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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

ORIGINAL

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
Derrick L. Williams, Commissioner

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SC Court of Appeals

File No. W.C.C. 0031077
CCP 2013-CP-10-6723 (2010-CP-10-6041)
Appellate Case No. 2015-001001

Virgil A. Hoff, Employee,.....Respondent,

v.

Mead Westvaco, Self Insured Employer,.....Appellant.

RECORD ON APPEAL

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Rec'd 11/9/09

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0031077

VIRGIL HOFF, Employee,

Claimant,

vs.

MEAD WESTVACO, Employer, and

SELF-INSURED/MEAD WESTVACO, Carrier,

Defendants.

DECISION & ORDER

HEARING:

Held in North Charleston, SC, South Carolina on
August 27, 2009 at 11:00 AM.

APPEARANCES:

Claimant represented by The Steinberg Law
Firm, L.L.P., Charleston, South Carolina, with
David T. Pearlman, Esquire and Malcolm M.
Crosland, Jr., Esquire, appearing.

Defendants represented by Trask & Howell LLC,
with Kirsten L. Barr, Esquire, appearing.

PURPOSE OF THE HEARING:

To determine the issues as set forth on SCWCC
Form No. 50.

DECISION AND ORDER:

Derrick Williams, Commissioner

FILED:

October 29, 2009.

STIPULATIONS

FIRST: This claim was heard before the undersigned Commissioner on August 27, 2009, in accordance with notices timely and properly served upon all parties of interest.

SECOND: The parties had no objection to the jurisdiction of the Commission over the parties or the subject matter of this claim or to the venue of the Hearing in North Charleston County.

THIRD: The Claimant has an average weekly wage of \$897.41 making for an applicable compensation rate of \$507.34 per week applicable to this claim.

FOURTH: The Commission's file and the Commissioner's notes, with the exception of any self-serving declarations and unstipulated medical reports, were made a part of the record:

FIFTH: At all relevant times, the Claimant was an employee working for the Employer, MeadWestvaco, which employer was subject to the provisions of the South Carolina Workers' Compensation Act, therefore, the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues presented in this claim.

APA SUBMISSIONS AND EXHIBITS

The following medical records, documents, and depositions were submitted by the parties under the Administrative Procedure Act and the Regulations of the Commission, without objection:

On behalf of the Claimant:

APA #	PROVIDER	TYPE OF REPORT	DATED	NUMBER OF PAGES	PAGES
1	Russell Kitch, MD	Office notes	10/14/03-4/28/09	6	1-6

EXHIBIT	PROVIDER	TYPE OF REPORT	DATED	NUMBER OF PAGES	PAGES
2.	Mead Westvaco Personnel file	personnel file excerpt	6/16/00	1	7

On behalf of the Defendants:

APA #	PROVIDER	TYPE OF REPORT	DATED	NUMBER OF PAGES	PAGES
3.	MeadWestvaco Audiograms		5/12/81- 9/26/00	9	8-16
4.	MeadWestvaco		11/26/90- 12/13/99	6	17-22
5.	Joseph Sataloff, MD		4/21/04	2	23-24
6.	Robert Sataloff, MD, DMA		7/13/09	2	25-26
7.	Russell Kitch, MD		5/29/09	1	27
8.	Hearing Loss Calculation Chart		2/3/89-10/6/03	3	28-30
9.	29 CFR § 1910.95		4/1/04	16	31-46
10.	Joseph Sataloff, MD	CV	undated	4	47-50
11.	Robert Sataloff, MD, DMA	CV	2/18/09	98	51-148

STATEMENT OF THE CASE

This claim comes before the Commission upon the filing by the Claimant (hereinafter "Hoff") of a WCC Form No. 50, Claimant's Request for Hearing, dated April 29, 2009 and amended WCC Form No. 50, dated June 9, 2009. Hoff seeks compensation for disability caused by binaural hearing loss he asserts was caused by his employment with MeadWestvaco. The Defendants, by their WCC Form No. 51, Employer's Response to Claimant's Request for Hearing, dated May 28, 2009, deny the compensability of Hoff's hearing loss and had asserted various defenses to Hoff's claim for benefits under the Act.

The Defendants state Hoff's claim for binaural hearing loss was initially filed on October 14, 2003, and was not timely filed within the two (2) year statute of limitations for filing claims as set forth in Section 42-15-40, S.C. Code of Laws, 1976. The Defendants also claim they were not provided timely notice of Hoff's accident under Section 42-15-20, S.C. Code of Laws, 1976. Additionally, the Defendants assert Hoff's binaural hearing loss is not causally related to his employment at MeadWestvaco. Instead, the Defendants assert Hoff's hearing loss is more likely the result of aging, noise induced by hunting or Hoff's diabetes.

Hoff asserts that after completing high school in 1958 he obtained employment at the MeadWestvaco plant in North Charleston, South Carolina. Hoff last worked in the plant in October of 2000. From 1958 until the year 2000 Hoff never worked anywhere other than for the Employer, MeadWestvaco, in its North Charleston, South Carolina plant. Hoff asserts he was initially assigned to the paper machine area of the plant where very loud machines ran throughout his work shift. After he performed a brief apprenticeship in other areas of the plant, he returned to the paper machine area of the plant where he worked until approximately 1970 as a brokeman. In 1970, his job description changed to pipefitter/mechanic. He remained a pipefitter/mechanic in the paper machine area until the early 1990's when he was moved to the tool rooms located directly underneath the paper machine area. Hoff asserts that during the entire course of his employment at MeadWestvaco, he was subject to very loud noise exposure which caused injury to both his ears. He states he was not provided with foam ear plug hearing protection by the Employer until sometime in the early to mid 1970's. He states the foam ear plug hearing protection was not entirely effective in protecting his ears from the loud noises generated by the paper winding machines and

paper wooling machines located in the department where he worked.

BIOGRAPHICAL INFORMATION

Name: Virgil Hoff

Age: 69; DOB: 1/40

SSN:

Marital Status: Married

Military Background: N/A

Educational Background: 12th grade

Prior work history: None. Hoff has worked his entire working life for the Employer, MeadWestvaco.

REVIEW OF THE EVIDENCE

Hoff testified in addition to his APA submissions. The Defendants offered no testimony but relied on the cross examination of Hoff, and its APA submissions.

Hoff is sixty-nine (69) years old. He testified consistent with the biographical information set forth above. He graduated from the twelfth (12) grade. Following graduation he began employment in July of 1958 with Westvaco, the predecessor to the Defendant, MeadWestvaco Corporation. Other than working at Westvaco, Hoff stated he had no other employment during the course of his life. He last worked at the Westvaco plant in North Charleston, South Carolina, in October of 2000.

After beginning work for Westvaco in 1958, Hoff was assigned to the number 1 and number 2 paper machines. The number 1 and number 2 paper machines produced paper and were powered by steam motors. The steam motors are half as big as an automobile. Hoff remained assigned to the number 1 and number 2 paper machines for approximately eleven and a half (11 ½) years. While working at the number 1 and number 2 paper

machines, he performed shift work forty (40) hours per week eight (8) hours a day. Lunch was eaten at his work site near the number 1 and number 2 paper machines.

Hoff stated he was not provided any hearing protection whatsoever from when he began employment at Westvaco in 1958 through 1970. Prior to his employment at Westvaco, he was not exposed to any loud noises for a prolonged period of time. The paper machines he worked around generated loud, high frequency sound. He stated that if he stood next to a co-worker at a normal distance while speaking in a normal voice, his co-worker would not be able to understand him. During a normal shift working with the number 1 and number 2 paper machines, at least one machine operated continuously with no downtime. Hoff worked near the paper machines which were producing paper. He stated he had no reason to be near a machine that was not operating during the course of his shift.

In 1970, Hoff was moving into the pipe shop area of the plant as an apprentice. A pipefitter at the Westvaco plant fabricates and installs as well as troubleshoots machinery in the plant. He worked until 1985 as a pipefitter when his job description changed to a mechanic. For the first six (6) months in the pipefitter apprentice program he worked in the paper machine area where he worked from 1959 to 1970. His work then rotated through several other areas of the plant for six (6) months. After completing his four (4) year apprenticeship he went back to work in the paper machine area where he worked from 1958 to 1970. He stated the other areas of the plant where he worked during his four (4) year apprenticeship were as loud as the paper machine area where he worked from 1958 to 1970. Hoff remained working in the paper machine area until he retired in 2000.

As part of his work as a pipefitter he used steel cutters and a cutting torch. The cutting torch was pneumatically powered and made a "terrible noise especially on stainless

steel pipe." (Tr. p.14) Hoff stated that the noise in the paper machine where he worked through most of his career at Westvaco the noise generated in that area of the plant did not change. It was always noisy. He stated, "It was noisy when I got there; it was noisy when I left." (Tr.p.5-6)

Hoff stated that in the area of the paper machines the temperature was "very hot." (Tr.p.16:11) Beginning around the early 1970s he stated hearing protection was provided to him. Because the temperature in the paper machine room was so hot, he perspired and that caused the hearing protection he was provided to loosen. Even wearing the hearing protection did not eliminate loud noise generated in the paper machine room. (Tr.p.17:18-21)

Hoff testified all areas of the plant where he worked exposed him to loud sounds except for the plant warehouse or storage area where he very rarely worked. He stated that approximately 99% of the time he worked in the plant he worked in the paper machine area. During the last seven (7) or eight (8) years of his employment, Hoff worked in the tool room area where he handed out tools for mechanics, pipefitters and iron workers. The first tool room where he worked was located underneath the number 3 paper machine. The area where he physically worked in the tool room was approximately only fifty (50) or sixty (60) feet from the paper machine. He worked in this tool room for five (5) to six (6) years. He described the noise level as "noisy" in the tool room. Each shift lasted eight (8) hours. He was provided a thirty (30) minute lunch break which was taken in the tool room where he worked. Hoff was then assigned to a second tool room located underneath the number 3 paper machine winder/re-winder. He described the job of a re-winder machine as re-winding the paper into a roll after it came off of the paper machine. He stated the re-winder machine generates loud sound. Where he physically worked in the tool room was

approximately ten (10) to fifteen (15) feet from the re-winding machine.

Hoff testified regarding his general health while working for the employer. He testified that towards the end of his employment he was diagnosed with arthritis. In addition, he was diagnosed with sarcoidosis which finally cleared up. In the year 2000 he was diagnosed with diabetes. Because the management of his diabetes was so effective, he came off of any diabetes medication. He has since been placed back on medication and "I run at pretty good levels with it now." (Tr.p.22:25-p.23:1) He was not diagnosed with diabetes in either the 1960's, 1970's, 1980's or 1990's.

Hoff stated that in his private life he was not exposed to loud prolonged sounds or noise. He acknowledged he hunted but did not start hunting until the 1960's or later. He only hunted deer. He described the deer season in South Carolina running from August 15th to January 1st. He stated that although he would hunt each season, he did not actually discharge his gun every season. He stated, "For seven years one time that gun did not fire." (Tr.p.24:14) During a normal year if he wasn't hunting he did no target practicing or discharged his weapon for any reason other than hunting. (Tr.p.24:20-21)

Hoff stated he was provided regular hearing tests while employed at Westvaco. The tests were administered by the first aide nurse at the plant. After being tested, he would review the results of the test with the nurses in the first aide department. As years progressed, it was his understanding his hearing was normal. He was never advised by anyone was Westvaco his hearing loss was related to his employment at Westvaco. Because he felt like his hearing was declining, he was evaluated by Dr. Russell Kitch in 2003. After being tested by Dr. Kitch, Hoff understood the cause of his hearing loss was as a result of his noise exposure at Westvaco.

At the time of his hearing, Hoff did not wear a hearing aide. He would like to be

fitted for a hearing aide. Other than the opinions of Dr. Russell Kitch which relate his hearing loss to his work at Westvaco, Hoff stated he has not been advised by anyone else his hearing loss was caused by his work at Westvaco.

Hoff was cross-examined by the Defendants. Hoff acknowledged that he thought he had problems with his hearing going back into the 1970's but was never informed by anyone at the plant that he was diagnosed with a hearing problem. Hoff also acknowledged that he hunted deer with a shotgun and a rifle and did not wear hearing protection when he hunted. Hoff acknowledged that he used a chainsaw or other power tools occasionally around his home. He stated that while using a chainsaw he wears earplugs or hearing protection.

The undersigned asked Hoff if he had filed any workers' compensation claims prior to the claim for his hearing loss. He responded he had not. Hoff stated he probably shot less than ten (10) deer in his lifetime while hunting. He denied doing any other hunting other than deer hunting. He stated that he used earplugs while working in the plant, he could still hear noise with the earplugs in his ears. At times, he would have to remove the earplugs to communicate with co-employees depending on the noise level around him or how close he was to the equipment that was running.

Both parties submitted medical evidence into the record. The audiogram results interpreted by the office of Dr. Russell D. Kitch of Lowcountry ENT indicate that Hoff presented to the audiologist complaining of a decrease in hearing and a long history of noise exposure. Based upon the audiogram, Dr. Kitch, an ENT physician, noted no history of audiotoxic medication or chemotherapy and no history of audiological surgery, trauma or recurrent infection. Dr. Kitch noted Hoff had no significant non-employment related noise exposure. After conducting a thorough physical examination of Hoff and reviewing his

audiometric testing, Dr. Kitch diagnosed "noise induced pattern sensorineural hearing loss" and that his hearing loss was "entirely consistent with industrial noise exposure sustained at Westvaco between 1958 and 2000 as the etiology of the loss." (APA p.4) Dr. Kitch assigned a 30% binaural hearing impairment to Hoff based upon his hearing loss caused by his employment at Westvaco. Dr. Kitch also reviewed Hoff's audiometric testing results from Westvaco going back to 1989. He found the audiometric hearing test results from Hoff's testing at Westvaco to be "consistent with the expectations for noise induced hearing loss, with the majority of damage occurring in the early years of exposure, then tends to level off, particularly if hearing protection is being used." (APA p.6) Kitch stated, "Based on this history and the absence of other significant noise exposure outside of his employment at Westvaco, it is my opinion that within a reasonable degree of medical certainty Mr. Hoff's hearing loss is attributed to noise exposure in the workplace at Westvaco. As an additional point of clarification, Mr. Hoff was forty-eight years old when he had the audiogram obtained at Westvaco in 1989 where findings as noted showed similar loss to the current studies. This negates the contribution of age related hearing loss as a factor in his impairment rating." (APA p.6)

Also included as part of the APA evidence submitted into the record were the audiology test results from Westvaco from 1981-2000. In addition, the reports of Dr. Joseph Sataloff dated April 21, 2004 and Dr. Robert T. Sataloff dated July 13, 2009 were placed into evidence. The doctors Sataloff reviewed the audiograms performed at Westvaco. They performed no physical exam of Mr. Hoff. The Sataloff's found nothing in the record to indicate Mr. Hoff's noise exposure increased after 1972 when hearing protection was provided to him by the Employer. Because Hoff's hearing loss worsened after 1972, Dr. Robert Sataloff opined his hearing loss could not be explained on the basis

of his occupational noise exposure. (APA p.26) The April 21, 2004 report of Dr. Joseph Sataloff acknowledges Hoff had a substantial bilateral high frequency hearing loss going as far back as 1972 when his first audiogram was performed at Westvaco. He opined Hoff's hearing loss could be due to presbycusis (aging), hereditary factors, genetic factors and diabetes. While he acknowledged Hoff's hearing loss grew worse after 1981, he opined it could not possibly be due to any occupational cause. (APA p.24) This is based upon the presumption that occupational hearing loss does not progress once the subject is removed from the noisy environment.

Based upon the evidence presented in the record, it is clear to the undersigned Hoff did in fact sustain binaural hearing loss as a direct result of his exposures to loud noises while working for the Employer.

FINDINGS OF FACT

Based upon the stipulations, the testimony of witnesses, and the APA submissions, the undersigned Commissioner makes the following findings of fact as required by S.C. Code Anno., § 42-17-40, 1976:

FIRST: The South Carolina Workers' Compensation has jurisdiction over this claim, with the venue being proper in Charleston County. Hoff was a covered employee and the Employer was a covered employer under the Act. The Employee/Employer relationship existed at the time of Hoff's injury by accident.

SECOND: This claim was heard before the undersigned Commissioner on August 27, 2009, in accordance with hearing notices timely and properly served upon all

parties of interest.

THIRD: Hoff's average weekly wage at the time of his accident was \$897.41 per week, allowing for an applicable compensation rate of \$507.34 per week applicable to this claim.

FOURTH: Hoff worked for the Employer since 1958 through 2000. The Employer did a decent job since the early 1970s in terms of providing hearing protection to its employees, prior to the 1970s, hearing protection was not mandatory. Hoff worked a substantial number of years for Westvaco without hearing protection. There is no evidence in the record contradicting Hoff's testimony that no hearing protection was required or worn from 1958 to the early 1970s.

FIFTH: There was no history of any prior employment which contributed to Hoff's hearing loss. Hoff's employment with MeadWestvaco is the only job he has ever had since graduating high school in 1958.

SIXTH: Hoff is a very credible witness. This is based upon his testimony at the hearing, the undersigned's observations of him at the hearing and his answers to my direct questioning. I have no reason to doubt whatsoever the veracity of Hoff's testimony.

SEVENTH: The record is devoid of any evidence Hoff has any family history of hearing loss. Hoff has no exposure to chemicals or medications which would affect his hearing. Although Hoff has done some hunting since the mid-1960s, it was not at the level which would contribute to his hearing loss. The minor

number of times he even discharged his gun does not affect the undersigned's decision regarding the relationship between his employment and his hearing loss. Although Dr. Joseph Sataloff and Dr. Robert Sataloff are both well respected and well known authorities regarding hearing loss, neither physician ever physically examined Hoff. I find it difficult to full assess a Claimant's hearing loss solely from a view of his medical records. I do not find it wholly persuasive Hoff's diabetes has any relationship to his hearing loss. I place greater weight to the opinion of Dr. Kitch who actually examined and treated Hoff than the opinion of Dr's Sataloff for the foregoing reasons.

EIGHTH: Hoff sustained a compensable injury by repetitive trauma on and before October 24, 2000, the date he filed his claim for benefits under the South Carolina Workers' Compensation Act for his hearing loss. Hoff's hearing loss in both ears was caused by excessive noise exposure on his job at MeadWestvaco.

NINTH: Hoff provided timely and proper notice of his injury by accident and timely filed his claim for benefits under the Act within two (2) years of the date that he knew, with reasonable diligence, of his compensable claim. There is no evidence in the record Hoff was aware his hearing loss was related to his employment with the Employer until Dr. Russell Kitch offered his opinion his hearing loss was consistent with the noise exposure he sustained with the Employer between 1958 and 2000. Dr. Kitch's opinion was offered on

October 14, 2003. Hoff timely filed his claim for benefits for his hearing loss on October 22, 2003, well within the ninety (90) day notice requirement of Section 42-15-20 and the statute of limitations pertaining to the filing of a claim for benefits under Section 42-15-40. The evidence reflects Hoff's hearing loss occurred over time while employed by MeadWestvaco. Dr. Kitch noted Hoff's hearing loss was consistent with industrial noise exposure sustained at Westvaco between 1958 and 2000. (APA p.4) He also stated, "This is consistent with the expectations for noise induced hearing loss, where the majority of the damage to hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is not being used." (APA p.6)

TENTH: Hoff exercised reasonable diligence by inquiring from the Employer what the cause of his hearing loss was during the course of his employment when he received audiogram testing. Hoff diligently provided notice of his accident and filed his claim within the statutory requirements of the Act after becoming aware of his compensable injury.

ELEVENTH: Dr. Kitch both physically examined Hoff and reviewed his audiometric testing and, found the Claimant sustained a 30% binaural hearing loss as a result of his workplace exposures. Therefore, I find Hoff has sustained a 30% binaural hearing disability causally directly related to his workplace noise exposure while working for MeadWestvaco.

TWELFTH: Hoff reached maximum medical improvement on October 14, 2003.

THIRTEEN: Dr. Russell Kitch shall be the authorized treating physician with regard to Hoff's binaural hearing loss for purposes of future medical treatment. The Defendants are responsible for Hoff's future causally related medical treatment relating to his binaural hearing loss including hearing/digital aides if recommended by Dr. Kitch pursuant to Dodge v. Brucoli, et.al, 514 S.C.2d 593 (Ct. App. 1999) and §42-15-60, SC. Code of Laws, 1976.

CONCLUSIONS OF LAW

Based upon the findings of fact set forth above, the undersigned Commissioner makes the following conclusions of law as required by S.C. Code Anno., § 42-17-40:

FIRST: Under S.C. Code Anno., § 42-1-130, Hoff was a covered employee at the time in question.

SECOND: Under S.C. Code Anno., § 42-1-140, the Defendant/Employer was a covered employer under the Act.

THIRD: Under S.C. Code Anno., § 42-1-40, average weekly wage is defined.

FOURTH: Under S.C. Code Anno., § 42-1-160, Hoff sustained a compensable injury by accident arising out of and in the course and scope of his employment on October 14, 2003, when he was first notified his binaural hearing loss was causally related to his employment with the Employer. § 42-15-20 of the Act provides that notice of an accident must be provided to the employer within ninety (90) days after its occurrence. Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91 (Ct. App. 1985) The Claimant is not required to provide notice of an accident to the employer until he is aware he has a "job related" accident. The language in Section 42-15-20, with regard to notice should be

liberally construed in favor of claimants. Ethridge v. Monsanto, Co., 349 S.C. 451, 562 S.E.2d 679 (Ct. App. 2002). Here, the Claimant's hearing loss is akin to repetitive trauma injuries such as carpal tunnel syndrome. Our Courts have ruled that repetitive trauma injuries have a gradual onset caused by the cumulative effect of repetitive traumatic events or "mini-accidents." Schurlknight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (S.C. 2002) When applying Section 42-15-20 to repetitive trauma injuries, the Workers' Compensation Commission shall determine the statutory notice requirement begins to run the employee "...becomes disabled and could discover with reasonable diligence his condition is compensable." Bass v. Isochem, 365 S.C. 454, 617 S.E.2d 369 (S.C. App. 2005).

