'm trying to remember how many square feet are in an acre, but I recall it being somewhere between 40 and 48,000, I'm not sure about that. So you've probably got close to half a million square feet or more under roof, which you --
A. I don't know the calculation, but if that's what 16 acres comes out to, yeah.
Q. Okay. And where is the department located that Mr. Osment worked in, the maintenance department? Where are they located on the facility?
A. General maintenance is pretty much center of the facility. It's a little bit beyond -- that would be the, I would call it the left side of the building. I don't know the proper direction. But it's center this way (demonstrating), and just a little bit off-center that way (demonstrating).
Q. Okay. Centered, as facing the highway, Highway 29 in front of the plant?
A. Yeah, if you go from this end of the building to this end (indicating) -- oh, I can't gesture. If you go from that end -- well, there ain't no way of doing that.
Q. Can you say north or south, or east or west?

A. If that's north and south, then it's in the middle.
Q. Okay. All right. Do the employees in the maintenance department, do they perform their work entirely within that department, or do they have to go out into the facility or other parts of the facility on a routine basis?
A. They do both. The do some repairs within the shop facility, which is within that maintenance area, but they also go out in the facility to do onsite repairs.
Q. Okay. And Mr. Osment was a longtime employee here. I think he had close to 40 years with the company. Does that sound correct to you?
A. I know James is a very senior person. I don't know his exact years of service, but that doesn't sound wrong. I mean, it's not uncommon for us to have people here that long.
Q. Right. And that's almost, 40 years is going back almost to the time this plant opened; would it not?
A. The plants a little over 40 years old. I think we're 44, 45 years old or something.
Q. So the plant hadn't been open too long when he --
A. It couldn't have been too long --

Q. -- came to work here.
A. -- if he's been here 40 years.
Q. Okay. Okay. And how would you characterize Mr. Osment as an employee of Timkin?
A. In the dealings as I had with James, I never had any issues with him. Now, James never worked for me directly, so I was never responsible for, you know, his actions and deeds, and I wouldn't be knowledgeable of what, you know, him and his manager or supervisor had discussed in terms of his performance. If I needed something when I was a manager, greening, and I called him, you know, he was always very helpful. I don't remember any negativity between us when I was working with him.
Q. Okay. Can you speak to the general reputation that James Osment enjoyed among all the people that worked here at the facility?
A. I'm not aware of James ever having any arguments or hard feelings among him or his peers or for that matter, any of the supervisors or anybody that ever worked for me, yeah. It could have happened, but I don't know of anything that would have happened that way.
Q. Would you characterize him as a good employee?
A. To have been here 40 years and been thought of as

an hourly leader, yeah.
Q. Okay.
A. You would pretty much have to be.
Q. Yes, sir. And he enjoyed a pretty good reputation among the plant, among all the workers and the supervisors and management alike?
A. As far as I know.
Q. Okay. Did he change jobs from the time that this accident occurred? Did he change jobs at any time with Timkin subsequent to the date of the injury?
A. No, sir. Actually, he was in maintenance and he was already an hourly lead in the maintenance department at the time he had his injury, so he stayed in exactly the same role following the injury, since the role he was in was well within his restrictions.
Q. Okay. Now, are you familiar with the work restrictions that Mr. Osment's treating physician imposed on him after his injury?
A. I have saw them, yes. I couldn't quote them to you, but it was something like no bending, no walking over a hundred yards at one time. No -- I think there was a lifting in there, too. I could go back and look it up in the medical records.
Q. Right.

A. But I don't remember them exactly.
Q. Do you remember about when the restriction about no walking over 100 yards at a time, do you remember approximately when that restriction might have been imposed?
A. Let's see, his accident was in '10. He had an arthroscope in '10. He was cleared, I believe, after that. And then he had a total knee in '11. I'm thinking the permanent restrictions came in place a few months after the total knee.
Q. Okay.
A. I'd have to go back through the medical records to see exactly when they -- when it happened, but I'm thinking that didn't happen until after the total knee.
Q. Okay. Now, was James absent from work for any extended periods of time subsequent to his injury? Do you recall his attendance, whether he was working or was written out of work by his doctor at any particular point in time?
A. Well, I know he would have been out when he had the total knee. He would have probably been out some when he had the arthroscope. He was out a couple or three days when they did some testing to see if he was having allergic reaction to the

Osment v. Timken228
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implant. As far as I know, in terms of the accident or the medicals, I think that's all he was out of work. I would never have pulled his attendance report, so I wouldn't be aware of any personal, you know, absences, like if he had a cold or sick or something.

Q. Okay.

A. I wouldn't know that. I'm sure he was out those three times. I couldn't tell you exactly how long, but...

Q. Right. You mentioned, of course, the restriction about not walking or not having to walk or not being required to walk more than a hundred yards at a time. Do you remember when those restrictions were imposed?

A. Like I said, I'm thinking that was a few months following the total knee. So that should have been probably sometime in -- it should have been sometime in '11 or early '12. I'm thinking maybe late '11 is when those restrictions would have come in place. Now, I could be off several months there, trying to do this by memory.

Q. Okay. Now, if he's in the maintenance department, and he has to sometimes go to other parts of the --

A. Building?
Q. -- facility, just based on what you've told me about the sheer size of this property and the plant itself, it would appear to me that it's pretty obvious he would have to walk more than a hundred yards at a time to go to certain parts of the plant to do work that might be required. Is that a fair statement?
A. He had a golf cart.
Q. Do you know when he had a golf cart?
A. Well, basically, maintenance had a group of golf carts at their disposal, pretty much all the time. He would have had access to it both before the accident and after the accident. But because the building is large, generally, as a lead person, he would be using it, a supervisor for the departments would also be using it, and possibly Raymond.
Q. Okay. Now, you say a supervisor. Who was the supervisor over the maintenance department?
A. At what time?
Q. At all times. If it changed -- let's go back to the time of the accident all the way up 'til Mr. Osment was no longer working here.
A. Originally, at the time of the accident in 2010, I

think his supervisor was Cy Addington.
Q. Okay.
A. And Cy retired. I don't remember the exact date. But Steven Owens replaced Cy at Cy's retirement.
Q. Is Steve Owens still the supervisor of the maintenance department?
A. Yes.
Q. So there were two. And Mr. Osment would have reported directly to either of these two gentlemen at all times? Is that --
A. He would have reported somewhat to them. He would also have reported to Raymond, as -- see, Raymond is the manager over facilities.
Q. Okay.
A. So basically, the supervisors, all the lead people, you know, they all kind of report --
Q. To Raymond --
A. -- to Raymond.
Q. -- Sarratt?
A. Yeah.
Q. Okay.
A. I mean, if the supervisor needed him to do something, the supervisor would have went and got him and you know, said, we need this.
Q. Correct.

A. But in general, all of them kind of report to Raymond.
Q. So Raymond -- all right. So management -- and I don't know if you -- I want to be sure about this. You don't consider James Osment management, is that correct, as a lead person?
A. He has responsibilities in excess of what you would consider normal for your normal hourly associates.
Q. Yes, sir.
A. But is he considered management? I would probably answer that no, simply because he cannot give disciplinary action or do things like that. I mean, it would be more like a supervisor's helper or something. Someone that has responsibility that can do duties that are important and free up a supervisor for, you know, having to do those type duties so he can work more with behavioral and the people type issues, if that makes sense.
Q. Okay. So to be sure I'm correct about the organizational chart for the maintenance area of Timkin here in Gaffney, the supervisor, Mr. Osment's original supervisor at the time of the accident was Cy Addington.
A. Uh-huh (indicates affirmative response).

Q. And then the department head at all times was Mr. Raymond Sarratt.
A. Right.
Q. So --
A. It's Sarratt.
Q. Sarratt, I'm sorry. So at all times, Mr. Osment would report to either Mr. Addington or Mr. Owens depending on the time, and then ultimately, Mr. Sarratt --
A. Correct.
Q. -- as the department head.
A. Right.
Q. So at all times, those are the people that Mr. Osment would have been reporting to.
A. Yes.
Q. No other -- no one in between. And of course, the facility, the plant manager would be the big boss, if you will, for everybody here.
A. Well, yes.
Q. Right.
A. We all report to him.
Q. All report to him; correct. And what is his name, by the way?
A. Currently, it's John Milko.
Q. Okay. Now, you say that the maintenance

department has a group of golf carts assigned to it.

A. Uh-huh (indicates affirmative response).

Q. When did the maintenance department get these golf carts originally?

A. We had golf carts in the facility for as long as I can remember. And even when we only had a few, maintenance was the one that had the golf carts. I cannot tell you when they originally occurred. I can tell you they've been here for many, many years.

Q. Okay. How many carts are in the facility at the present time?

A. Raymond would have a better answer for that. I'm thinking it's somewhere between maybe ten and 14, but now, I'm guessing.

Q. And that's in the entire Timkin plant?

A. That's in this plant.

Q. For Gaffney. Ten to 14. And that's at present time.

A. That's at present time. Like I said, Raymond may have a better number, because that's part of his job, to look after that equipment.

Q. Do you remember if there were ten to 14 carts in the Gaffney plant back in 2010 when Mr. Osment was

first injured?

A. I think there were a few more, two or three more, during that timeframe.

Q. Okay. So back when he was first injured, there might have been 12 to 17 in the Timkin plant?

A. I know we reduced a few. Basically, the leases ran out and we re-leased. And because our facility no longer runs at the capacity that it was running then -- at one point in time, this plant was a 24 hour, seven day, 24 hour operation.

Q. Yes, sir.

A. We ran around the clock.

Q. Yes, sir.

A. We had, like, 11-, 1200 people. We have since reduced. So generally, because there was a reduction in the number of people needing them, we reduced our lease on the number of carts. Again, Raymond can probably tell you exactly how many. I do know that I was in a meeting where they talked about we were going to reduce one or two or three or something, but I couldn't tell you exactly how many.

Q. Okay. Of the ten to 14 carts at present and possibly the 12 to 17 back at the time he was first injured, how many of those carts were

assigned to the maintenance department alone?
A. Raymond can give you a definitive answer. I think originally there were three, and after the cut, there were two.
Q. When did the cut in golf carts take place, to the best of your recollection?
A. It was either in late 2012, or early 2013. Because I don't think I had been in this role very long when we went to looking at redoing all our golf carts and forklifts.
Q. Okay. Just to be sure I'm correct about my understanding, in either late 2012 or early 2013, the number of carts, golf carts available for use by maintenance department employees was reduced back to two carts?
A. Confirm that with Raymond when you talk to him.
Q. Okay.
A. I'm reasonably sure that's right.
Q. Now, would Mr. Sarratt have been assigned a cart for use on a regular basis out of the carts that were assigned to maintenance --
A. No.
Q. -- would he have had one for full-time use?
A. No, we don't assign a manager a specific cart. I mean, you have the carts in the group, they're

parked centrally in the maintenance shop where they can be plugged up and all. And basically, it's just, if you need one, you go out and get one.

Q. All right. So if management might have needed the carts at any one time, let's say there was a meeting and it required attendance of Mr. Sarratt, and Mr. Addington or Mr. Owens when he took over as supervisor. Would it be possible that the managers in the maintenance department were using both of the carts that were available for maintenance department, is it possible that all the carts would have been outside the department and none would have been left for some of the employees in the department to use?

A. It's possible that at times, both carts would have been out for use.

Q. Okay. And you remember Mr. Osment having a total knee replacement; correct?

A. I know the records, yes.

Q. Okay. And again, what was the approximate date, as best you recall, when that happened?

A. When he had the -- he had the arthroscope the same year he had the injury, so that'd been '10. So I'm thinking he had the total knee in '11.

Q. Okay.
A. I don't remember the month, but I'm pretty sure it was in '11.
Q. And he still continued to have restrictions, even after the total knee replacement.
A. I think the --
Q. He still --
A. -- restrictions actually grew after he had the total knee replacement.
Q. Okay. So he --
A. I think that's the time when the ones you were asking me about earlier --
Q. Okay.
A. -- came about.
Q. Okay. So certainly, he was limited in the amount of walking he was able to do after the total knee replacement.
A. Correct.
Q. No question about that whatsoever.
A. No.
Q. And did Timkin try to do everything possible to accommodate his work restrictions?
A. Absolutely.
Q. But would you agree with me, if he needed a golf cart to transport himself to another part of the

facility in the performance of his job, and there were only two carts in the maintenance department, and both of those carts were out at the time he was called to do work in another part of the facility, he would be left to have to get to the other part of the facility the best way he could? Is that a fair statement?

A. No. What we tell an associate that's under that type of restriction is that, you know, if he were in a situation and say, he got a call from shipping and they needed him to come down and look at an outgoing shipment, say, a motor or something that was being shipped out, and there wasn't a cart available, basically, he's told just to wait until a cart comes in, you know.

We always tell our associates, when they're under this type of restriction, you know, don't exceed what you're suppose to do. Just don't do it, you know, until the cart comes back in.

But now, understand his job. He didn't actually go out and repair stuff as a lead person. His job was predominantly scheduling, you know, sending out parts, ordering parts, scheduling jobs to be done. I'm not aware, and Raymond may be able to tell you better, but I'm not aware of him

actually going out and actually working on equipment in that role. That wouldn't have been what his job role was as an hourly lead.

Q. Okay.

A. That's why his restrictions fit his job so well.

Q. Okay. Did he ever have a golf cart assigned to him, given his work restrictions?

A. Specifically to him?

Q. Yes, sir.

A. I'm not aware that any golf cart has ever been assigned to anybody specific in the plant. Raymond may be better to give you that answer, since he actually oversees that department. But I'm not aware of it ever happening in the plant.

Q. Okay. Even if you've got an employee that has severe limitations on their distances that they're able to walk, you're saying that you're not aware of them being assigned a golf cart to accommodate those restrictions?

A. Not a piece of equipment assigned to a person specifically. You know, the company would make every effort to see that there was something there available for him to use, but they would not have purchased and assigned a special cart just for one person.

Q. Okay. Did you ever hear Mr. Osment complain or mention to you or anyone in management that he was experiencing a lot of pain and swelling in his knee because he was having to walk excessively when he was here at the plant after he had his total knee replacement?

A. James came by medical and reported that he was having -- continued to have pain and swelling in his knee. Now, he never, in any of those visits, said that it was because he was having to do excessive walking. That was never mentioned in any of the medical notes. It was just that his knee continued to swell and he at one point had rashes. And that's why we sent him to the specialist to see if he was having some kind of an allergic reaction to the implant, because his doctors all seemed to think the procedure and all went well.

Q. Okay. Do you remember Mr. Osment being restricted to complete sedentary duty at any point in time?

A. No. We never got that restriction. His restrictions stayed pretty much consistent from whenever he first had that restriction after his knee surgery up until the point that Dr. Sanchez wrote us a note and said, he's out of work. But

you see, we never got anything that said what the physical restriction was that was keeping him out of work. He just simply said -- and that note, if you'll look at it, is really odd because it says full duty. Well, Mr. Osment hadn't worked full duty in a couple years, you know. So we were -- we were really caught by surprise there.

Q. Just for identification, I'm going to ask, are you possibly referring to this particular work restriction? I think it's dated -- if you would, indicate what the date is.

A. I think -- this is 10/28. And I'm thinking this is almost exactly the same, but I'm thinking there's an earlier one.

Q. Okay.

A. I'm thinking there's one, it's like 9/9. I'm thinking 9/9 is when he was originally put out.

Q. Okay.

A. But now, this is basically the same. It says, may not return to regular work. He had not been doing regular work, you know, in some time. In all previous ones prior to these, they had always checked light work, and then he would come in here and basically state what physical thing, you know, that he could not do, can't walk more than 100

yards or can't do this. They would state the physical limitations.

Q. Right.

A. That allowed us to go back and make sure that what he was doing was within those physical limitations. But I'm not sure whether that was just at typo or what, but...

Q. And just so that we are clear on the record, this is a work restriction from Dr. Sanchez; is that correct?

A. Yes.

Q. And it's dated October 28 of 2013?

A. This one is, yes.

Q. Okay. And if you would, just so that it's on the record, and we won't have to make this an exhibit to your deposition, but would you just state what the work restrictions are as indicated on this document from Dr. Sanchez?

A. What he has written is, this patient has been under my care for knee, to an, an "X" mark at may not return to, and another "X" mark at regular duty until, and it says on, indefinitely. No return to work expected. Under special instructions, there's nothing.

Q. Okay. So is this the last work restriction notice

that you or anyone here at Timkin received from Dr. Sanchez while James was still an employee of Timkin?

A. I think it is.

Q. Okay.

A. I can't be a hundred percent certain without going through all the notes, but that's pretty close. It's got to be close.

Q. Okay. And you mentioned that you are aware of an earlier work restriction, maybe one back in September of --

A. I'm pretty sure --

Q. -- 2013.

A. -- there is one. It will look exactly like that. Except I think the date on it's 9/9. I'm pretty sure that's the one where he was working.

MR. LEWIS:

I found that in the medical notes.

MR. TAYLOR:

Okay, good.

MR. LEWIS:

You want to look at it?

MR. TAYLOR:

Yes, we may want to.

WITNESS CONTINUES:

A. Is this the 9/9 one?
Q. Yes, sir.
A. Okay.
Q. Let's just refer to this right now. We don't necessarily need to make it an exhibit to your deposition.
A. Okay.
Q. But your attorney and I have just handed you a document that appears to be a work restriction letter from Dr. Sanchez. Is that correct, sir?
A. Yes, sir.
Q. And it's dated on what date?
A. 9/9/2013.
Q. Okay. And what restriction does Dr. Sanchez impose on Mr. Osment in this work restriction letter?
A. This patient has been under my care for knee, there's an "X" mark at may not return to, another "X" mark at regular work until, indefinitely. And no special instructions.
Q. All right. And at this time, on 9/9/2013, what work, if any, was Mr. Osment still doing at this Timkin facility?
A. He was doing the job that he had been doing up until this day. This day put him out of work by

the doctor's note.

Q. Okay. And so, what was the last day that Mr. Osment was actually working here at the Timkin facility?

A. It would most likely be 9/9. We wouldn't be allowed to allow him to work after a doctor had written him out of work. Now, I'd have to look in time and attendance to see, you know, I don't know what day 9/9/ is. You know, he could have worked on a Friday and this was a Monday or something like that.

Q. Yes, sir.

A. So I can't tell you the specific date, but it would have been very close to that.

Q. Okay. Now, prior to 9/9/2013, did Timkin offer Mr. Osment any type of accommodation or job, if you will, that was less physically demanding than what he was doing?

A. Before 9/9?

Q. Yes, sir.

A. No, sir. Up until 9/9, we really didn't have any idea that there was a problem. I mean, we knew there was a problem with his knee, but we had no documentation from his doctor that he needed to have his restrictions changed.

Q. Okay. And you mentioned that he may have come to the plant nurse from time to time about swelling and pain in his knee. Is that still a correct statement?

A. Yes, sir.

Q. Do we have -- and I say "we," the Hawkins Law Firm is who I'm referring to -- do we have the notes from the plant nurse?

MR. LEWIS:

I can't say for sure that you do or you don't. I suspect you don't. I don't think I have them.

MR. TAYLOR:

May we have those notes? Is there any objection to us, as part of the -- our client's total medical record, would we be able to get a copy of all the nurses notes about --

THE WITNESS:

I think I've already sent it you.

MR. LEWIS:

I might have -- then if I do have them --

MR. TAYLOR:

I would like to see them and actually like to have a copy of them, because I think they may be relevant when we go to the hearing next month.

MR. LEWIS:

Okay. Well, I can get that for you after the deposition.

MR. TAYLOR:

Okay.

MR. LEWIS:

They weren't subpoenaed for today.

MR. TAYLOR:

Exactly. They weren't subpoenaed for today, but --

MR. LEWIS:

When I said I don't think I have them, I don't know if I have them, but you look at this file. They could be in there.