FIFTH: Under S.C. Code Anno., § 42-15-40, Hoff timely filed his claim for benefits under the Act. Section 42-15-40, requires the filing of a claim within two years of the date Hoff discovered the causal relationship between his injury and his employment. Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992).

SIXTH: Under S.C. Code Anno., § 42-9-30(19), covers compensation for the loss of hearing. Regulation 67-1102 governs the method for determining hearing impairment.

SEVENTH: Under S.C. Code Anno., § 42-15-60 and Dodge v. Bruccoli, et.al, the Claimant is entitled to related and necessary medical care and treatment which will tend to lessen the period of disability despite the Claimant having reached maximum medical improvement.

ORDER AND AWARD

Based on the foregoing findings of fact and conclusions of law it is hereby:

ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, sustained a compensable injury by accident to his right ear and left ear by sustaining a binaural hearing disability as a result of excessive noise exposure on his job and occurred out of and in the course and scope of his employment at MeadWestvaco on October 19, 2003; and, it is further,

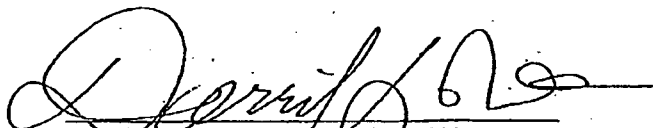
ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, shall receive ongoing medical care and treatment from Dr. Russell Kitch of Lowcountry ENT and shall be provided with any hearing/digital hearing aides if recommended by Dr. Kitch with the Defendants remaining responsible for the maintenance of Hoff's hearing aides in-keeping with the holding in Dodge v. Bruccoli, et.al, 514 S.E.2d 593 (Ct. App. 1999); and, it is further,

ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, is entitled to and award for permanent disability due to his binaural hearing loss and therefore, shall receive 49.5 weeks of compensation at his applicable compensation rate of \$507.34 per week from the Defendants.

AND IT IS SO ORDERED.

No hearing costs are assessed.

Columbia, South Carolina



The Honorable Derrick L. Williams
S.C. Workers' Compensation Commissioner

MMC
KLB
17

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

This 6th day of Nov, 2003
By Renee G. Smith
Administrative Assistant to the Commissioner

**DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S
APPELLATE PANEL
W.C.C. FILE NO. 0031077**

Virgil A. Hoff,

EMPLOYEE/RESPONDENT,

-v-

MeadWestvaco,

**SELF-INSURED EMPLOYER/
APPELLANT.**

Appellate Panel Review held in Columbia,
South Carolina on March 15, 2010 per notices timely
and properly served on all parties in interest.

Appellate Panel Decision and Order filed

July 2, 2010.

APPEARANCES:

Claimant/Respondent represented by
Malcolm M. Crosland, Jr., Esquire, Steinberg Law Firm, Charleston, South Carolina.

Defendant/Appellant represented by
Kirsten L. Barr, Esquire, Trask & Howell, LLC, Mt. Pleasant, South Carolina.

Statement of the Case

The parties were heard by Commissioner Williams on August 27, 2009 in Charleston, South Carolina. On October 29, 2009, Commissioner Williams issued the following:

FINDINGS OF FACT

- FIRST:** *The South Carolina Workers' Compensation has jurisdiction over this claim, with the venue being proper in Charleston County. Hoff was a covered employee and the Employer was a covered employer under the Act. The Employee/Employer relationship existed at the time of Hoff's injury by accident.*
- SECOND:** *This claim was heard before the undersigned Commissioner on August 27, 2009, in accordance with hearing notices timely and properly served upon all parties of interest.*
- THIRD:** *Hoff's average weekly wage at the time of his accident was \$897.41 per week, allowing for an applicable compensation rate of \$507.34 per week applicable to this claim.*
- FOURTH:** *Hoff worked for the Employer since 1958 through 2000. The Employer did a decent job since the early 1970s in terms of providing hearing protection to its employees, prior to the 1970s, hearing protection was not mandatory. Hoff worked a substantial number of years for Westvaco without hearing protection. There is no evidence in the record contradicting Hoff's testimony that no hearing protection was required or worn from 1958 to the early 1970s.*
- FIFTH:** *There was no history of any prior employment which contributed to Hoff's hearing loss. Hoff's employment with MeadWestvaco is the only job he has ever had since graduating high school in 1958.*
- SIXTH:** *Hoff is a very credible witness. This is based upon his testimony at the hearing, the undersigned's observations of him at the hearing and his answers to my direct questioning. I have no reason to doubt whatsoever the veracity of Hoff's testimony.*
- SEVENTH:** *The record is devoid of any evidence Hoff has any family history of hearing loss. Hoff has no exposure to chemicals or medications which would affect his hearing. Although Hoff has done some hunting since the mid-1960s, it was not at the level which would contribute to his hearing loss. The*

minor number of times he even discharged his gun does not affect the undersigned's decision regarding the relationship between his employment and his hearing loss. Although Dr. Joseph Sataloff and Dr. Robert Sataloff are both well respected and well known authorities regarding hearing loss, neither physician ever physically examined Hoff. I find it difficult to full assess a Claimant's hearing loss solely from a view of his medical records. I do not find it wholly persuasive Hoff's diabetes has any relationship to his hearing loss. I place greater weight to the opinion of Dr. Kitch who actually examined and treated Hoff than the opinion of Dr's Sataloff for the foregoing reasons.

EIGHTH:

Hoff sustained a compensable injury by repetitive trauma on and before October 24, 2000, the date he filed his claim for benefits under the South Carolina Workers' Compensation Act for hearing loss. Hoff's hearing loss in both ears was caused by excessive noise exposure on his job at MeadWestvaco.

NINTH:

Hoff provided timely and proper notice of his injury by accident and timely filed his claim for benefits under the Act within two (2) years of the date that he knew, with reasonable diligence, of his compensable claim. There is no evidence in the record Hoff was aware his hearing loss was related to his employment with the Employer until Dr. Russell Kitch offered his opinion his hearing loss was consistent with the noise exposure he sustained with the Employer between 1958 and 2000. Dr. Kitch's opinion was offered on October 14, 2003. Hoff timely filed his claim for benefits for his hearing loss on October 22, 2003, well within the ninety (90) day notice requirement of Section 42-15-20 and the statute of limitations pertaining to the filing of a claim for benefits under Section 42-15-40. The evidence reflects Hoff's hearing loss occurred over time while employed by MeadWestvaco. Dr. Kitch noted Hoff's hearing loss was consistent with industrial noise exposure sustained at Westvaco between 1958 and 2000. (APA p.4) He also stated, "This is consistent with the expectations for noise induced hearing loss, where the majority of the damage to hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is not being used." (APA p.6)

TENTH:

Hoff exercised reasonable diligence by inquiring from the Employer what the cause of his hearing loss was during the course of his employment when he received audiogram testing. Hoff diligently provided notice of his accident and

filed his claim within the statutory requirements of the Act after becoming aware of his compensable injury.

ELEVENTH: Dr. Kitch both physically examined Hoff and reviewed his audiometric testing and, found the Claimant sustained a 30% binaural hearing loss as a result of his workplace exposures. Therefore, I find Hoff has sustained a 30% binaural hearing disability causally directly related to his workplace noise exposure while working for MeadWestvaco.

TWELFTH: Hoff reached maximum medical improvement on October 14, 2003.

THIRTEEN: Dr. Russell Kitch shall be the authorized treating physician with regard to Hoff's binaural hearing loss for purposes of future medical treatment. The Defendants are responsible for Hoff's future causally related medical treatment relating to this binaural hearing loss including hearing/digital aides if recommended by Dr. Kitch pursuant to *Dodge v. Brucoli, et.al*, 514 S.C. 2d 593 (Ct. App 1999) and §42-15-60, S.C. Code of Laws, 1976.

CONCLUSIONS OF LAW

Based upon the findings of fact set forth above, the undersigned Commissioner makes the following conclusions of law as required by S.C. Code Anno., § 42-17-40:

FIRST: Under S.C. Code Anno., § 42-1-130, Hoff was a covered employee at the time in question.

SECOND: Under S.C. Code Anno., § 42-1-140, the Defendant/Employer was a covered employer under the Act.

THIRD: Under S.C. Code Anno., § 42-1-40, average weekly wage is defined.

FOURTH: Under S.C. Code Anno., § 42-1-160, Hoff sustained a compensable injury by accident arising out of and in the course and scope of his employment on October 14, 2003, when he was first notified his binaural hearing loss was causally related to his employment with the Employer. § 42-15-20 of the Act provides that notice of an accident must be provided to the employer within ninety (90) days after its occurrence. *Hanks v. Blair Mills, Inc.*, 286 S.C. 378, 335 S.E.2d 91 (Ct. App. 1985) The Claimant is not required to provide notice of an accident to the employer until he is aware he has a "job related" accident. The language in Section 42-15-20, with regard to notice should be liberally construed in favor of claimants. *Ethridge v. Monsanto Co.*, 349 S.C. 451, 562 S.E.2d 679 (Ct. App. 2002). Here, the Claimant's hearing loss is akin to repetitive trauma injuries such as carpal tunnel syndrome. Our Courts have

ruled that repetitive trauma injuries have a gradual onset caused by the cumulative effect of repetitive traumatic events or "mini-accidents." Schurlknight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (S.C. 2002)

When applying Section 42-15-20 to repetitive trauma injuries, the Workers' Compensation Commission shall determine the statutory notice requirement begins to run the employee "...becomes disabled and could discover with reasonable diligence his condition is compensable." Bass v. Isochem, 365 S.C. 454, 617 S.E.2d 369 (S.C. App. 2005).

FIFTH:

Under S.C. Code Anno., § 42-15-40, Hoff timely filed his claim for benefits under the Act. Section 42-15-40, requires the filing of a claim within two years of the date Hoff discovered the causal relationship between his injury and his employment. Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992).

SIXTH:

Under S.C. Code Anno., § 42-9-30(19), covers compensation for the loss of hearing. Regulation 67-1102 governs the method for determining hearing impairment.

SEVENTH:

Under S.C. Code Anno., § 42-15-60 and Dodge v. Bruccoli, et.al., the Claimant is entitled to related and necessary medical care and treatment which will tend to lessen the period of disability despite the Claimant having reached maximum medical improvement.

ORDER AND AWARD

Based on the foregoing findings of fact and conclusions of law it is hereby:

ORDERED, ADJUDGED AND DECREED, THE Claimant, Virgil Hoff, sustained a compensable injury by accident to his right ear and left ear by sustaining a binaural hearing disability as a result of excessive noise exposure on his job and occurred out of an in the course and scope of his employment at MeadWestvaco on October 19, 2003; and it is further

ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, shall receive ongoing medical care and treatment from Dr. Russell Kitch of Lowcountry ENT and shall be provided with any hearing/digital hearing aides if recommended by Dr. Kitch with the Defendants remaining responsible for the maintenance of Hoff's hearing aides in keeping with the holding in Dodge v. Bruccoli, et.al., 514 S.E.2d 593 (Ct. App. 1999); and, it is further,

ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, is entitled to and award for permanent disability due to his binaural hearing loss and therefore, shall receive 49.5 weeks of compensation at his applicable compensation rate of \$507.34 per week from the Defendants.

AND IT IS SO ORDERED.

Within the statutory period, counsel for the Defendant filed an Application for Review in the case setting forth its reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on March 15, 2010. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, the Defendant respectfully argues the following:

1. The Hearing Commissioner's inconsistent findings and conclusions should be reversed based on the legal pleadings of the parties, the evidence presented, and a proper application of the law.
2. The claim is barred by the statute of limitations.
3. There is no evidence that could support an award of medical benefits under S.C. Code Ann. § 42-15-60.
4. The Hearing Commissioner's decision to give "greater weight" to the opinion of Dr. Kitch than to the opinions of Dr. Joseph Sataloff or Dr. Robert Sataloff is specious.
5. The Hearing Commissioner's finding and conclusion that an Employer/Employee relationship existed "at the time of Hoff's injury by accident" is arbitrary, capricious, and without evidentiary support.
6. The Hearing Commissioner's findings and conclusions that the Claimant's hearing loss was caused by an accident arising out of and in the course of his employment is not supported by the greater weight of the evidence and should be reversed.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. 42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Panel has determined that the Hearing Commissioner erred in failing to find and conclude that the claim is barred under § 42-15-40, the statute of limitations, as a matter of law. Accordingly, the Decision and Order dated October 29, 2009 is REVERSED in its entirety for the reasons set forth herein below.

Evidence Summary

The Claimant is 69 years old. He has not worked for the past nine (9) years. He retired from MeadWestvaco in October 2000. For the last eight (8) years of his employment (*i.e.*, between 1992 and 2000), the Claimant was suffering with Rheumatoid arthritis and MeadWestvaco made light duty work available to the Claimant in a tool room. In the tool room, the Claimant simply handed out tools to the mechanics and pipe fitters. Prior to that time, the Claimant worked as a pipe-fitter, a job that entailed the use of "small tools" for tightening bolts and installing or removing pipe. The Claimant admits that he has been required to wear hearing protection at all times at work since 1970. He further admitted that the hearing protection used at work was so effective; he could not even understand a face-to-face conversation with a co-worker while wearing his hearing protection.

The Claimant's medical records reveal that he suffers from Rheumatoid arthritis, a known cause of hearing loss. It was the Claimant's Rheumatoid arthritis that ended his

work as a pipe-fitter in the early 1990's. (APA pp.17-19). In addition, the Claimant is an insulin-dependent diabetic and "30% of individuals with diabetes develop high frequency hearing loss of the type present in Mr. Hoff." (APA p. 23). The Claimant admits he began having problems with his ears and hearing even before 1980. (APA p. 9). At his annual audiograms, the Claimant would complain of difficulty with background noise, discrimination, and ringing in his ears. (APA pp. 8-9). The Claimant reported that he saw an ear specialist and had his hearing independently tested in Waltherboro in 1980. (APA p.9). The Claimant is a hunter and has been shooting a 30.06 rifle, without hearing protection, for most of his life and continued to do so after his retirement in 2000. The Claimant admits that the only explosions that have ever occurred near his ears are those from the blast his rifle and his shotgun. Of course, most medical experts agree that "use of these guns can produce a significant amount of high frequency hearing loss." (APA p. 23).

At the time the Claimant stopped working at MeadWestvaco in October 2000, he had a 16.25% binaural hearing loss based on an audiogram that was discussed with him at the time it was administered. (APA p.29). After his retirement, the Claimant's hearing problems increased significantly and by 2003, the Claimant's hearing loss had nearly doubled to 30%. (APA p. 30). According to Dr. Joseph Sataloff,

"His additional hearing loss could be due to presbycusis, that is aging, hereditary factors, genetic factors and diabetes. It is evident that between 1981 and the present time his hearing got worse, but it could not possibly be due to any occupational cause." (APA p.24).

The Claimant has not had his hearing tested since 2003; however, the Claimant admits that his hearing has gotten even worse since that time, despite the fact he has not

been working. According to the uncontradicted medical evidence in the record, "occupational hearing loss is not progressive after a maximum loss is incurred approximately 10 to 12 years after initial exposure" and "occupational hearing loss does not progress once the subject has been removed from the noisy environment." (APA p. 24, p.26). Even Dr. Kitch, who evaluated the Claimant on a single occasion in 2003 at the request of the Steinberg Law Firm, conceded that with noise-induced hearing loss "the majority of the damage to the hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is being used." (APA p. 6). However, between 2000 and 2003, the Claimant's hearing impairment nearly doubled, going from 16.25% to 30%. (APA pp. 28-29).

Discussion

This matter came before the South Carolina Workers' Compensation Commission pursuant to the Claimant's Form 50 dated June 9, 2009, alleging that he sustained an injury by accident on October 4, 2000, affecting the "ears, hearing loss" as a result of "[e]xposure to chemicals." This claim was denied by Form 51 dated June 18, 2009 and MeadWestvaco further argued that the claim was barred by § 42-15-20 for failure to give notice, and by S.C. Code Ann. § 42-15-40 for failure to file a claim within the statute of limitations. The Claimant's Form 58, dated August 10, 2009 reaffirmed that he was claiming an injury by accident on October 4, 2000. He never claimed that his alleged hearing loss occurred on any date other than October 4, 2000.

However, the Hearing Commissioner inexplicably found that the Claimant

“sustained a compensable injury by repetitive trauma on and before October 24, 2000, the date he filed his claim for benefits under the South Carolina Workers’ Compensation Act for his hearing loss. Hoff’s hearing loss in both ears was caused by excessive noise exposure on his job at MeadWestvaco.” (emphasis added).

This finding is not supported by the evidence in the record or the applicable law. The Claimant did not file any claim with the Commission on October 24, 2000 – his claim was not filed until three (3) years later – on October 22, 2003. Furthermore, the Claimant’s Form 50 claims his accidental injury occurred on October 4, 2000, not October 24, 2000. In addition, the Claimant presented no evidence that his exposure to noise was “excessive,” or of a level or duration that could cause hearing loss, especially loss that occurred after he was over the age of 60 and had retired from working.

In addition to this inexplicable finding of fact, the Hearing Commissioner went on to enter a wholly inconsistent conclusion of law:

“Under S.C. Code Anno. [sic] § 42-1-160, Hoff sustained a compensable injury by accident arising out of and in the course and scope of his employment on October 14, 2003, when he was first notified his binaural hearing loss was causally related to his employment with the Employer.” (emphasis added).

At no time did the Claimant allege any injury by accident on October 14, 2003. In fact, the Claimant was not working for MeadWestvaco on October 14, 2003, having retired more than three (3) years earlier. Therefore, any injury the Claimant may have sustained

on October 14, 2003 could not be said to arise out of or in the course of his employment as a matter of law.¹

The Hearing Commission's Decision and Order, in the "Order and Award" section (page 17), states:

"ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, sustained a compensable injury by accident to his right ear and left ear by sustaining a binaural hearing disability as a result of excessive noise exposure on his job and occurred out of and in the course and scope of his employment at MeadWestvaco on October 19, 2003..."(emphasis added).

Indeed, in a single Decision and Order the Hearing Commission has referenced three different possible dates of accident and three different possible mechanisms of accident, none of which are supported by the evidence in the record or the applicable law and none of which were even alleged by the Claimant.

Having failed to accurately determine a precise accident date, it was obviously difficult for the Hearing Commissioner to properly address the seminal issue in this case: *Whether the claim is barred by S.C. Code Ann. § 42-15-60.* However, it is clear that the Hearing Commissioner did not properly apply the law to this case, under any possible factual scenario. According to the Hearing Commissioner:

¹ Note that the Hearing Commissioner also found that Hoff "reached maximum medical improvement on October 14, 2003," the same date the Hearing Commissioner concludes is the date of accident. There is no evidence to support this finding regarding maximum medical improvement, as it was not addressed by any medical expert.

"Hoff provided timely and proper notice of his injury by accident and timely filed his claim for benefits under the Act within two (2) years of the date that he knew, with reasonable diligence, of his compensable claim.

Of course, the South Carolina Workers' Compensation Act requires that any claim be filed "within two years after an accident," as clearly and unequivocally required by S.C. Code Ann. § 42-15-40. Therefore, the Hearing Commissioner's finding of fact with regard to the whether the claim was timely and properly filed within the two-year statute of limitations must be reversed as a matter of law.

In addition to the erroneous factual finding, the Hearing Commissioner further entered the following erroneous conclusion of law:

"Under S.C. Code Anno., [sic] § 42-15-40, Hoff timely filed his claim for benefits under the Act. Section 42-15-40, requires the filing of a claim within two years of the date Hoff discovered the causal relationship between his injury and his employment. Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992)."

However, the "discovery rule" applied in Mauldin, simply does not apply in repetitive trauma cases such as the case at bar. According the South Carolina Supreme Court,

"Repetitive trauma injuries, unlike the injury in Mauldin, which occurred on a specific date but simply was misdiagnosed, have a gradual onset caused by the cumulative effect of repetitive traumatic events, or "mini accidents.

We hold the last day of exposure is the date from which the statute of limitations begins to run in a repetitive trauma case.” Schurlnight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (2003) (emphasis added).

Therefore, the legal issue before the Appellate Panel is whether the Claimant filed a claim within two years of the last day of exposure to chemicals, or noise, or whatever it is he now claims as the cause of his hearing loss. Obviously, the Claimant’s last day of exposure could be no later than October 4, 2000, the last day he actually worked at MeadWestvaco. Because the Claimant did not file any claim until October 22, 2003, more than three (3) years after he last worked at MeadWestvaco, his claim cannot be considered timely as a matter of law.

Furthermore, even if the Mauldin case has not been so clearly distinguished by the Supreme Court in Schurlnight, its holding would still not apply to the case at bar. In Mauldin, the employee was misdiagnosed as having a knee sprain, when she actually had a meniscal tear. Here, the Claimant has known that he had problems with his hearing since the 1970s. (Hrg. Transcript p. 30). He first saw a doctor about his problems with his hearing in 1980. (APA p.9). Throughout the 1980s the Claimant complained of problems with his hearing at his annual audiogram. (APA pp. 8-9). The Claimant admits that he discussed the results of each audiogram with the MeadWestvaco Medical Department. (Hrg. Transcript p.31). In fact, his medical records reveal that the results of his September 26, 2000 audiogram were discussed with him at the time of the test. Even

the records of Dr. Kitch, whom he saw only on time on October 14, 2003, stated that the Claimant had

"a long history of high frequency hearing loss that has been causing him more problems socially over the last few years since he has retired from work...He worked at Westvaco for approximately 44 years, until 2000...He is aware that he had a hearing loss noted on plant audiograms at that time." (APA p. 3) (emphasis added).

Therefore, it is clear that the Claimant was not only aware of problems with his hearing at the time of his retirement in October 2000, but he was also aware that his audiograms showed a hearing loss. He was not misdiagnosed in the years prior to his retirement in 2000, he simply failed to file a workers' compensation claim within the two year statute of limitations. Therefore, even if the South Carolina Supreme Court had not so clearly held that he so-called "discovery rule" does not apply in a repetitive trauma case, it would not apply in the present claim because the Claimant knew that he had hearing loss prior to his retirement in October 2000.

Conclusion

After carefully considering the evidence in the record, as well as the briefs and arguments presented by the parties, the Appellate Panel makes the following:

Findings of Fact

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.