MR. TAYLOR:

I know. Well, you saw me. I'm a big strong guy, and I'm having to bring mine in on a cart, basically. So --

MR. LEWIS:

Just remind me.

MR. TAYLOR:

I will. I appreciate that. Thank you.

THE WITNESS:

And if you don't have them, it won't take me but about 24 hours or something to get the medical file copied.

MR. LEWIS:

You might very well have probably already sent them to me, and I just --

THE WITNESS:

I'm thinking we did, early on. But it could have been a different person.

EXAMINATION RESUMED BY MR. TAYLOR:

Q. Okay. Now, do you have a plant doctor here, or is it just a plant nurse that you have here in your medical department?

A. We have a plant nurse onsite.

Q. Okay.

A. Now, we do have a plant physician, but now, he's not onsite.

Q. I see. I see. So if employees have a medical problem while they are here at work during working hours, the procedure is to go to the plant nurse for any medical needs they may have? Is that correct?

A. And she will -- she will, you know, look it over. And the doctor comes by the plant twice a week. The doctor comes by on Mondays and Wednesdays so that he can actually hit most of the shifts. On Mondays, he'll catch midnight shift and day shift. On Wednesdays, he'll catch the tail of day shift

and afternoon shift.
Q. Okay.
A. And then if something comes up that's beyond our nurse's ability to handle, then she will simply take them over to Dr. Morgan's office.
Q. Okay. Is it possible that Mr. Osment was seen by the physician at any time from the date of his injury all the way --
A. Oh, I'm sure --
Q. -- up to --
A. -- Dr. Morgan saw him many times here at the plant.
Q. Here at the plant?
A. And those notes will be in our medical notes.
Q. Okay.
MR. TAYLOR:
South, just an aside, if we could get the doctor's notes as well as the nurse's notes.
MR. LEWIS:
Ricky said that'd all be part of his medical file.
THE WITNESS:
It'll all be part of his notes. Anything Dr. Morgan puts in, he'll put in the file.
MR. LEWIS:
All right. Well, I've made a note to look at the

medical file.

MR. TAYLOR:

Okay. We would like to get all nurse's notes and all doctor's notes that were taken, transcribed while Mr. Osment was seeking medical attention here at the Timkin facility.

THE WITNESS:

I'm not aware that James was ever sent to Dr. Morgan's office.

MR. TAYLOR:

Yes, sir.

THE WITNESS:

It's possible. But I'm not aware that he was.

MR. TAYLOR:

Okay. We'll take a brief break. I need to look at a couple documents before we go further.

(Off the record)

EXAMINATION RESUMED BY MR. TAYLOR:

Q. What, if any offer of alternative employment or light duty employment did Timkin ever make to Mr. Osment since the date of his injury all the way up to the day he last worked here at this facility?

A. Okay, in terms of our light duty, from -- he was on light duty from the time he had his accident up until the time he had his total knee.

Now, sometime after his total knee, those restrictions went from temporary to permanent. And they were a little bit more -- they were a little bit more than what they had been prior to that.

Now, to the best of my memory, from that point where the permanent restrictions went into place, I'm not aware that they changed at all, up until that 9/9/2013 note where Dr. Sanchez wrote Mr. Osment out of work. Now, at that point in time, like I said, we were caught really surprised. We did not know, had no clue why this was happening. So I contacted Travelers to find out what's going on, you know, why has he suddenly been written out of work without any new physical restriction or anything.

Q. When did you call Travelers about this?

A. It would have been either the day that we go that or the next day. So I'm guessing 9/9 or 9/10, something like that.

Q. Okay. And what type of conversation did you have with Travelers about that?

A. Basically, I would have called Bobbi Griffin, because she is the case manager on that case, and I simply asked her the question that I just stated

to you, you know. We don't know what's going on. We didn't know he was having any issues other than what he's been having all along, why has he suddenly been written out of work. And at that point, they had medical records from Dr. Sanchez, so they relayed to me that Dr. Sanchez had said that the patient believed that working on concrete was aggravating the problem.

At that point, on 9/12, I called a meeting with Raymond Sarratt and Jeff Taylor to discuss Mr. Osment's accommodations. And you know, I explained to them, while we have no current restrictions form a doctor, you know, I am being told by Travelers that Mr. Osment's telling the doctor that the concrete is aggravating his condition.

Q. But let me interrupt right there. Was that because of having to walk and stand on the concrete during the course of his --

A. I can't answer --

Q. -- daily job?

A. -- that. All I have is what they read me off of Dr. Sanchez' note. And it basically said, patient believes walking on concrete is aggravating condition. So that's why I called the meeting on

9/12 with Jeff, Raymond, and myself.

Q. Now, at this point in time, did you take these developments to mean that Mr. Osment was in need of some type of sedentary work, as opposed to work where he's standing and walking?

A. Well, basically, that's why I called the meeting to see what accommodations we could make that would further reduce his exposure to any walking on concrete, since that was the only information I had at that time. I got the group together, and I don't know if you know anything about S.A.P., but it's a business plan, or a business systems. And the plant has been converting to it over the past five years, and they were actually putting their maintenance and purchasing group into S.A.P.

Q. And what does S.A.P. stand for?

A. I could not tell you. All I know is the acronym. It'll make you sweat just to hear the acronym. But there's a lot of data that has to be taken out of older systems and put into this.

And you know, in the process of this meeting, I said, you know, what, if anything can we do that would reduce significantly, or maybe eliminate, James' exposure to concrete. And they said, well, actually, we need somebody to start working on

moving these job orders and all of this stuff out of our Permac system into S.A.P. So I mean, the timing was almost perfect.

Q. And you say Permac. Would you spell that, please?

A. P-e-r-m, and we just do a-c.

Q. Okay. And what does that stand for?

A. Could not tell you. Raymond may be able to. He deals with Permac more than I do.

Q. Okay.

A. Permac was our old system, the way that we monitored jobs and all this kind of stuff.

Q. It's a type of computer software?

A. Yes.

Q. Designed to accommodate your type of business?

A. Yes. And S.A.P.'s basically an improvement tenfold.

Q. I know of a company named S.A.P. that's a software company. Is that --

A. It is a type of software.

Q. All right.

A. And I'm sorry, but I just don't know the answers to what those actually stand for.

Q. So you had, at that particular point in time, around the 12th of September of 2013, in your discussions with other managers -- and again, tell

me who all you discussed this with.
A. Raymond --
Q. Raymond --
A. -- Sarratt.
Q. -- Sarratt.
A. And Jeff Taylor. Jeff Taylor is actually Raymond's boss.
Q. And what is Jeff Taylor's position here at Timkin?
A. He's manager over all engineering and facilities.
Q. Okay. Does he report directly to the plant manager?
A. He does.
Q. Is he over -- he is over Raymond Sarratt?
A. Yes.
Q. All right. Now, this transition that was going to take place. Had it started at that time, or was it --
A. It was just --
Q. -- about to start?
A. It was just beginning right about that time.
Q. All right. Did you have a need for someone to fill a position to accomplish this new work?
A. Yes.
Q. Had you advertised a position available, either in local newspapers or over the internet, or posted

the job in the plant or anything like that?
A. No. We would not have done that on this type of a job. We would have selected someone from in the plant that had the specific qualifications to do that.
Q. And what were the -- let me ask you this, before we go further: What was going to be the job title for this position?
A. There would not have been a specific job title for this position. This would have been a temporary assignment for a year, year and a half, something like that.
Q. Okay. From one year to one and a half years, you think?
A. Yeah.
Q. Up to 18 -- 12 to 18 months.
A. And it could go on permanently, it just depends. On a job like this, you really never know.
Q. And it was a completely sedentary position?
A. Basically, what we were going to do -- this is the admin building that you're in now.
Q. Yes, sir.
A. And basically, on this side of the wall, there are cubicles over here (indicating). What we were planning on doing was sitting up a computer on

that end cubicle, down there at the end, having James come in there. He could park right here (indicating). He could have come in, the restrooms are right there.

Q. Now, you say he could come in and park. You talking about his car --

A. Yes.

Q. -- or truck when he drove in?

A. So he -- we would have actually parked him right in here so he would have had a very short walk on any concrete outside.

Q. Is there handicapped parking --

A. Yes.

Q. -- around this particular building?

A. Yes.

Q. And he would have been able to park in a handicapped parking space?

A. Uh-huh (indicates affirmative response).

Q. And walk a very short distance --

A. Distance.

Q. -- inside to the building.

A. And the restrooms -- I don't know if you when to the restroom when you come in, but basically, they're right there.

Q. Okay.

A. So we thought, this is perfect, you know. This is a hundred percent sedentary. The canteen's just right back here (indicating). None of this room is concrete. So he could have been here and -- for a year to 18 months, or however long this lasted, and that would have give him time maybe for the leg to heal, or get better, or whatever.

Q. Okay. Tell me what the job qualifications were for this temporary position.

A. It would have been a lot of the same qualifications James is already using. James used a computer a lot to schedule jobs and order parts and stuff like that. It would have been basically computer based. You know, you would have been taking items -- I don't know the specifics, but it would have been taking items and adding them in -- out of an old computer system and putting them into a new computer system.

Q. Okay. It would have been more or less a data entry type of position?

A. That's probably about as good a description as I could come up with. I mean, it's not really -- it's not really advanced enough to be called a programming position. It's more just take this, and move it over there.

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Q. Okay. Do you have anything in writing where a job description was ever written for this particular position?
A. There would not have been a job description written for a temporary position like that.
Q. What other qualifications were accompanying this position, other than having some computer skills, and you just described?
A. Well, the only other qualification I could think of would have been a good working knowledge of maintenance department and purchasing, you know, ordering parts and stuff, which James -- like I said, he fit the bill perfectly. Because he had that knowledge of maintenance, he had the computer skills, and that's what he had been doing for years, you know, is ordering parts for jobs, scheduling jobs, entering jobs into the computers. So you know, he was kind of a fit made in heaven for that job.
Q. All right. Were there any formal education requirements for this position?
A. No.
Q. What would be the minimum education requirements for the position?
A. Well, you would have to have basic computer

skills. I don't know -- in terms of this job, we would have looked at his past experience. The fact that he was already doing stuff to that extent and more. In a job offer type situation, you basically, you have a minimum requirement of this or experience that equivalents that. So I don't -- you would have had to read, you would have had to been able to write, you would have had to have basic computer knowledge. And James had all that.

Q. Okay. Are you saying that there's no formal computer education required --

A. Well --

Q. -- such as technical school like Spartanburg Community College or something along those lines?

A. Not to do that job. I mean, the company -- I believe the company requires a high school diploma or GED in hiring. But that's kind of irrelevant here because James had been hired for many years, as you already know.

Q. Yes, sir. Yes, sir. Let me show you this document. This is something that your attorney showed me when I first arrived this morning. Just for the record, can you indicate what this document is that I've handed you?

A. This is our ADA flow chart.
Q. Okay. Did you ever use this document to determine if you were able to make accommodations for James here at Timkin?
A. Yes.
Q. Did you use this flow chart in connection with this temporary position that we've just been discussing?
A. We would not had to go back. It was still at the same level that it originally was. This would have only come back in play if in trying to accommodate James' new job, he would have had to move out of the department, or he would have lost money or something. Basically, this job would have kept him in the same department he was in, under the same job title he was under, making the same money. So this would not have come into play on the sedentary job.
Q. Okay.
A. It came into play after the 2011 knee replacement when he got a permanent restriction.
Q. Okay.
A. So that is basically how that came into being there.
Q. Okay, so you did use this flow chart after he

first had his total knee replacement. And you followed ths flow chart, and through use of this flow chart, you were able to work it out for his job to accommodate his physical limitations.

A. His was an easy one, as an ADA is not an easy process to go through anywhere. But his was actually pretty easy, because when you step down through this, you know, do they have the permanent restriction, yes. And you know, you step down through close. When you get into his department and you look at his job, his job, basically, what he was doing, his restrictions fell within it.

So at that point, nothing had to change, you know. We did not have to change his job, we did not have to do anything other than just, you know, go over with him, you know, don't exceed this. You know, if something comes up, come and talk to us. And it really worked out very well for a good while.

Q. Okay. But just to be sure, this flow chart here did not have any bearing whatsoever on discussions in September of 2013?

A. No.

Q. Okay.

A. You see, when I called that meeting, that meeting

was basically, okay, this is what he's doing now. You know, if the issue -- and we didn't know for a fact that just the concrete was the issue. You know, we were trying to get someone to respond back to us, tell us what his physical limitations area. But I asked them, the department, if the concrete is the, if that's the sticking point, what can we do. Well, instantly, they went to telling me about this S.A.P. job. We've got to get somebody from our department to do this. And he fits into it perfect.

Q. Okay. And this S.A.P. job, the discussion, again, was around the 12th of September, 2013.

A. I'm pretty sure that's when I sent the note to -- actually, I think that happened on the 12th. I think I left that meeting, and if I'm not badly mistaken, I sent Bobbi an email at that time, telling her --

Q. Bobbi who?

A. Bobbi Griffin.

Q. Bobbi Griffin. And what's --

A. With Travelers.

Q. Okay, Bobbi Griffin at Travelers, okay. All right. Now, let me ask you this: Was a formal decision made at that time for Timkin to offer

this S.A.P. job to James Osment?

A. Yes.

Q. All right. And the people that made that decision were who?

A. Me, Jeff, and Raymond.

Q. And Jeff is --

A. Jeff Taylor.

Q. -- Jeff Taylor.

A. I'm sorry, yeah.

Q. The head of maintenance and engineering.

A. Yes.

Q. And then, Raymond Sarratt, the department head of maintenance.

A. And basically --

Q. And you, in your role as human resources --

A. And basically, the way --

Q. -- manager.

A. -- that would work is, I sit down and I talk with the department, and they tell me what they can do. And then, if that's within company policy, I approve it, and I forward it on to Travelers.

Q. Okay. So is it your testimony that the decision was firm, that you were going to offer employment in this position to James Osment?

A. Absolutely. We really needed him to come in and

do that. We were desperate to try to get somebody to do that. We really needed it.

Q. Who was assigned the task of notifying James Osment of this decision --

A. Travelers.

Q. -- that you wanted him?

A. See, generally, Travelers has to do all that type of communication, because this letter had to go to the doctor. And Travelers does all that type of communication.

Q. So you're saying it's up to Travelers to communicate with James that Timkin has --

A. A job.

Q. -- a sedentary job called S.A.P. --

A. Uh-huh (indicates affirmative response).

Q. -- that's available, it will accommodate his special needs, and it will be sedentary so that he will not have to worry about further damage and injury to his knees?

A. Yes. I talked with Bobbi about that. I think her statements to me was she would have to run that process by South and get his input on it. Then later, she actually sent the letter out.

Q. And when you say she sent the letter out, what are you referring to?

A. The letter basically telling Dr. Sanchez that we had a 100 percent sedentary job.

Q. All right. Now, I'm going to show you something -- I think we need to mark this as an exhibit, here, if you don't mind.

MR. TAYLOR:

Let's mark this as Claimant's Exhibit 1, if you don't mind. Plaintiff is fine with me.

(Court reporter marks document as Plaintiff's Exhibit Number 1)

MR. LEWIS:

Randy, was that the letter?

MR. TAYLOR:

Yes, sir.

EXAMINATION RESUMED BY MR. TAYLOR:

Q. Mr. Poston, I'm going to hand you a document that's been marked as Plaintiff's Exhibit 1. Would you state for the record what this document is?

A. It's basically, it looks to be a letter from Travelers going to Orthopaedic Specialties, and carbon copied to James Osment. Do you want me to read it?

Q. That's fine, you can read it if you want.

A. Please note that Mr. Osment's employer can

accommodate any and all work restrictions that would include total sedentary duty, therefore, I respectfully ask that you outline the basis for asking Mr. Osment out of work. What is your projected date for maximum medical improvement. Thank you in advance for your time to address these questions.

Q. Okay.

A. And it's signed by Bobbi Griffin.

Q. You're saying Bobbi. It says Barbara, but she's known as Bobbi? Is that --

A. She's known as Bobbi.

Q. Okay.

A. I'm sorry, it is Barbara Griffin, but --

Q. But she's known as Bobbi, okay. All right, now, thank you very much for that. You can hold it. You may need to refer to that again. We'll probably stick to that for just a few minutes. Did Timkin send any emails to Travelers to inform Bobbi Griffin that you had the S.A.P. job specifically for Mr. Osment, and you wanted to offer that position to him?

A. One of the emails I think you were given this morning is where I sent an email to Bobbi. It should be dated about the 12th or somewhere. And

then, she called me the following day and I basically gave her the details of the job.

MR. TAYLOR:

Do you have it?

MR. LEWIS:

Yeah, it's the ones I gave you, September 12th.

MR. TAYLOR:

Okay.

MR. LEWIS:

I gave you a copy beforehand.

MR. TAYLOR:

All right, let's do this. Let's make this an exhibit, if you don't mind.

EXAMINATION RESUMED BY MR. TAYLOR:

Q. I'm going to hand you this --

A. Okay.

Q. -- for identification. Can you identify what document has just been handed to you?

A. Basically, this is an email from me to Bobbi Griffin.

Q. And what's the date on that?

A. The date on this is September the 12th.

Q. Okay.

A. And it basically says, Bobbi, just met with the department and we are willing to accommodate

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almost any restriction to get this indefinite out lifted. We have a job where he can work in the admin building at a desk 100 percent of the time. If you can get the doctor to approve. Call me when you get a chance. He has told his supervisor that he plans to retire in December.

Q. Okay.

A. And then, the top portion of this is actually Bobbi's response back to me. Here is the thing, I can't call Dr. Sanchez to ask him if he would approve the administrative job, I would have to send a letter and have to copy Mr. Osment with that letter at the same time, and then I have to copy him with the response as well. I confirmed this with Defendant attorney to be sure I was correct. And I don't know what that word is.

Q. Ex parte, I believe.

A. Okay -- communication.

Q. Okay.

A. I can get a letter off tomorrow, although I know time is of the essence. I could fax the letter, but that means I would have to fax to Mr. Osment at the same time. I seriously doubt he has a fax at home. We can talk tomorrow about the specifics that you want in the letter, namely, exact job

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duties and so forth. And she did follow up the next day with calling me and I basically explained to her exactly the same thing I explained to you about the job.

Q. Okay.

MR. TAYLOR:

Let's mark this as Plaintiff's Exhibit 2, please. And we will attach it to Mr. Poston's depositon.

(Court reporter marks document as Plaintiff's Exhibit Number 2)

EXAMINATION RESUMED BY MR. TAYLOR:

Q. I'm going to give this back to you, now that it's been marked.

A. Okay.

Q. Okay. At any time, did Bobbi mention the specific nature of the job to anyone such as Dr. Sanchez? Did she mention anything about the S.A.P. job and what job duties would be included in that?

A. I know I gave her that information, but I couldn't attest to who she did or did not tell.

Q. Okay. Now, is it your testimony that you sent the email to Bobbi --

A. Uh-huh (indicates affirmative response).

Q. -- to let her know that you had a position, in other words, the S.A.P. position --

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A. Correct.
Q. -- and you sent the email on, again, that is September the 12th?
A. Uh-huh (indicates affirmative response).
Q. You sent that to Bobbi to let her know that you had a job available that was 100 percent sedentary; right?
A. Right.
Q. Okay. And then, you're saying that Bobbi emailed you back and acknowledged that, pretty much.
A. That was on the 12th as well.
Q. On the 12th as well, she acknowledged it, and she says she has to communicate directly with Dr. Sanchez, and she says, sending a copy to --
A. Mr. Osment.
Q. -- Mr. Osment. All right, now, let's jump from that communication back to this letter of the Travelers to Orthopedic Specialties. I guess this is Bobbi's letter to Dr. Sanchez --
A. Uh-huh (indicates affirmative response).
Q. -- and it's dated what date?
A. 9/23.
Q. Okay. So from the 12th of September, we have a delay of 11 days before Bobbi does anything about communicating with Dr. Sanchez. Is that a fair

statement?
A. It appears to be, from the letters.
Q. All right. And in reading this letter from Bobbi to Orthopedic Specialties and Dr. Sanchez, I don't see anywhere in there that she mentions that there is an S.A.P. job available and the duties, that they're entirely sedentary, etcetera.
A. Well, she does say totally sedentary in here.
Q. Okay. All right. But she doesn't mention anything else, other than that they have sedentary work available; is that correct?
A. That's pretty much what she's telling him --
Q. Pretty much what she's saying.
A. -- that we can accommodate almost any restriction, and that we have one that would be totally sedentary in duty.
Q. Okay. And again, the date of that letter is September the 23rd.
A. Correct.
Q. Okay. You don't know if Dr. Sanchez actually received that letter; do you?
A. Do I personally know that?
Q. Yes, sir.
A. No.
Q. Okay. Now, you don't know if a copy was actually

sent to James Osment except for what you see at the bottom of Plaintiff's Exhibit 1, you see a notation at the bottom that says cc, colon, James Osment.