2. The Claimant filed his Form 50 on October 22, 2003 alleging an injury by accident involving his ears on October 4, 2000. The Claimant did not file any claim for any problem with his ears or hearing prior to October 22, 2003. This fact is undisputed.
3. The Claimant did not subsequently amend his claim to allege any other accident date. Therefore, the claim pending before the Commission involves an alleged "repetitive trauma" accident on or before October 4, 2000.
4. The Claimant does not presently allege that his alleged injury to his hearing/ears was caused by any occupational disease. Instead, the claim is one for an injury by accident ("repetitive trauma") under S.C. Code Ann. § 42-1-160.
5. The Claimant last worked at MeadWestvaco in October 2000 and; therefore, his last exposure to any condition of his employment, whether repetitive or otherwise, would have occurred prior to his retirement in October 2000.
6. The Defendant raised the statute of limitations, S.C. Code Ann. § 42-15-40 as a defense by Form 51 dated November 10, 2003 (*i.e.*, well within thirty days of the initial Form 50). Thereafter, the Defendant timely filed Forms 51 on May 28, 2009 and June 18, 2009 raising S.C. Code Ann. § 42-15-40 as a defense.

Therefore, the Defendant did not waive this defense, but timely preserved it and raised the issue before both the Hearing Commissioner and the Appellate Panel.
7. The Claimant does not allege and otherwise presented no evidence to suggest that his failure to file a claim prior to October 22, 2003 was due to any conduct on the part of the Defendant that could have misled or deceived him, so as to estop the Defendant from asserting the statute of limitations as a defense to this claim.

Conclusions of Law

1. The Claimant alleges an injury to his ears and hearing by accident (“repetitive trauma”) arising out of and in the course of his employment on October 4, 2000 pursuant to S.C. Code Ann. § 42-15-60. The Claimant makes no claim for an occupational disease under S.C. Code Ann. § 42-11-10.
2. The Claimant first filed his claim for an alleged injury to his ears and hearing on October 22, 2003 when he filed a Form 50 in accordance with S.C. Code Reg. 67-206(B). The Claimant did not file any “claim” for any alleged injury to his ears or hearing prior to October 22, 2003.
3. The Defendant timely and properly raised S.C. Code Ann. § 42-15-40, the statute of limitations, as a defense to this claim by Forms 51 filed on November 10, 2003, May 28, 2009 and June 18, 2009, in accordance with S.C. Code Reg. 67-603. The Defendant continued to maintain this defense by its Form 58, pre-hearing brief, and at the hearings before both the Hearing Commissioner and the Appellate Panel. At no time did the Defendant waive this defense.
4. Pursuant to S.C. Code Ann. § 42-15-40, “the right to compensation under this title is barred unless a claim is filed with the commission within two years after an accident.” Because the Claimant alleges an accident date of October 4, 2000, but did not file any claim with the Commission until October 22, 2003, his claim was not filed within two years. There is no evidence or allegation of any misconduct on behalf of the Defendant that could have resulted in the Claimant’s three year delay in filing his claim. Therefore, the claim is time-barred as a matter of law.

5. While the Claimant argues that the provisions of S.C. Code Ann. § 42-15-60 do not apply to this claim pursuant to Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992), the Claimant's argument is misplaced and has otherwise been affirmatively rejected by the South Carolina Supreme Court. Unlike the injury in Mauldin, the Claimant's hearing loss was not ever "misdiagnosed." Instead, the Claimant's hearing loss was known to him for many years prior to October 22, 2003 and had been confirmed by annual audiograms. More importantly; however, in Schurlnight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (2003), the South Carolina Supreme Court determined that the holding of Mauldin was inapplicable in a "repetitive trauma" claim such as the one presently advanced by the Claimant. Instead, the Supreme Court stated, "[w]e hold the last day of exposure is the date from which the statute of limitations begins to run in a repetitive trauma case." Because the Claimant admits that he lasted worked for MeadWestvaco in October 2000, his last possible "day of exposure" was in October 2000. Therefore the two year statute of limitations imposed by S.C. Code Ann. § 42-15-40 expired no later than the end of October 2002. Because no claim was filed until October 2003, the claim is barred pursuant to both the plain language of S.C. Code Ann. § 42-15-40 and the Supreme Court's holding in Schurlnight, *supra*.

Order

IT IS, THEREFORE, ORDERED that, based upon S.C. Code Ann. § 42-15-40 and upon precedent set forth in Schurlnight v. City of North Charleston, 352 S.C. 175,

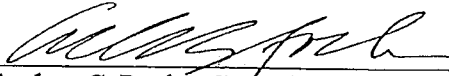
574 S.E.2d 194 (2003), the Claimant failed to timely and properly file the claim within the two-year statute of limitations, which began to run on the last day of alleged exposure in October 2000 when the Claimant admittedly retired;

IT IS FURTHER ORDERED that the Claimant is not entitled to and the Defendant shall have no liability for any benefits under the South Carolina Workers' Compensation Act as a result of the alleged October 4, 2000 accident;

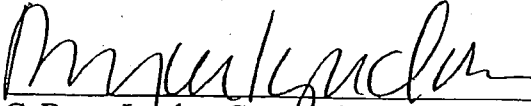
IT IS FURTHER ORDERED that the claim for an alleged injury to the ears and hearing on or before October 4, 2000 is hereby DENIED and DISMISSED WITH PREJUDICE.

IT IS SO ORDERED!

S.C. WORKERS' COMPENSATION COMMISSION


Andrea C. Roche, Commissioner

WE CONCUR:

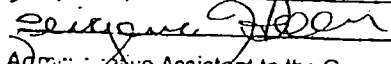

G. Bryan Lyndon, Commissioner


David W. Huffstetler, Commissioner

CERTIFICATE OF SERVICE

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

mmc
klb

This 2 day of July, 2010
By 
Administrative Assistant to the Commissioner

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

CASE NO. 2010-CP-10-6041

Hoff
PLAINTIFF(S)

Meal West Vaco
DEFENDANT(S)

Submitted by:

Attorney for : ☐ Plaintiff ☐ Defendant
or
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ JURY VERDICT. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ DECISION BY THE COURT. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ ACTION DISMISSED (CHECK REASON): ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other
- ☐ ACTION STRICKEN (CHECK REASON): ☐ Rule 40(j), SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other
- ☐ DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☒ See attached order (formal order to follow) ☐ Statement of Judgment by the Court: Commission's final decision is reversed.

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk :

INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
N/A		\$
		\$
		\$

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

[Signature]
Circuit Court Judge

217
Judge Code

1/14/13
Date

For Clerk of Court Office Use Only

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

VIRGIL HOFF, Employee/Claimant,
Petitioner,

vs.

MEAD WESTVACO, Self-Insured
Employer/Defendant,
Respondent.

COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

CASE NO.: 2010-CP-10-06041

ORDER

FILED
2013 JAN 15 AM 11:33
JULIE J. ARMSTRONG
CLERK OF COURT

This matter came to be heard before me in Charleston, SC on July 19, 2012. Present at the hearing were Malcolm M. Crosland, Jr. of The Steinberg Law Firm, L.L.P., Attorney for the Petitioner and Kirsten Barr of Trask and Howell, L.L.C., Attorney for the Respondent. The purpose of the hearing was to consider the Petition for Judicial review from the final Decision of the South Carolina Workers' Compensation Commission filed July 2, 2010.

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The court file contains the Petition for Judicial Review filed on July 27, 2010. The Respondent prepared and filed a record of proceedings before the South Carolina Workers' Compensation Commission including: the Decision and Order of the Appellant Panel filed July 2, 2010; the Decision and Order of Commissioner Derrick L. Williams filed October 29, 2009; transcript of the hearing for Commissioner Williams on August 27, 2009; the evidentiary submissions of the parties (APA #'s 1-11; pages 1-148); the WCC Form 50, Request for Hearing, dated June 9, 2009 and June 18, 2009; WCC Form 51, dated May 28, 2009 and November 10, 2003; Petitioner's Form 58, Pre-

Hearing Brief with attachments dated July 27, 2009; and Respondent's Form 58 Pre-Hearing Brief and attachments dated August 17, 2009; the WCC Form 30 dated November 12, 2009; Appellant's Brief dated January 28, 2010; Claimant's/Respondent's Brief dated February 25, 2010. Both parties filed Memorandum of Law at the hearing.

Section 42-17-60, SC Code Anno., 1976, of the Workers' Compensation Act, governs appeals from the Commission and provides in its applicable part:

The award of the Commission...is conclusive in finding as to all questions of fact. However, either party to the dispute within thirty (30) days from the date of the award...may appeal from the decision of the commission to the Court of Common Pleas...for errors of law under the same terms and conditions as govern appeals and ordinary civil actions. Notice of Appeal must state the grounds of the appeal or the alleged errors of law."

Section 1-23-380 (g), SC Code Anno., 1976, of the Administrative Procedures Act, also governs appeals from administrative agencies and provides:

(g) The court shall not substitute its judgment for the agency as to the weight of evidence on the questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision of substantial rights of the appellant have been prejudice because of the administrative findings, inferences, conclusions, or decisions are:

- 
- (1) In violation of Constitutional and Statutory Provisions;
 - (2) In excess of Statutory Authority of the agencies;
 - (3) Made upon lawful procedures;
 - (4) Affected by other error of laws;
 - (5) Clearly erroneous in light of liable in substantial evidence of the whole record; or
 - (6) Arbitrary or capricious or clearly unwarranted exercise of discretion.

The Petition for Judicial Review alleges the Petitioner's substantial rights were prejudiced because the Commission's decision was affected by errors of law on the following grounds:

- (1) The Commission erred on a matter of law because it failed to consider the

only evidence in the record established by preponderance of the evidence the Respondent was estopped from asserting the two year Statute of Limitations applicable to the filing of a claim barred Hoff's claim when substantial evidence established the employer misled Hoff into believing his hearing tests were not abnormal when in fact they were abnormal and consistently showed Hoff had industrial noise induced hearing loss.

- (2) The Commission erred as a matter of law in ruling Hoff's claim was time barred because his claim was not filed within two (2) years of the date that he knew or should have known his hearing loss was related to his employment with Westvaco.
- (3) The Commission erred in applying the Statute of Limitations holding in Shuriknight The City of North Charleston, 352 S.C.175, 574 S.E.2d 194 (2003) when the correct statute of limitations did not begin to run until Hoff knew or should have known of his compensable injury, i.e. when he was first diagnosed with a compensable work related hearing loss on October 4, 2003.
- (4) The Commission erred in failing to find Hoff's hearing loss compensable in light of the reliable, probative and substantial evidence on the whole record.

JCA

When determining whether a work related injury is compensable, the Workers' Compensation Act is liberally construed to provide coverage rather than non-coverage in order to further the beneficial purposes for which it was enacted. Shealy v. Aiken Co., 341 SC 448, 535 S.E.2d 438 (S.C. 2000) citing Dickert v. Metropolitan Life Ins. Co., 411 S.E.2d 672 (S.C. App. 1991). "From admitted or established facts the question of whether an accident is compensable is the question of law and this is not an invasion of the fact-finding field of the Commission on the part of the Court." Jordan v. Dixie Cheverlot, Inc., 218 SE 73,61, S.E.2d 654 (S.C. 1950); Sylvan v. Bros Inc., 225 S.C. 429, 82 S.E.2d 794 (S.C. 1954); Sturkie v. Ballanger, 268 S.C. 536, 235 S.E.2d 120 (S.C. 1977).

The material facts are established and not in dispute. By all accounts Hoff was a good employee who spent his entire work life with Westvaco. The uncontradicted evidence is that Hoff began working for Westvaco in 1958 and was exposed to loud

noises from the plant machinery throughout his career. No appeal was taken from the Commission's finding Hoff was a credible witness. Hoff continued working until the early 1980's without being provided hearing protection of any kind. In the early 1980's testing at Westvaco indicated noise levels required the use hearing protection under the OSHA standards. Hoff was provided with hearing "plugs" but testified they were ineffective in eliminating the extremely loud noise caused by the industrial equipment to which he was exposed as a planned mechanic. Hoff's exposure to loud noises continued until he retired in October 2000. Westvaco periodically tested Hoff's hearing. The audiology tests showed a noise induced hearing loss that was worsening. Westvaco did not advise Hoff of the audiology results and misrepresented that his hearing was "normal and still holding."

JN
The first ground for review is that the Commission's decision was affected by error of law because it improperly applied the last date of work under the holding in the case of Shurknight The City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (2003) rather than two years from the date Hoff knew he had suffered a hearing loss causally related to his employment. Hoff's claim was an injury by accident ("repetitive trauma") as defined by Section 42-1-160, S.C. Code Anno., 1976 as amended. The Respondents contend that since Hoff last worked at Westvaco plant in October 2000, he had to have filed his claim no later than October 2002 to be timely. This Court does not agree. The undisputed evidence in the record establishes Hoff did not become aware he had a compensable hearing loss until he was diagnosed with a noise induced hearing loss caused by his employment at Westvaco by Dr. Russell Kitch on October 14, 2003. The time for giving notice under Section 42-15-20, SC Code Anno., 1976 as amended, and filing a claim under Section 42-15-40, SC Code Anno., 1976 as

amended, could not begin to run until Hoff became disabled and could have discovered with reasonable diligence his condition was compensable. Bass v. Isochem, 365 S.C. 454, 617 S.E.2d 369 (S.C. Ct. App. 2005); Mauldin 416 S.E.2d 639 (S.C. 1992). It is illogical to required Hoff to give notice or file a claim for hearing loss before he becomes aware he has a compensable injury. Under the holdings of Bass, supra. and Mauldin, supra., the undersigned finds Hoff did not know or could have known he suffered a compensable hearing loss until he was diagnosed by Dr. Kitch on October 14, 2003.

There is an additional reason the decision of Commission Hoff's claim was not timely filed is affected by an error of law. The second ground for review is that the Commission erred in failing to find Westvaco was estopped from raising the statute of limitations as a defense. The equitable doctrine of estoppel applies to workers' compensation claims. See: Bilton v. Best Western Royal Motor Lodge, 282 S.C. 634, 321 S.E.2d 63 (Ct. App. 1984) and Russell v. Drivers Leasing Service, Inc., 282 S.C. 358, 318 S.E.2d 579 (Ct. App. 1984). The elements of estoppel are: (1) conduct which amounts to a false representation or concealment of material facts, or, at least, which is calculated to convey the impression than, and inconsistent with, those which the party subsequently attempts to assert; (2) intention, or at least expectation, that such conduct shall be acted upon by the other party; and (3) knowledge, actual or constructive, of the real facts. Langdale v. Harris Carpets 395 S.C. 194, 204, 205, 717 S.E.2d 80, 85 (Ct. App. 2011).

A review of the evidence shows there was uncontroverted and unrebutted evidence presented at the hearing establishing Westvaco was aware of Hoff's hearing loss when the audiology hearing tests were performed by Westvaco beginning in 1980. Despite the audiology testing showing Hoff suffered significant hearing loss, Hoff was

never told by Westvaco of the test results. Rather, when he was called by the Westvaco nurse to review the audiology test results, he was lead to believe his hearing was "normal and still holding." Even according to the Defendant's expert, Dr. Sataloff, Hoff's hearing loss was present as early at 1972 and the Westvaco audiology test results began to show "compensable" hearing loss. To successfully assert estoppel, a party must show a (1) lack of knowledge and the means of knowledge of the truth as to the facts in question; (2) reliance upon the conduct of the party estoppel, and (3) prejudicial change in position. Langdale at 205, 85.

 I find Westvaco's actions meet the elements of estoppel. First, Westvaco falsely represented to Hoff his audiogram test results showed his hearing was "normal and still holding" when, in fact, Hoff's hearing had been declining as far back as 1972 when Hoff's first audiogram was performed by Westvaco. Second, Westvaco had the expectation that Hoff would not seek to file a claim for workers' compensation benefits if he was told his hearing was normal and not declining due to noise exposure at the Westvaco plant. Finally, Westvaco had actual knowledge of the true results of Hoff's audiogram test results since the early 1970's which established Hoff's bilateral high frequency hearing loss was consistent with noise induced hearing loss. Hoff's actions also meet the elements of estoppel. The record below establishes Hoff had no knowledge of the true results of his audiogram test results until he was evaluated by his own physician, Dr. Russell Kitch, who issued his report on October 14, 2003. Second, it is undisputed Hoff relied upon the representations of Westvaco's nursing staff who conducted the Westvaco in house audiogram test on an annual basis. When Hoff would inquire as to the results of his audiogram results he was never advised by the Westvaco nursing staff his audlogram results were abnormal. Finally, by Hoff not being

advised of the nature and extent of the hearing loss revealed by the Westvaco audiograms, he was not in a position to bring a claim for workers' compensation benefits during his employment at Westvaco. Accordingly the record below establishes Westvaco is estopped from asserting Hoff did not timely file a claim for workers' compensation benefits.

Because the Commission's decision applied the incorrect statute of limitations and failed to apply the equitable doctrine of estoppel to Hoff's claim, the Commission Decision and Order must be reversed.

IT IS HEREBY ORDERED that the final decision of the South Carolina Workers' Compensation Commission filed on July 2, 2010 is affected by errors of law and is reversed; and

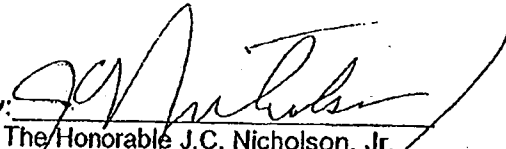
IT IS HEREBY ORDERED that based upon an application of the proper statute of limitations the date for filing a claim did not begin to run until Hoff knew or should have known he suffered a compensable hearing loss in October 2003;

IT IS HEREBY ORDERED that the undisputed facts Westvaco is estopped from raising the statute of limitations as a defense because Westvaco misrepresented or concealed the results of Hoff's audiology tests preventing Hoff from learning the true nature of his hearing loss and filing a claim for workers' compensation benefits; and

IT IS HEREBY ORDERED that Hoff's claim was timely filed and he is entitled to an award for his permanent partial hearing loss, medical treatment, and hearing aids as set forth in the Decision and Order of the Hearing Commissioner filed on October 29, 2009 is remanded to the Commission to reinstate the Hearing Commissioner's Decision and Award based on the Court's rulings of law and

IT IS SO ORDERED

JAN. 14, 2013
~~October 1, 2012~~

By: 
The Honorable J.C. Nicholson, Jr.
Court of Common Pleas
Charleston, South Carolina

The South Carolina Court of Appeals

Virgil Hoff, Respondent,

v.

Mead Westvaco, Self-Insured, Appellant.

Appellate Case No. 2013-000315

ORDER

This is an appeal from the circuit court's order reversing the Workers' Compensation Commission and remanding to the commission. Respondent has filed a motion to dismiss, contending the circuit court's order is not immediately appealable. After careful consideration of the parties' filings, the motion to dismiss is granted because the circuit court's order is not immediately appealable. *See* S.C. Code Ann. § 1-23-390 (Supp. 2012) (providing "[a]n aggrieved party may obtain a review of a final judgment of the circuit court"); *Bone*, ___ S.C. ___, 744 S.E.2d 552 (2013) (holding the circuit court order remanding the case to the commission was not a final judgment under section 1-23-390 and thus was not immediately appealable); *Long v. Sealed Air Corp.*, 391 S.C. 483, 485, 706 S.E.2d 34, 35 (Ct. App. 2011) (holding the circuit court's order remanding the case to the commission was not immediately appealable because the commission had to conduct further proceedings before a final judgment could be reached).

Because this appeal is dismissed, Respondent's motion for an extension of time to file its brief is moot.


FOR THE COURT

Columbia, South Carolina

FILED
2/9/13

cc:

Malcolm M. Crosland, Jr.

Kirsten Leslie Barr

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

COMMISSION PANEL: THE HONORABLE MELODY L. JAMES, CHAIR; THE
HONORABLE ANDREA C. ROCHE; THE HONORABLE AVERY B.
WILKERSON, JR.

SCWCC FILE NO.: 0031077

Virgil Hoff,

Claimant

v.

Mead Westvaco,

Self-Insured Employer,

Defendants.

Pursuant to the Order of the South Carolina Court of Appeals filed August 9th, 2013
Per notice timely and properly served upon all Parties of Interest.

Appearances: Malcolm M. Crosland, Attorney for Claimant

Kristen L. Barr, Attorney for Defendants

Filed:

10-11-13

STATEMENT OF THE CASE

This matter was originally decided by a Decision and Order of the single Commissioner, filed October 29th, 2009. The single Commissioner found that Claimant sustained a compensable injury by accident to his right ear and left ear by sustaining binaural hearing disability as a result of excessive noise exposure arising out of and in the course and scope of his employment with Defendants. The single Commissioner further found that the first date Claimant knew or should have known that he had suffered compensable hearing loss was on October 19th, 2003 and that, therefore, notice and filing were timely made under the Workers' Compensation Act. The single Commissioner awarded Claimant medical treatment and permanent disability.

Defendants appealed this decision to the Full Commission. On July 2nd, 2010 the Appellate Panel of the South Carolina Workers' Compensation Commission issued its Decision and Order reversing the holding of the single Commissioner. The Appellate Panel found that Claimant's date of accident was his last day of injurious exposure in October, 2000, and that therefore Claimant was barred from receiving benefits under the Act pursuant to the statute of limitations provided for in S.C. Code § 42-15-90 (1976, as amended).

Claimant appealed this decision to the Court of Common Pleas for Charleston County. On January 14th, 2013 Judge J.C. Nicholson, Jr., issued the Decision and Order of the court, reversing the holding of the Full Commission. Judge Nicholson held that the final decision of the Full Commission was affected by errors of law and that based upon an application of the proper statute of limitations the date for filing a claim did not begin to run until Claimant knew or should have known he suffered compensable hearing loss in October, 2003. He further held that Defendants was estopped from raising the statute of limitations as a defense because of Defendant's concealment or misrepresentation of pertinent information from the Claimant. Judge Nicholson ordered that the claim was timely filed, Claimant was entitled to the benefits awarded by the Decision and Order of the single Commissioner, and that the matter be remanded to the Full Commission to reinstate the Decision and Order of the single Commissioner.

Defendants appealed this decision to the South Carolina Court of Appeals. On August 9th, 2013, the Court of Appeals issued its Order, dismissing Defendant's appeal because the circuit court's order was not immediately appealable. Therefore, this matter has been returned to the Workers' Compensation Commission to reassemble the Appellate Panel¹ to issue its Decision and Order consistent with the holding of the circuit court.

In accordance with the Decision and Order of Judge Nicholson, dated January 14th, 2013, the Appellate Panel adopts the findings of fact and rulings of law of the single Commissioner, dated October 29th, 2009 as its own.

FULL COMMISSION FINDINGS OF FACT

1. The South Carolina Workers' Compensation has jurisdiction over this claim, with the venue being proper in Charleston County. Hoff was a covered employee and the Employer was a covered employer under the Act. The Employee/Employer relationship existed at the time of Hoff's injury by accident.
2. This claim was heard before the undersigned Commissioner on August 27, 2009, in accordance with hearing notices timely and properly served upon all parties of interest.
3. Hoff's average weekly wage at the time of his accident was \$897.41 per week, allowing for an applicable compensation rate of \$507.34 per week applicable to this claim.
4. Hoff worked for the Employer since 1958 through 2000. The Employer did a decent job since the early 1970s in terms of providing hearing protection to its employees, prior to the 1970s, hearing protection was not mandatory. Hoff worked a substantial number of years for Westvaco without hearing protection.

¹ The Appellate Panel assigned to this matter originally consisted of Commissioners Andrea C. Roche, G. Bryan Lyndon, and David W. Huffstetler. Commissioners Huffstetler and Lyndon have since retired. Therefore, Commissioners Melody L. James and Avery B. Wilkerson, Jr., have replaced them as members of this Appellate Panel.

There is no evidence in the record contradicting Hoff's testimony that no hearing protection was required or worn from 1958 to the early 1970s.

5. There was no history of any prior employment which contributed to Hoff's hearing loss. Hoff's employment with MeadWestvaco is the only job he has ever had since graduating high school in 1958.
6. Hoff is a very credible witness. This is based upon his testimony at the hearing, the undersigned's observations of him at the hearing and his answers to my direct questioning. I have no reason to doubt whatsoever the veracity of Hoff's testimony.
7. The record is devoid of any evidence Hoff has any family history of hearing loss. Hoff has no exposure to chemicals or medications which would affect his hearing. Although Hoff has done some hunting since the mid-1960s, it was not at the level which would contribute to his hearing loss. The minor number of times he even discharged his gun does not affect the undersigned's decision regarding the relationship between his employment and his hearing loss. Although Dr. Joseph Sataloff and Dr. Robert Sataloff are both well respected and well known authorities regarding hearing loss, neither physician ever physically examined Hoff. I find it difficult to fully assess a Claimant's hearing loss solely from a view of his medical records. I do not find it wholly persuasive Hoff's diabetes has any relationship to his hearing loss. I place greater weight to the opinion of Dr. Kitch who actually examined and treated Hoff than the opinion of Dr. Sataloff for the foregoing reasons.
8. Hoff sustained a compensable injury by repetitive trauma on and before October 24, 2000, the date he filed his claim for benefits under the South Carolina Workers' Compensation Act for his hearing loss. Hoff's hearing loss in both ears was caused by excessive noise exposure on his job at MeadWestvaco.
9. Hoff provided timely and proper notice of his injury by accident and timely filed his claim for benefits under the Act within two (2) years of the date that he knew,

with reasonable diligence, of his compensable claim. There is no evidence in the record Hoff was aware his hearing loss was related to his employment with the Employer until Dr. Russell Kitch offered his opinion his hearing loss was consistent with the noise exposure he sustained with the Employer between 1958 and 2000. Dr. Kitch's opinion was offered on October 14, 2003. Hoff timely filed his claim for benefits for his hearing loss on October 22, 2003, well within the ninety (90) day notice requirement of Section 42-15-20 and the statute of limitations pertaining to the filing of a claim for benefits under Section 42-15-40. The evidence reflects Hoff's hearing loss occurred over time while employed by MeadWestvaco. Dr. Kitch noted Hoff's hearing loss was consistent with industrial noise exposure sustained at Westvaco between 1958 and 2000. (APA p.4) He also stated, "This is consistent with the expectations for noise induced hearing loss, where the majority of the damage to hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is not being used." (APA p.6)

10. Hoff exercised reasonable diligence by inquiring from the Employer what the cause of his hearing loss was during the course of his employment when he received audiogram testing. Hoff diligently provided notice of his accident and filed his claim within the statutory requirements of the Act after becoming aware of his compensable injury.
11. Dr. Kitch both physically examined Hoff and reviewed his audiometric testing and found the Claimant sustained a 30% binaural hearing loss as a result of his workplace exposures. Therefore, I find Hoff has sustained a 30% binaural hearing disability causally related to his workplace noise exposure while working for MeadWestvaco.
12. Hoff reached maximum medical improvement on October 14, 2003.
13. Dr. Russell Kitch shall be the authorized treating physician with regard to Hoff's binaural hearing loss for purposes of future medical treatment. The Defendants are responsible for Hoff's future causally related medical treatment relating to his

binaural hearing loss including hearing/digital aides if recommended by Dr. Kitch pursuant to *Dodge v. Bruccoli, et.al*, 514 S.C.2d 593 (Ct. App. 1999) and §42-15-60, SC. Code of Laws, 1976.

FULL COMMISSION RULINGS OF LAW

1. Under S.C. Code Anno., § 42-1-130, Hoff was a covered employee at the time in question.
2. Under S.C. Code Anno., § 42-1-140, the Defendant/Employer was a covered employer under the Act.
3. Under S.C. Code Anno., § 42-1-40, average weekly wage is defined.
4. Under S.C. Code Anno., § 42-1-160, Hoff sustained a compensable injury by accident arising out of and in the course and scope of his employment on October 14, 2003, when he was first notified his binaural hearing loss was causally related to his employment with the Employer. § 42-15-20 of the Act provides that notice of an accident must be provided to the employer within ninety (90) days after its occurrence. *Hanks v. Blair Mills, Inc.*, 286 S.C. 378, 335 S.E.2d 91 (Ct. App. 1985) The Claimant is not required to provide notice of an accident to the employer until he is aware he has a "job related" accident. The language in Section 42-15-20, with regard to notice should be liberally construed in favor of claimants. *Ethridge v. Monsanto, Co.*, 349 S.C. 451, 562 S.E.2d 679 (Ct. App. 2002). Here, the Claimant's hearing loss is akin to repetitive trauma injuries such as carpal tunnel syndrome. Our Courts have ruled that repetitive trauma injuries have a gradual onset caused by the cumulative effect of repetitive traumatic events or "mini-accidents." *Schurlknight v. City of North Charleston*, 352 S.C. 175, 574 S.E.2d 194 (S.C. 2002) When applying Section 42-15-20 to repetitive trauma injuries, the Workers' Compensation Commission shall determine the statutory notice requirement begins to run the employee "...becomes disabled and could discover with reasonable diligence his condition is compensable." *Bass v. Isochem*, 365 S.C. 454, 617 S.E.2d 369 (S.C. App. 2005).

5. Under S.C. Code Anno., § 42-15-40, Hoff timely filed his claim for benefits under the Act. Section 42-15-40, requires the filing of a claim within two years of the date Hoff discovered the causal relationship between his injury and his employment. *Mauldin v. Dyna-Color/Jackrabbit*, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992).
6. Under S.C. Code Anno., § 42-9-30(19), covers compensation for the loss of hearing. Regulation 67-1102 governs the method for determining hearing impairment.
7. Under S.C. Code Anno., § 42-15-60 and *Dodge v. Bruccoli, et.al*, the Claimant is entitled to related and necessary medical care and treatment which will tend to lessen the period of disability despite the Claimant having reached maximum medical improvement.

ORDER

IT IS THEREFORE ORDERED that the Claimant, Virgil Hoff, sustained a compensable injury by accident to his right ear and left ear by sustaining a binaural hearing disability as a result of excessive noise exposure on his job and occurred out of and in the course and scope of his employment at MeadWestvaco on October 19, 2003; and

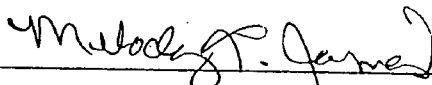
IT IS FURTHERMORE ORDERED that the Claimant, Virgil Hoff, shall receive ongoing medical care and treatment from Dr. Russell Kitch of Lowcountry ENT and shall be provided with any hearing/digital hearing aides if recommended by Dr. Kitch with the Defendants remaining responsible for the maintenance of Hoff's hearing aides in keeping with the holding in *Dodge v. Bruccoli, et.al*, 514 S.E.2d 593 (Ct. App. 1999); and

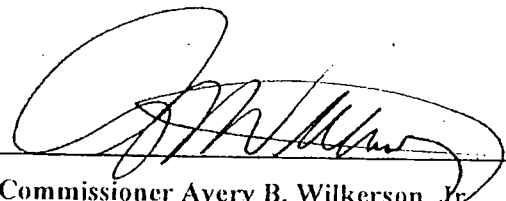
IT IS FURTHERMORE ORDERED that the Claimant, Virgil Hoff, is entitled to and award for permanent disability due to his binaural hearing loss and therefore, shall

receive 49.5 weeks of compensation at his applicable compensation rate of \$507.34 per week from the Defendants.

AND SO IT IS ORDERED!


Commissioner Andrea C. Roche


Commissioner Melody L. James


Commissioner Avery B. Wilkerson, Jr.

Columbia, South Carolina.

CERTIFICATE OF SERVICE

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

By Valerie Deller on October 11, 2013

JULIE J. ARMSTRONG

CLERK OF COURT, C.P. & G.S.
100 BROAD STREET, SUITE 106
CHARLESTON, SC 29401-2258

RETURN SERVICE REQUESTED



clerkofcourt.charlestoncounty.org

21



KIRSTEN LESLIE BARR

PO BOX 2167

MT PLEASANT SC 29465-2167

NOTICE OF ENTRY OF JUDGMENT/ORDER PURSUANT TO RULE 77 SCRPC

Order/remand decision of the appellate panel is affirmed

CASE NO: 2010CP1006041

Virgil Hoff VS Mead Westvaco Etc , defendant, et al

This judgment was entered on the 08th day of April, 2015, and notice mailed first class on Thursday, April 09, 2015, to all counsel of record and/or all parties entitled to receive notice.

You may view and download this document at <http://clerkofcourt.charlestoncounty.org> or obtain a copy in person at the Clerk of Court's Office during regular Charleston County business hours.

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

VIRGIL A. HOFF, Employee,)

Respondent,)

-vs.-)

MEAD WESTVACO, Self-Insured)
Employer, and SAFETY NATIONAL)
INSURANCE, Carrier,)

Petitioner.)

COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO.: 2010-CP-10-6041

ORDER

FILED
2015 APR -8 PM 4:25
JULIE L. ARTHUR
CLERK OF COURT

Presiding Judge:	Hon. Deadra L. Jefferson
Petitioner's Attorney:	Kristen Barr, Esquire
Respondent's Attorney:	J. Kevin Holmes, Esquire
Date of Hearing:	January 8, 2015
Court Reporter:	Pamela E. Green

This Petition for Judicial Review from the Workers' Compensation Commission came to be heard before me in Charleston, South Carolina on January 8, 2015. Present at the hearing were the Petitioner's attorney, Kristen Barr, of Trask & Howell, L.L.C., as well as the Respondent's attorney, J. Kevin Holmes, of the Steinberg Law Firm, L.L.P. The purpose of the hearing was to review the remand decision of the Appellate Panel filed on October 11, 2013.

The Court file contains the Petitioner's brief, Respondent's brief, Petitioner's Reply brief, and the Record on Appeal submitted by the Petitioner. After considering the record and arguments of counsel, it is the ruling of the Court that the remand decision of the Appellate Panel is affirmed.

The Respondent filed a claim for benefits under the Workers' Compensation Act on June 9, 2009 alleging he sustained a compensable hearing loss. The Petitioner denied the claim and raised the time for giving notice of the claim and for the filing a claim under §§ 42-15-20 and 42-15-40, S.C. Code Anno., 1976 as amended, as affirmative defenses. Commissioner Williams heard the claim and issued his Decision and Order on October 29, 2009 finding and ruling the claim was compensable.

The Petitioner sought review and the Appellate Panel reversed Commissioner Williams' decision on July 2, 2010 ruling the claim was time barred. The Respondent filed a Petition for Judicial Review of the Appellate Panel's ruling the claim was time barred. Judge Nicholson reversed the decision of the Appellate Panel ruling the claim was time barred on January 15, 2013 as being affected by an error of law and remanded the claim to the Commission. The Petitioner filed a Notice of Appeal to the Court of Appeals but the appeal was dismissed as interlocutory.

On remand the Appellate Panel did what it was instructed to do by Judge Nicholson. The Appellate Panel applied Judge Nicholson's rulings of law and reinstated the Decision of Commissioner Williams on October 11, 2013. The Petitioner filed for Judicial Review of the remand decision of the Appellate Panel on November 11, 2013.

Grounds and exceptions 7, 8, 9, 12, 13, 14, 15, 16, 19, 20, 21, and 22 ask this Court to reverse Judge Nicholson's rulings of law as to the applicable statute of

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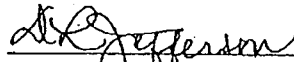
limitations. One Circuit Court Judge, however, does not have the authority to overrule another. See: Enoree Baptist Church v. Fletcher, 287 S.C. 602, 340 S.E.2d 546 (1986); Samonsen v. CGD, Inc., 377 S.C. 442, 661 S.E.2d 81 (2008). The Petitioner's exceptions are preserved and the Petitioner can now appeal Judge Nicholson's rulings of law concerning the statute of limitations to the Court of Appeals.

The Petitioner further argued that "the findings of fact made by Judge Nicholson and entered by the Commission as instructed, are arbitrary, capricious, and otherwise not supported by substantial evidence in the record..." (Petitioner's Reply Brief, page 1). During argument of the Petition the Court asked Petitioner's counsel to identify the findings of fact which were not previously argued before Judge Nicholson. The Petitioner did not identify any but, rather, argued a denial of due process because the Appellate Panel was not permitted to make new or additional findings of fact on remand. In its remand decision the Appellate Panel stated it had no authority "to address the remaining errors and exceptions raised by [the Petitioner], which were not previously addressed by the Appellate Panel because the Commission's conclusion regarding the statute of limitations was dispositive." (Order of Appellate Panel dated 10/11/13). To the extent the Petitioner asks this Court to reverse Judge Nicholson's findings of fact, this Court has no authority to review Judge Nicholson's findings of fact or to review his rulings of law. A review of the record indicates the Commission did what Judge Nicholson instructed it to do on remand. Whether Judge Nicholson exceeded his authority

when he remanded the claim to the Commission is also an issue preserved for appeal to the Court of Appeals.

IT IS HEREBY ORDERED that the remand decision of the Appellate Panel filed on November 11, 2013 is affirmed. The Petitioner's ground and exceptions arising from Judge Nicholson's findings of fact or rulings of law are preserved for appeal to the Court of Appeals.

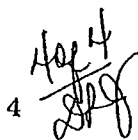
AND IT IS SO ORDERED.



Deadra L. Jefferson, Presiding Judge

Charleston, South Carolina

4th day of April, 2015.

4


ACORD	WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS										
EMPLOYER (NAME & ADDRESS INCL ZIP)			CARRIER/ADMINISTRATOR CLAIM NUMBER			REPORT PURPOSE CODE					
WESTVACO CORPORATION P O BOX 118005 CHARLESTON, SC 29423-8005			JURISDICTION			JURISDICTION CLAIM NUMBER					
SIC CODE 26			EMPLOYER FEIN 13-1466285			EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION # PHONE# (843) 745-3000		
CARRIER/CLAIMS ADMINISTRATOR			POLICY PERIOD			CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO)					
CARRIER (NAME, ADDRESS & PHONE NO) SEDGWICK JAMES OF THE CAROLINAS P O BOX 102103 COLUMBIA, SC 29221-5003 TELEPHONE (803) 772-1111			TO CHECK IF APPROPRIATE SELF INSURANCE			Acct: 48800390 Unit: W39C1					
CARRIER FEIN			POLICY/SELF-INSURED NUMBER			ADMINISTRATOR FEIN					
AGENT NAME AND CODE NUMBER											
EMPLOYEE/WAGE											
NAME (LAST, FIRST, MIDDLE) Hoff, Virgil A			DATE OF BIRTH C 1/40		SOCIAL SECURITY NUMBER		DATE HIRED 07/15/78		STATE OF HIRE SC		
ADDRESS (INCL ZIP) Cottageville, S.C. 29435			SEX ☒ MALE ☐ FEMALE ☐ UNKNOWN		MARITAL STATUS ☐ UNMARRIED SINGLE/DIVORCED ☐ MARRIED ☐ SEPARATED ☐ UNKNOWN		OCCUPATION/JOB TITLE Gen Tech		EMPLOYMENT STATUS Retired 12/02		
PHONE (843) 835-8441			# OF DEPENDENTS				NCCI CLASS CODE				
RATE PER:		DAY		MONTH		# DAYS WORKED/WEEK		FULL PAY FOR DAY OF INJURY?		YES NO	
22.065		WEEK		☒ OTHER: Hourly		5 (days)		DID SALARY CONTINUE?		YES NO	
OCCURRENCE/TREATMENT											
TIME EMPLOYEE BEGAN WORK		☒ AM ☐ PM		DATE OF INJURY/ILLNESS Alleged 10/24/03		TIME OF OCCURRENCE		LAST WORK DATE		DATE EMPLOYER NOTIFIED 10/24/03	
0700											
CONTACT NAME/PHONE NUMBER			TYPE OF INJURY/ILLNESS Alleged noise/envirom expos			PART OF BODY AFFECTED Alleged noise/envirom expos					
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?			☐ YES ☐ NO			TYPE OF INJURY/ILLNESS CODE			PART OF BODY AFFECTED CODE		
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED, DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL											
CAUSE OF INJURY CODE											
DATE RETURNED TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?		☒ YES ☐ NO		WERE THEY USED?		☐ YES ☐ NO	
PHYSICIAN/HEALTH PROVIDER (NAME & ADDRESS) Robert M Anderson, M.D. (MeadWestvaco) P.O. Box 118005 Charleston, S.C. 29423				HOSPITAL (NAME & ADDRESS)				INITIAL TREATMENT NO MEDICAL TREATMENT MINOR BY EMPLOYER MINOR CLINIC/HOSP EMERGENCY CARE HOSPITALIZED > 24 HRS FUTURE MAJOR MEDICAL/LOST TIME			
WITNESSES (NAME & PHONE #)											
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE				PHONE NUMBER			
		10/24/03		Karen Rabon, R.N.				(843) 745-3314			
ACCORD 12/03/03 SUB BACK FOR IMPORTANT STAFF INFORMATION SIGNATURE											
ACCORD CORPORATION											

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

WCC File # Unknown
Carrier File # _____
Carrier Code # _____

Virgil Hoff
Claimant's Name
_____ SSN _____
_____ Road Cottageville, SC 29485
Address City State Zip
(843) 835-8441
Home Phone # _____ Work Phone # _____

Kraft-Westvaco Corporation
Employer's Name
P.O. Box 118005 Charleston, SC 29423
Address City State Zip
Sedgwick Claims Management Services
Insurance Carrier

David T. Pearlman, Esquire, Attorney for Claimant (843) 577-7423
Preparer's Name Phone #

Complete each information blank. To request a hearing, check box 13. b.; indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, and 8 and file this form in duplicate. A claim for workers' compensation benefits is made based on the following grounds:

1. a. The claimant sustained an accidental injury to the skin, ear and lungs on or about October 4, 2000 (discovery rule) in Charleston County, State of South Carolina.
1. b. Describe briefly how the accident occurred noise and environmental exposure.
2. Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
3. The relationship of employer and employee existed at the time of the injury.
4. At the time of the injury the employee was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on or about October 4, 2000 in the following manner: Notified Supervisor.
- ☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for _____
☒ (b) additional medical examination and treatment for injuries listed above.
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined.
- ☒ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☐ Partial
Body part(s) affected are: all injuries listed above
- ☒ 9. Due to the injury, the claimant has a serious body disfigurement consisting of None known at this time.
10. a. At the time of the injury, the claimant was paid weekly wages of \$Form 20 Requested; and demands accounting of days worked and wages earned as provided by law.
10. b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. Employer herein; and/or to be determined.
11. a. Further grounds of claim: To provide all benefits under the Act.
11. b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: See attached Addendum.
11. c. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe: None known.
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☒ 13. a. I am filing a claim. I am not requesting a hearing at this time.
- ☐ 13. b. I am requesting a hearing.

Signature of Claimant/Representative

October 22, 2003
Date

Refer to R. 67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be direct to the Commission's Judicial Department.
WCC Form # 50. Rev. Date 9/90 Employee's Notice of Claim and/or Request for Hearing.

Addendum

11b. Name of doctors and addresses

Dr. Alan I. Nussbaum
Rheumatology Associates, P.A.
14E Farmfield Avenue
Charleston, SC 29407

Dr. Joseph Flowers
Walterboro Family Practice Associates, P.A.
107 Church Street
Walterboro, SC 29488

Dr. Russell D. Kitch
Lowcountry ENT, P.A.
2850 Tricom Street
North Charleston, SC 29406

Dr. Charles Strange
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29402

Dr. Roy Nickles
8-D Farmfield Avenue
Charleston, SC 29407

Dr. Robert Thomas
300 Ruby Street
Walterboro, SC 29488

RECEIVED
OCT 24 2003
SEDGWICK CMS
COLUMBIA, SC

CERTIFICATE OF MAILING

I hereby certify that on October 22, 2003, I served the insurance carrier in the foregoing matter with a copy of the attached WCC Form No. 50 (Employee's Notice of Claim) by mailing a copy of same first class mail, postage pre-paid as follows:

Ms. Tina McLeod
Senior Claims Representative
Sedgwick Claims Management Services
P.O. Box 21626
Columbia, SC 29221

By:

J. Marchette Rouse
J. Marchette Rouse

RECEIVED
OCT 24 2003
SEDGWICK CMS
COLUMBIA, SC

South Carolina Workers' Compensation Commission

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

File # Unknown
Carrier File # Unknown
Carrier Code # _____
Employer FEIN _____

Virgil A. Hoff
Claimant's Name
SSN _____
Cottageville, SC 29435
Address City State Zip
843-835-8441
Home Phone Work Phone _____

MeadWestvaco
Employer's Name
P.O. Box 118005
Address Charleston, SC 29423
City State Zip
Self Insured
Insurance Carrier

Harold E. Trask
Preparer's Name
(843) 881-4228
Phone #

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

1. It is denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: _____
2. It is admitted that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is denied that the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is denied that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: _____
5. It is denied that notice of injury was given the employer. The reasons for denial are: Claim barred by failure to give notice § 42-15-20
6. It is denied that the employee needs medical care as a result of injury. The reason for denial are: _____
7. It is denied that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is denied that the employee is permanently disabled. The reasons for denial are: _____
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ See Form 20. applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Reserve the right to amend. Defendants assert any and all defenses under the Act. See attached additional defenses.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Mr. Herman B. Lightsey, SCWCC,
Name

P. O. Box 1715, Columbia, SC 29202-1715 and David Pearlman, Esq., P.O. Box 9, Charleston, SC 29402
Address

on the 10th day of November, 2003 by ☐ first class mail; ☐ personal service; ☒ certified mail.