A. I see that, and I know Bobbi did, in our conversation, say that she sent a copy to James as well as the doctor. Again, that was just her conversation to me over the phone.

Q. All right. But if James Osment got a copy, which I don't know that he did get a copy of this, if James did get a copy of this, would it not be fair to conclude that this is a communication from the insurance company to the doctor, and that a response from him is not required?

MR. LEWIS:

Object to the form. You can answer.

WITNESS ANSWERS:

A. I'm not sure I really understand what you're asking me there, now.

Q. Well, there's nothing in the letter that indicates that a response to the contents of this letter is required from James Osment.

A. I guess.

Q. Okay. And it appears that the letter itself is 100 percent directed toward Dr. Sanchez; correct?

A. Well, I would -- I would have thought it was directed at both of them. But Dr. Sanchez is the one that actually wrote him out of work, so he would have been the one that would had to remove that restriction or adapt that restriction. So I would say he was probably at least primary.

Q. All right. Of course, if you were receiving a letter like this -- this is speculative, and your attorney may object to this, but anyway -- if you were to receive a letter where you were cc'd and you have your name at the bottom of the letter, and the letter is addressed to someone other than yourself, and you just have a cc at the bottom, you don't necessarily think that a response is required to that letter, do you, on a normal basis?

A. If I had received this letter, myself, personally, I would have made a phone call to the plant and to the doctor inquiring what it was. But that's me.

Q. Okay. But you don't have any way or knowing what would be a normal response for anyone. You're saying that's for you, but for someone else --

A. You asked me what I would do, and I'm --

Q. What you would do.

A. -- the only one that I could actually speak to.

Q. Right. But this doesn't say anywhere, it just says that sedentary work is available, but it doesn't say that -- it doesn't say the term -- it doesn't give a job title; correct?
A. No.
Q. It doesn't indicate the rate of pay; correct?
A. Well, no, not on a letter to the doctor.
Q. Okay. And it doesn't indicate what the job duties are other than it's sedentary; correct?
A. That's what it says.
Q. And it doesn't indicate the hours that the person is supposed to be at the facility and working; does it?
A. That does not ask, no.
Q. Okay.
A. Or say.
Q. If you offer employment to someone, what, as a human resources manager, what, in your mind, constitutes an offer of employment?
A. That's not really my field. I mean, they go through a screening process, and this is a person that's not employed with the company and the assumption is knows nothing about the company. So you know, they go through a screening process. If they proceed through that screening process, then

at some point in time, they are made a job offer. And that job offer would consist of the position they're going to be doing, and the benefits and the wages and so forth.

Q. Okay. But none of those items are included in this letter that's marked as Plaintiff's Exhibit 1; correct?

A. Mr. Osment wasn't a new hire.

Q. I understand. But nothing was mentioned in Plaintiff's Exhibit 1 about the title for the position, the rate of pay, the hours, and the duties.

A. Well, the doctor would really not be privileged to that. I mean, we wouldn't tell the doctor what his rate of pay was. You know, at that point, we would have wanted James to have, you know, he's really the only one we could tell about that. But basically, there was going to be no change.

Q. Okay. But this letter doesn't indicate that there was going to be no change in rate of pay and hours; correct?

A. This letter does not indicate that.

Q. Okay. Would you agree that if you wanted to offer a position of employment to someone, whether they're an existing employee or a new hire from

outside the plant, would it not be, the best way to communicate would be a direct letter to the employee stating what you have available, the title of the job, what the job duties are, the hours of work, the pay, the benefits, everything included? Would that not be the best way to communicate a job offer?

A. Well, if -- a job offer, maybe. This is complicated by the fact that we're really not supposed to contact the person directly once they have legal representation. We're supposed to go through the legal representation, and we were asked to go through Travelers.

Q. Okay.

A. So we were just trying to follow the process.

Q. Okay. You could go through Travelers, or you could communicate with the attorney for the employee; is that correct?

A. We generally do not communicate -- the plant does not communicate directly. If we did that, we would go through South.

Q. Okay.

A. And South, as you saw in the note, or in the email here, Bobbi had brought South into the loop. So as far as we know, that was -- we were following

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that standard procedure.

Q. But no one, Bobbi Griffin -- and I say no one. Neither Bobbi Griffin nor anyone at Timkin nor your attorney or his law firm sent a letter directly to the Hawkins Law Firm and/or John Hawkins detailing that you had this sedentary job available for Mr. Osment; is that correct?

A. I don't know that to be a fact. It is not on here as a cc. So Bobbi would have to answer that question as to exactly who she sent what to.

Q. Okay.

A. Since I didn't -- I mean, I don't know. I didn't mail them.

Q. But based on what you see from Plaintiff's Exhibit 1, you see that the letter was sent from Bobbi to Dr. Sanchez at Orthopedic Specialties --

A. Correct.

Q. -- correct? And you see a cc at the very bottom to --

A. To James

Q. -- James Osment. You don't see anything within the four corners of this letter, Exhibit 1 of Plaintiff, you see nothing to indicate that communication was sent to anyone not mentioned in this letter?

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A. Other than there, no.
Q. Okay.
MR. LEWIS:
Can we go off the record for a second?
(Off the record)
EXAMINATION RESUMED BY MR. TAYLOR:
Q. I'm just going to ask you -- we don't need to make this an exhibit to the deopsition -- but you've indicated while we were off the record, you were kind enough to make me copies of communication that Mr. Hawkins sent to your attorney, South Lewis, a letter dated October 3rd of 2013 where Mr. Hawkins was notifying of representation of James Osment. And included in that letter, as you've showed, was also a copy of what is marked as Plaintiff's Exhibit 1; is that correct?
A. Yes.
Q. Okay. And your position is that Mr. Hawkins had in his possession on October 3rd of 2013 this copy. And you're probably going to say that the only way he would have gotten that would have been from James Osment himself; is that correct?
A. Well, I couldn't say how he got it, but that would be the most likely scenario.
Q. Okay. All right, so we're good on that. Just a

few more questions. Again, let's go back to the S.A.P. job. I know you can't tell me certain things about this, but when did you actually fill that position?

A. Well, it's been done with several people. Since Mr. Osment wasn't available to do it, we've had to use several other people to do it.

Q. Now, when you say Mr. Osment was not available, are you saying you never heard anything from Mr. Osment that he was not available, or you never heard anything from Dr. Sanchez that he could not do the job?

A. Both.

Q. Both, all right. How long did you leave the job unfilled before you actually put a person to work as the S.A.P. person for the facility?

A. It would have probably -- I know we would have had to go ahead and do it by the end of November, because that's when Mr. Osment retired. At that point in time, we knew he wasn't going to be available to do it, so we would have had to have filled it. Now, we possibly filled it before then, I just don't know. I don't handle those type arrangements. I don't know exactly --

Q. Would anyone here --

A. -- what's --
Q. -- at the facility know the exact date that the position was actually filled?
A. Raymond would probably come the closest, but I don't think it was filled with one specific person. I think it was probably filled with time available from a group of people trying to do that. During that swap over, they put together a war room in one of the conference rooms where groups of people came in and worked on this to try to do that. Raymond may know a lot more about that than I do.
Q. Okay.
A. I wasn't really involved, since I'm not in maintenance or procurement, per se.
Q. Okay. Mr. Poston, do you know if the person who filled the S.A.P. job was an internal hire or an external hire?
A. Oh, it would have been internal?
Q. You're absolutely positive about that?
A. I'm -- yeah.
Q. But you don't recall who was actually first put in the position and when?
A. I could not tell you. I mean, I know that Crystal Mullinax, one of our electricians, did some work

in it. One of the guys out of the tool crib did some work in it. And the reason I know they did is because I sat through the training that they conducted, you know, for everybody that has to order something or things like that. But I don't have any of the specifics on it, no.

Q. Okay. All right, that's all the questions I have. If South has any questions --

MR. LEWIS:

I have no questions.

(There being no further questions, this deposition was concluded at approximately 10:32 a.m.)

CERTIFICATE

This is to certify that the foregoing deposition of RICK POSTON was taken by the within court reporter, a notary public for the state of South Carolina, duly commissioned and qualified as such, on the 21st day of August, 2014.

That the said court reporter is not a relative or employee of any of the parties or the attorneys, and further is not of counsel or attorney for any of the parties to said action, and is not in any manner interested in the cause.

That the deponent was duly placed under oath and admonished to speak the whole truth. That the oral deposition was duly taken and transcribed as to the questions propounded and the answers given, that the foregoing 68 pages are a true, accurate and correct record of the testimony given by the deponent; together with such changes as said deponent may have made, if any, during the reading over and signing procedure.

That all offered exhibits, stipulations and objections, if any, involved in this cause are duly included herein, or retained by the parties.

In witness whereof, I set my hand and official seal.

Date: 9/1/2014

_____

Marla J. O'Brien, CVR-M, ACR

Notary Public for South Carolina

My commission expires: 8/12/2021

SOUTH CAROLINA WORKERS' COMPENSATION

COLUMBIA, SOUTH CAROLINA

WCC FILE NO. 1008356

EMPLOYEE: JAMES OSMENT

EMPLOYER: TIMKIN

INSURER: THE PHOENIX INSURANCE COMPANY

DEPOSITION OF

RAYMOND SARRATT

Pursuant to notice of deposition and/or agreement in the above-entitled case, a deposition of RAYMOND SARRATT was taken on the 21st day of August, 2014, commencing at approximately 10:36 a.m., attended as follows:

APPEARANCES:

RANDY TAYLOR, ESQUIRE
randy@hawkinslawsc.com
HAWKINS LAW FIRM
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Moore, South Carolina 29369,

Attorney for Plaintiff;

J. SOUTH LEWIS, II, ESQUIRE
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872 South Pleasantburg Drive
Greenville, South Carolina 29604,

Attorney for Defendant.

ALSO ATTENDING: RICK POSTON

Deposition Reported By: MARLA J. O'BRIEN, CVR-M, ACR
Depositions And..., Inc.
101 Broadus Avenue
Post Office Box 10268
Greenville, South Carolina 29603
(864) 235-3518

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The attached 33 pages of testimony of Raymond Sarratt in the above matter is the work product of Depositions And..., Inc. and not to be copied or utilized in any manner without the express written authorization of Depositions And..., Inc.

1 Pursuant to Notice of Hearing issued by the South

Carolina Workers' Compensation Commission, the within deposition was taken by the above reporter, a notary public, in accordance with the South Carolina Workers' Compensation Act and the Code of Laws of South Carolina, Section 42-3-160, 1976, as amended, by consent of all parties, at the offices of the Timkin Company, 100 Timkin Road, Gaffney, South Carolina.

WAIVER:

It is agreed by the witness and counsel for all parties that the reading over and signing of the deposition by the witness are waived.

** ** ** **

The witness was duly sworn to tell the truth, the whole truth, and nothing but the truth of his own knowledge concerning the matter herein.

RAYMOND SARRATT, BEING DULY SWORN, TESTIFIED AS FOLLOWS:

EXAMINATION BY MR. TAYLOR:

Q. Mr. Sarratt, my name is Randy Taylor. I'm one of the attorneys working on this case for John Hawkins and the Hawkins Law Firm. We're here today just to ask you some questions to find out what you know or may know about some of the facts of this case. Obviously, I'm not going to take time to go through everything, because your

attorney's sitting there with a file folder that's every bit as thick as what I've got in this briefcase here. We'd be here for two or three days to go over every detail of this case --

A. Okay.

Q. -- so obviously, I don't want to get into that. There's just a few things that I want to focus on. If I ask a question you don't understand the question, please stop me and ask me to repeat myself, or if you don't understand what I'm getting at, please interrupt. If you answer the question, I assume you understand the question and that you've answered what question has been posed.

If you give an answer, please give an oral answer or a spoken answer as opposed to just a nod of the head or maybe an un-uh or a uh-huh or something like that. I need to have at least a yes or a no or something that can be spoken so that our court reporter can take it down. Is that fair enough?

A. Yeah, that's fair.

Q. Okay. Just for the record, what is your full name?

A. Raymond E. Sarratt.

Q. Okay. And I take it you are working here at the

Timkin facility; that's correct?

A. That's correct.

Q. And what is your job title here, sir?

A. I'm the facilities manager over maintenance of the facility and the equipment.

Q. Okay. So you were, at all times relevant to this case, which for my purposes was when Mr. Osment was first injured until he last worked here, which spans a little over three years or approximately three years, I believe, from 2010 to 2013, you were in that position during that entire time period; is that correct?

A. Yes.

Q. Okay. And who reported to you directly out of the maintenance department?

A. Cy Addington was the maintenance supervisor. And I have other supervisors, too, but Cy was James' direct supervisor.

Q. And then, I understand from Mr. Poston's testimony, I understand that Mr. Addington retired sometime during the time period from Mr. Osment's injury until he no longer worked here. Mr. Addington retired and then Steve Owens took over as supervisor; is that correct?

A. That's correct.

Q. Do you remember about when he took over as supervisor?
A. I believe it was February 2012.
Q. Okay. And then Mr. Owens reported to you?
A. That's correct.
Q. Mr. Osment reported to Mr. Addington and Mr. Owens, and they in turn reported to you, and then you in turn reported to Mr. Taylor; is that correct?
A. Jeff Taylor, that's correct.
Q. All right, sir. I understand that. Tell me how well you know James Osment.
A. Inside the plant, I guess I know him well. I don't see him outside the plant. You know, very rarely. But inside the plant, I've worked with him for 25 years.
Q. And you've been here for that number of years?
A. That's correct.
Q. Twenty-five years?
A. Twenty-five.
Q. Was this the first job that you took upon finishing your education?
A. No.
Q. Where did you work immediately finishing your education?

A. Milliken in Blacksburg, South Carolina.
Q. Okay. And then you came to work here after that?
A. After about nine years -- twelve years there.
Q. Those are the only two positions you've been in since you finished your education?
A. That's correct.
Q. Okay.
A. I didn't come here as the facilities manager. I've only been in that position since 2005.
Q. Okay. And as a facilities manager, what are your duties?
A. Ensuring that the supervisors are supervising their associates, maintaining the equipment, keeping it available for production, and ensuring that our contractors that keep up the building and grounds are doing what they're supposed to do.
Q. And Mr. Poston mentioned that there are basically three groups within maintenance. Is that a fair statement? There are three working groups within the maintenance area?
A. You're talking about different skills, crafts?
Q. Yeah, electrical, general maintenance --
A. That's true.
Q. Would you, just for the record, what are the three groups that you have within the maintenance

function?

A. It's a repair function that works on the equipment functionality. Maintenance mechanics who do materiel handling, machine sheet metal fabrication, machine guarding, just general building and grounds type work. And then we have machinists that actually runs lathes, milling machines, to make machine parts.

Q. Okay. And which one of those groups was Mr. Osment employed?

A. He was a maintenance mechanic group. He was the leader for the maintenance mechanics.

Q. Okay. All right. And how would you characterize Mr. Osment as an employee?

A. He was a good employee.

Q. How good?

A. Good attendance. He was always here when we needed him, and was willing to work overtime. I mean, he did a good job. That's why he was selected as a leader in the maintenance area.

And what he did there was, you know, answer questions for his associates, schedule people to work on Saturdays, or scheduled work.

Q. Would he be someone you would consider as a valuable employee?

A. Yes.
Q. We discussed previously the use of golf carts --
A. Yes.
Q. -- in the plant. You've got a very large plant here, obviously, that we think is somewhere around 16 acres under roof?
A. Yes.
Q. Does that sound correct to you?
A. Fifteen, yeah, something like that.
Q. So it's a very, very large facility.
A. That's correct.
Q. And golf carts serve a very important function for people that work here that have to do a lot of walking; is that correct?
A. Well, they're used to transport equipment or go check on job sites. Generally, not used to just work on equipment, because the maintenance mechanics have tool boxes. Now, in James' case, he didn't use a tool box because he was a lead associate, and he used a golf cart to go check on jobs or check on materiel coming in.
Q. Okay. How many carts were in the plant back in 2010 when James was first injured?
A. I don't know that I have the exact number. We had some leased carts and some older carts that we

owned. But in our department, we had inherited some from some of our structural changes. We actually had four. One was, like, for our truck shop, one was for electrical supervisor, one was for maintenance supervisor, one was used by the maintenance mechanics or maintenance leader to check on materials and things like that.

Q. So you're saying you had four carts --

A. Yes.

Q. -- in maintenance originally?

A. Yes.

Q. Okay, did that number change over a period of time before Mr. Osment no longer worked here?

A. Yes, the lease ran out on the carts, and we had had some issues in the plant with traffic, you know, a lot of traffic in the hallways, two people on a cart instead of one person. And we decided to reduce the number of carts. And actually, we put the number of carts in our maintenance shop back to two where it originally was.

Q. Okay.

A. The reason we didn't have four anymore is because we no longer have an associate full-time in the truck shop, because that's, the trucks are leased now. We have an outside contractor come in and

work on them, so we didn't need that one. And then the other one actually was inherited from another area, and we didn't replace it.

Q. Okay.

A. So we were down to two at 20- -- let's see, first of 2013. I think it was the end of 2012 was when we --

Q. Okay.

A. -- the lease ran out.

Q. Okay. Now, the two carts that were assigned to the maintenance department, who are the people that would normally use those carts?

A. The supervisors, LMA's, or anybody that needed to go pick up some materiel or something that was a long distance away.

Q. Now, those two carts that are in maintenance, was one of those for you to use in your job, or did you get a cart for your use elsewhere?

A. Any of the supervisors in the area, supervisors, managers, LMA's, would use the cart.

Q. So the two carts that were assigned to maintenance after the cutback in late 2012 or early 2013, out of those two carts, you might have been someone that would have used one of those two carts on an as-needed basis, perhaps.

A. Very rarely.
Q. Okay. And then, who else besides you would have used those two carts?
A. James was probably the main user of the carts.
Q. Were --
A. Mainly, the one right across from his office area.
Q. What about Steve?
A. Owens?
Q. Yes, sir.
A. Same thing, if he needed one to --
Q. Okay.
A. -- to make a long trip.
Q. What if both you and Steve were using the two carts at the same time? Would that have left James without a cart perhaps?
A. He would have been in his office, you know, waiting for one to come back, if he needed to go anywhere.
Q. Is it possible he could have had a high priority, urgent job to work on that he might have needed something right away and it wasn't available?
A. No. Because he was aware of his restrictions, and you know, he was told to abide by his restrictions. We didn't require him to do any excessive walking.

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Q. How did he get from the parking lot to the job site or the location of his job inside the plant?
A. He walked in.
Q. How far of a walk is that from the parking lot to where he worked?
A. I don't have those measurements.
Q. What's your -- I'm not asking you to guess at it, but if you have a -- if you can make an educated answer to that in terms of feet or yards, that would be helpful.
A. I'd say maybe a hundred yards.
Q. From the outside of the -- from the parking lot --
A. Through the gate, through the locker room or canteen, to the work area.
Q. Now, after James had his injury, did he have a -- did he park in handicapped parking here at the plant, or did he park in regular parking?
A. I think he parked in regular parking.
Q. So -- and I was very impressed. This is my first visit here. I'm very impressed with the size of the facility and the parking lot and everything's just kind of, very, very large to me.

If he came to work and he's not able to park in handicapped parking, or there's no handicapped parking available, and he has to park wherever he

can find a place to park, would that possibly alter the approximate 100 yards he might have to walk just to get to his work station?

A. It depends on how far it was from the fence where he normally parks. But, I mean, if he had asked for a parking spot, he would have been accommodated.

Q. Do you know if he ever did?

A. Not that I'm aware of.

Q. Okay. All right. Do you remember when he had the total knee replacement?

A. I don't remember the exact date, but yeah, I do remember when he had it.

Q. Did the work restrictions increase, or did they become looser, after he had the knee replacement?

A. I'm not sure. I'd have to refer to the restrictions. When a person returns to work, there's a form, and it says, do you accept these restrictions for this associate. And you either accept them or you reject them. And you know, in every case, his was accepted because we always had something he could do.

We had also offered that he could use this office right here in the corner of this building, just walking right into the doorway. We had a

computer set up in there, and he said that he could work out of his office inside the plant just as easy as he could out of that one.

Q. Okay. Do you remember James ever mentioning to you that he was not able to have a golf cart when he needed it to do his job?

A. No.

Q. He never mentioned that at all?

A. No.

Q. Do you know if he mentioned it to anyone?

A. I don't know of it.

Q. Do you remember when about the time Mr. Osment last worked here at the facility, sometime in September of 2013?

A. Yes.

Q. Are you familiar with that?

A. Yes.

Q. Okay. Do you remember the reason why he ceased to work here at the facility?

A. Well, he was telling me that he was having some additional tests done on his knee, because it was -- he -- they thought that there was an incompatibility with the material in the knee replacement that might have been causing some issues, some pain or heat. I remember him saying

his knee felt like it was hot or swelling. But, I mean, other than that --

Q. Do you know if he went to the plant nurse or the plant doctor here at any time?

A. I know that he went to the -- when he returns to work after visiting his doctor, he would go by the nurse's office.

Q. Do you know if he went there because of a medical reason, or just to report to the nurse what his outside doctor had told him?

A. I don't really know. I think if he went there, he was probably talking about his knee being sore.

Q. So you're thinking that he was having problems during the course of a work day here at the plant with his knee?

A. He said that it was bothering him some.

Q. Do you remember the exact words he used?

A. Like I said, he said it was like it was hot and aching. But I don't remember --

Q. Did he ever tell you --

A. -- other than that.

Q. Did he ever tell you how the knee was feeling to him when he was outside of the plant, at home, for example?

A. I think mainly just said it hurt pretty much all

the time.
Q. Did he ever mention to you that he had swelling associated with it?
A. Yeah, when he was outside the plant, too.
Q. And he was in some significant pain as a result of what all he was experiencing at the time?
A. I don't remember about significant pain. He just said it -- pain, pretty much all the time.
Q. Pretty much all the time, both at work and at home?
A. Yes.
Q. Okay. Now, do you remember when there was a possible job position available, sometime I think in maybe 2013, I think it was called a S.A.P. position? Do you remember anything about that?
A. There wasn't no specific position. It was a task that we needed someone to work on. There's not a specific position for preparing for our S.A.P. maintenance module. We just had associates working on that.
Q. Okay. Tell me a little bit about that, if you will. What brought that, the need for that?
A. Our Permac system that we use for maintenance in purchasing materiels is obsolete. It was no longer going to be maintained. And the company

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made a decision to use this S.A.P. in purchasing and maintenance system. Because that's already the financial system that we used.

So in order to convert to that system, we would have to take all the information out of our old maintenance system, all the machine assets, all the parts, and transfer it over to the new system and create PM orders with specific tasks.

Q. Now, PM orders, does that mean preventive maintenance?

A. That's right.

Q. About when did you decide that you needed someone, whether it's a specific individual or you needed some help, to do this particular job to make this transition to S.A.P.?

A. When we first heard of the conversation coming up. The conversion actually kept getting delayed. It was supposed to have happened, I believe originally in 2012. And corporate kept delaying, actually, when we would actually make that transition.

We're not doing it all at the same time, we're doing it as individual plants. Some of our other plants had already started converting, some of the smaller plants. But we were going to be

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the biggest, so it was going to be the biggest task of gathering that data from our old system and creating a database for it.

Q. Okay. When did you finally get someone in that position, or someone doing that particular task?

A. I'll say we probably started on it in early 2013, or maybe mid 2013. I don't recall exactly.

Q. You remember when James Osment last worked here, or approximately when he last worked here?

A. September 2013, is when he went out.

Q. So is it your testimony that someone was already doing the S.A.P. work by the time he last worked here?

A. I don't recall exactly the date. I could probably go back and see when we actually started working on it. I know it was -- it was sort of done part-time by the supervisors and some of their associates. They would get together and put some information together to try to get ready for it. But at that point, we really didn't know what we were in for. But we have made that conversion since. We actually converted in June 1st of this year.

Q. Do you remember sitting in on any meetings about possibly putting Mr. Osment into this position?

A. This wasn't a position. It was just a task.
Q. So it was not a job, it was a task.
A. Right. Yeah, it's still not a job. There is not a specific person in that job. It's something that our maintenance group worked on.
Q. Okay. So if it's not a job, are you saying it's not something that would be full-time work for someone?
A. No. No, it was a full-time task, at one point, getting ready for it.
Q. Would it have been full-time for Mr. Osment?
A. Yes. I mean, other than still being able to order parts and you know, things like that on the computer. Which would use the same systems that we're talking about.
Q. To your recollection, who was told to offer this work to Mr. Osment?
A. I didn't know there was an offer really made to Mr. Osment. Whenever he went out, I was expecting him to be back. You know, I thought he was just going out, you know, for his knee to start feeling a little better and would be back.

And then, we turned it over to medical then, because we don't get in -- as supervisors and managers, we don't deal with the medical issues.

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We let the medical department and human resource department deal with that.

And I think that's when Ricky may have asked, hey, is there something that's sedentary that he can do. I said, absolutely. We have all this data that we need to put together.

Q. And when you say Ricky, are you referring to Mr. Poston here?

A. Yeah, Mr. Poston.

Q. Okay. And tell me, when was that -- when did Mr. Poston indicate that to you?

A. I would think it was right when James went out. You know, I don't know how James communicated him going out, himself going out, whenever the doctor told him he was going to take him out.

Q. Did you ever see a letter from his doctor, Dr. Sanchez, that indicated he was no longer able to do his existing job?

A. No.

Q. You never saw any work --

A. No.

Q. -- restrictions from the doctor?

A. No, those go to medical.

Q. Okay.

A. Just, I guess, for confidentiality, it is part of

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his functions.
Q. Right. So you never were told to call James and offer him any sedentary work here at the facility?
A. No.
Q. Do you know if anyone here inside the confines of the Timkin plant here in Gaffney ever made a call to James sometime after these no work restrictions came in, do you know if anyone here at the plant ever called James by telephone to say, James, we've got some S.A.P. work that's completely sedentary and we'd like you to do it?
A. I don't know of it.
Q. You never heard that anyone here at the plant made such a phone call as that?
A. No, not during that time.
Q. Okay. Do you know if anyone for the Travelers would have made such a phone call to James Osment?
A. I don't know of it. And I'm just assuming that they were working on the case to get him back into work, but me, personally, I don't know of who or when that occurred.
Q. Is it your testimony that some of the managers in the facility were doing some of this S.A.P. work when they had the chance to do it, or --
A. It's the supervisors and other hourly associates.

Q. Okay. And that was going on before Mr. Osment no longer worked here?
A. Some of it was.
Q. Did you ever narrow it down to just a single person doing that job or that task on a regular basis?
A. No.
Q. So it was never down to one person doing what you were going to ask Mr. Osment to do?
A. No. I mean, there was some that dedicated more time to it than others, one over in engineering, and one of our electrical specialists.
Q. Now, the person over in engineering that was working on that job or on that task, they didn't change jobs to take over --
A. No.
Q. -- that task.
A. No.
Q. You're saying they stayed in the same job position.
A. That's correct.
Q. No pay change?
A. No.
Q. No change in hours worked?
A. No.

Q. Okay. Were they hourly paid, or salaried?
A. One was hourly, one was salary, and some, like the supervisors, they're salary
Q. The people that did that job, did they have any special education or training in computers?
A. The engineering person did.
Q. How old was the engineering person?
A. I think he's about late 50's.
Q. But you're saying that person had specific training --
A. Yes.
Q. -- or education in computers?
A. Yes.
Q. Do you know if it was a college degree or a technical school degree?
A. I'm not sure. He's been here for 30-something years.
Q. Okay. Now, is the work still going on with S.A.P. conversion, or is that completed now?
A. We've got the system operational, but we're still constantly adding data, adding materiel, building materiel for the assets we're maintaining. So there's still some work going on there. And we're working with a person from corporate to understand what we need to put in.

Q. Okay. To your knowledge, is it correct, then, that no one here at Timkin had a phone call with James directly about him possibly coming back to do this sedentary S.A.P. work?

A. I didn't know of it directly. I mean, I know that's what I'm hearing now. I was assuming it was going on because that's what our nurse and our HR department does, is manage these cases by trying to get people back in to work.

Q. Did anyone ever take away a golf cart from James?

A. No.

Q. No one ever said, James, this is my cart, you can't use this cart?

A. No.

Q. Did James posses the qualifications to do the S.A.P. work you had in mind back in December of 2013?

A. Yes.

Q. And what were those qualifications again?

A. Understanding our existing Permac system, and listing all the materiel handing equipment that we worked on to create those PM's. It was mainly just listing everything, and then once it was all compiled, then an IT person would load that data into the system. But it was compiling

information, how many assets to maintain, how many PM's, what the frequencies of the PM's needed to be, and the specific actions.

Q. So is it your testimony that James Osment would not have had to enter any information or data into the S.A.P. programming?

A. That's correct.

Q. That would have been done by an IT person?

A. That's correct. Entering information into a spread sheet or handwriting it so somebody else could enter it in would be the task.

Q. And the task is pretty much complete now, except for just --

A. Cleanup.

Q. -- cleanup.

A. And making improvements to it, changing frequencies and things like that on PM's.

Q. So the task that you had in mind, had James come in and done that work, you're saying it would have been concluded largely by now; is that correct?

A. Like I said, it will continue forever, because when you're working within these maintenance systems, you're constantly updating and changing schedules and adding new equipment information. Because parts change. You have to find

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replacement parts and add them to the system.

Q. But it would not now be a full-time job; correct?

A. That's correct.

Q. And it would probably not have been a full-time job back in September of 2013? Is that correct?

A. It was ramping up then, as far as trying to pull all the information together for it.

Q. But how many hours a week would have been required in 2013 -- in September of 2013?

A. I couldn't say.

Q. And that was the task that you and other people here at the Timkin facility had in mind for James to accommodate his needs because of his work restrictions?

A. Well, it was not only that. It was the other things that he was doing that was sedentary work anyway. The majority of his work was sedentary where he was in front of a computer in his office, monitoring the job orders as they came in, and assigning them to people, ordering parts.

He -- where he sat, all the maintenance associates, when they needed parts, they came to him. He would place the order on the computer, and -- or look up the part that they needed and order it from the storeroom.

Q. Now, are all the floors here in the Timkin facility concrete floors?
A. Yes.
Q. With the possible exception here of the administrative building?
A. Yeah, well, it's concrete underneath.
Q. Concrete underneath this -- this floor, okay. So every floor, every surface in the facility is concrete?
A. That's true.
Q. And your testimony is James did not have a specific parking place assigned to him that was close to the facility; is that correct?
A. No, he didn't.
Q. Okay. This S.A.P. work that he would have been doing would have been done whereabouts in the facility?
A. It could have been done right at this back door of this building. There's what we call the learning lab right there, and parking would have been directly in front of that.
Q. Okay. Where was it actually done when it was performed by the people that did the task over the course of time?
A. A lot of it was done over here in the conference

room, right across from this conference room. And some back in a corner conference room --

Q. Okay.

A. -- in this building. And some of it was done in the work area over in the plant.

Q. When James had to work after he had the knee replacement, when James had to continue on with his job, and he had restrictions on his job, of course --

A. That's right.

Q. -- he was not given -- again, not given a special parking place in the parking lot; is that correct?

A. He didn't ask for one. If he had asked for one, we would have provided it.

Q. Does the company have handicapped parking --

A. It's right --

Q. -- in the parking lot?

A. -- right in front of this building.

Q. Is it for employees, or visitors to the facility?

A. Either one. If we have somebody that has restrictions, they park there.

Q. Okay. Was James ever told that he could park there?

A. I don't know.

Q. Would anyone know the answer to that question, to

your knowledge?

A. Someone in medical, if he has asked about it. But I don't know of it directly.

Q. Do you know if James had a handicapped decal that you hang on your rearview mirror in your vehicle?

A. I never saw it.

Q. Did the company, Timkin, or anyone here at the company offer James a golf cart to come out to the parking lot and ride him from the parking lot back to where he worked in the facility?

A. I think we talked about it when he first came back, and it may have happened a few times, I'm not sure.

Q. Do you know why it would have stopped?

A. He probably just started walking in on his own. What we told him was, it's up to you. You know your restrictions. If you need anything, let us know, do not break your restrictions.

Q. But you were aware that fairly consistently, he was having problems with knee pain and swelling in the leg that he injured.

A. That's what he was saying, yea. I mean, I didn't talk to him about it every day.

Q. Yes, sir.

A. He would mention it.

Mr. Taylor:

That's all that I have, South.

(There being no further questions, this deposition was concluded at approximately 11:10 a.m.)

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CERTIFICATE

This is to certify that the foregoing deposition of RAYMOND SARRATT was taken by the within court reporter, a notary public for the state of South Carolina, duly commissioned and qualified as such, on the 21st day of August, 2014.

That the said court reporter is not a relative or employee of any of the parties or the attorneys, and further is not of counsel or attorney for any of the parties to said action, and is not in any manner interested in the cause.

That the deponent was duly placed under oath and admonished to speak the whole truth. That the oral deposition was duly taken and transcribed as to the questions propounded and the answers given, that the foregoing 32 pages are a true, accurate and correct record of the testimony given by the deponent; together with such changes as said deponent may have made, if any, during the reading over and signing procedure.

That all offered exhibits, stipulations and objections, if any, involved in this cause are duly included herein, or retained by the parties.

In witness whereof, I set my hand and official seal.

Date: 9/1/2014

_____

Marla J. O'Brien, CVR-M, ACR

Notary Public for South Carolina

My commission expires: 8/12/2021

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1008356

Claimant's Name:	James Osment	Employer's Name:	The Timken Company
Address:	205 Fortanberry Rd.	Address:	1835 Dueber Avenue, SW
City:	Gaffney State: SC Zip: 29340	City:	Canton State: OH Zip: 4470
Home Phone:	(864) 489-4006 Work Phone: (864) 487-2673	Carrier:	The Phoenix Insurance Company
Preparer's Name:	J. South Lewis, II	Preparer's Phone #:	(864) 527-3284

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

1. Compensation Rate: $689.71 2. AWW: $ 1,079.46 **Date of Injury:** 5/20/2010
3. Type of injury and body part(s): Right knee – All other body parts denied.
4. Facts in controversy: ***See Addendum***
5. Legal issues involved: § 42-9-10 vs. § 42-9-30; §42-15-60.
6. Unusual aspects:

   Claimant retired in late 2013 at the age of 64. Defendants contend that Claimant had already been planning to retire, and that the work injury is unrelated to his retirement. Claimant had continued working for Timken for over a year after reaching maximum medical improvement. In actuality, Claimant accelerated his retirement after Timken notified him that he would get a larger lump sum payout (due to an interest rate issue) by retiring before 12/01/2013.
7. Witnesses (designate if expert):*

   Rick Poston; Raymond Sarratt; Claimant.
8. Exhibits:

   Claimant's personnel file/employment document (including retirement related documents); Deposition of Claimant; Deposition of Dr. Sanchez.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician;

    Orthopaedic Specialties of Spartanburg, PC; Dr. Anthony Sanchez; 303 E. Wood St., Spartanburg, SC 29303.
11. Impairment rating(s); body part(s); physician and date of opinion: On August 22, 2012 Claimant was placed at maximum medical improvement by Dr. Sanchez and assigned 50% to the right leg.
12. I am amending my Form 50/51 in the following manner:

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

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

I verify the contents of this form are accurate and true to the best of my knowledge:
I certify that I have served this document pursuant to R.67-212 by delivering a copy to: John D. Hawkins, P.O. Box 5048, 5506 Reidville Road, Moore, SC 29369 Spartanburg, SC 29304-5048 and Susan S. Barden, P.O. Box 1715, Columbia, SC 29202-1715 on the 16th day of September, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.

Trudy R. Shapleigh
Certifier, Trudy R. Shapleigh

Signature: South Lewis
J. South Lewis, II, Willson Jones Carter & Bailey, P.A.

Email: jslewis@wjlaw.net

Date of hearing: 09/26/2014 Time needed for hearing: 1 1/2 hours

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

4. Facts in controversy:

(1) Compensability of body parts other than the right knee?

Defendants deny Claimant sustained a compensable injury to any body parts other than the right knee. While Claimant alleges injury to body parts other than the right knee, Defendants assert this is simply an attempt to get the award outside of § 42-9-30. With respect to back, Claimant has a prior history of back problems, and the first complaints of back pain during the treatment with Dr. Sanchez was January 11, 2013. Claimant presents a causation questionnaire from Dr. Sanchez, but Defendants would urge the reading of Dr. Sanchez's deposition regarding causation. Likewise, Defendants assert that Claimant's allegation of hip injury is not supported by the preponderance of the evidence.

(2) Extent of permanent disability?

Defendants assert an award to the right leg pursuant to § 42-9-30 is the appropriate award. Defendants assert that the evidence will show that Claimant had planned on retiring for a significant period of time and was not due to his work injury. To the contrary, Timken at all times had work for Mr. Osment. After his total knee replacement, Claimant had been back at work for Timken for an extended period of time, in a job that was within any permanent restrictions. Dr. Sanchez testified that Claimant essentially asked to be written out of work, but Dr. Sanchez testified that Claimant should have been able to remain at work as Timken could accommodate any and all restrictions, including sedentary duty.

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

WCC File # 1008356
Carrier File # 026-CB-EHZ9292-A
Carrier Code #
Employer FEIN

James Osment	248-82-1547	The Timken Company	
Claimant's Name	SSN	Employer's Name	
205 Fortunberry Rd., Gaffney, SC 29340		1835 Dueber Avenue, SW, Canton, OH 44706	
Address City State Zip		Address City State Zip	
(864) 489-4006	(864) 487-2673	The Phoenix Insurance Company	
Home Phone	Work Phone	Insurance Carrier	
J. South Lewis, II	872 S. Pleasantburg Drive, Greenville, SC 29607	(864) 527-3284	
Preparer's Name	Address	Phone #	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
JOHN D. HAWKINS, ESQUIRE, ATTORNEY FOR CLAIMANT

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

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
15. Carolina Medical Affiliates	09/15/08 – 04/04/14	318 - 346

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

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

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

J. South Lewis, II
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

September 16, 2014

September 26, 2014
(hearing date)

Carolina Medical Affiliates

Carolina Medical Affiliates
1330 Boiling Springs Road Suite 2500 Spartanburg, SC 29303
(864) 585-5433 Fax: (864) 591-4053

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

09/15/2008 - Office Visit: Office Visit: right back, face
Provider: Austin R McElhaney MD
Location of Care: Eastside Family Physicians

Office Visit

History of Present Illness
History from: patient
Reason for visit: see chief complaint
Chief Complaint: right back pain, face
History of Present Illness: pt complains of right back pain. He also says his left face has been swollen and can't hear our of left ear now.