H. Trask
Preparer's Signature
Attorney for Defendant(s)
Title
November 10, 2003
Date

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

1. The Defendants deny that the Employee sustained an injury by accident, deny that he contracted an occupational disease and deny that the claim qualifies for benefits under the S. C. Workers' Compensation Act, including the occupational disease provision, Sections 42-11-10 through 42-11-200.
2. The Defendants deny that Notice was given within the period prescribed by Section 42-15-20; and, therefore, the claim is barred.
3. The Defendants deny that the claim was filed within the period prescribed by Section 42-15-40; and, therefore, the claim is barred.
4. The injury claimed does not meet the requirements of Section 42-11-10.
5. The claim does not meet the requirements of Section 42-11-20.
6. The injury claimed does not meet the requirements of Section 42-11-40.
7. The Defendants specifically claim Section 42-11-60 as a defense.
8. The Defendants specifically claim Section 42-11-70 as a defense and bar to the claim.
9. The Defendants specifically request that, in the event an award by the Commissioner is issued, such award shall be apportioned in accordance with Section 42-11-90.
10. The Defendants specifically claim Section 42-11-100 as a defense.
11. The Defendants claim all affirmative defenses of Chapter 11 of the S. C. Workers' Compensation Act.
12. The Defendants reserve the right to request a referral to a medical panel under Section 42-11-120 or to a medical examiner, as is their right by statute.
13. The Defendants reserve the right to add additional parties, including insurance carriers, and/or defenses as more information becomes available.
14. All of the defenses under the Workers' Compensation Act.
15. Reserve the right to amend.

CERTIFICATE OF SERVICE

I hereby certify that on April 29, 2009, I served the Defendant in the foregoing matter with a copy of the attached WCC Form No. 50 (Employee's Request for Hearing) by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

Jill W. King, Esquire
Trask & Howell, LLC
P. O. Box 2167
Mt. Pleasant, SC 29465

By: Kelly Alfreds
Kelly Alfreds, paralegal to
Malcolm M. Crosland, Jr.

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

VCC File # 0031077
Carrier File # A367102654
Carrier Code #
Employer FEIN

Virgil A. Hoff
Claimant's Name
SSN
Cottageville, SC 29435
Address
City State Zip
843-835-8441
Home Phone
Work Phone

MeadWestvaco
Employer's Name
P.O. Box 118005
Charleston, SC 29423
Address
City State Zip
Self Insured
Insurance Carrier

Kirsten L. Barr
Preparer's Name

(843) 881-4228
Phone #

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

1. It is denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are:
2. It is denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question.
The reasons for denial are:
3. It is denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is denied that at the time in question the employee was performing services arising out of and in the course of employment.
The reasons for denial are:
5. It is denied that notice of injury was given the employer. The reasons for denial are:
6. It is denied that the employee needs medical care as a result of injury. The reason for denial are:
7. It is denied that the employee is entitled to temporary total disability for the period(s) of:
8. It is denied that the employee is permanently disabled. The reasons for denial are:
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ Form 20 to be submitted applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Reserve the right to amend. Please see attached Occupational Disease defenses.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Ms. Virginia Crocker, SCWCC,
P. O. Box 1715, Columbia, SC 29202-1715 and Malcolm M. Crosland, Jr., Esq., P.O. Box 9, Charleston, SC 29402
Address

on the 28th day of May, 2009 by ☒ first class mail; ☐ personal service; ☒ certified mail.

Kirsten L. Barr
Preparer's Signature

Attorney for Defendant(s).
Title

May 28, 2009
Date

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

1. The Defendants deny that the Employee sustained an injury by accident, and deny that he contracted an occupational disease, and deny that the claim qualifies for benefits under the South Carolina Workers' Compensation Act including the occupational disease provision Section 42-11-10 through 42-11-200.
2. The Defendants deny that notice was given within the period prescribed by Section 42-15-20 and, therefore, the claim is barred.
3. The Defendants deny that the claim was filed within the period prescribed by Section 42-15-40 and, therefore, the claim is barred.
4. The injury claimed does not meet the requirements of Section 42-11-10.
5. The claim does not meet the requirements of Section 42-11-20.
6. The injury claimed does not meet the requirements of Section 42-11-40.
7. The Defendants specifically claim Section 42-11-50 as a defense.
8. The Defendants specifically claim Section 42-11-60 as a defense.
9. The Defendants specifically claim Section 42-11-70 as a defense and bar to the claim.
10. The Defendants specifically request that in the event an award by the Commissioner is issued, such award shall be apportioned in accordance with Section 42-11-90.
11. The Defendants specifically claim Section 42-11-100 as a defense.
12. The Defendants claim all affirmative defenses of Chapter 11 of the South Carolina Workers' Compensation Act.
13. The Defendants reserve the right to request a referral to a medical panel under Section 42-11-120 or to a medical examiner as is their right by statute.
14. The Defendants reserve the right to add additional parties, including insurance carriers, and/or defenses as more information becomes available.
15. All of the defenses under the Workers' Compensation Act.
16. Reserve the right to amend.

South Carolina Workers' Compensation Commission
1612 Marion Street
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723



WCC File #: 0031077
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

AMENDED

Claimant's Name: Virgil Hoff SSN: _____ Employer's Name: Mead Westvaco
Address: _____ Address: P.O. Box 118005
City: Cottageville State: SC Zip: 29435 City: North Charleston State: SC Zip: 29423
Home Phone: (843) 835-8441 Work Phone: _____ Insurance Carrier: Self-Insured c/o Sedgwick Claims
Preparer's Name: Malcolm M. Crosland, Jr., Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 720-2800

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

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

Date of Injury or Illness: October 4, 2000

- ☒ Injury ☐ Illness ☐ Repetitive Trauma
- 1a. The claimant sustained an injury to the ears; hearing loss on October 4, 2000 in Charleston County, State of South Carolina.
- 1b. Body part(s) affected are: ears; hearing loss
Briefly describe how the accident occurred. Exposure to chemicals
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
3. The relationship of employer and employee existed at the time of the injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on October 4, 2000 in the following manner: verbally to supervisor
- ☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: injuries listed in 1(a) above.
- ☒ 7. Due to injury, the claimant requests temporary disability benefits because of lost compensable time from work and wages for the period of: To be determined.
- ☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ (3) Wage Loss ☐ Partial ☐ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None known at this time
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Employer herein; and/or to be determined.
- 11a. Further grounds or unusual aspects of claim: To provide all benefits under the Act.
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Alan Nussbaum, MD, Rheumatology Associates, PA, 14E Farmfield Ave., Charleston, SC 29407; Westvaco Medical Department, P.O. Box 118005, Charleston, SC 29423; Robert Thomas, MD, 300 Ruby Street, Walterboro, SC 29488; J.F. Flowers, MD, Walterboro Family Practice, 107 Church Street, Walterboro, SC; Russell Kitch, MD, Lowcountry ENT, 2850 Tricom Street, North Charleston, SC 29406
- 11c. To the best of your knowledge, did you have any prior permanent disability? None known.
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 45 minutes

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

Malcolm M. Crosland, Jr. Attorney for Claimant mcrosland@steinberglawfirm.com June 9, 2009
Preparer's Signature Title E-Mail Date

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

CERTIFICATE OF SERVICE

I hereby certify that on June 10, 2009, I served the Defendant in the foregoing matter with a copy of the attached **Amended WCC Form No. 50** (Employee's Request for Hearing) by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

Kirsten L. Barr, Esquire
Trask & Howell LLC
763 Johnnie Dodds Boulevard
Post Office Box 2167
Mt. Pleasant, SC 29464

By:

Kelly Alfreds
Kelly Alfreds, paralegal to
Malcolm M. Crosland, Jr.

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

CC File # 0031077
Carrier File # A367102654
Carrier Code #
Employer FEIN

Virgil A. Hoff
Claimant's Name
SSN
Cottageville, SC 29435
Address
City State Zip
843-835-8441
Home Phone
Work Phone

MeadWestvaco
Employer's Name
P.O. Box 118005
Charleston, SC 29423
Address
City State Zip
Self Insured
Insurance Carrier

Kirsten L. Barr
Preparer's Name

(843) 881-4228
Phone #

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

1. It is denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are:
2. It is denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question.
The reasons for denial are:
3. It is denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is denied that at the time in question the employee was performing services arising out of and in the course of employment.
The reasons for denial are:
5. It is denied that notice of injury was given the employer. The reasons for denial are:
6. It is denied that the employee needs medical care as a result of injury. The reason for denial are:
- It is denied that the employee is entitled to temporary total disability for the period(s) of:
8. It is denied that the employee is permanently disabled. The reasons for denial are:
9. It is denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ Form 20 to be submitted applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Reserve the right to amend. Please see attached Occupational Disease defenses.
Claim barred by S.C. Code Ann. §42-15-20 and §42-15-40.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Ms. Virginia Crocker, SCWCC,
P. O. Box 1715, Columbia, SC 29202-1715 and Malcolm M. Crosland, Jr., Esq., P.O. Box 9, Charleston, SC 29402

on the 18th day of June, 2009 by ☒ first class mail; ☐ personal service; ☒ certified mail.

Kirsten L. Barr
Preparer's Signature

Attorney for Defendant(s).
Title

June 18, 2009
Date

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

1. The Defendant denies that the Employee sustained an injury by accident, and denies that he contracted an occupational disease, and denies that the claim qualifies for benefits under the South Carolina Workers' Compensation Act including the occupational disease provision Section 42-11-10 through 42-11-200.
2. The Defendant denies that notice was given within the period prescribed by Section 42-15-20 and, therefore, the claim is barred.
3. The Defendant denies that the claim was filed within the period prescribed by Section 42-15-40 and, therefore, the claim is barred.
4. The injury claimed does not meet the requirements of Section 42-11-10.
5. The claim does not meet the requirements of Section 42-11-20.
6. The injury claimed does not meet the requirements of Section 42-11-40.
7. The Defendant specifically claims Section 42-11-50 as a defense.
8. The Defendant specifically claims Section 42-11-60 as a defense.
9. The Defendant specifically claims Section 42-11-70 as a defense and bar to the claim.
10. The Defendant specifically request that in the event an award by the Commissioner is issued, such award shall be apportioned in accordance with Section 42-11-90.
11. The Defendant specifically claims Section 42-11-100 as a defense.
12. The Defendant claims all affirmative defenses of Chapter 11 of the South Carolina Workers' Compensation Act.
13. The Defendant reserve the right to request a referral to a medical panel under Section 42-11-120 or to a medical examiner as is their right by statute.
14. The Defendant reserves the right to add additional parties, including insurance carriers, and/or defenses as more information becomes available.
15. All of the defenses under the Workers' Compensation Act.
16. Reserve the right to amend.



Claimant's Name: Virgil Hoff Employer's Name: Mead Westvaco
Address: _____ Address: P.O. Box 118005
City: Cottageville State: SC Zip: 29435 City: North Charleston State: SC Zip: 29423
Home Phone: (843) 835-8441 Work Phone: _____ Insurance Carrier: Mead Westvaco c/o Sedgwick CMS
Preparer's Name: Malcolm M. Crosland, Jr., Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 720-2800

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

☒ Injury by Accident ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$856.80 (est.) 2. AWW: \$507.34 Date of Injury: October 4, 2000
3. Type of injury and body part(s): The Claimant has sustained binaural hearing loss as a result of his employment with the Employer.
4. Facts in controversy: 1) Did the Claimant's exposure to noise during the course of his employment result in permanent hearing loss? 2) The extent of the Claimant's hearing loss related to his industrial exposure with the Employer? 3) Average weekly wage, no WCC Form No. 20 has been provided; 4) Extent of any permanent disability/hearing loss.
5. Legal issues involved: 1) Did the Claimant sustain an injury (hearing loss) arising out of and in the course and scope of his employment? 2) The Extent of the Claimant's permanent disability due to hearing loss. 3) Provision of medical treatment and payment of past medical expenses relating to the Claimant's hearing loss under Section 42-15-60; 4) Payment of any award from the Commission in a lump sum and allocation of any award of the Commission under *Utica-Mohawk Mills v. Orr*.
6. Unusual aspects: None to date.
7. Witnesses (designate if expert)*: Claimant and any and all witnesses listed by the Defendant.
8. Exhibits: See attached notice of witnesses.
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance):
See attached Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Claimant.
10. Name, address, and specialty, if any, of the treating physician: Russell D. Kitch, MD, Low Country ENT, PA., 2850 Tricom Street, North Charleston, SC 29106
11. Impairment rating(s); body part(s); physician and date of opinion: 1) 30% binaural hearing impairment, Dr. Russell Kitch (4/28/09) "Mr. Hoff complained also of cricket or ringing tinnitus with mildly diminished discrimination ability adding an additional 3 to 5% impairment. Based on the history and the absence of other significant noise exposure outside his employment at Westvaco, it is my opinion that with a reasonable degree of medical certainty Mr. Hoff's hearing loss is attributable to noise exposure in the workplace at Westvaco." (APA p.6)
12. I am amending my Form 50/51 in the following manner: _____

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

SIGNATURE

Email: mcrosland@steinberglawfirm.com

DATE OF HEARING: August 10, 2009 TIME NEEDED FOR HEARING: 45 minutes

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
*Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Revised 9/07

58

PRE-HEARING BRIEF

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0031077

VIRGIL HOFF, Employee,

Claimant,

vs.

MEAD WESTVACO, Employer, and

MEAD WESTVACO C/O SEDGWICK CMS,
Carrier,

Defendants.

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS TO BE
INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF THE CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, AND
KIRSTEN L. BARR, ESQUIRE, ATTORNEY FOR THE DEFENDANTS

YOU ARE HEREBY NOTIFIED that the Claimant, pursuant to the Regulations 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 Claimant, to wit:

APA #	PROVIDER	TYPE OF REPORT	DATED	NUMBER OF PAGES	PAGES
1.	Russell Kitch, MD	Office notes	10/14/03-4/28/09	6	1-6
EXHIBIT	PROVIDER	TYPE OF REPORT	DATED	NUMBER OF PAGES	PAGES
A.	Mead Westvaco personnel file	personnel file excerpt	6/16/00	1	7

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

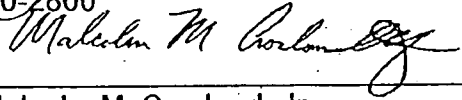
purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred to herein, or photocopies of said originals received from said physicians, experts or others, will be forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and for inclusion as evidence in the record of this claim on behalf of the Employee-Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant and any and all witnesses listed by the Defendant.

THE STEINBERG LAW FIRM, LLP
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

By:


Malcolm M. Crosland, Jr.
Attorney for the Claimant

July 27, 2009

Charleston, South Carolina

CERTIFICATE OF SERVICE

I hereby certify that on July 27, 2009, I served the Defendant in the foregoing matter with a copy of the attached *WCC Form No. 58 and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Claimant* by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

Kirsten Barr, Esquire
Trask & Howell LLC
763 Johnnie Dodds Boulevard
Post Office Box 2167
Mt. Pleasant, SC 29465

By:

Kelly Alfreds
Kelly Alfreds, paralegal to
Malcolm M. Crosland, Jr.

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

WCC File # 0031077
Carrier File # A367102654
Carrier Code #
Employer FEIN

Virgil A. Hoff
Claimant's Name
SSN
Cottageville, SC 29435
Address
City State Zip
843-835-8441
Home Phone Work Phone

MeadWestvaco
Employer's Name
P.O. Box 118005 Charleston, SC 29423
Address
City State Zip
Self Insured
Insurance Carrier

Kirsten L. Barr
Preparer's Name

(843) 881-4228
Phone #

☒ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Other

1. Date of accident October 24, 2000 (alleged) 2. AWW: \$ 897.41 Comp. Rate: \$ 507.34

3. Type of injury and body part(s): alleged bilateral hearing loss due to alleged noise exposure

4. Facts in controversy: Claimant has not worked for MeadWestvaco since October 2000. He did not file any workers' compensation claim until October 22, 2003 – three (3) years after he last worked and at least one (1) year after the expiration of the Statute of Limitations. The Claimant is a hunter and has been shooting rifles all of his life. In addition, the Claimant is a diabetic and diabetes is a known cause of sensorineural hearing loss. The Claimant admits that he wore hearing protection from the mid 1970's until he retired in 2000. There is no evidence that he was ever exposed to injurious levels/durations of noise at MeadWestvaco. More importantly, the Claimant's hearing has significantly deteriorated since his retirement, going from a 16.25% binaural impairment in September 2000 to a 30% binaural impairment in 2003. The Claimant has not had any audiograms (or treatment) since 2003 and based on the 2000 and 2003 audiograms, Dr. Kitch argues that the Claimant's 1989 audiogram "showed similar severity of loss to the current studies. This negates the contribution of age related hearing loss as a factor in his impairment." However, this opinion is entirely baseless, as the Claimant had an 11.25% hearing loss in 1989, a 16.25% hearing loss in 2000, and a 30% hearing loss in October 2003 (three years after he last worked) and; therefore, Dr. Kitch's baseless opinion should be afforded no weight.

5. Legal issues involved: Claim does not satisfy the requirements of S.C. Code Ann. § 42-1-172, as the Claimant's hearing loss was not caused by "repetitive traumatic events," the Claimant failed to give timely notice of any alleged work-related accident under S.C. Code Ann. § 42-15-20; the claim is also barred by S.C. Code Ann. § 42-15-40 because no claim was filed until more than 30 years after his last alleged injurious exposure (Claimant has been wearing hearing protection at work since the 1970's).

6. Unusual problems: Dr. Kitch failed to respond to a subpoena for his records.

7. Witnesses (designate if expert*): Brett Super, Esther Wilkins and/or other representative of MeadWestvaco

8. Exhibits: See attached Notice of Submissions; Claimant's personnel file; Claimant's depositions; Hearing Loss Calculation Charts

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) See attached Notice of Submissions

10. Name, address, and specialty, if any, of the treating physician: Dr. Robert Sataloff, 1721 Pine Street, Philadelphia, PA 19103

(Professor and Chairman of Otolaryngology, Drexel University College of Medicine; Board Certified Otolaryngology; Certified Instructor in Occupational Hearing Loss; President of the American Laryngological Association;

Member of the Council for Accreditation and Occupational Hearing Conservation (CAOHC, American Academy of Otolaryngology;

Editor of *Otolaryngology* (The Official Journal of the American Academy of Otolaryngology); Editorial Board of the *Ear, Nose and*

Throat Journal; Editorial Board of the *Archives of Otolaryngology*; Editor for "Noise and Occupational Hearing Loss" ILO

Encyclopedia of Occupational Health & Safety; Editor of the "Ear, Nose and Throat" Chapter of the Guides of the Evaluation of

Permanent Impairment, 6th Edition.

11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Robert Sataloff on July 8, 2009, "It is my opinion to a reasonable degree of medical certainty that Mr. Virgil A. Hoff has severe bilateral sensorineural hearing loss that could not have been caused by his occupational noise exposure. Per Dr. Joseph Sataloff on April 21, 2004, "...Mr. Hoff has diabetes. Some 30% of individuals with diabetes develop high frequency hearing loss of the type present in Mr. Hoff...Most of his compensable hearing loss developed after 1980. In 1981, it is 3.8%. This is the maximum amount of hearing loss that could be attributed to any occupational etiology. His additional hearing loss could be due to presbycusis, that is aging, hereditary factors, genetic factors, and diabetes. It is evident that between 1981 and the present time his hearing got worse, but it could not possibly be due to any occupational causes."

SIGNATURE

Kuoter L B

DATE OF HEARING: August 27, 2009

TIME OF HEARING: 11:a.m.

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Virgil A. Hoff,	)	W.C.C. FILE NO. 0031077
	)	
Employee/Claimant,	)	
	)	
-vs-	)	
	)	
MeadWestvaco,	)	Hearing Loss Calculation Chart
	)	Per SCWCC Regulation 67-1102
Self- Insured Employer,	)	
	)	
Defendant	)	
	)	

Calculation of a hearing handicap is derived from the pure tone audiogram, obtained with an audiometer calibrated to ANSI S3.6-1969 standards:

1. The average of the hearing threshold levels at 500 Hz, 1000Hz, 2000Hz and 3000 Hz are calculated for each ear;
2. The percent impairment for each ear is calculated by multiplying by 1.5% the amount that the above average hearing threshold level exceeds 25dB (low fence) up to a maximum of 100%, which is reached at 92dB (high fence);
3. The hearing handicap, a binaural assessment, is calculated by multiplying the smaller percentage (better ear) by five, adding this figure to the larger percentage (poorer ear), and dividing the total by six.