Past, Past Surgical, Family, and Social History
reviewed - no changes required
Past Surgical History (reviewed - no changes required): 2-2007 right rotator cuff (Dr Singleton)
Family History (reviewed - no changes required): Cancer: uncles(stomach, lung)
Diabetes: father
Heart disease: father
Hypertension: father, brother

Risk Factors
Tobacco use: never
Alcohol use: no
Prev: Alcohol use
no

HEALTH MAINTENANCE

Flu Vaccine: 2006 (10/09/2007 8:21:49 AM)
Pneumovax Vaccine: last unknown (10/09/2007 8:21:49 AM)
Tetanus Immunization: 2005 (10/09/2007 8:21:49 AM)
Hemoccult Test: guaiac negative (06/20/2008 11:51:50 AM)
Colonoscopy: 2005 Dr Blestel, 3 hyperplastic polyps (10/09/2007 8:21:49 AM)
PSA: 0.8 (10/10/2007 12:00:00 PM)
EKG: couple years ago (10/09/2007 8:21:49 AM)
Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: couple years ago (10/09/2007 8:21:49 AM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 2007 Piedmont Eye (06/20/2008 11:51:50 AM)

Review of Systems
General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss
Musculoskeletal: hx of dengernative arthritis, back and left knee and cervical spine
Neurologic: denies transient paralysis, weakness, parcsthesias, seizures, syncope, tremors, vertigo
Psychiatric: denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

Vital Signs
Prev Wt.
225
Weight: 224 pounds
Temperature: 98.4 degrees F (tympanic)
Pulse rate: 68
Respirations: 16
Blood Pressure: 148/86 mm Hg

Physical Exam
General appearance: senior white male appears to be doing well for his age

Eyes
External: conjunctivae and lids normal
Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat
External ears: normal, no lesions or deformities
External nose: normal, no lesions or deformities
Otoscopic: swelling exedate in ear canal, tenderness to touch on outter ear
Nasal: mucosa, septum, and turbinates normal
Pharynx: tongue normal, posterior pharynx without erythema or exudate

Neck
Neck: supple, no masses, trachea midline
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory
Respiratory effort: no intercostal retractions or use of accessory muscles
Auscultation: no rales, rhonchi, or wheezes

Cardiovascular
Auscultation: S1, S2, no murmur, rub, or gallop
Carotid arteries: pulses 2+, symmetric, no bruits
Pedal pulses: pulses 2+, symmetric
Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Gastrointestinal
Abdomen: soft, non-tender, no masses, bowel sounds normal
Liver and spleen: no enlargement or nodularity

Lymphatic
Neck: no cervical adenopathy

Musculoskeletal
Gait and station: mildly arthritic gait

Digits and nails: mild oa
Head and neck: decresed cervical rom
Spine, ribs, pelvis: decreased lumbar flexion
RUE: normal ROM and strength, no joint enlargement or tenderness
LUE: normal ROM and strength, no joint enlargement or tenderness
RLE: no effusion noted
LLE: patient has tenderness along the lateral aspect of the left knee, with pain on full flexion, no ligament instability noted

Skin
Inspection: no rashes, lesions, or ulcerations

Neurologic
Reflexes: 2+, symmetric, no pathological reflexes

Mental Status Exam
Judgment, insight: intact
Mood and affect: no depression, anxiety, or agitation

Office Lab Report
Name: JAMES OSMENT
ID: 248-62-1547

Urine Dipstick

S.G.:	1.015	NORMAL (1-1.03)
pH:	6.0	NORMAL (6-8)
Leukocytes:	Negative	NORMAL (Negative)
Nitrate:	Negative	NORMAL (Negative)
Protein:	Negative	NORMAL (Negative)
Glucose:	Normal	NORMAL (Normal)
Ketones:	Negative	NORMAL (Negative)
Urobilinogen:	Normal	NORMAL (Normal)
Bilirubin:	Negative	NORMAL (Negative)
Blood:	Negative	NORMAL (Negative)

Assessment
Status of Existing Problems:
Assessed DEGENERATIVE JOINT DISEASE, LEFT KNEE as comment only - Austin R McElhaney, MD
New Problems:
BACK STRAIN, LUMBAR (ICD-847.2)
DEGENERATIVE DISC DISEASE, CERVICAL SPINE, W/RADICULOPATHY (ICD-722.0)
DEGENERATIVE JOINT DISEASE, LEFT KNEE (ICD-715.96)
OTITIS EXTERNA, ACUTE NEC (ICD-380.22)
BACK PAIN, RIGHT (ICD-724.5)

Comments: follow up otitis externa if ear sx not cleared in 2 weeks

Plan
New Prescriptions/Refills:

LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid pm pain #20 x 0, 09/15/2008, Austin R McElhaney MD
AUGMENTIN XR 1000-62.5 MG TB12 (AMOXICILLIN-POT CLAVULANATE) 2 po bid for infection #40 x 0, 09/15/2008, Austin R McElhaney MD
CORTISPORIN 5-10000-1 SUSP (NEOMYCIN-POLYMYXIN-HC) 4 gtts in ear qid #10ml x 1, 09/15/2008, Austin R McElhaney MD

Updated Medication List:
ZITHROMAX Z-PAK 250 MG TABS (AZITHROMYCIN)
HYCODAN 5-1.5 MG/5ML SYRP (HYDROCODONE-HOMATROPINE) one tsp po qid prn cough
LISINOPRIL 10 MG TABS (LISINOPRIL) one po q day for bp
NAPROXEN 500 MG TABS (NAPROXEN) one po bid
LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain
PRAVACHOL 40 MG TABS (PRAVASTATIN SODIUM) one po q hs for cholesterol generic preferred

New Orders:
Urinalysis w/micro [CPT-81001]
Referral [CPT-test1]
Ofc Vst, Est Level IV [CPT-99214]

Prescriptions:
LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid pm pain #20 x 0
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 09/15/2008
Method used: Print then Give to Patient
RxID: 1537127165150990
AUGMENTIN XR 1000-62.5 MG TB12 (AMOXICILLIN-POT CLAVULANATE) 2 po bid for infection #40 x 0
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 09/15/2008
Method used: Print then Give to Patient
RxID: 1537127075150990
CORTISPORIN 5-10000-1 SUSP (NEOMYCIN-POLYMYXIN-HC) 4 gtts in ear qid #10ml x 1
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 09/15/2008
Method used: Print then Give to Patient
RxID: 1537127015150990

Electronically signed by Austin R McElhaney MD on 04/10/2009 at 2:15 PM

Carolina Medical Affiliates
1330 Boiling Springs Road Suite 2500 Spartanburg, SC 29303
(864) 585-5433 Fax: (864) 591-4053

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins. BLUE CROSS BLUE SHIELD PPC Grp: 015788

12/29/2008 - Office Visit: Office Visit
Provider: Austin R McElhaney MD
Location of Care: Eastside Family Physicians

Office Visit

History of Present Illness
History from: patient
Reason for visit: see chief complaint
Chief Complaint: Complete Physical
History of Present Illness: Patient is being seen today for a complete physical. He complains today of chest congestion and cough. He has tried treating it with NyQuil and Tylenol but hasnt has any relief. He also complains of left knee pain. He states at times he feels like it is going to give out from under him. He is fasting today for his lab work.

Past, Past Surgical, Family, and Social History
Past History: colonoscopy Dr Blestel 2005 several polyps Told 4-5 yr followup. NOt precanceroous polyps/ also had fissure.
Family History: Cancer: uncles(stomach, lung)
Diabetes: father
Heart disease: father d 49. died to blood clot to heart.
Hypertension: father, brother
Social History: Timken

Risk Factors
Tobacco use: never
Alcohol use: no
Prev: Alcohol use
no

HEALTH MAINTENANCE

Flu Vaccine: 10/2008 Timken
Pneumovax Vaccine: last unknown (10/09/2007 8:21:49 AM)
Tetanus Immunization: 2005 (10/09/2007 8:21:49 AM)
Hemoccult Test: guaiac negative
Colonoscopy: 2005 Dr Blestel. 3 hyperplastic polyps (10/09/2007 8:21:49 AM)
PSA: 0.8 (10/10/2007 12:00:00 PM)
EKG: couple years ago (10/09/2007 8:21:49 AM)
Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: couple years ago (10/09/2007 8:21:49 AM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 12/2008-Carolina Vision

Review of Systems
Eyes: eye exam 2 weeks ago ago. pressure higher in left eye. Dr Mathis Carolina Vison.. Vision unchange d
Ears/Nose/Throat: sinus and nasal drainge

Cardiovascular: chest tightness upepr chest left with coughing. recent: no exertional pain.
Respiratory: breathing okay except recnet chest cold cough
Gastrointestinal: infreq heartburn , bowels normal.
Genitourinary: nocturia x 0-3 , flow okay.
Musculoskeletal: r t shodler paln and left knee buckling.
Skin: bumps on head bald area
Neurologic: Numbness i rt arm adn fingers . Numbness gets weorse at tiems rt hand decreased grip strength since shoulder injury.
Psychiatric: NOt sleeping well. Sleeps restless due arm hurting and wakes up.

Vital Signs
Prev Wt.
225
Weight: 229.5 pounds
Temperature: 97.8 degrees F (tympanic)
Pulse rate: 92
Pulse rhythm: regular
Respirations: 16
Blood Pressure: 142/92 mm Hg

Physical Exam
General appearance: Ovewiweght middleaged white male

Eyes
External: conjunctivae and lids normal
Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat
External ears: normal, no lesions or deformities
External nose: normal, no lesions or deformities
Otoscopic: canals clear, tympanic membranes intact with good movement, no fluid
Hearing: grossly intact
Nasal: Mild congestion
Pharynx: tongue normal, posterior pharynx without erythema or exudate

Neck
Neck: supple, no masses, trachea midline
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory
Respiratory effort: no intercostal retractions or use of accessory muscles
Auscultation: sl dustant breath sounds

Cardiovascular
Auscultation: S1, S2, no murmur, rub, or gallop
Carotid arteries: pulses 2+, symmetric, no bruits
Abdominal aorta: no enlargement or bruits
Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Gastrointestinal
Abdomen: moderately obese, nontender, bs normal
Liver and spleen: no enlargement or nodularity
Rectal: no masses, tenderness
Stool: guaiac negative

Genitourinary
Scrotum: no lesions, cysts, edema, or rash
Penis: uncirc male penis
Prostate: 3 + smooth sl firm nonodularity

Lymphatic
Neck: no cervical adenopathy
Axillae: no axillary adenopathy

Musculoskeletal
Gait and station: normal gait
Digits and nails: decreased grip 4/5 rt
Head and neck: mild restriction lateral rotation rt and left
Spine, ribs, pelvis: normal alignment and mobility, no deformity
RUE: rt shoulder decreased abcution and external rotation rt hand grip sl decreased .
LUE: normal ROM and strength, no joint enlargement or tenderness
RLE: normal ROM and strength, no joint enlargement or tenderness
LLE: no knee effusion . lig stability intact

Skin
Inspection: no rashes, lesions, or ulcerations

Neurologic
Reflexes: 2+, symmetric, no pathological reflexes

Mental Status Exam
Judgment, Insight: intact
Mood and affect: no depression, anxiety, or agitation

Assessment
Status of Existing Problems:
Assessed DEGENERATIVE JOINT DISEASE, LEFT KNEE as deteriorated - Austin R McElhaney, MD
Assessed DEGENERATIVE DISC DISEASE, CERVICAL SPINE, W/RADICULOPATHY as unchanged - Austin R McElhaney, MD
Assessed HYPERTENSION, BENIGN ESSENTIAL as comment only - Austin R McElhaney, MD
Assessed BRONCHITIS NOS as comment only - Austin R McElhaney, MD
Assessed HYPERCHOLESTEROLEMIA as comment only - Austin R McElhaney, MD
New Problems:
CARPAL TUNNEL SYNDROME, RIGHT (ICD-354.0)
ROTATOR CUFF SYNDROME, RIGHT (ICD-726.10)

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

DERANGEMENT, LATERAL MENISCUS NOS (ICD-717.40)
HYPERCHOLESTEROLEMIA (ICD-272.0)
SCREENING FOR MALIGNANT NEOPLASM, PROSTATE (ICD-V76.44)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)

Comments: EKG: normal sinus rhythm , mild left atrial enlargemet. othersie normal
A: Rotator syndrome rt shoulder
CTS rt hand
probable meniscus derangement knee
Hypercholesterolemia mixed
HTN
URI W/ bronchitis
P: referral Dr Singleton for knee pain and rt shoulder and hand pain.
labs sent
rx lortab pain 5mg oneqid prn 3 40 rx2.
NAproxen 500mg one po bid GI precautions
lisinopril for bp 10mg one day
refilled cough med and z pak.

Cough may be asthma if cont needs Spirometry , CXR in light of EKG suggesting left atrial enlargement.
Followup in 3-4 weeks wit bp and labs.

Plan

New Prescriptions/Refills:
LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain #40 x 2, 12/29/2008, Austin R McElhaney, MD
NAPROXEN 500 MG TABS (NAPROXEN) one po bid #60 x 2, 12/29/2008, Austin R McElhaney, MD
LISINOPRIL 10 MG TABS (LISINOPRIL) one po q day for bp #30 x 2, 12/29/2008, Austin R McElhaney, MD
HYCODAN 5-1.5 MG/5ML SYRP (HYDROCODONE-HOMATROPINE) one tsp po qid prn cough #4 oz x 1, 12/29/2008, Austin R McElhaney, MD
ZITHROMAX Z-PAK 250 MG TABS (AZITHROMYCIN) #1 x 0, 12/29/2008, Austin R McElhaney, MD

Updated Medication List:
ZITHROMAX Z-PAK 250 MG TABS (AZITHROMYCIN)
HYCODAN 5-1.5 MG/5ML SYRP (HYDROCODONE-HOMATROPINE) one tsp po qid prn cough
LISINOPRIL 10 MG TABS (LISINOPRIL) one po q day for bp
NAPROXEN 500 MG TABS (NAPROXEN) one po bid
LORTAB 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain

New Orders:
Venipuncture [CPT-36415]
CBC with Differential [CPT-85025]
PSA - total [CPT-84153]
Metabolic Panel, CMP [CPT-80053]
Lipid Profile [CPT-80061]
Referral [CPT-test1]
EST prev med 40-64 [CPT-99396]

325

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Disposition: return anticipated as necessary but not scheduled in 3-4 weeks

Office Lab Report
Name: JAMES OSMENT
ID: 948-82-1547
Date: 12/29/2008

Urine Dipstick

S.G.:	1.030		NORMAL(1-1.03)
pH:		5.0	NORMAL(5-8)
Leukocytes:	Negative		NORMAL(Negative)
Nitrate:	Negative		NORMAL(Negative)
Protein:		Trace	NORMAL(Negative)
Glucose:	Normal		NORMAL(Normal)
Ketones:	Negative		NORMAL(Negative)
Urobilinogen:	Normal		NORMAL(Normal)
Bilirubin:	Negative		NORMAL(Negative)
Blood:	Negative		NORMAL(Negative)

Hemocult

Hemocult #1:	guaiac negative	NORMAL(Negative)

Prescriptions:

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po qid prn pain #40 x 2
Entered and Authorized by: Austin R McElhaney, MD
Signed by: Austin R McElhaney, MD on 12/29/2008
Method used: Print then Give to Patient
RxID: 1546174244451110

NAPROXEN 500 MG TABS (NAPROXEN) one po bid #60 x 2
Entered and Authorized by: Austin R McElhaney, MD
Signed by: Austin R McElhaney, MD on 12/29/2008
Method used: Print then Give to Patient
RxID: 1546174034151110

LISINOPRIL 10 MG TABS (LISINOPRIL) one po q day for bp #30 x 2
Entered and Authorized by: Austin R McElhaney, MD
Signed by: Austin R McElhaney, MD on 12/29/2008
Method used: Print then Give to Patient
RxID: 1546173974451110

HYCODAN 5-1.5 MG/5ML SYRP (HYDROCODONE-HOMATROPINE) one tsp po qid prn cough #4 oz x 1
Entered and Authorized by: Austin R McElhaney, MD
Signed by: Austin R McElhaney, MD on 12/29/2008
Method used: Print then Give to Patient
RxID: 1546173764151110

ZITHROMAX Z-PAK 250 MG TABS (AZITHROMYCIN) #1 x 0
Entered and Authorized by: Austin R McElhaney, MD
Signed by: Austin R McElhaney, MD on 12/29/2008
Method used: Print then Give to Patient
RxID: 1546173704151110

Electronically signed by Austin R McElhaney, MD on 02/19/2009 at 12:02 AM

JAMES J OSMENT Home: (864) 489-4006
Male DOB: 11/13/1949 1008296Ins: BLUE CROSS BLUE SHIELD PPO Grp: 015788

12/28/2009 - Office Visit: Office Visit: pain right lower back
Provider: Austin R McElhaney MD
Location of Care: Eastside Family Physicians

Office Visit

History of Present Illness
History from: patient
Reason for visit: see chief complaint
Chief Complaint: pain right lower back
History of Present Illness: pt complains of pain in right lower back for about a week now. He denies any pain with urination,but says he has noticed having to urinate more than usual. Pt says he has been out of Lisinopril and Simvastatin for a while now.

Past, Past Surgical, Family, and Social History
Past History (reviewed - no changes required): colonoscopy Dr Blestel 2005 several polyps Told 4-5 yr followup. NOt precancerous polyps/ also had fissure .
reviewed - no changes required
Past Surgical History (reviewed - no changes required): 2-2007 right rotator cuff (Dr Singleton)
Family History (reviewed - no changes required): Cancer: uncles(stomach, lung)
Diabetes: father
Heart disease: father d 49. died to blood clot to heart .
Hypertension. father, brother
Social History (reviewed - no changes required): Timken

Risk Factors
Tobacco use: never
Alcohol use: no
Prev: Alcohol use
no

HEALTH MAINTENANCE

Flu Vaccine: 10/2008 Timken (12/29/2008 10:20:50 AM)
Pneumovax Vaccine: last unknown (10/09/2007 8:21:49 AM)
Tetanus Immunization: 2005 (10/09/2007 8:21:49 AM)
Hemoccult Test: guaiac negative (12/29/2008 10:20:50 AM)
Colonoscopy: 2005 Dr Blestel 3 hyperplastic polyps (10/09/2007 8:21 49 AM)
PSA. 0.7 (12/30/2008 3:38.00 AM)
EKG: couple years ago (10/09/2007 8:21:49 AM)
Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: couple years ago (10/09/2007 8:21:49 AM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 12/2008-Carolina Vision (12/29/2008 10:20:50 AM)

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Vital Signs
Prev Wt:
228
Weight: 230 pounds
Temperature: 97.2 degrees F (tympanic)
Pulse rate: 76
Respirations: 16
Blood Pressure: 152/90 mm Hg

Physical Exam
General appearance: overweight late middleaged white male

Eyes
External: conjunctivae and lids normal
Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat
External ears: normal, no lesions or deformities
External nose: normal, no lesions or deformities
Otoscopic: canals clear, tympanic membranes intact with good movement, no fluid.
Nasal: mucosa, septum, and turbinates normal
Pharynx: tongue normal, posterior pharynx without erythema or exudate

Neck
Neck: supple, no masses, trachea midline.
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory
Respiratory effort: no intercostal retractions or use of accessory muscles.
Auscultation: no rales, rhonchi, or wheezes

Cardiovascular
Auscultation: S1, S2, no murmur, rub, or gallop
Carotid arteries: pulses 2+, symmetric, no bruits
Pedal pulses: pulses 2+, symmetric
Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Gastrointestinal
Abdomen: obese,nontender, bs normal
Liver and spleen: no enlargement or nodularity

Genitourinary
Scrotum: normal
Penis: uncirc
Prostate: borderline enlarged , smooth, no nodularity

Lymphatic

Neck: no cervical adenopathy

Musculoskeletal
Gait and station: normal, can undergo exercise testing and/or participate in exercise program
Digits and nails: stiffness PIP
Head and neck: normal alignment and mobility
Spine, ribs, pelvis: mild tightness rt lower paralumbar
RUE: pain rt shoudler abduction
RLE: knee stiffness
LLE: knee stiffness

Skin
Inspection: no rashes, lesions, or ulcerations

Neurologic
Reflexes: 2+, symmetric, no pathological reflexes

Mental Status Exam
Judgment, insight: intact
Mood and affect: no depression, anxiety, or agitation

Office Lab Report
Name: JAMES OSMENT
ID: 248-82-1547

Urine Dipstick

SG.:	1.000	NORMAL(1-1.03)
pH:	7.0	NORMAL(6-8)
Leukocytes:	Negative	NORMAL(Negative)
Nitrate:	Negative	NORMAL(Negative)
Protein:	Negative	NORMAL(Negative)
Glucose:	Normal	NORMAL(Normal)
Ketones:	Negative	NORMAL(Negative)
Urobilinogen:	Normal	NORMAL(Normal)
Bilirubin:	Negative	NORMAL(Negative)
Blood:	Negative	NORMAL(Negative)

Assessment
Status of Existing Problems:
Assessed HYPERTENSION, BENIGN ESSENTIAL as comment only - BP not at goal. Compliance stressed. as ben problem meds refilled. return fasting labs . CMP, lipids. PSA - Austin R McElhaney MD
Assessed HYPERCHOLESTEROLEMIA as comment only - refileld pravastatin - Austin R McElhaney MD
Assessed DEGENERATIVE JOINT DISEASE, LEFT KNEE as comment only - rx mcloxicam - Austin R McElhaney MD
New Problems:
URINARY FREQUENCY (ICD-788.41)

UA: Neg

330

A: Urinary freq Mild BPH
P: Flomax 0.4 mg oen po q pm
refiled pravastatin meloxicam, lisinopril, and nexium for gerd

Plan

New Prescriptions/Refills:
MELOXICAM 15 MG TABS (MELOXICAM) one po q day for joint pain #30 x 5, 12/28/2009, Austin R McElhaney MD
PRAVASTATIN SODIUM 40 MG TABS (PRAVASTATIN SODIUM) one by mouth daily #30 x 5, 12/28/2009, Austin R McElhaney MD
LISINOPRIL 10 MG TABS (LISINOPRIL) one by mouth daily #30 x 5, 12/28/2009, Austin R McElhaney MD
FLOMAX 0.4 MG CP24 (TAMSULOSIN HCL) one by mouth q pm for prostate #30 x 5, 12/28/2009, Austin R McElhaney MD
NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one by mouth daily #30 x 5, 12/28/2009, Austin R McElhaney MD

Updated Medication List:
NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one by mouth daily

New Orders:
Urinalysis w/micro [CPT-81001]
Ofc Vst, Est Level III [CPT-99213]

Disposition: return to clinic in: 6 months

Prescriptions:

MELOXICAM 15 MG TABS (MELOXICAM) one po q day for joint pain #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640466151080

PRAVASTATIN SODIUM 40 MG TABS (PRAVASTATIN SODIUM) one by mouth daily #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406351080

LISINOPRIL 10 MG TABS (LISINOPRIL) one by mouth daily #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406251080

FLOMAX 0.4 MG CP24 (TAMSULOSIN HCL) one by mouth q pm for prostate #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406151080

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one by mouth daily #30 x 5
Entered and Authorized by: Austin R McElhaney MD
Signed by: Austin R McElhaney MD on 12/28/2009
Method used: Print then Give to Patient
RxID: 1577640406051080

I

Electronically signed by Austin R McElhaney MD on 05/13/2010 at 10:15 AM

Carolina Medical Affiliates
1330 Boiling Springs Road Suite 2500 Spartanburg, SC 29303
(864) 585-5433 Fax: (864) 591-4053

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

03/19/2014 - Office Visit
Provider: WENDY S MURRAY
Location of Care: Carolina Medical Affiliates

Office Visit

History of Present Illness

Room Number: 403
Chief Complaint: Chest pain yesterday, jaw pain and sweats
-here today for an acute visit,
-started having chest pain after lifting wood onto a ATV bed, reports sweats, chest pain in mid chest, and sweats
-went back home and took an ASA, took his Prevacid
-reports that one episode of chest pain on yesterday
-thinks the BP medication is too strong, thinks his BP is getting low and his pulse rate goes up
-denies dyspnea
-reports malaise

-reports that he thinks he may a hernia in his groin
-pain is worse with walking
-reports his last PCP though he may be developing a hernia there

Vital Signs

Height: 65.50 inches
Prev Wt. 231.4 **Weight:** 232 pounds
Pulse rate: 86
Respirations: 20
Blood Pressure: 160/90 mm Hg
Body Mass Index 38.16

Past History

Past Medical History (reviewed - no changes required): High Blood Pressure, Cholesterol
Reflux, Arthritis
colonoscopy Dr Blestel 2005 several polyps Told 4-5 yr followup. NOt precanceroous polyps/ also had fissure.
Surgical History (reviewed - no changes required): 2-2007 right rotator cuff (Dr Singleton)
right knee scope
Family History (reviewed - no changes required): Cancer:4 uncles(stomach, lung, sq cell ca lip, stomach.
Diabetes: father
Heart disease: father d 49. died to blood clot to heart.
Hypertension: father, brother
Mother CVA age 59. in her 80's now. Still active.
Social History (reviewed - no changes required): Timken
Denies smoking; ETOH or illicit drugs

Risk Factors

Smoking Status: never smoker
Passive smoke exposure; no **Smokeless Tobacco Use:** no
Prev: Alcohol use; no **Prev: Drug use;** None **HIV and Hepatits risk:** no. **Prev:HIV High risk behavior** no:

Caffeine use (drinks/day): 2 **Prev:Caffeine use;** 2
Sweet Tea use (drinks /day): 1 **Prev. Sweet tea use:** 1 **Exercise (times/week):** 5 **Prev: Exercise;**5 **Seatbelt use:** 100 %
Prev: Seatbelt use;100 **Sun exposure:** frequently **Prev:Sun exposure;**frequently

HEALTH MAINTENANCE

Flu Vaccine: 2012 (03/13/2013 3:25:13 PM)
Pneumovax Vaccine: declines (03/13/2013 3:25:13 PM)
Tetanus Immunization: 2005 (03/13/2013 3:25:13 PM)
Hemoccult Test: guaiac negative (08/09/2011 10:18:02 AM)
Colonoscopy: 2005 Dr Blestel. 3 hyperplastic polyps (10/09/2007 8:21:49 AM)
PSA: 0.98 (09/20/2013 11:13:50 AM)
PROSTATEEXAM: no enlargement or nodularity (08/09/2011 10:18:02 AM)

Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: 6/2011 (08/29/2011 3:07:52 PM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 7/2011 (08/29/2011 3:07:52 PM)EKG couple years ago (10/09/2007 8:21:49 AM)

Review of Systems

General: Patient denies see HPI, fevers, chills, sweats, anorexia, fatigue, malaise, weight gain,nausea, vomiting, constipation, diarrhea.
Cardiovascular: Patient complains of see HPI, chest pain. Patient denies palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema.
Respiratory: Patient denies see HPI, cough, dyspnea, excessive sputum, hemoptysis, wheezing.
Gastrointestinal: Patient denies see HPI, nausea, vomiting,diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice,heart burn.
MALE Genitourinary: Patient complains of see HPI. Patient denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, genital sores, impotence, decreased libido. scrotal pain

PHYSICAL EXAM

HEENT/NECK

General Appearance: obese. no acute distress.

CV/Lung/Chest

Respiratory effort: normal.
Resp Auscultation: no rales/rhonchi/wheezing,no adventitial sounds.
Cardio Auscultation: regular rhythm,normal rate,normal s1 s2;no murmurs,no rubs, no ectopy,no gallop, distant PMI

Cardio Periph: Circulation: no cyanosis,no edema, no varicosities.

GI/GU

Genitourinary Scrotum: no lesions, no cysts, no edema, no rash,non tender.
GU Penis: no lesions or discharge, normal, circumcised.

Assessment

Status of Existing Problems:
URI (ICD-465.9)
SPECIAL SCREENING MALIGNANT NEOPLASM OF PROSTATE (ICD-V76.44)
CANDIDIASIS, SKIN (ICD-112.3)
NEED PROPHYLACTIC VACCINATION&INOCULATION FLU (ICD-V04.81)
SKIN RASH (ICD-782.1)
HYPERLIPIDEMIA (ICD-272.4)
ESSENTIAL HYPERTENSION (ICD-401.9)
KNEE REPLACEMENT, RIGHT, HX OF (ICD-V43.65)
HEALTH MAINTENANCE EXAM (ICD-V70.0)
PEYRONIE'S DISEASE (ICD-607.89)
KNEE PAIN (ICD-719.46)
NEED PROPHYLACTIC VACCINATION&INOCULATION FLU (ICD-V04.81)
PREOPERATIVE EXAMINATION (ICD-V72.84)
ROUTINE GENERAL MEDICAL EXAM@HEALTH CARE FACL (ICD-V70.0)
UNSPECIFIED MYALGIA AND MYOSITIS (ICD-729.1)
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS (ICD-608.89)
LOCALIZED ADIPOSITY (ICD-278.1)
CHEST PAIN UNSPECIFIED (ICD-786.50)
URINARY FREQUENCY (ICD-788.41)
UNSPECIFIED HYPERTROPHIC&ATROPHIC CONDITION SKIN (ICD-701.9)
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (ICD-V76.51)
URGENCY OF URINATION (ICD-788.63)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
HYPERCHOLESTEROLEMIA (ICD-272.0)
CARPAL TUNNEL SYNDROME (ICD-354.0)
ROTATOR CUFF SYNDROME, RIGHT (ICD-726.10)
DERANGEMENT, LATERAL MENISCUS NOS (ICD-717.40)
DEGENERATIVE DISC DISEASE, CERVICAL SPINE, W/RADICULOPATHY (ICD-722.0)
DEGENERATIVE JOINT DISEASE, LEFT KNEE (ICD-715.96)
BENIGN PROSTATIC HYPERTROPHY, WITH URINARY OBSTRUCTION (ICD-600.01)
GERD (ICD-530.81)
DISORDERS, ORGANIC SLEEP APNEA, NOS (ICD-327.20)
HEALTH MAINTENANCE EXAM (ICD-V70.0)
SCREENING FOR MALIGNANT NEOPLASM, PROSTATE (ICD-V76.44)

Updated Medication List:
PREVACID 30 MG CPDR (LANSOPRAZOLE) 1 po qd
GABAPENTIN 300 MG CAPS (GABAPENTIN) 1 po qhs
LIVALO 2 MG TABS (PITAVASTATIN CALCIUM) 1 po qhs
LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TABS (LISINOPRIL-HYDROCHLOROTHIAZIDE) 1 tab po qdialy

New Orders:
CBC w/ Diff [CPT-85025]
Comprehensive Metablolic Panel [CPT-80053]
MAGNESIUM [622]
TSH [CPT-84443]
EKG w/ Interpretation [CPT-93000]
Nuclear Stress Test - Lexiscan [CPT-78452]
Ofc Vst, Est Level III [CPT-99213]
Ofc Vst, Est Level IV [CPT-99214]
Referral [CPT-test1]

Assessment and Plan

Problem # 1:
CHEST PAIN UNSPECIFIED (ICD-786.50)

Will check labs. Will refer for a nuclear stress test. EKG performed and interpreted by Dr.Burnett. He is instructed to go to the ER or call 911 if he starts having chest pain again. He reported understanding.

Problem # 2:
ESSENTIAL HYPERTENSION (ICD-401.9)

Continue the Lisinopril and HCTZ.

Problem # 3:
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS (ICD-608.89)

Will refer to urology for scrotal pain.

Updated Orders:
CBC w/ Diff [CPT-85025]
Comprehensive Metablolic Panel [CPT-80053]
MAGNESIUM [622]
TSH [CPT-84443]
EKG w/ Interpretation [CPT-93000]
Nuclear Stress Test - Lexiscan [CPT-78452]
Ofc Vst, Est Level III [CPT-99213]
Ofc Vst, Est Level IV [CPT-99214]
Referral [CPT-test1]

]

Electronically signed by WENDY S MURRAY on 03/19/2014 at 11:05 AM

Carolina Medical Affiliates
1330 Boiling Springs Road Suite 2500 Spartanburg, SC 29303
(864) 585-5433 Fax: (864) 591-4053

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

03/26/2014 - Office Visit
Provider: WENDY S MURRAY
Location of Care: Carolina Medical Affiliates

Office Visit

History of Present Illness
Room Number: 404
Chief Complaint: F/U
-here today for a follow up visit
-reports no more episodes of chest pain
-thinks it may be related to hiatal hernia or GERD
-he denies chest pain, dyspnea
-reports BP is under control
-has stopped the Livalo due to elevated AST on last visit

Vital Signs
Height: 65.50 inches
Prev Wt. 232 **Weight:** 232 pounds
Pulse rate: 78
Respirations: 18
Blood Pressure: 140/90 mm Hg
Body Mass Index: 38.16

Past History
Past Medical History (reviewed - no changes required): High Blood Pressure, Cholesterol
Reflux, Arthritis
colonoscopy Dr Blestel 2005 several polyps Told 4-5 yr followup. NOt precanceroous polyps/ also had fissure.
Surgical History (reviewed - no changes required): 2-2007 right rotator cuff (Dr Singleton)
right knee scope
Family History (reviewed - no changes required): Cancer:4 uncles(stomach, lung, sq cell ca lip, stomach.
Diabetes: father
Heart disease: father d 49, died to blood clot to heart.
Hypertension: father, brother
Mother CVA age 59: in her 80's now. Still active.
Social History (reviewed - no changes required): Timken
Denies smoking, ETOH or illicit drugs

Risk Factors
Smoking Status: never smoker
Passive smoke exposure; no **Smokeless Tobacco Use:** no
Prev: Alcohol use; no **Prev: Drug use;** None **HIV and Hepatits risk:** no **Prev:HIV High risk behavior** no:
Caffeine use (drinks/day): 2 **Prev:Caffeine use;** 2
Sweet Tea use (drinks /day): 1 **Prev. Sweet tea use:** 1 **Exercise (times/week):** 5 **Prev: Exercise;5 Seatbelt use:** 100 %
Prev: Seatbelt use;100 **Sun exposure:** frequently **Prev:Sun exposure;**frequently

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

HEALTH MAINTENANCE

Flu Vaccine: 2012 (03/13/2013 3:25:13 PM)
Pneumovax Vaccine: declines (03/13/2013 3:25:13 PM)
Tetanus Immunization: 2005 (03/13/2013 3:25:13 PM)
Hemoccult Test: guaiac negative (08/09/2011 10:18:02 AM)
Colonoscopy: 2005 Dr Blestel. 3 hyperplastic polyps (10/09/2007 8:21:49 AM)
PSA: 0.98 (09/20/2013 11:13:50 AM)
PROSTATEEXAM: no enlargement or nodularity (08/09/2011 10:18:02 AM)

Stress EKG: never (10/09/2007 8:21:49 AM)
Chest Xray: 6/2011 (08/29/2011 3:07:52 PM)
Cardiac Cath: never (10/09/2007 8:21:49 AM)
ECHO: never (10/09/2007 8:21:49 AM)
Bone Density: never (10/09/2007 8:21:49 AM)
Ophthalmology Exam: 7/2011 (08/29/2011 3:07:52 PM)EKG
couple years ago (10/09/2007 8:21:49 AM)

Review of Systems

General: Patient denies see HPI, fevers, chills, sweats, anorexia, fatigue, malaise, weight gain,nausea, vomiting, constipation, diarrhea.
Cardiovascular: Patient denies see HPI, chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema.
Respiratory: Patient denies see HPI, cough, dyspnea, excessive sputum, hemoptysis, wheezing.

PHYSICAL EXAM

HEENT/NECK

General Appearance: well nourished;well hydrated,no acute distress,well developed.

CV/Lung/Chest

Respiratory effort: normal.
Resp Auscultation: no rales/rhonchi/wheezing,no adventitial sounds.
Cardio Auscultation: regular rhythm,normal rate,normal s1 s2,no murmurs,no rubs, no ectopy,no gallop.
Cardio Femoral arteries: symmetric,no bruits,pulses palpable.
Cardio Periph. Circulation: no cyanosis,no edema, no varicosities.

GI/GU

Gastrointestinal Abdomen: soft, non-tender, no masses, bowel sounds normal.
Gastro Liver and Spleen: no palpable organomegaly.
Gastro Hernia: no hernias.

Assessment

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Status of Existing Problems:
UNSPECIFIED DISORDER OF MALE GENITAL ORGANS (ICD-608.9)
URI (ICD-465.9)
SPECIAL SCREENING MALIGNANT NEOPLASM OF PROSTATE (ICD-V76.44)
CANDIDIASIS, SKIN (ICD-112.3)
NEED PROPHYLACTIC VACCINATION&INOCULATION FLU (ICD-V04.81)
SKIN RASH (ICD-782.1)
HYPERLIPIDEMIA (ICD-272.4)
ESSENTIAL HYPERTENSION (ICD-401.9)
KNEE REPLACEMENT, RIGHT, HX OF (ICD-V43.65)
HEALTH MAINTENANCE EXAM (ICD-V70.0)
PEYRONIE'S DISEASE (ICD-607.89)
KNEE PAIN (ICD-719.46)
NEED PROPHYLACTIC VACCINATION&INOCULATION FLU (ICD-V04.81)
PREOPERATIVE EXAMINATION (ICD-V72.84)
ROUTINE GENERAL MEDICAL EXAM@HEALTH CARE FACL (ICD-V70.0)
UNSPECIFIED MYALGIA AND MYOSITIS (ICD-729.1)
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS (ICD-608.89)
LOCALIZED ADIPOSITY (ICD-278.1)
CHEST PAIN UNSPECIFIED (ICD-786.50)
URINARY FREQUENCY (ICD-788.41)
UNSPECIFIED HYPERTROPHIC&ATROPHIC CONDITION SKIN (ICD-701.9)
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (ICD-V76.51)
URGENCY OF URINATION (ICD-788.63)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
HYPERCHOLESTEROLEMIA (ICD-272.0)
CARPAL TUNNEL SYNDROME (ICD-354.0)
ROTATOR CUFF SYNDROME, RIGHT (ICD-726.10)
DERANGEMENT, LATERAL MENISCUS NOS (ICD-717.40)
DEGENERATIVE DISC DISEASE, CERVICAL SPINE, W/RADICULOPATHY (ICD-722.0)
DEGENERATIVE JOINT DISEASE, LEFT KNEE (ICD-715.96)
BENIGN PROSTATIC HYPERTROPHY, WITH URINARY OBSTRUCTION (ICD-600.01)
GERD (ICD-530.81)
DISORDERS, ORGANIC SLEEP APNEA, NOS (ICD-327.20)
HEALTH MAINTENANCE EXAM (ICD-V70.0)
SCREENING FOR MALIGNANT NEOPLASM, PROSTATE (ICD-V76.44)

Updated Medication List:
PREVACID 30 MG CPDR (LANSOPRAZOLE) 1 po qd
GABAPENTIN 300 MG CAPS (GABAPENTIN) 1 po qhs
LIVALO 2 MG TABS (PITAVASTATIN CALCIUM) 1 po qhs
LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TABS (LISINOPRIL-HYDROCHLOROTHIAZIDE) 1 tab po qdialy

New Orders:
Hepatic Function Panel [CPT-80076]
Nuclear Stress Test - Lexiscan [CPT-78452]

Assessment and Plan

339

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Problem # 1:
CHEST PAIN UNSPECIFIED (ICD-786.50)

Still awaiting stress test. Reports no further chest pain. BP better today. He is taking ASA q d.