Frequency	Hearing threshold level in decibels	
	Right ear	Left ear
.5k	10	5
1k	15	5
2k	30	50
3k	75	70
Total	130.00	130.00
Total divided by 4 (Average)	130.00 / 4 = 32.50	130.00 / 4 = 32.5
Average -25	32.50 -25 = 7.5	32.5 -25 = 7.5
% impairment x1.5%	7.5*1.5% = 11.25 %	7.5 * 1.5 % = 11.25%
Handicap: better ear x 5 + poorer ear and;	11.25 * 5 = 56.25 + 11.25 = 67.25	
total divided by 6	67.25 / 6 = 11.25%	

Hearing handicap =11.25% Binaural hearing loss as of 2/3/89

4530923\hearing loss calculation

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Virgil A. Hoff,

W.C.C. FILE NO. 0031077

Employee/Claimant,

-vs-

MeadWestvaco,

Self- Insured Employer,

Defendant

Hearing Loss Calculation Chart
Per SCWCC Regulation 67-1102

Calculation of a hearing handicap is derived from the pure tone audiogram, obtained with an audiometer calibrated to ANSI S3.6-1969 standards:

1. The average of the hearing threshold levels at 500 Hz, 1000Hz, 2000Hz and 3000 Hz are calculated for each ear;
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3. The hearing handicap, a binaural assessment, is calculated by multiplying the smaller percentage (better ear) by five, adding this figure to the larger percentage (poorer ear), and dividing the total by six.

Hearing threshold level in decibels		
Frequency	Right ear	Left ear
.5k	10	10
1k	05	10
2k	55	65
3k	70	75
Total	140.00	160.00
Total divided by 4 (Average)	140 / 4 = 35.00	160 / 4 = 40
Average -25	35 - 25 = 10	40 - 25 = 15
% impairment x1.5%	10 * 1.5% = 15% (better ear)	15 * 1.5% = 22.5%
Handicap: better ear x 5 + poorer ear and;	15 * 5 = 75 + 22.5 = 97.5	
total divided by 6	97.5 / 6 = 16.25%	

Hearing handicap = 16.25% Binaural hearing loss as of 9/14/00

4530\923\hearing loss calculation

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Virgil A. Hoff,	)	W.C.C. FILE NO. 0031077
	)	
Employee/Claimant,	)	
	)	
-vs-	)	
	)	
MeadWestvaco,	)	Hearing Loss Calculation Chart
	)	Per SCWCC Regulation 67-1102
Self- Insured Employer,	)	
	)	
Defendant	)	
	)	

Calculation of a hearing handicap is derived from the pure tone audiogram, obtained with an audiometer calibrated to ANSI S3.6-1969 standards:

1. The average of the hearing threshold levels at 500 Hz, 1000Hz, 2000Hz and 3000 Hz are calculated for each ear;
2. The percent impairment for each ear is calculated by multiplying by 1.5% the amount that the above average hearing threshold level exceeds 25dB (low fence) up to a maximum of 100%, which is reached at 92dB (high fence);
3. The hearing handicap, a binaural assessment, is calculated by multiplying the smaller percentage (better ear) by five, adding this figure to the larger percentage (poorer ear), and dividing the total by six.

Frequency	Hearing threshold level in decibels	
	Right ear	Left ear
.5k	15	15
1k	15	15
2k	70	70
3k	80	80
Total	180.00	180.00
Total divided by 4 (Average)	180 / 4 = 45	180 / 4 = 45
Average -25	45 - 25 = 20	45 - 25 = 20
% impairment x1.5%	20 * 1.5% = 30.00%	20 * 1.5% = 30.00%
Handicap: better ear x 5 + poorer ear and;	30% * 5 = 150 + 30 = 180	
total divided by 6	180 * 6 = 30%	0.0

Hearing handicap: 30% binaural hearing loss as of 10/6/03

4530\923\hearing loss calculation

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

Virgil A. Hoff,)

Claimant,)

-vs-)

MeadWestvaco,)

Self-Insured Employer,)

Defendant)

BEFORE THE
SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0031077

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS DIRECT
EVIDENCE

TO: South Carolina Workers' Compensation Commission and Malcolm M. Crosland, Jr.,
Esq., attorney of record for Virgil A. Hoff

YOU ARE HEREBY NOTIFIED THAT Kirsten L. Barr, pursuant to the provisions of the South Carolina Workers' Compensation Act, S. C. Code Ann. § 41-1-160, *et seq.* and the South Carolina Administrative Procedures Act, S. C. Code Ann. § 1-23-330, herewith submits the following evidence on behalf of the Defendant, to wit:

<u>APA #</u>	<u>DESCRIPTION</u>	<u>DATES</u>	<u>PAGES</u>
3	MeadWestvaco Audiograms	5/12/81-9/26/00	8-16
4	MeadWestvaco Medical Department	11/26/90-12/13/99	17-22
5	Joseph Sataloff, M.D.	4/21/04	23-24
6	Robert Sataloff, M.D., D.M.A., F.A.C.S.	7/13/09	25-26
7	Russell Kitch, M.D.	5/29/09	27

EXHIBITS #	DESCRIPTION	DATES	PAGES

8	Hearing Loss Calculation Chart	2/3/89-10/6/03	28-30
9	29 CFR § 1910.95	4/1/04	31-46
10	Curriculum Vitae for Joseph Sataloff, M.D.	Undated	47-50
11	Curriculum Vitae for Robert T. Sataloff, M.D., D.M.A., F.A.C.S.	2/18/09	51-149

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 purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendant:

Brett Super
 Esther Wilkins
 And/or other representative of MeadWestvaco

Kirsten L. Barr

Kirsten L. Barr
 Attorney for the Defendant

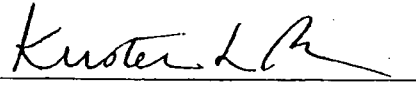
Date: August 17, 2009

4530\923\notice

PROOF OF SERVICE

I hereby certify that on this 17th day of August 2009, I served the foregoing Claimant, Virgil A. Hoff, with copies of the attached Pre-Hearing Brief, Notice of Witnesses and Written Medical Reports and attached records which are being submitted to be made a part of the record in the case under the Administrative Procedures Act, by having mailed first class postage pre-paid, to the Claimant's attorney addressed as follows:

Malcolm M. Crosland, Jr., Esq.
P.O. Box 9
Charleston, SC 29402


Kirsten L. Barr
TRASK & HOWELL, L.L.C.
Attorneys for Defendant
Mt. Pleasant, South Carolina

4530923\POS-PHB

JOINT APA SUBMISSIONS

Virgil A. Hoff v. MeadWestvaco
W.C.C.:# 0031077
Date of Hearing: August 27, 2009

APA #	DESCRIPTION	DATES	PAGES
1	Russell Kitch, MD	10/14/03-04/28/09	1-6

EXHIBITS #	DESCRIPTION	DATES	PAGES
2	MeadWestvaco Personnel File excerpt	06/16/00	7

DEFENDANT'S APA SUBMISSIONS

APA #	DESCRIPTION	DATES	PAGES
3	MeadWestvaco Audiograms	05/12/81-09/26/00	8-16
4	MeadWestvaco Medical Department	11/26/90-12/13/99	17-22
5	Joseph Sataloff, M.D.	04/21/04	23-24
6	Robert Sataloff, M.D., D.M.A., F.A.C.S.	07/13/09	25-26
7	Russell Kitch, M.D.	05/29/09	27
8	Hearing Loss Calculation Chart	02/03/89-10/06/03	28-30
9	29 CFR § 1910.95	04/01/04	31-46
10	Curriculum Vitae for Joseph Sataloff, M.D.	Undated	47-50
11	Curriculum Vitae for Robert Sataloff, M.D., D.M.A., F.A.C.S	02/18/09	51-148

JEFFREY R. FENWICK, M.D.
 RUSSELL D. KITCH, M.D.
 DARBY D. MARSHALL, M.D.

HEIDI CLOWER, MS/CCC-A



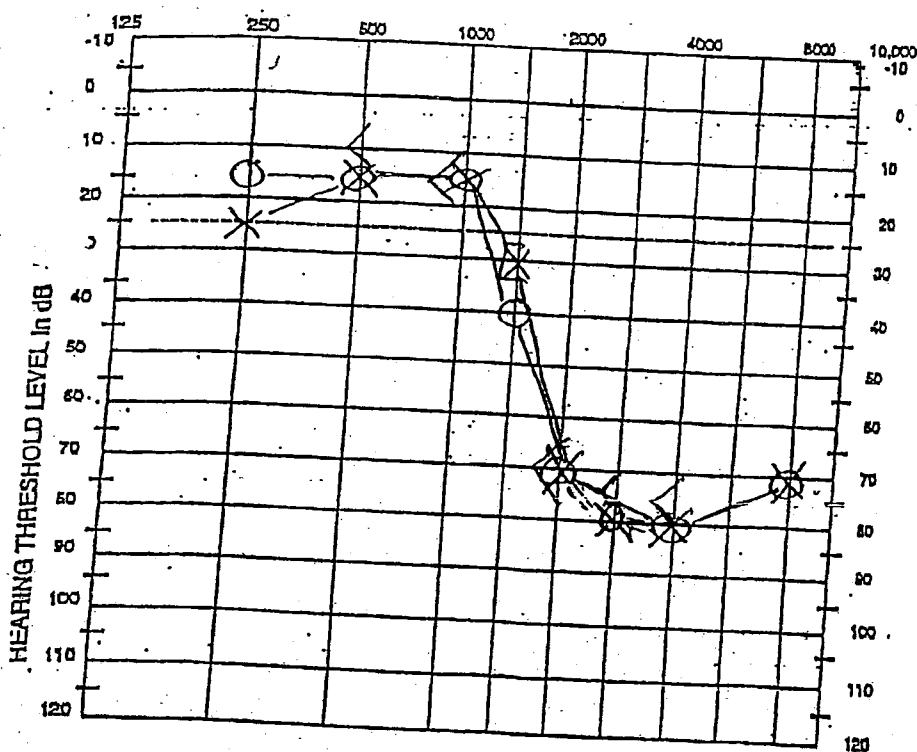
LOW COUNTRY ENT, P.A.

EAR • NOSE • THROAT • HEAD AND NECK SURGERY
 FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

Name Virgil Hoff # 32408 Age 63 Referred by _____

Tested by PK Date 10-6-03 Reliability: Good ☒ Fair ☐ Poor ☐

PURE TONE AUDIOGRAM
 Frequency In Hz



KEY	R (Red)	L (Blue)
Air Conduction	0	X
Masking	A	-
No Response at Maximum Bone Conduction with Masking	<	>
No Response at Maximum	∞	∞

	Right	Left
PTA (250, 1000, 2000 Hz)	dB	dB
Avg bone (500, 1000, 2000 Hz)	dB	dB
SRT	15 dB	15 dB
Discrim.	92 % at 55 dB	80 % at 55 dB
MCL	dB	dB
ULL	dB	dB

SAT _____

TYMPANOGRAM RIGHT "A"
 LEFT "A"

INTERPRETATION: Pt. c/o ↓ hearing (Au) denies otalgia & tinnitus.
Long hx. of noise exposure. (SNT appt. on 10-14-03)
* Pt. to schedule HAE after ENT

Severe SNHL (Au) with good discrimination - HAE recommended. Also (1) unaided

GSI 33
Middle-Ear Analyzer

NAME: Virgil Hoff age: 63

ID #: 32408

ADDR: _____

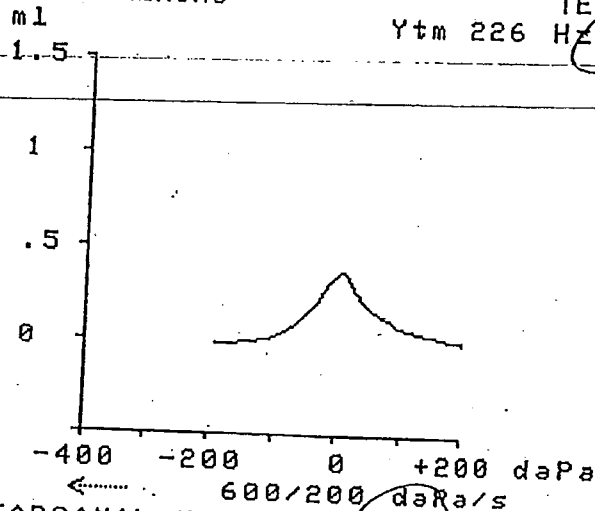
OPERATOR: (PK) Hlower NS/CEA

DATE: 10-6-03 EARTIP: _____

TYMP SCREENING

TEST 1

Ytm 226 Hz R



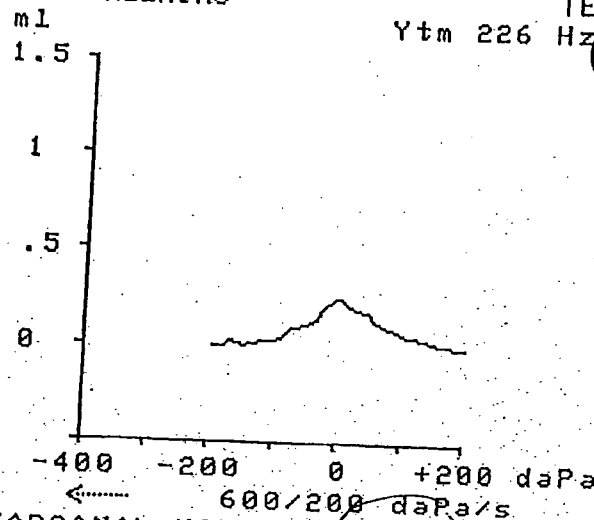
EARCANAL VOLUME: 1.0 ml
daPa 10 0.4

TYMP 1:

TYMP SCREENING

TEST 2

Ytm 226 Hz L



EARCANAL VOLUME: 1.0 ml
daPa 89 0.3

TYMP 1:

INITIAL VISIT NOTE:

Virgil A. Hoff (32408)

10/14/03

CHIEF COMPLAINT: Hearing loss.

HISTORY OF PRESENT ILLNESS: Mr. Hoff is a 63 year old Caucasian male, non smoker, with a long history of high frequency hearing loss that has been causing him more problems socially over the last few years since he has retired from work and finds himself in situations with group listening and background noise where it is difficult to understand conversations. He has more difficulty with female voices than men. He has occasional cricket or ringing type tinnitus.

His history is notable for significant industrial noise exposure. He worked at Westvaco for approximately 44 years, until 2000. He generally was in the vicinity of the mill machinery. He wore hearing protection after it became available in the 1970's, but between 1958 and mid 70's did not have hearing protection at all. He is aware that he had a hearing loss noted on plant audiograms at that time, but does not have his plant audiograms available for comparison today. He has not had any other significant noise exposure, other than occasional lawnmower for cutting grass, and occasional deer hunting (no frequent rifle firing or target shooting). No history of ototoxic medication or chemotherapy. No history of otologic surgery, trauma, or recurrent infection. Family history only hearing loss noted is in his mother who is age 92.

PAST MEDICAL HISTORY: Significant for rheumatoid arthritis, non insulin diabetes recently diagnosed, sarcoid (quiescent), nephrolithiasis. He has been treated with Prednisone and Methotrexate for his rheumatoid arthritis. These should not be ototoxic.

PAST SURGICAL HISTORY: Excision skin cancer.

CURRENT MEDICATION: Ibuprofen, Arava, Allopurinol, Glucotrol.

ALLERGIES: No known drug allergies.

SOCIAL/HABITS: He is married living in Cottageville. Does not smoke (stopped using cigars 30 or more years ago).

REVIEW OF SYSTEMS: See patient information sheet, no visual complaints or neurologic complaints.

EXAMINATION: Awake, alert, NAD, afebrile. BP 128/74 Pulse 80

Skin: Clear.

Eyes: EOM's full, no nystagmus.

Facial mobility is symmetrical.

INITIAL VISIT NOTE:
Virgil A. Hoff (32408)
10/14/03

2

Ears: Normal appearing pinna, canals, and tympanic membranes bilaterally.
Nasal airway: Moist, pink, patent.
Oral cavity: Clear.
Neck: Supple without adenopathy or bruit.
Cranial nerves symmetrically intact to screening.

Audiometric testing shows normal hearing in low frequencies, downsloping, about 1000 Hz. to a severe binaural sensorineural loss, notched, with peak loss at 4000 Hz, consistent with classic noise exposure pattern. Discrimination scores 92% right, 80% left.
~~Tympanograms are normal.~~

IMPRESSION/PLAN: Noise induced pattern sensorineural hearing loss, by patient's history and current findings, entirely consistent with industrial noise exposure sustained at Westvaco between 1958 and 2000 as the etiology of the loss. However, would like to review his audiometric record from Westvaco to confirm this. Percentage of hearing loss will be calculated based on these numbers.

Russell D. Kitch, M. D.

cc: Steinberg Law Firm,
Attn: Karen

RDK/ma

JEFFREY R. FENWICK, M.D.
RUSSELL D. KITCH, M.D.
DARBY D. MARSHALL, M.D.



LOW COUNTRY ENT, P.A.

EAR • NOSE • THROAT • HEAD AND NECK SURGERY
ENT, PLASTIC AND RECONSTRUCTIVE SURGERY

September 2, 2005

Mr. David Pearlman
61 Broad Street
Charleston, SC 29401

RE: VIRGIL HOFF (32408)

Dear Mr. Pearlman:

Mr. Hoff was found to have a 10% binaural hearing impairment based on audiometry obtained in this office 10/6/03. Mr. Hoff has a 30% binaural hearing impairment, which is a 10% impairment of the whole person based on the AMA Guide to Impairment, 5th Edition.

Sincerely,

Russell D. Kitch, M.D.

RDK/ma

RUSSELL D. KITCH, M.D.
JULIE SHOEMAKER M.A./CCC-A
R. LYNN VARELLA, APRN



LOW COUNTRY ENT, PA.

EAR • NOSE • THROAT • HEAD AND NECK SURGERY
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

April 28, 2009

Malcolm Crosland
Steinberg Law Firm
61 Broad Street
Charleston, SC 29401

RE: HOFF, VIRGIL A.
ID#: 32408

Dear Mr. Crosland:

In answer to your request for clarification regarding the hearing loss sustained by Mr. Virgil Hoff, I will offer the following opinion. Mr. Hoff was found on our evaluation 10-06-03 and 10-14-03 to have a severe symmetric high frequency notched pattern sensorineural hearing loss in a classic pattern typical of noise induced hearing loss. This represents a 30% binaural hearing impairment corresponding to 11% impairment of the whole person. Mr. Hoff complained also of cricket or ringing tinnitus with mildly diminished discrimination ability adding an additional 3 to 5% impairment. I had requested his audiometric record from Westvaco to confirm the presence of this hearing loss during his time of employment. The records forwarded from Westvaco via Steinberg Law Firm go back only to 1989 at which point his hearing loss pattern and severity was very similar to our findings in 2003. This is consistent with the expectations for noise induced hearing loss, where the majority of damage to hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is being used. This is the case with Mr. Hoff who reports that he did not have hearing protection available between 1958 and the mid 70's. Based on this history and the absence of other significant noise exposure outside his employment at Westvaco, it is my opinion that with a reasonable degree of medical certainty Mr. Hoff's hearing loss is attributable to noise exposure in the workplace at Westvaco. As an additional point of clarification, Mr. Hoff was 48 years old when he had the audiogram obtained at Westvaco in 1989 where findings as noted showed similar severity of loss to the current studies. This negates the contribution of age related hearing loss as a factor in his impairment rating.

Sincerely,

RUSSELL D. KITCH, M.D.

RDK/lb
05/01/2009/489493

Profile

June 16, 2000

Hoff, Virgil A

023734

Maint Dept - Gen Mechanics

General Mechanic - U

Hire Date: 07/18/1958

Cost Center: 3415

Department Seniority Date: 01/26/1970

Job Seniority Date: 01/28/1974

~~not positive~~ OK

Home Phone Number: (803) 835-8441

Gender: Male

Marital Status: Single ~~MARRIED~~

Birthday: 04/19/1940

Cottageville, SC 29435

Highest Education Level: Technical School

Effective Date	Action	Reason	Hourly Rate	Job Code	Position Description
06/28/1999	Pay Rate Change	Negotiated Wage Increase	\$21.42	K01596	General Mechanic - U
10/05/1998	Return from Leave	Return-Short Term Medical	\$20.80	K01596	General Mechanic - U
09/04/1998	Paid Leave of	Short-Term Medical	\$20.80	K01596	General Mechanic - U
06/29/1998	Pay Rate Change	Negotiated Wage Increase	\$20.80	K01596	General Mechanic - U
07/01/1997	Pay Rate Change	Negotiated Wage Increase	\$20.19	K01596	General Mechanic - U
07/01/1996	Pay Rate Change	Negotiated Wage Increase	\$19.60	K01596	General Mechanic - U

Emergency Contact Information

Ardella Hoff

wife

(Relationship: Other)

(803) 835-8441

(843)

DIVISION Kraft

ME Notes, Vol. 11

SEX *M*

DATE OF BIRTH

SERVICE DATE 7-18-58

Date	5-12-81	RIGHT		LEFT	
		Yes	No	Yes	No
Is Eardrum Visible		✓		✓	
Is Perforation Present			✓		✓
Is Drum Normal		✓			✓
Is Other Present					✓ 2/2/81

		month														day		year		SERVICE DATE										Is Other Present		Date
Enter test No.	Date and Time	RIGHT EAR							LEFT EAR							Serial Number Standard	Dept. No.	Shift No.	Reas. for test code	Job No. or class.	Years on present job	Noise level code	Time lapse code	Hear. prot. code	TESTER Sign and print name	Tester cert no. or cert date	Data processed (HCNC use)					
		500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000																	
15	8:55 2-3-79	15	30	75	75	70	70	5	5	50	70	75	80	80	ANSI 3522 GS 1787 CAL	015	1	7	63	18-6	2	2	1	E. Hall E. Hall	8826	11-78						
16	2:16 PM 2-15-79	10	30	70	70	70	70	20	25	70	75	75	85	70	TRACOR BA 400	015	1	1	63	19-6	2	1	1	L. McKeehan L. McKeehan	10459	Cal 12-78						
17	8:00 PM 2-15-79	15	35	80	75	70	75	20	20	70	75	75	80	75	TRACOR BA 400	015	1	7	63	19-9	2	1	1	E. Hall E. Hall	8826	Cal 12-78						
18	7:15 PM 10-05-79	10	35	75	65	80	80	5	0	70	75	65	90	75	TRACOR BA 400	015	1	1	63	21	2	1	1	L. McKeehan L. McKeehan	10459	Cal 12-79						
19	11:25 AM 07-08-79	10	40	75	70	80	80	15	10	70	75	70	90	80	TRACOR BA 400	015	1	1	63	22	2	1	1	L. McKeehan L. McKeehan	10459	Cal 11-79						
20	0800 11-4-79	15	35	75	70	85	75	25	5	70	75	70	90	70	TRACOR BA 400	015	1	1	63	23	2	1	1	L. McKeehan L. McKeehan	10459	Cal 11-79						
21	12:20 PM 07-45-79	10	40	75	70	75	75	10	10	70	75	70	85	70	TRACOR BA 400	15-1	1	1	63	24	2	1	1	R. R. Brown R. R. Brown	38976	Cal 11-79						

INITIAL OTOLOGIC HISTORY			UPDATE OTOLOGIC HISTORY							UPDATE OTOLOGIC HISTORY		
(Explain All "Yes" Answers)			(enter test number)									
DATE	NO	YES	15	16	17	18	19	20	21	OTOLOGIC & OTOSCOPIC COMMENTS	Test Number	Question Number
1. Ever had noises in ears?										H.P. no noise Dis. (Hants without ear plugs) - Use Chain Saw - use for	15	11-12
2. Ever had dizziness?										Ear hurt & toothache. Shot 3X this year	15	7g11
3. Ever had fullness in ears?										Chain saw - 2 ASA Daily, Mags		
4. Ever had pain in ears?										Had list - use EAR Insert		
5. Have you had fluctuating hearing loss?										Taking (2) 800mg Aspirin daily	17	14
6. Have you had sudden or rapid hearing loss?										Wk. with 4 months	17	12
7. Have you had ear infections?										March 1988 work at H.P. hat.	18	
8. Have you been to an ear specialist?										EAR Insert - Occas Ring, Fluctuate	18	15
9. Ear surgery recommended or performed?										2 background noise Hunt Dis - gear		11
10. Have you had head injury or unconsciousness?										Tractor Acc. - Occas Chain Saw		
11. Do you presently have other noisy job?										ASA 1600mg daily for arthritis		
12. Do you have any noisy hobbies?										Occas Hunt - 4 1/2 hrs max - power tools - ASA	19	
13. Do you presently have other noisy job?										1600mg daily - H.P. hat - white mask 1-3		
14. Have you had mycins, quinine, excessive aspirin?												
15. Ever had hearing tested before?												
When?										UPDATE OTOSCOPIC OBSERVATION		
Where?										Ring, Hunt shot occ	20	1, 12
16. Family history of hearing loss?										limited power tools - on arthritis medications		
17. Do you now have difficulty hearing?												
18. Ever had 1. Measles 2. Mumps 3. Chick. Pox 4. Scar. Fev. 5. Diph.												
19. Yrs. Military Serv.												
Branch												
Job												
20. Have you ever had a prior noisy job?												