Problem # 2:
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS (ICD-608.89)

Has an appt next week with urologist.

Problem # 3:
OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS (ICD-790.5) - New Problem

Will recheck Liver Panel. He has stopped the Livalo and not taking any Tylenol. Will revisit lipids after tests and stress test are resulted.

Updated Orders:
Hepatic Function Panel [CPT-80076]
Nuclear Stress Test - Lexiscan [CPT-78452]

]

Electronically signed by WENDY S MURRAY on 03/26/2014 at 11:02 AM

JAMES J OSMENT Home: (864) 489-4006
Male DOB: 11/13/1949 1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

04/01/2014 - Diagnostic Procedure: Lexiscan
Provider: STEPHEN CHERRY MD
Location of Care: Carolina Medical Affiliates

Nuclear Medicine Lexiscan Study:

Resting:
Normal Sinus Rythym
Old inferior MI

Stress:
Normal Sinus Rythym

Recovery:
Normal Sinus Rythym
Technologist: Babb Doug
Interpreting Physician: Cherry MD Stephen

Dose:
Rest Dose: 15.4 mCi of myoview at 0805 am.
Stress Dose: 45.3 mCi of myoview at 0935 am.

Name: JAMES J OSMENT **Date of Exam:** 04/01/2014
DOB: 11/13/1949 **SSN:** 248-82-1547
Gender: Male **Chart No.** 1008296
Ordering Physician: Cherry MD Stephen **Referring Physician:** Murray, NP
Interpreting Physician: Cherry MD Stephen **Technologist:** Babb Doug

Symptoms/Reason for Exam: chest pain

Clinical History:
Male 64 Years Old with chest pain
Cardiac Risk Factors Include: HTN, NPO, FAMILY HX OF CAD.

Previous Cardiac Procedures Include:
Patient has not previously experienced a MI.
The patient had a routine stress test and the results were negative.
The patient has not had any previous cardiac caths.
The patient has not had any previous CABG's performed.

Procedure:
The patient had 0.4mg of Lexiscan. The patient did perform low level exercise with infusion. The HR was 71 bpm at a baseline and was105 bpm at peak infusion. Resting BP was 168/102 mm Hg, and peak BP was 150/96 mm Hg. The BP response was normal. The patient experienced the following symptoms during the procedure: noneDysrhythmias: no

The EKG shows a equivocal stress test. The patient had myocardial perfusion imaging peformed using a same day protocol with the injection of 15.4mCi of Tc 99m-Myoview at rest and the injection of 45.3 mCi of Tc 99m-Myoview at peak infusion. Imaging was performed by gated tomographic tecnique after stress test.

JAMES J OSMENT
Male DOB: 11/13/1949

Home: (864) 489-4006
1008296Ins: BLUE CROSS BLUE SHIELD PPC Grp: 015788

Findings:

Ejection Fraction calculated to be 64%.
Normal wall motion. LV size is normal. RV size is normal.
Partially fixed defect found in the inferolateral wall/s.

Impression:

Abnormal study. Evidence of inferolateral MI and inferolateral ischemia (watershed ischemia)
Normal LVEF 64%.

Electronically signed by STEPHEN CHERRY MD on 04/01/2014 at 2:33 PM

SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG, SOUTH CAROLINA

CARDIAC CATH

PATIENT NAME: OSMENT, JAMES J
MEDICAL RECORD #: 820468
ACCOUNT NUMBER: 1409300666
DATE OF BIRTH: 11/13/1949
DATE OF SERVICE: 04/04/2014
ROOM:

PROCEDURES PERFORMED
Coronary stent to the left circumflex artery, coronary angioplasty of the obtuse marginal artery, left heart catheterization, left ventriculography and bilateral selective coronary arteriography (via right radial artery).

INDICATION
Recent chest pain consistent with unstable angina, abnormal nuclear stress test showing inferolateral ischemia.

PROCEDURAL DETAIL
Percutaneous right radial arterial approach. Initially, a 5-French sheath was placed and a 5-French multipurpose A2 catheter was used for the complete diagnostic procedure. After careful review of the images, it was decided to proceed with intervention of the left circumflex and obtuse marginal arteries. The sheath was exchanged for a 6-French sheath to facilitate kissing balloon inflations. The guide catheter was a 6-French XB 4.0. Three run-through wires were used. Wires were placed initially in the obtuse marginal artery and the left circumflex artery prior to dilatation. The obtuse marginal artery was dilated with a 3.5-mm balloon. The left circumflex artery was then predilated with a 4.0-mm balloon and then stented with a Premier 4.0 mm x 16 mm drug-eluting stent, which was deployed at less than nominal pressure. The obtuse marginal wire was then removed and a new wire was placed in the obtuse marginal artery through the side struts of the stent. Afterward, balloon inflation was performed in the obtuse marginal artery and then high-pressure inflation was performed in the stent in the circumflex artery using a 4.0 mm x 15 mm noncompliant balloon at 18 atmospheres. Finally, kissing balloon inflations were performed with 3.5-mm balloon in the obtuse marginal artery and a 3.0-mm balloon in the left circumflex artery. Angiographic results were excellent. There were no apparent complications. Angiomax was used during the procedure and allowed to terminate afterward. The patient was loaded with Effient.

HEMODYNAMIC DATA
Left ventricular pressure 130/22. No systolic gradient on pullback across the aortic valve. Final aortic pressure 143/86 with mean of 111.

LEFT VENTRICULOGRAM
Normal size and contractility, except there is a tiny amount of contrast remaining in pouch in the inferior apex. Ejection fraction is estimated at 75%. The mitral valve is competent. The aortic root is mildly dilated.

LEFT CORONARY ARTERY
The left coronary artery is large and widely patent except for 90% stenosis in the left circumflex artery and moderate stenosis at the origin of the first marginal artery.

RIGHT CORONARY ARTERY (DOMINANT)
Mild diffuse plaque, but no severe stenosis.

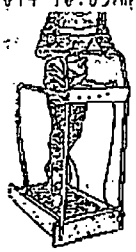
POST PERCUTANEOUS CORONARY INTERVENTION RESULTS
The left circumflex is widely patent with essentially 0 residual. The first marginal has mild ostial residual, less than 30%.

FINAL DIAGNOSES
1. Normal left ventriculogram with estimated ejection fraction of 75%.
2. Elevated left ventricular filling pressure of 22 mmHg.
3. Mildly dilated aortic root.
4. Severe single-vessel coronary artery disease involving the left circumflex/obtuse marginal artery bifurcation. Mild disease in the right coronary artery.
5. Successful complex intervention with stenting of the left circumflex artery and angioplasty of the first obtuse marginal artery with kissing balloon technique with excellent angiographic results and no apparent complication.

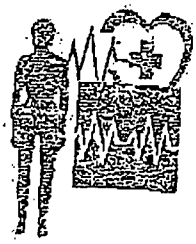
RECOMMENDATIONS
Continue aspirin, Effient, statin and ACE inhibitor. Follow up in the office with me in about 1 week.

DICTATED BY: STEPHEN R. CHERRY, M.D., FACC, FSCAI, FASNC
D:04/04/2014 16:07:21
T:04/05/2014 00:19:53/pn
1506983/1313062

cc: ANNETTE BENNETT-BURNETT, MD



A Fax From: Cardiac & Pulmonary Rehabilitation



Sent to: Dr. S. Cherry
Attention:
Sent from:
Fax number: (___) ___-____
Number of pages including cover letter: 2
Date: 4.9.14

Document/patient name or number: James J. Osment 11-13-49

Comments:

Fax number: (864) 560-4245
Phone number: (864) 560-4250

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SPARTANBURG
Regional Healthcare System

☐SRMC ☐SHRC ☐BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height: Weight:

Allergies:

CHECK OFF EACH ORDER AS TRANSCRIBED

PHYSICIANS ORDER FORM

Cardiac Rehabilitation Admission Orders

Admit to Outpatient Cardiac Rehab Program

TIME

DATE 4-9-14

Diagnosis: CAD Stent 413.9 Date of Event: 4-4-14

Schedule the tests indicated below if not already available:

PRIOR TO STARTING EXERCISE:

☐ [illegible] test

☐ Entrance stress test

☐ Exit stress test

At 4-6 WEEKS draw:

☐ Complete lipid profile

☐ Complete liver panel

Other: Orientation 4-15-14

Begin exercise 3 times per week and gradually increase duration 5-20 minutes over next 2-3 weeks, using one of the following guidelines:

☑ Target Heart Rate of 60-85% of maximum heart rate on recent exercise stress test

☐ Target Heart Rate of 20-30% above resting heart rate average from first 1-3 visits (<125 bpm).

☑ Rate of perceived exertion of 10-12 on Borg Scale

Other:

Other admission orders:

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

REMINDER: VERIFY & READ BACK

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN PRINTED NAME: D. S. Cherry

PHYSICIAN SIGNATURE

PATIENT NAME: James D. Osment 11-13-49

Patient Label

248-32-1547 (864) 489-4006

205 Spartanburg Rd.

Lyman, SC 29340

Carolina Medical Affiliates
Suite 2500 North Grove Medical Park
Spartanburg, SC 29302

346

04/09/2014 10:09AM (GMT-04:00)

8 South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1008356

Claimant's Name: James Osment
Address: 205 Fortenberry Road
City: Gaffney State: SC Zip: 29340
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: John Hawkins, The Hawkins Law Firm

Employer's Name: The Timken Company
Address: 100 Timken Road
City: Gaffney State: SC Zip: 29341
Carrier: The Phoenix Insurance Co.
Preparer's Phone #: (864) 574-8801

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

1. Compensation Rate: $689.71 2. AWW: $1,079.46 **Date of Injury:** 05/20/2010
3. Type of injury and body part(s): Right knee, Right Leg, Right Hip, Right Foot & Back.
4. Facts in controversy: Compensability of Right Leg, Right Hip, Right Foot & Back.; MMI?; Whether claimant is Permanently & Totally Disabled? Permanent Partial Disability for the above body parts? Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 2d 593 (S.C. App. 1999). **TTD owed from 9/9/2013 to the present.**
5. Legal issues involved: S.C. Code Ann § 42-1-160(Case Compensable)(Injury & personal inj defined);42-15-60(Entitled to Medical Care); 42-9-30 Scheduled Member (Partial Permanent Disability to a Scheduled Member) 42-9-10 Total Disability: 42-9-20 Partial Disability Compensation Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 2d 593 (S.C. App. 1999). Did Timken make an offer directly to the claimant for sedentary employment? SSR 96-9p: Policy Interpretation Ruling Titles II and XVI: Determining Capability to do other Work-Implication of a Residual Functional Capacity for Less Than a Full Range of Sedentary Work.
6. Unusual aspects: Utica Mohawk & Lump Sum
7. Witnesses (designate if expert):* James Osment, Claimant
8. Exhibits: Medical Records of Claimant; Retirement Election Form; Deposition of Rick Poston; Deposition of Raymond Sarratt, Deposition of Anthony Sanchez; Deposition of Bobbie Griffin (upon scheduling and receipt)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See Notice of Witnesses and Written Reports (APA Submissions)
10. Name, address, and specialty, if any, of the treating physician: Peachview Medical Park, 722 Hyatt St., Suite C, Gaffney, SC 29341; Company doctors at The Timken Company; Grady Orthopaedics, 480 Floyd Road, Sptbg, SC 29307; Orthopedic Specialties of Spartanburg, 303 East Wood Street, Spartanburg, SC 29303
11. Impairment rating(s); body part(s); physician and date of opinion: On 8/22/2012, Dr. Anthony Sanchez gave the claimant a 20% whole person impairment rating and a 50% lower extremity impairment rating.
    On 6/16/2014, Dr. Anthony Sanchez gave the claimant a 20% impairment rating to his right hip.
12. I am amending my Form 50/51 in the following manner: N/A

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to South Lewis, Willson Jones Carter & Baxley, 872 S. Pleasantburg Drive, Greenville, SC 29607 on the 11th day of September, 2014 by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Randy Taylor for John Hawkins
Email: john@hawkinslawsc.com
Date of hearing: September 26, 2014
Time needed for hearing: 1 hour

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

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

James Osment Employee/Claimant, v. The Timken Company Employer, and Phoenix Insurance Company Defendants.	**SUPPLEMENTAL** NOTICE OF WITNESSES AND WRITTEN REPORTS/PHYSICIANS OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF **James Osment** Hearing Date: 09/26/2014 at 2:30 p.m. WCC FILE NOS.: 1008356

TO: THE HONORABLE COMMISSIONER SUSAN BARDEN SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; AND J. SOUTH LEWIS II, ATTORNEY FOR DEFENDANTS.

YOU ARE HEREBY NOTIFIED that the Employee pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence as direct evidence on behalf of the Employee, to wit:

APA #	NAME	PROVIDER	DATE	PAGES
15	Deposition of Bobbie Griffin		09/24/2014	347-380

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

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

YOU ARE HEREBY NOTIFIED that the following witnesses may be called on behalf of the Employee/Claimant.

James Osment, Claimant
Rick Poston, Senior HR Health and Safety Analyst
Raymond Sarratt, Manager over Maintenance and Equipment
Bobbie Griffin, Insurance Adjuster

Respectfully submitted,

Randy Taylor for

John Hawkins
THE HAWKINS LAW FIRM
Attorney for the Employee/Claimant
PO Box 5048
Spartanburg, SC 29304
(864) 574-8801
(864) 574-8810 (Facsimile)
john@hawkinslawsc.com

September 25, 2014

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
COUNTY OF SPARTANBURG

JAMES OSMENT,

Employee,

vs. WCC NO. 1008356

TIMKEN,

Employer,

and

THE PHOENIX INSURANCE COMPANY,
Insurer.

DEPOSITION OF:	BARBARA GRIFFIN
DATE:	September 24, 2014
TIME:	11:00 a.m.
LOCATION:	Law Offices of Wilson, Jones, Carter & Baxley, P.A. 6701 Carmel Road, Suite 475 Charlotte, South Carolina
TAKEN BY:	Counsel for the Employee
REPORTED BY:	CAROLYN M. BEAM Court Reporter

A. WILLIAM ROBERTS, JR., & ASSOCIATES

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Columbia, SC (803) 731-5224	Greenville, SC (864) 234-7030	Charlotte, NC (704) 573-3919

APPEARANCES OF COUNSEL:

ATTORNEYS FOR JAMES OSMENT:

THE HAWKINS LAW FIRM
BY: C. LOGAN ROLLINS
420 River St.
Greenville, SC 29601
(864) 574-8801
logan@hawkinslawsc.com

ATTORNEYS FOR TIMKEN and THE PHOENIX INSURANCE COMPANY:

WILSON JONES CARTER & BAXLEY
BY: J. SOUTH LEWIS, II
872 S. Pleasantburg Drive
Greenville, SC 29607
(864) 527-3280
jslewis@wjlaw.net

(INDEX AT REAR OF TRANSCRIPT)

BARBARA GRIFFIN

being first duly sworn, testified as follows:

EXAMINATION

BY MR. ROLLINS:

Q. Good morning, Ms. Griffin. My name is Logan Rollins.

A. Good morning.

Q. I represent -- or I'm one of the attorneys who represents the claimant, Mr. Osment, in his Workers' Comp claim. Have you given a deposition before?

A. Yes.

Q. Okay. Well, have you given one under -- in South Carolina or under -- for a South Carolina claim?

A. No, because it was several years ago, before -- no, not a South Carolina.

Q. Okay. It's -- it's a very similar process. Basically, I'm just going to ask you questions. And like I said, it -- it won't take very long. I'm going to assume that you understand the questions. And if you give me an answer, it's that you understood the question. If you -- if you need clarification, be sure to ask me. You can't --

A. Okay.
Q. -- ask your attorney. If you need a break, again, just let me know. If -- the second you need a break, just tell me, we'll take one --
A. Okay.
Q. -- for as long as you need. Any questions about any of that?
A. I don't think so.
Q. Okay. Now, could you state your full name for the record, please?
A. It's Barbara Griffin. And I go by Bobbie.
Q. B-O-B-B-I?
A. E.
Q. B-O-B-B-I-E?
A. Uh-huh. Yes, sir.
Q. And you're employed by Travelers?
A. Yes.
Q. Is that correct? And what is your job title there?
A. Workers' comp adjustor. Managing North and South Carolina work comp claims.
Q. And how long have you been with Travelers now?
A. Been with Travelers 18 years. I've

been a workers comp adjustor actually for about 32. But with --

Q. Okay.

A. -- Travelers, it's 18.

Q. All right. And it looks to me like -- and you don't have to tell anything about conversations that you had --

A. Okay.

Q. -- with South after you retained him. But it looks like you retained him around September of 2013. Is that about your recollection?

A. I believe that's -- yes.

(PLF. EXH. 1, Email string, Subject James Osment, dated September 12, 2013, marked for identification.)

BY MR. ROLLINS:

Q. And I'm basing that on what we'll mark -- what we've already marked as Exhibit 1, which is a letter between you and Mr. Poston. You reference that you retained him.

A. Okay.

Q. Okay. Now, your relationship between Travelers and Timken is -- how many Timken -- do you handle all of Timken's claims, as far as adjusting?

A. All of North and South Carolina. I think they have offices in other states, Georgia, I'm not sure.

Q. Okay.

A. I think they're all over. But I do. I --

Q. You handle all --

A. -- handle North and South Carolina.

Q. Okay. Now is Timken self-insured, up to a point, or is the relationship between you and Timken just insurance carrier and --

A. I believe they're self-insured, up to a point.

Q. Okay. Do you know what that point is?

A. I don't.

Q. Okay. Is Timken the only client you handle or --

A. Oh, no. No, I have --

Q. Okay.

A. I have about 190 claims --

Q. Okay.

A. -- here on about --

Q. Okay.

A. -- I-don't-know-how-many accounts, maybe 10 or 12. I'm not sure.

Q. Okay. So percentage-wise, as best you can estimate, what does Timken constitute in your work?

A. I'm not sure. Maybe -- maybe 30 percent of the claims, I'm not sure.

Q. Okay. Is -- and I'm not going to ask you how much money you make. But as far as income, do you receive money directly from Timken?

A. No, sir.

Q. No -- no incentive base pay? Nothing comes from Timken directly?

A. No. No, sir.

Q. It's all Travelers?

A. Sure.

Q. Okay. And it looks like you -- is Rick Poston the person you deal with for all South Carolina Timken --

A. No.

Q. -- claims?

A. There's several plants. He is in Gaffney --

Q. Okay.

A. Gaffney, South Carolina.

Q. So any injury that occurs in Gaffney, is he the person you deal with?

A. Yes.

Q. Okay. So whatever communications you've had about a claim with somebody at Timken would -- would it -- would Poston be the only person you would talk to about it?

A. Possibly could get an email from Chris Royer, who is the corporate contact.

Q. Do you know what -- how to spell that last name?

A. R-O-Y-E-R.

Q. Is he located in Gaffney or is he not --

A. No. He is in Canton, Ohio.

Q. Okay. So he's -- he's on up the food chain in --

A. Yes, sir.

Q. -- in the process? But as far as day-to-day monitoring, it would be Mr. Poston; is that right?

A. Yes.

Q. Now, is -- is Poston the one who makes the call about whether Timken can accommodate work restrictions for a claimant who has a work-related injury?

A. That's my understanding, that, yes,

that he's the one I --

Q. Do you know what the process is? Or you just -- he tells you if they can do it or can't and then you act based on what he tells you?

A. That's right. Because I have visited that plant before, several years ago. But I'm not familiar with the -- so he would be the one that would let me know.

Q. Okay. So and I'm just saying because some -- BMW, for example, farms out that process to a third party entity, to run all the positions they have. So do you know what that process is, whether they do that?