UPDATE INSTRUCTIONS: Enter only "Yes" responses. Indicate with through number entered at top of column to show that all questions were asked. The purpose of the update is to discover new developments or worsening of old complaints. Use phrases such as "do you now have a new complaint of" or "since the last test" to elicit new information.

HCNC 1980 DP #1 ©

WESTVACO
KRAFT
PO BOX 5207
NORTH CHARLESTON SC 29406

RE: HOFF, VIRGIL A.

RE: HOFF, VIRGIL A.

EMPLOYEE'S AUDIOGRAM ANALYSIS 01/25/88

CLOCK#	DEPT	JOB#	BIRTHDATE	HIREDATE	SEX	NOISE	PROTECTION
3513	15	63	3/40	07/18/58	M	YES	INSERTS

RESULT OF ANALYSIS:

(LEFT EAR) HCNC SIGNIFICANT THRESHOLD SHIFT CONFIRMED

RETEST RECOMMENDATION BASED ON LAST AUDIOGRAM: 12 MONTH(S)

RIGHT KILOHERTZ

TEST#	TEST DATE	.5	1	2	3	4	6	8	TYPE	FINDINGS
07	05/12/81	15	10	15	70	70	60	80	G	
12	06/11/87	10	10	30	75	70	65	70	G	
13	12/21/87	10	10	25	75	75	65	70	G	NO CHANGE

LEFT KILOHERTZ

TEST#	TEST DATE	.5	1	2	3	4	6	8	TYPE	FINDINGS
07	05/12/81	10	10	15	75	60	80	70	G	
12	06/11/87	10	10	40	70	70	75	75	H	
13	12/21/87	10	10	40	70	70	75	75	H	HCNC CONF

OTOLOGIC HISTORY

TINNITUS	Y	EAR PAIN	N	EAR INFECTION	Y	HEAD INJURY	N
VERTIGO	N	FLUCT. LOSS	N	EAR SPECIALIST	Y	GUNFIRE EXP.	Y
EAR FULLNESS	N	RAPID LOSS	N	EAR SURGERY	N		

CLIENT COMMENTS:

*has EAR when in noise exposure
works paper mill area / L. Sellen
2-18-88*

SIGNATURE: V. A. Hoff

DATE: 2-18-88

SC 2940E

RE: HOFF, VIRGIL A
201-55-2487

06/07/90

INSERTS

(LEFT EAR) HCNC SIGNIFICANT THRESHOLD SHIFT CONFIRMED

✓

2

FINDINGS

NO CHANGE

7

FINDINGS

HLNG CONF

Y

N

Y

Y

7/23/90

DATE: 1-3-90

EMPLOYEE AUDIOGRAM

066-001-001-001

WESTVACO COMPANY

KRAFT DIVISION

P.O. BOX 118005

NORTH CHARLESTON SC 29423-8005

DATE: 08/29/97

NAME: HOFF, VIRGIL A

SS#:

ID: 3513

DOB: /40 SEX: M

SD: 07/18/58

SD: 07/18/98

TEST #	DATE	RIGHT							LEFT							AUDION/SERIAL#	DBPT	SHIFT	NOISE	RS LP	
		5k	1k	2k	3k	4k	6k	8k	5k	1k	2k	3k	4k	6k	8k	ELRC CAL DATE	JOB	YRS	LEVEL	PROT.	TESTER
15	02/03/89	10	15	30	75	75	65	70	05	05	50	70	75	80	80	See File	15	1	85+	7 2	See File
		baseline															63	0		Plugs	
10	04/12/85	20	15	40	70	65	65	85	15	15	25	70	70	65	75	See File	015	1	85+	7 1	See File
																	63	15		Plugs	
11	04/16/86	10	15	30	75	65	70	85	10	10	35	70	70	65	75	See File	015	1	85+	1 1	See File
																	63	16		Plugs	
16	02/16/89	10	10	30	70	70	70	70	20	25	70	75	75	85	70	See File	15	1	85+	1 1	See File
																	63	20		Plugs	
17	05/18/90	15	15	35	80	75	70	75	20	20	70	75	75	80	75	See File	15	1	85+	7 1	See File
																	63	19		Plugs	
18	07/11/91	10	05	35	75	65	80	80	05	00	70	75	65	90	75	See File	15	1	85+	1 1	See File
																	63	21		Plugs	
19	11/25/92	10	20	40	75	70	80	80	15	10	70	75	70	90	80	See File	15	1	85+	1 1	See File
																	63	22		Plugs	
20	11/01/93	15	10	35	75	70	85	75	25	05	70	75	70	90	70	See File	15	1	85+	1 1	See File
																	63	23		Plugs	
21	12/02/94	10	05	40	75	70	75	75	10	10	70	75	70	85	70	See File	151	1	85+	1 1	See File
																	63	24		Plugs	
22	12/07/95	10	05	55	75	75	65	70	05	10	70	75	70	85	70	MI 5000B 50595	151	1	85+	1 1	MC KRITHAN, L.
	21:27															11/27/95	63	6		Plugs	
23	08/20/96	10	05	55	70	65	75	70	05	05	65	75	70	80	70	MI 5000B 50595	15-1	1	85+	2 3	RABON, KAREN
	10:51															07/22/96	63	7		Plugs	
24	08/29/97	15	10	55	75	65	75	75	10	10	70	75	75	85	70	MI 5000B 50595	15-1	1	85	1 1	RABON, KAREN
	07:22															07/22/96	63	8		Plugs	

INITIAL OTOLOGIC HISTORY	C O M M E N T S	15	10	11	16	17	18	19	20	21	22	23	24	OTOLOGIC & OTOSCOPIC	TEST ON
1-NOISE IN EARS?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	IBUPROFEN 800 MG X2-3/DAY	24 14
2-DIZZINESS?		N	N	N	N	N	N	N	N	N	N	N	N	OCC MOWER /FARM EQUIP	24 12
3-FULLNESS IN EARS?		N	N	N	N	N	N	N	N	N	N	N	N	RIFLE X 1 (2 DAYS AGO)	24 11
4-PAIN IN EARS?		N	N	N	N	N	N	N	N	N	N	N	N	WEARS "EARS"	24
5-FLUCTUATING LOSS?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	ASA 800 MG 2-3/DAY	23 14
6-SUDDEN/RAPID LOSS?		N	N	N	N	N	N	N	N	N	N	N	N	POWER TOOL/MOWER OCC	23 12
7-EAR INFECTIONS?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	OCC RINGING	23 1
8-SEEN EAR SPECIALIST?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	WEARS "EARS"	23
9-EAR SURGERY?		N	N	N	N	N	N	N	N	N	N	N	N	HIGH DOSES ASPIRIN	22 14
10-HEAD INJURY/UNCONS'NS?		N	N	N	N	N	N	N	N	N	N	N	N	RINGING	22 1
11-GUNFIRE?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	ASPIRIN HIGH DOSES	22 14
12-NOISY HOBBIES?												N	Y	RINGING	22 1
13-OTHER NOISY JOB?												N	N		
14-MYCINS, QUININE OR EXCESSIVE ASPIRIN?												Y	Y		
15-TESTED? (WHEN/WHERE)															
16-FAMILY HISTORY OF LOSS?															
17-HEARING DIFFICULTY NOW?															
18-HAD 1-MEASLES, 2-MUMPS															
3-CHICK. POX, 4-SCAR. FEV., 5-DIPHTH.															
19-YRS MILITARY/BRANCH/JOB?															
20-PREV. NOISY JOB?															

066-001-001-001

DATE: 09/02/98

P.O. Box 118005

SS1:

ID: 3515

DOB: 7/40 SBX: M

Charleston WV 29423-8005

SD: 07/18/58

[illegible]

EMPLOYEE AUDIOGRAM

06-001-001-001

Westvaco Kraft Division
Health & Wellness Department
P.O. Box 118005
N. Charleston, SC 29423

DATE: 9/9/99

NAME: HOFF, VIRGIL A

SS#:

ID#:

DOB: /40 SEX: M

SD: 07/18/58

TEST		RIGHT								LEFT								AUDION/SERIAL#	DEPT	SHIFT	NOISE-dB	RS LP	TESTER
NO	DATE	5k	1k	2k	3k	4k	6k	8k	5k	1k	2k	3k	4k	6k	8k	ELEC CAL DATE	JOB	YRS	CODE	PROT.	CERT.		
6	02/03/89	10	15	30	75	75	65	70	05	05	50	70	75	80	80	See File	15-1	1	>= 85	7 2	See File		
7	02/16/89	10	10	30	70	70	70	70	20	25	70	75	75	85	70	See File	15-1	1	>= 85	1 1	See File		
8	05/18/90	15	15	35	80	75	70	75	20	20	70	75	75	80	75	See File	15-1	1	>= 85	7 1	See File		
9	07/11/91	10	05	35	75	65	80	80	05	00	70	75	65	90	75	See File	15-1	1	>= 85	1 1	See File		
10	11/25/92	10	20	40	75	70	80	80	15	10	70	75	70	90	80	See File	15-1	1	>= 85	1 1	See File		
11	11/01/93	15	10	35	75	70	85	75	25	05	70	75	70	90	70	See File	15-1	1	>= 85	1 1	See File		
12	12/02/94	10	05	40	75	70	75	75	10	10	70	75	70	85	70	See File	15-1	1	>= 85	1 1	See File		
13	12/07/95	10	05	55	75	75	65	70	05	10	70	75	70	85	70	See File	15-1	1	>= 85	1 1	See File		
14	08/20/96	10	05	55	70	65	75	70	05	05	65	75	70	80	70	See File	15-1	1	>= 85	2 3	See File		
15	08/29/97	15	10	55	75	65	75	75	10	10	70	75	75	85	70	See File	15-1	1	85 - 89	1 1	See File		
16	09/02/98	20	20	65	75	75	70	70	10	15	70	75	75	90	75	See File	15-1	1	85 - 89	1 1	See File		
17	09/09/99	10	10	55	75	70	70	80	10	15	65	75	80	85	75	MI-5000B 50595	15-1	1	>= 85	1 1	Croft, Sharon		
	09:07															11/12/98	63	29	2	Inserts	48557		

OTOLOGIC HISTORY	BL	6	7	8	9	10	11	12	13	14	15	16	17	OTOLOGIC & OTOSCOPIC	TEST Q#
1-NOISE IN EARS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	OCC RINGING	6 1
2-DIZZINESS?	N	N	N	N	N	N	N	N	N	N	N	N	N	RIFLE X 1 (2 DAYS AGO)	6 11
3-FULLNESS IN EARS?	N	N	N	N	N	N	N	N	N	N	N	N	N	OCC MOWER /FARM EQUIP	6 12
4-PAIN IN EARS?	N	N	N	N	N	N	N	N	N	N	N	N	N	IBUPROFEN 800 MG X2-3/DAY	6 14
5-FLUCTUATING LOSS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	WEARS "EARS"	6 99
6-SUDDEN/RAPID LOSS?	N	N	N	N	N	N	N	N	N	N	N	N	N	occas ring both ears	17 1
7-EAR INFECTIONS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	wax builds in rt canal	17 7
8-SEEN EAR SPECIALIST?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12g shotgun 9/6/99 w/ohp	17 11
9-EAR SURGERY?	N	N	N	N	N	N	N	N	N	N	N	N	N	Occ mower & farm equip wp	17 12
10-HEAD INJURY/UNCONSCIOUS?	N	N	N	N	N	N	N	N	N	N	N	N	N	methatrexate ea wk	17 14
11-GUNFIRE?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	dried particles rt canal	17 99
12-NOISY HOBBIES?													Y	OCC RINGING	16 1
13-OTHER NOISY JOB?													N	RIFLE X 1 (2 DAYS AGO)	16 11
14-MYCINS, QUININE OR EXCESSIVE ASPIRIN?													N	OCC MOWER /FARM EQUIP	16 12
15-TESTED? (WHEN/WHERE)														IBUPROFEN 800 MG X2-3/DAY	16 14
16-FAMILY HISTORY OF LOSS?														WEARS "EARS"	16 99
17-HEARING DIFFICULTY NOW?														OCC RINGING	15 1
18-HAD 1-MEASLES, 2-MUMPS														RIFLE X 1 (2 DAYS AGO)	15 11
19-3-CHK POX, 4-SCAR FEV														OCC MOWER /FARM EQUIP	15 12
5-DIPHTHERIA														IBUPROFEN 800 MG X2-3/DAY	15 14
19-YRS MILITARY/BRANCH/JOB														WEARS "EARS"	15 99
20-PREV NOISY JOB?														OCC RINGING	14 1
														RIFLE X 1 (2 DAYS AGO)	14 11

EMPLOYEE AUDIOGRAM

066-001-001-001

Westvaco Kraft Division
Health & Wellness Department
P.O. Box 118005
N. Charleston, SC 29423

DATE: 9/14/00

NAME: HOFF, VIRGIL A

SS#:

ID#: 3513

DOB: /40 SEX: M

SD: 07/18/58

TEST NO	DATE	RIGHT						LEFT						AUDIOM/SERIAL# ELEC CAL, DATE	DEPT JOB	SHIFT YRS	NOISE-DB CODE	RS LP PROT.	TESTER CERT.		
		.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k							6k	8k
15	02/03/89	10	15	30	75	75	65	70	05	05	50	70	75	80	80	See File	15	1	>= 85	7 2	See File
BL																/ /	63	0	2	Inserts	
17	05/18/90	15	15	35	80	75	70	75	20	20	70	75	75	80	75	See File	15	1	>= 85	7 1	See File
																/ /	63	19	2	Inserts	
18	07/11/91	10	05	35	75	65	80	80	05	00	70	75	65	90	75	See File	15	1	>= 85	1 1	See File
																/ /	63	21	2	Inserts	
19	11/25/92	10	20	40	75	70	80	80	15	10	70	75	70	90	80	See File	15	1	>= 85	1 1	See File
																/ /	63	22	2	Inserts	
20	11/01/93	15	10	35	75	70	85	75	25	05	70	75	70	90	70	See File	15	1	>= 85	1 1	See File
																/ /	63	23	2	Inserts	
21	12/02/94	10	05	40	75	70	75	75	10	10	70	75	70	85	70	See File	151	1	>= 85	1 1	See File
																/ /	63	24	2	Inserts	
22	12/07/95	10	05	55	75	75	65	70	05	10	70	75	70	85	70	See File	151	1	>= 85	1 1	See File
																/ /	63	6	2	Inserts	
23	08/20/96	10	05	55	70	65	75	70	05	05	65	75	70	80	70	See File	15-1	1	>= 85	2 3	See File
																/ /	63	7	2	Inserts	
24	08/29/97	15	10	55	75	65	75	75	10	10	70	75	75	85	70	See File	15-1	1	85 - 89	1 1	See File
																/ /	63	8	6	Inserts	
25	09/02/98	20	20	65	75	75	70	70	10	15	70	75	75	90	75	See File	15-1	1	85 - 89	1 1	See File
																/ /	63	9	6	Inserts	
26	09/09/99	10	10	55	75	70	70	80	10	15	65	75	80	85	75	See File	15-1	1	>= 85	1 1	See File
																/ /	63	29	2	Inserts	
27	09/14/00	10	05	55	70	65	70	85	10	10	65	75	75	85	75	MI-5000B 50595	15-1	1	>= 85	1 1	Croft, Sharon
	07:37															12/10/99	63	42	2	Inserts	48557

OTOLOGIC HISTORY	BL	17	18	19	20	21	22	23	24	25	26	27	OTOLOGIC & OTOSCOPIC COMMENTS	TEST	Q#
1-NOISE IN EARS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	occas ring both ears	27	1
2-DIZZINESS?	N	N	N	N	N	N	N	N	N	N	N	N	hunt nov 99 fixed 12g 4x	27	11
3-FULLNESS IN EARS?	N	N	N	N	N	N	N	N	N	N	N	N	Occ mower & farm equip wp	27	12
4-PAIN IN EARS?	N	N	N	N	N	N	N	N	N	N	N	N	wears ear classic	27	99
5-FLUCTUATING LOSS?	N	N	N	N	N	N	N	N	N	N	N	N	occas ring both ears	26	1
6-SUDDEN/RAPID LOSS?	N	N	N	N	N	N	N	N	N	N	N	N	12g shotgun 9/6/99 w/ohp	26	11
7-EAR INFECTIONS?	N	N	N	N	N	N	N	N	N	N	N	N	Occ mower & farm equip wp	26	12
8-SEEN EAR SPECIALIST?	N	N	N	N	N	N	N	N	N	N	N	N	dried particles rt canal	26	99
9-EAR SURGERY?	N	N	N	N	N	N	N	N	N	N	N	N	RINGING	25	1
10-HEAD INJURY/UNCONSCIOUS?	N	N	N	N	N	N	N	N	N	N	N	N	RIFLE X 1 (2 DAYS AGO)	25	11
11-GUNFIRE?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	POWER TOOL/MOWER OCC	25	12
12-NOISY HOBBIES?													TAKE ASPERINE SOMERGING	25	14
13-OTHER NOISY JOB?													WEARS "EARS"	25	99
14-MYCINS, QUININE OR EXCESSIVE ASPIRIN?													OCC RINGING	24	1
15-TESTED? (WHEN/WHERE)													RIFLE X 1 (2 DAYS AGO)	24	11
16-FAMILY HISTORY OF LOSS?													OCC MOWER /FARM EQUIP	24	12
17-HEARING DIFFICULTY NOW?													IBUPROFEN 800 MG X2-3/DAY	24	14
18-HAD 1-MEASLES, 2-MUMPS													WEARS "EARS"	24	99
3-CHK POX, 4-SCAR FEV													OCC RINGING	23	1
5-DIPHTHERIA		YY	YY	YY	YY	YY	YY	YY	YY	YY	YY	YY	POWER TOOL/MOWER OCC	23	12
19-YRS MILITARY/BRANCH/JOB		NN	NN	NN	NN	NN	NN	NN	NN	NN	NN	NN	ASA 800 MG 2-3/DAY	23	14
20-PREV NOISY JOB?		YN	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN	WEARS "EARS"	23	99
													RINGING	22	1

Batch# 074200

WESTVACO CORPORATION
PACKAGING RESOURCES GROUP
P.O. BOX 118005
CHARLESTON SC 29423

RECEIVED

OCT 02 2000

IN MEDICAL DEPT.