A. They do not. That's -- Mr. Poston is the one that --

Q. Okay. So whatever that decision is, he would be the one who -- who would make it?

A. He'd probably make -- touch base with Mr. Royer. I'm not sure. But --

Q. Okay.

A. -- basically he is the contact.

Q. And I know you're not fully conversant with those in-house procedures. But I'm -- just to the best of your knowledge is what I'm asking. So you -- do you -- you take the job restrictions, you

tell Mr. Poston what they are, and he tells you whether they can be accommodated. Is that the general --

A. Yes.

Q. -- procedure?

A. Once we get restrictions from the doctor. Obviously, I have to let him know and...

Q. And if -- what restrictions had you -- and again, looking at Exhibit 1, what restrictions did Mr. Osment have, to the best of your recollection, at the time this series of correspondence was engaged in?

A. I don't remember the exact restrictions. I know that -- all I could say is that, at one point, it was, I think, sedentary work only. I'm not sure. But I do know that Mr. Poston had said, you know, whatever the restrictions were -- they're really great about being able to accommodate. And so he had told me that they could accommodate. But as far as the specific work restrictions at that time, I -- you know, I don't -- don't recall. But of course, I did let him know. And he said that they could accommodate --

Q. Okay.

A. -- you know, all of the restrictions.

I think at one time, I remember reviewing the notes in the beginning, that they said that, sometimes he actually did -- I don't know his -- I, personally, don't know exactly all of his duties. But at one point, he did do some computer work. I don't know if it was programming the computer for the machines and it was sent down, you know, operating data input. But other than that, you know, I don't really know exactly what he had to do. I know that I relied on Mr. Poston and he did say that he reviewed the work restrictions; they could accommodate, you know, any -- any work restrictions.

(PLF. EXH. 2, Letter dated 09/23/2013, marked for identification.)

BY MR. ROLLINS:

Q. Okay. And then Exhibit 2. So correct me if I'm wrong, but it looks like he started out and -- and he went through the process. And Mr. Poston said, we can do a hundred percent sedentary duty. And then you conveyed that to Orthopedic Specialties by this letter?

A. That's right. I was simply letting the doctor know, you know, that they could accommodate.

Q. Okay. Now, is there any other document

that you're aware of, other than Exhibits 1 and 2, that shows any conversations that you had with Mr. Poston during this period of time when you're discussing what restrictions there are?

A. No, sir. I reviewed the file yesterday just to make certain that there were, you know, any -- it was all verbal. If he had sent me an email, it might be something along the lines of, yes, we can accommodate, something of this nature. And I probably just put a note in the file that they could accommodate. But as far as actual copies of documents or emails, no. But I did check yesterday. I did not locate any emails in -- in the file.

Q. Okay. And once Timken confirms that it can accommodate the restrictions the employee has, what does the employee do to get back to work? I mean, what does the -- who does the employee report to? For example, Exhibit 2 is cc'd to James Osment. Does James Osment contact you, as the sender of the letter, and say, where do I show up?

A. No, he would not contact me. I don't -- when a claimant's attorney-represented, I don't have conversation with them, with the injured worker. But Mr. Poston would be the one, you know,

that would -- to my understanding, would be the one that would let him know that they have work available and that Mr. Osment would discuss it with him, would be my understanding of it. But I --

Q. Okay.

A. -- would not call him up and --

Q. So, is it Mr. Poston's job to carry him the offer of employment?

A. Well, yes. Because I would -- I have no authority to offer a job.

Q. Okay.

A. So, yes.

Q. Now, in your conversations leading up to this letter that -- Exhibit 2, that was sent to the doctor, or after this letter was sent to the doctor, did Mr. Poston ever go up to Mr. Osment and say, we have a job, a sedentary job, for you?

A. I cannot answer that. I don't know what Mr. Poston would have said. I just know that he advised me that they do have work available. And it was my understanding that he did. But I cannot say for sure, obviously, because, you know, I wasn't there to -- to know what was actually said.

Q. Okay. And -- and you can read this

document. Do you need to read this again or are you familiar with what it says, Exhibit 1?

A. Okay.

Q. It looks like the -- correct me if I'm wrong. I don't --

A. Okay.

Q. -- want to put words in your mouth.

A. Okay.

Q. But it looks as if the reason you sent a letter, as opposed to a phone call or fax, was your concern about ex parte communications; is that correct?

A. Well, I wanted -- certainly, I wanted to be sure that I copied Mr. Osment on any correspondence. And the purpose of this letter was not to say -- to, obviously, convince Dr. Sanchez to write him back to work; I can't do that. I was just letting him know that that work was available and to expound.

Q. And again, when you say this letter, just for the record --

A. Uh-huh.

Q. -- you're referring to Exhibit 2 --

A. Okay.

Q. -- is that correct?

A. Okay.
Q. Okay?
A. Okay.
Q. So what was -- was the purpose of cc'ing James Osment on this letter, to make him aware or to prevent violation of ex parte communication rules?
A. I would say it was both. You know, to let him know that the letter was sent, so he would know that the letter was sent.
Q. Okay. And does Travelers have a mechanism that ensures that -- first of all, do you know whether James actually received this letter?
A. I can't prove that he did. I can say that he was copied. But I didn't call him and ask him if he received the letter. But he was copied on the letter.
Q. And does Travelers have a mechanism in place -- and I don't know. But is there some mechanism that ensures that if -- if the address at the top -- if the letter goes out to this address, that it -- it won't be sent out to Orthopedic Specialties if it's not simultaneously sent to James Osment? Is there some computer system that, when -- when this letter, Exhibit 2, goes out in

the mail --

A. Uh-huh.

Q. -- that there have to be two copies or it won't go out at all? I mean, is there any absolute way to prove that this letter actually went out in the mail at all?

A. We have what we call our electronic file cabinet. And -- where it shows where the letter was sent. So when I type the letter, I select the recipients, the doctor and then the second recipient, Mr. Osment. So that is in our electronic file cabinets. When we send the letters, we choose the primary recipient and the additional recipient as being copied, in other words.

Q. Okay. Does that -- is it just a box you check or does that prevent the letter from being sent at all, in -- what I'm getting at, is, if you go through that electronic file cabinet and it shows that a letter was sent, is that definitive proof that it actually was sent to James Osment as well as the doctor? Did you get a return receipt on this letter?

A. I did not send that return-receipt. I just sent that letter to the doctor and copied

Mr. Osment.

Q. Okay. Do you remember actually putting it in the mail to Mr. Osment?

A. Well, I can't swear. But he was copied on it. I mean, obviously, I won't say that I -- I do swear that the letter went out in the mail.

Q. Okay. Do you know what address you would have sent it to?

A. I don't have that in front of me, I don't.

Q. Do you recall what the job title or -- was that James -- that was available for James?

A. I do not recall the job title.

Q. Do you remember what he would have been doing, other than that it was sedentary work?

A. I do not -- before the injury, his job was not completely sedentary. Like I said, he did data entry, computer. And -- don't really know. I better say that I don't know.

Q. Okay.

A. I was going to say, probably he runs machines and inspects parts. But that, I don't -- I'm not familiar with, exactly what he did. But I know part of it --

Q. Okay.

A. -- was, you know, some computer data entry.

Q. Well, what I'm -- is Exhibit 1, the job that was being discussed here, that was a data entry job?

A. No, I don't know that. I don't know --

Q. Okay.

A. -- it was complete -- I do know that -- I don't know -- they have what they call a learning lab, as an example, where it's -- I don't know exactly what that involved. But I know it's called a learning lab, where it's sit-down work. So I don't know exactly all the duties that he would have been performing, other than to say Mr. Poston did advise me that -- that they do have -- Timken is really great about providing modified duty.

And I know that he did tell me that modified work restrictions would be available. And I believe that he said even -- I know with some circumstances, they even provide, like, a golf cart, transportation from the vehicle into the building. So -- but other than that, I'm not exactly sure what, you know, his job duties would have included, other than that they could accommodate, based on Mr. Poston's information to

me.

Q. Okay. And -- and it looks like, after he emailed you and said there was a totally sedentary job, you said, we'll need to talk about what the exact duties are. Did you ever have that conversation with him?

A. I don't remember.

Q. Okay.

A. I think the purpose of this, I was asking him about the letter that I was going to send to -- to the doctor, to spell out specifics about what he would be doing. But then he said that they could provide modified duty, a hundred percent, including sedentary. So that was my letter to -- to the doctor, just letting them know that they could accommodate all restrictions. But I think the purpose of this email must have been to ask him, did he want me to include any specifics in the letter?

But then he said they could accommodate anything, so that was what was said in the letter to the doctor, that they could accommodate any -- it says any and all work restrictions. That would include totally sedentary.

(PLF. EXH. 3, Questionnaire for Dr.

Anthony A. Sanchez, marked for identification.)
BY MR. ROLLINS:
Q. Okay. And if you can look at Exhibit 3. And these are the work restrictions provided --
MR. LEWIS: Can I -- let me look at it first.
MR. ROLLINS: I can give -- I brought a copy for you.
MR. LEWIS: Give her a minute to review that.
MR. ROLLINS: Sure. It's in on our APAs.
MR. LEWIS: Okay.
THE WITNESS: No squatting, crawling, stooping, kneeling, climbing, limited walking, carrying or lifting. This actually says limited walking, but they could accommodate totally sedentary.
BY MR. ROLLINS:
Q. Okay. So when you say totally sedentary, do you mean, no squatting, no crawling, no stooping, no kneeling, no climbing?
A. That's my understanding. And even to the extent that it's my understanding that they

could provide assistance with him actually walking into the building.

Q. Okay.

A. Now, that is my understanding. I rely on Mr. Poston. That's my understanding.

Q. Do you know how many hours a week that job was going to be?

A. I don't. I -- no, I don't know for sure.

Q. Do you know what the hourly wage would have been?

A. I don't recall his hourly wage or what it would have been. I'm pretty sure -- and I can't say a hundred percent. But I believe that the rate of pay would have been the same as he had been earning, to my understanding.

Q. Would this job have existed indefinitely, for ten years, if he wanted to work that long?

A. Oh, I can't say that. I mean, I don't know.

Q. Okay.

A. I would only assume so, but I cannot say for sure. That would be Mr. Poston's, you know, for him to say. And if it's okay to say,

Mr. Poston had told me -- I don't know if it was a conversation with Mr. Osment. But I can only say that it was his understanding that Mr. Osment was -- had -- had plans to retire. So...

Q. Okay. After this letter, Exhibit 2, was sent to the doctor, did -- did the doctor -- did you ever follow up with the doctor to see -- to see -- to get -- to request a response?

A. I didn't follow-up with him. I believe he -- and I didn't check that. But I believe that he responded with a short -- I'm going to say that I don't remember. I know that I did not follow-up with him. But I believe that he responded.

Q. Okay. Do you remember what he said?

A. I -- I'm sorry, I don't. I just don't -- I don't know.

Q. Okay. What -- when I asked you earlier about the purpose of the letter, you said it was, first of all, to avoid ex parte communication. Which I -- I genuinely appreciate, because not everybody does that these days. And second, you said it was to inform James of this job available, is that --

A. No, I didn't --

Q. -- correct?

A. The purpose of this letter was not to -- to inform Mr. Osment that the job was available and to talk with his employer, go in and talk with him. It's not my place or my position to offer the job to Mr. Osment. The purpose of this letter was simply to let the doctor know that any and all --

Q. Okay.

A. -- work restrictions were available. And of course, I would have copied Mr. Osment on that letter. But it's not -- I had no authority -- I'm not the employer, so I have no authority to offer the job. That was not the purpose of this letter. The purpose of this letter was to let Mr. Osment, you know, know I sent it and to let the doctor know that all restrictions could be accommodated. But I certainty did not offer that job.

Q. Okay. And is the letter in any way an invitation for James to take any action?

A. I don't know.

Q. Is he supposed to read it and -- and go to his employer and -- and ask about this job that's available?

A. I don't know, sir. But I would assume that would be up to him, how he understood the

letter. I just wanted to be sure that I copied him on the letter. So I don't know if, after that, if he went to Mr. Poston for a conversation. I don't know.

Q. Okay. Was he expected to go to -- to Mr. Poston?

A. I don't know, sir. I just know that I wanted to be sure --

Q. Okay.

A. -- that I copied him on it.

Q. But all that's up the employer, as far as --

A. That's --

Q. -- you're concerned?

A. -- my -- my thought is that would be up to Mr. Osment and his -- Mr. Poston, in management. It was my duty to let -- let him know that I sent the letter. And then, if he needed to talk with Mr. Poston after that, then that would be between them. I just wanted to be sure that he knew about the letter.

Q. Okay. And if that's not your -- your duty or you don't haven the authority to offer him a job, did you ever tell Mr. Poston that he needed to communicate the job offer?

A. I did not tell Mr. Poston that he needed to. He -- that is his place. And he --

Q. Okay.

A. -- informed me that, to my understanding, that the job was offered. But the -- that, obviously, that all work restrictions could have been accommodated.

Q. Okay.

A. But I certainly have no authority to tell Mr. Poston to offer the job.

Q. Okay. Is this job still available now?

A. I do not know. That could only be an assumption on my part that it is. But I can't say. I do not --

Q. Okay.

A. -- know.

Q. So you -- if James could start Monday, you don't know whether it would be available for him --

A. I don't --

Q. -- to go --

A. -- know that for sure. I would have to talk -- ask Mr. Poston. I don't know that for sure.

Q. Do you know whether this job was one

that somebody else was doing before that letter was sent in September of 2013? Or is it something that Mr. Poston was going to create for James?

A. Again, this is my understanding that it was not a created job, because it's work that needs to be done. Certainly, as far as the data entry, I believe they program into the machines, as to the size of the parts or whatever the work involves, as far as the data entry. Certainly, that needs to be done. That -- that is a job that's -- that needs to be done.

Q. Are you aware of anybody from -- from Timken or -- or anybody at all ever telling James that he had a guaranteed job, if he would come in and -- and be willing to work totally sedentary duty?

A. I can't -- I can't say that. I do not know.

Q. I don't think I have anything else. Do you know what department the job would have been in?

A. I don't, I'm sorry.

Q. And I know this is -- I know you don't know.

A. Some of it is kind of technical. I

don't -- I don't know the...

MR. ROLLINS: I don't think I have any other questions.

MR. LEWIS: I don't have any questions.

(The witness, after having been advised of her right to read and sign this transcript, waives that right.)

(The deposition was concluded at 11:24 a.m.)

CERTIFICATE OF REPORTER

I, Carolyn M. Beam, Court Reporter, and Notary Public for the State of North Carolina at Large, do hereby certify that the foregoing transcript is a true, accurate, and complete record.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 25th day of September, 2014, at Charlotte, Mecklenburg County, North Carolina.

_____

Carolyn M. Beam
Court Reporter
My Commission expires
August 26, 2017

I N D E X

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(No Information Requested)

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South Lewis

From: Griffin,Barbara Lee [BGRIFFIN@travelers.com]
Sent: Thursday, September 12, 2013 4:38 PM
To: Poston, Rickey T.; Royer, Christopher J. (Chris)
Subject: RE: James Osment

Rick:

Here's the thing. I can't call Dr.Sanchez to ask him if he would approve the administrative job. I would have to send a letter and have to copy Mr. Osment with the letter at the same time. And then I have to copy him with the response as well.
I confirmed this with defense attorney to be sure I was correct re. to exparte communication.

I can get a letter off tomorrow although I know time is of the essence. I could fax the letter but that means I would have to fax it to Mr. Osment at the same time. I seriously doubt he has a fax at home.

We can talk tomorrow about more specifics that you would want in the letter, namely exact job duties which I assume would be totally sedentary.

From: Poston, Rickey T. [mailto:rickey.poston@timken.com]
Sent: Thursday, September 12, 2013 4:12 PM
To: Griffin,Barbara Lee
Cc: Royer, Christopher J. (Chris)
Subject: RE: James Osment

Bobby,
Just met with the department and we are willing to accommodate almost any restriction to get this indefinite out lifted. We have a job where he can work in the admin building at a desk 100 % of the time.. If you can get the Dr. to approve...Call me when you get a chance, he has told his supervisor that he plans to retire in December.....

Rick Poston
Senior HR Health and Safety Analyst
Gaffney Bearing Plant
864-487-2637

cid:image001.

From: Griffin,Barbara Lee [mailto:BGRIFFIN@travelers.com]
Sent: Thursday, September 12, 2013 2:20 PM
To: Poston, Rickey T.
Subject: James Osment

Hi

Chris Royer just emailed me back that he is fine with South Lewis being assigned to the claim.

Actually you will get to meet him Wednesday. He is coming to our file review.



Bobbie Griffin
Claim Representative
Workers Compensation

TRAVELERS

The Phoenix Insurance Co
P.O. Box 473502
Charlotte, NC 28247-3502

09/23/2013

Orthopedic Specialties Of Spar
303 East Wood St
Spartanburg, SC 29303

Employer:	The Timken Company
Employee:	James Osment
Date of Loss:	05/20/2010
File Number:	026-CB-EHZ9292-A
State Case Num:	1008356

Attn: Orthopedic Specialties Of Spar

Please note that Mr. Osment's employer can accommodate any and all work restrictions, that would include totally sedentary duty.

Therefore, I respectfully ask that you outline the basis for taking Mr. Osment out of work.
What is your projected date for maximum medical improvement?
Thank you in advance for your time to address these questions.

Sincerely,

Barbara Griffin, Cl Rep
(704)544-3652 Fax: (877)389-4687
(800)759-6194 Ext.
BGRIFFIN@travelers.com
Workers' Compensation Unit

cc: James Osment



C25830

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TO: CHRIS

QUESTIONNAIRE FOR DR. ANTHONY A. SANCHEZ
James Osment v. Timken
WCC File No.:1008356

1. To a reasonable degree of medical certainty, which body parts listed below are causally related to James Osment's workplace accident of May 20, 2010.

- Y Back
- Y Right Hip
- ___ Left Hip
- X Right Leg
- ___ Left Leg
- ___ Other (Body Part) _____

2. Please state an impairment rating to the following body parts, as applicable.

Back	___%) TBD
Right Hip	___%)
Left Hip	___%
Right Leg	20 %
Left Leg	___%
Other _____	___%

3. Please state whether the claimant is at maximum medical improvement (MMI) with regard to the following body parts, and the date of the same.

Back	Yes ☐ No ☒	Date_____
Right Hip	Yes ☐ No ☒	Date_____
Left Hip	Yes ☐ No ☐	Date_____
Right Leg	Yes ☐ No ☐	Date_____
Left Leg	Yes ☐ No ☐	Date_____
Other _____	Yes ☐ No ☐	Date_____

4. Please state whether the claimant is totally and permanently disabled from his employment at Timken as a Maintenance Man due to his injuries.

Yes ☐ No ☐

Permanently - yes
Totally - No

5. Please state the claimant's permanent work restrictions.

No squatting, crawling, stooping, kneeling, climbing
Limited walking, carrying, lifting

PLAINTIFF'S EXHIBIT 3 Griffin

faxed + mailed 4-3-14 BE

6. Please state what future medical care is indicated on the part of the claimant.

Future surgery TKA Revis in 20 years : ? Back/Hip surg

Physical therapy Back, Hip, Knee

Pain management Back, Hip, Knee

Epidural steroid injections Back

Other Hip inject.

I state the above opinions as being most probable and to a reasonable degree of medical certainty.

Dr. Anthony Sanchez

3/19/14
Date

QUESTIONNAIRE FOR DR. ANTHONY A. SANCHEZ
James Osment v. Timken
WCC File No.:1008356

To a reasonable degree of medical certainty, Mr. James Osment has a 20 % impairment rating to his Right Hip.

Dr. Anthony Sanchez

6/12/14
Date

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CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

October 5, 2015



George Randall Taylor

John David Hawkins
South Carolina Bar No.5891
Charles Logan Rollins
South Carolina Bar No. 78395
George Randall Taylor
South Carolina Bar No. 10151
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