Re: HOFF, VIRGIL A

Re: HOFF, VIRGIL A

Employee's Audiogram Analysis 09/26/00

Clock#	Dept	Job#	Birthdate	Hiredate	Sex	Noise	Protection
3513	15-1	63	/40	07/18/58	M	Yes	Inserts

Result Of Analysis:

(Right Ear) HCNC Significant Threshold Shift

Retest Recommendation Based On Last Audiogram: 12 Month(s)

Right Ear

Test#	Test Date	.5	1	2	3	4	6	8	Type	Findings
15	02/03/89	10	15	30	75	75	65	70	G	Current Baseline
26	09/09/99	10	10	55	75	70	70	80	H	No Change
27	09/14/00	10	05	55	70	65	70	85	H	HCNC Sig

Left Ear

Test#	Test Date	.5	1	2	3	4	6	8	Type	Findings
15	02/03/89	05	05	50	70	75	80	80	H	Current Baseline
26	09/09/99	10	15	65	75	80	85	75	H	No Change
27	09/14/00	10	10	65	75	75	85	75	H	No Change

Otologic History

Tinnitus	Y	Ear Pain	N	Ear Infection	N	Head Injury	N
Vertigo	N	Fluct. Loss	N	Ear Specialist	N	Gunfire Exp.	Y
Ear Fullness	N	Rapid Loss	N	Ear Surgery	N		

Client Comments:

*Discarded at time of test. Will recommend
retest in 6 mo. Letter mailed.*

Signature: Shawn Croft R

Date: 10/3/00

066-001-001-001 (C) HCNC, Inc. 1984
Report -A-

ALAN I. NUSSBAUM, M.D.
BNDD No. AN9353385
S.C. License No. 9904

14E FARMFIELD AVENUE
CHARLESTON, S.C. 29407
TELEPHONE 803/571-6067

FOR:

11/26/80

R Virgil Hoff will continue to
need to park close to his
workplace due to activity of his
arthritis. ~~Thus~~ This should apply for
1 year

Dispense as written Substitution Permitted

Refill _____

Label _____

ALAN I. NUSSBAUM, M.D.
BNDD No. AN9353385
S.C. License No. 9904

14E FARMFIELD AVENUE
CHARLESTON, S.C. 29407
TELEPHONE 803/571-6067

FOR:

11/2/92

R Mr Virgil Hoff continues under my care
for his rheumatoid arthritis. He should
continue his restriction ~~again~~ for no
overtime work and should still be able
to park close to his workplace.
These restrictions should be in
effect for 1 year.

Dispense as written Substitution Permitted

Refill _____

Label _____

ALAN I. NUSSBAUM, M.D.

ARTHRITIS AND RHEUMATIC
DISEASES

14E FARMFIELD AVE.
CHARLESTON, S.C. 29407
(803) 571-6067

December 2, 1991

To Whom It May Concern:

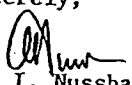
Re: Virgil Hoff

Virgil Hoff continues to be under my care for management of rheumatoid arthritis and lumbar spondylosis. He has continued to function well at work with the following restrictions: 1) he should park within the mill, close to his work sites so that he does not have to walk for an extended period getting to and from his car and 2) he should not be required to do overtime work.

I would ask that these restrictions be continued beyond their expiration date of December 4, 1991 and that they be considered permanent.

Thank you very much.

Sincerely,


Alan I. Nussbaum, M.D.
AIN/ec

RHEUMATOLOGY ASSOCIATES, P.A.

WALTER BONNER, M.D.
CARLYSLE BARFIELD, M.D.
ALAN I. NUSSBAUM, M.D.

14E FARMFIELD AVE.
CHARLESTON, S.C. 29407
(803) 571-6067
Fax 769-4853

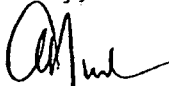
December 8, 1994

RE: Virgil Hoff
Rt. 1, Box 489
Cottageville, SC 29435

To Whom It May Concern:

Mr. Virgil Hoff is currently under my care for treatment of rheumatoid arthritis. He should be restricted from overtime work and from climbing. He should also be allowed to park close to his workplace so that he is not required to walk a long distance to or from his car.

Sincerely,



Alan I. Nussbaum, M.D.
AIN/stb

EMPLOYEE:

HISTORY QUESTIONNAIRE:

DATE: 3-4-97

Have you ever worn a respirator before? Yes _____ No ✓
Do not know or does not apply _____

If yes, describe any apparent difficulties noted with respirator use:

Do you have or have you had within the last 5 years any of the following?

	YES	NO
Heart disease, heart attacks or heart failure?	—	✓
Angina or chest pains?	—	✓
Emphysema or chronic bronchitis or any other lung disease?	—	✓
History of smoking?	—	✓
High blood pressure?	—	✓
High cholesterol?	—	✓
Family history of heart disease?	✓	—
Exercise at least 20 minutes/day, three times a week?	—	✓
Fear of tight/enclosed spaces?	—	✓
Anxiety reactions?	—	✓
Psychiatric or emotional problems?	—	✓
Admission to Mental Hospital?	—	✓
Sensations of smothering?	—	✓
History of fainting, seizures, or fits?	—	✓
Defective vision?	✓	—
Defective hearing?	✓	—
Contact lenses or glasses?	✓	—
Anemia or low blood?	—	✓
Are you taking any medication?	✓	—

Explain YES answers: TRIAM, HCTZ, IBUPROFEN, ALLOPURINOL
METHOTREXATE

I certify that I have answered truthfully questions regarding my health history and have not knowingly withheld information concerning my health status. I agree all findings of this examination may be submitted to my employer.

Signature: V. A. HETZ

RESPIRATOR PHYSICAL EXAMINATION

PHYSICIAN:

Height 71"

Blood Pressure 130/72

Vision (OU) 20/20

Weight 242#

Pulse 68

Respirations 20

Physical Exam: NORMAL ABNORMAL

Heart ✓ _____

Beard Y (N)

Lungs ✓ _____

Contact Lenses Y (N)

REV. 9/95

DATE: 7-6-99 HEALTH & WELLNESS DEPARTMENT
 LAST UPDATE: _____ (MEDICAL)

Employee's Medical Profile

NAME: Virgil Alex Hoff SSN: _____ DATE OF BIRTH: 7-40
 (PLEASE PRINT "full" NAME)

EMP#: 3513-02373 DEPARTMENT: ZONE 1 MAINTANCE JOB TITLE: Mechanic/pipe fitter
3513-023934

HOME ADDRESS: _____ HOME PHONE# (843) _____
Cottageville S.C. 29435
 City State Zip

PAST MEDICAL HISTORY: (Heart Condition, Diabetes, Asthma, Injuries, etc. (Include dates))

Rheumatol Arthritis -

Kidney stones - SKIN CANCER

CURRENT MEDICATIONS & DOSAGES: IBUPROFEN 800 mg (3 to 4 times daily)

Methotrexate 25mg - (3 tablets every week) ALLOPURINOL 300mg - (take 1 tablet daily)

Dyazide 37.5/15 mg - (1 daily)

ALLERGIES: _____

SPECIAL INSTRUCTIONS FOR TREATING ALLERGIES: _____

PRIVATE PHYSICIAN: Dr. Joseph Flowers PHONE#: 549-
Dr. Allen Nussbaum
 ADDRESS: _____

CONTACT LENS WEARER: YES ☐ NO ☒ Special instructions for removal in case of emergency: _____

PERSONS TO BE NOTIFIED IN CASE OF INJURY, ILLNESS OR DEATH:

NAME: Ardella Hoff

NAME: Terry W. Hoff

ADDRESS: _____

Cottageville,
S.C.

ADDRESS: Cottageville, S.C. 29435

HOME #: _____

WORK #: 835-5717

HOME#: _____

WORK#: _____

RELATIONSHIP: Spouse

RELATIONSHIP: SON

SHOULD ANY SPECIAL PRECAUTIONS BE TAKEN DUE TO HEALTH PROBLEMS, ETC., WHEN NOTIFYING THESE PEOPLE?

(Explain): _____

Rev. 4/1/99

RHEUMATOLOGY ASSOCIATES, P.A.

CARLYSLE BARFIELD, M.D.
ALAN I. NUSSBAUM, M.D.
GEORGIA C. ROANE, M.D.

14E FARMFIELD AVE.
CHARLESTON, S.C. 29407
(843) 571-6067
Fax 769-4853

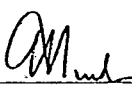
December 13, 1999

To Whom It May Concern:

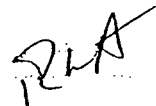
RE: Virgil Hoff

Virgil Hoff continues under my care for rheumatoid arthritis. He should: 1) avoid climbing, 2) be permitted to park close to his work place to minimize walking, and 3) work only limited overtime.

These restrictions apply until January 1, 2001.



Alan I. Nussbaum, M.D.
AIN/ec



Joseph Sataloff, MD

1721 Pine Street
Philadelphia, PA 19103

(215) 790-9199

April 21, 2004

Jamie C. Guerrero, Esq.
TRASK & HOWELL
763 Johnnie Dodds Blvd.
PO Box 2167
Mt. Pleasant, SC 29465

RE: Virgil A. Hoff v. MeadWestvaco

Dear Mr. Guerrero:

It was kind of you to let me evaluate the excellent and extensive background information on Mr. Virgil A. Hoff, which includes his medical records, his deposition, a large number of serial audiograms dating as far back as 1972, work history, medical reports and other information. Mr. Hoff is now 63-years-old and started working in 1958. He retired in 2000. He was chiefly a pipe fitter. He did not use ear protectors between 1958 and about 1970. After that the records show that he used ear protectors conscientiously. He apparently worked around noisy equipment throughout most of his career.

He also did some hunting with a rifle and shotgun. As you know, use of these guns can produce a significant amount of high frequency hearing loss.

It is important to note that Mr. Hoff has diabetes. Some 30 % of individuals with diabetes develop high frequency hearing loss of the type present in Mr. Hoff. He does have a substantial high frequency nerve deafness and has had a similar picture as far back as 1972, when his first audiogram was performed. Incidentally, it is a great credit to the company that they did audiograms even before required by the government and also issued ear protectors at an early date. It is not surprising to note Mr. Hoff's symptoms that were present as early as 1970. , since he does have a substantial bilateral nerve deafness.

The criteria enabling a physician to make a differential diagnosis of occupational hearing loss have been published and are as follows: (1) significant exposure to hazardous occupational noise; (2) gradual onset of hearing loss; (3) a symmetrical, or nearly symmetrical, hearing loss in both ears; (4) a hearing loss at approximately 4,000 Hz, commonly referred to as a hearing loss "notch;" (5) occupational hearing loss is not progressive after a

Jamie C. Guerrero, Esq.
RE: Virgil A. Hoff v. MeadWestvaco
April 21, 2004
Page 2

maximum loss is incurred approximately 10 to 12 years after initial exposure; (6) speech discrimination scores are generally not severely affected; (7) the maximum amount of hearing loss caused by occupational noise exposure to the loudest noises is 40 dB in the speech frequencies and 75 dB in the higher frequencies; (8) occupational hearing loss does not progress once the subject is removed from the noisy environment. The presence of these criteria does not necessarily lead to a conclusive diagnosis of occupational hearing loss since other causes produce similar criteria. On the other hand, the absence of one, or more, of these factors is generally evidence of a cause other than occupational noise exposure.

These criteria were approved by the Hearing Conservation Committee of the American College of Occupational Medicine in December, 1987. OCCUPATIONAL HEARING LOSS, Marcel Dekker, Inc., 1993. ACOM Noise & Hearing Conservation Committee. Committee Report. *Journal Occupational Medicine* 1989; 31:996.

Since there were no audiograms available performed between 1958 and 1972, it is difficult to tell when his high frequency hearing loss actually started. However, in 1972 he had 0 % hearing impairment according to the AMA formula, 14 years after he started work. This period between 1958 and 1972 is the maximum amount of time he could have experienced any occupationally induced hearing loss. If hearing loss developed during that time it certainly had not reached a compensable level. Even in 1979 and 1980 he continued to have 0 % hearing impairment according to the AMA formula. Most of his compensable hearing loss developed after 1980. In 1981 it was 3.8 %. This is the maximum amount of hearing loss that could be attributed to any occupational etiology. His additional hearing loss could be due to presbycusis, that is aging, hereditary factors, genetic factors and diabetes. It is evident that between 1981 and the present time his hearing got worse, but it could not possibly be due to any occupational cause.

Very sincerely yours,

Joseph Sataloff

DICTATED BUT NOT SIGNED

Joseph Sataloff, M.D.

JS/br



Philadelphia Ear, Nose
& Throat Associates

1721 Pine Street
Philadelphia, PA 19103
(215) 545-3322
Fax: (215) 90-1192

ROBERT T. SATALOFF, M.D., D.M.A., F.A.C.S.
KAREN M. LYONS, M.D.
ROBERT J. WOLFSON, M.D., F.A.C.S.
VENU DIVI, M.D.

Web: www.phillyENT.com
email: office@phillyENT.com

4530/98



The American Institute of
Voice and Ear Research

219 N. Broad Street,
Philadelphia, PA
(215) 761-1111
Fax: (215) 761-1112

July 13, 2009

Kirsten L. Barr, Esq.
Trask & Howell, L.L.C.
763 Johnnie Dodds Boulevard
P.O. Box 2167
Mt. Pleasant, SC 29465

Re: Virgil A. Hoff v. MeadWestvaco
W.C.C. File No.: 0031077
Carrier File No.: A367102654
Date of Accident: October 24, 2000 (alleged)

Dear Ms. Barr:

I have reviewed your letter to me dated June 24, 2009 and the records that accompanied it, as well as my father's, Dr. Joseph Sataloff, report to you dated April 21, 2004, regarding Virgil A. Hoff v. MeadWestvaco. Of all the serial audiograms you provided for my review, the most recent audiogram I could find in these records was the audiogram dated September 14, 2000. That hearing test reveals a severe-to-profound bilateral sensorineural hearing loss which is symmetric.

I found nothing in my review of these records to make my medical opinion different than that set forth by my father in his April 21, 2004 report.

The criteria enabling a physician to make a diagnosis of occupational hearing loss have been published^{1,2} and are as follows: (1) significant exposure to hazardous occupational noise; (2) gradual onset of hearing loss; (3) a symmetrical, or nearly symmetrical, hearing loss in both ears; (4) a hearing loss at approximately 4,000 Hz, commonly referred to as a hearing loss "notch;" (5) occupational hearing loss is not progressive after a maximum loss is incurred approximately 10 to 12 years after initial exposure; (6) speech discrimination scores are generally not severely affected; (7) the maximum amount of hearing loss caused by occupational noise exposure to the loudest noises is 40 dB in the speech frequencies and 75 dB in the higher frequencies; (8) occupational hearing loss does not progress once the subject is removed from the noisy environment. On the one hand, the presence of these criteria does not necessarily lead to a conclusive diagnosis of occupational hearing loss since other causes produce similar hearing

Page 2 of 2

July 8, 2009

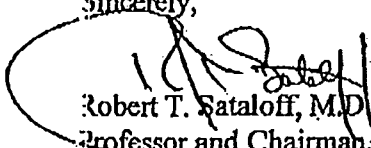
Re: Virgil A. Hoff v. MeadWestvaco

impairment. On the other hand, the absence of one, or more, of these factors is generally evidence of a cause other than occupational noise exposure.

I found nothing in the records that indicates that Mr. Hoff's noise exposure increased after 1972. By 1972, he had been working for 14 years. He should have sustained a maximum amount of occupational hearing loss by that time. As he got older, he developed substantial bilateral high-frequency sensorineural hearing loss, particularly after 1980. This loss progressed despite his stable noise exposure, and his use of hearing protectors. In addition, it reached levels far in excess of those that could be explained on the basis of his occupational noise exposure.

It is my opinion to a reasonable degree of medical certainty that Mr. Virgil A. Hoff has severe bilateral sensorineural hearing loss that could not have been caused by his occupational noise exposure.

Sincerely,



Robert T. Sataloff, M.D., D.M.A.

Professor and Chairman, Department of Otolaryngology – Head and Neck Surgery
Senior Associate Dean for Clinical Academic Specialties
Drexel University College of Medicine

RTS/dk

References

1. Orgler GK, Brownson PK, Brubaker ww, Crane DJ, Glorig A, Hatfield TR, Hanson, R Holthouser MG, Ligo RN, Markham T, Mote WR, Sataloff J, Yerg RA. American Occupational Medicine Association Noise and Hearing Conservation Committee Guidelines for the Conduct of an Occupational Hearing Conservation Program. J Occup Med 1997;29:981-982.
2. On Oct 27, 2002 the American College of Occupational and Environmental Medicine (ACOEM) reaffirmed these criteria in an evidence-based statement which can be viewed on the ACOEM website: <http://www.acoem.com/guidelines/article.asp?ID=53>

HAROLD E. TRASK
ROY A. HOWELL, III
KIRSTEN L. BARR

TRASK & HOWELL, L.L.C.

ATTORNEYS AT LAW
763 JOHNNIE DODDS BOULEVARD
P. O. BOX 2167
MT. PLEASANT, SC 29465

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KBARR@TRASK-HOWELL.COM

JAMIE C. GUERRERO
KATHRYN C. THOMPSON
ALLISON C. NUSSBAUM
JILL W. KING
WILLIAM H. LYON
LORI B. KING

May 1, 2009

Office of Dr. Russell Kitch
Lowcountry ENT
Attn.: Custodian of Medical Records
2850 Tricom Street
North Charleston, SC 29406

Re: Virgil A. Hoff v. MeadWestvaco
W.C.C. File No.: 0031077
Carrier File No.: A367102654

Dear Sir or Madam:

This office represents the self-insured Employer in the above-named workers' compensation claim filed by Virgil A. Hoff. Your immediate compliance with the enclosed S. C. Workers' Compensation Commission Subpoena (for all records from 10/15/03 to the present) will be greatly appreciated. In accordance with Title 42 of the Code of Laws of S. C., you may charge for copying the requested records as shown below. If the cost will be greater than \$100.00, please call for authorization. Please show the number of pages copied on your bill.

First 30 pages	Not to exceed 65 cents per page
All other pages	Not to exceed 50 cents per page
Clerical Fee	Not to exceed \$15.00
Postage	Actual postage

By Proof of Service to the Claimant's attorney, I am notifying him that I have submitted the subpoena for records, and I am providing him with a copy of the subpoena.

If you have any questions, please do not hesitate to call me or my paralegal, Claudia Warley at (843) 654-8987.

Yours very truly,

Kirsten L. Barr
Kirsten L. Barr

*letter to
Malcolm
4/28/09*

KLB/czw/les

Enc:

cc: Ms. Tina Brown, Sedgwick (w/enc.) (email/mail)
Mr. Brett Super, KapStone Charleston Kraft, LLC (w/enc.)
Malcolm M. Crosland, Jr., Esq. (enc. only)
45309234-f-27 kitch dr updt

5/29/09 No new records

Send

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Virgil A. Hoff,	)	W.C.C. FILE NO. 0031077
	)	
Employee/Claimant,	)	
	)	
-vs-	)	
	)	
MeadWestvaco,	)	Hearing Loss Calculation Chart
	)	Per SCWCC Regulation 67-1102
Self- Insured Employer,	)	
	)	
Defendant	)	

Calculation of a hearing handicap is derived from the pure tone audiogram, obtained with an audiometer calibrated to ANSI S3.6-1969 standards:

1. The average of the hearing threshold levels at 500 Hz, 1000Hz, 2000Hz and 3000 Hz are calculated for each ear;
2. The percent impairment for each ear is calculated by multiplying by 1.5% the amount that the above average hearing threshold level exceeds 25dB (low fence) up to a maximum of 100%, which is reached at 92dB (high fence);
3. The hearing handicap, a binaural assessment, is calculated by multiplying the smaller percentage (better ear) by five, adding this figure to the larger percentage (poorer ear), and dividing the total by six.

Hearing threshold level in decibels		
Frequency	Right ear	Left ear
.5k	10	5
1k	15	5
2k	30	50
3k	75	70
Total	130.00	130.00
Total divided by 4 (Average)	130.00 / 4 = 32.50	130.00 / 4 = 32.5
Average -25	32.50 -25 = 7.5	32.5 -25 = 7.5
% impairment x1.5%	7.5*1.5% = 11.25 %	7.5 * 1.5 % = 11.25%
Handicap: better ear x 5 + poorer ear and;	11.25 * 5 = 56.25 + 11.25 = 67.25	
total divided by 6	67.25 / 6 = 11.25%	

Hearing handicap =11.25% Binaural hearing loss as of 2/3/89

4530\923\hearing loss calculation

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Virgil A. Hoff,

W.C.C. FILE NO. 0031077

Employee/Claimant,

-vs-

MeadWestvaco,

**Hearing Loss Calculation Chart
Per SCWCC Regulation 67-1102**

Self- Insured Employer,

Defendant

Calculation of a hearing handicap is derived from the pure tone audiogram, obtained with an audiometer calibrated to ANSI S3.6-1969 standards:

1. The average of the hearing threshold levels at 500 Hz, 1000Hz, 2000Hz and 3000 Hz are calculated for each ear;
2. The percent impairment for each ear is calculated by multiplying by 1.5% the amount that the above average hearing threshold level exceeds 25dB (low fence) up to a maximum of 100%, which is reached at 92dB (high fence);
3. The hearing handicap, a binaural assessment, is calculated by multiplying the smaller percentage (better ear) by five, adding this figure to the larger percentage (poorer ear), and dividing the total by six.

Frequency	Hearing threshold level in decibels	
	Right ear	Left ear
.5k	10	10
1k	05	10
2k	55	65
3k	70	75
Total	140.00	160.00
Total divided by 4 (Average)	140 / 4 = 35.00	160 / 4 = 40
Average -25	35 - 25 = 10	40 - 25 = 15
% impairment x 1.5%	10 * 1.5% = 15% (better ear)	15 * 1.5% = 22.5%
Handicap: better ear x 5 + poorer ear and;	15 * 5 = 75 + 22.5 = 97.5	
total divided by 6	97.5 / 6 = 16.25%	

Hearing handicap = 16.25% Binaural hearing loss as of 9/14/00

4530\923\hearing loss calculation

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Virgil A. Hoff,	)	W.C.C. FILE NO. 0031077
	)	
Employee/Claimant,	)	
	)	
-vs-	)	
	)	
MeadWestvaco,	)	Hearing Loss Calculation Chart
	)	Per SCWCC Regulation 67-1102
Self- Insured Employer,	)	
	)	
Defendant	)	
	)	

Calculation of a hearing handicap is derived from the pure tone audiogram, obtained with an audiometer calibrated to ANSI S3.6-1969 standards:

1. The average of the hearing threshold levels at 500 Hz, 1000Hz, 2000Hz and 3000 Hz are calculated for each ear;
2. The percent impairment for each ear is calculated by multiplying by 1.5% the amount that the above average hearing threshold level exceeds 25dB (low fence) up to a maximum of 100%, which is reached at 92dB (high fence);
3. The hearing handicap, a binaural assessment, is calculated by multiplying the smaller percentage (better ear) by five, adding this figure to the larger percentage (poorer ear), and dividing the total by six.

Frequency	Hearing threshold level in decibels	
	Right ear	Left ear
.5k	15	15
1k	15	15
2k	70	70
3k	80	80
Total	180.00	180.00
Total divided by 4 (Average)	180 / 4 = 45	180 / 4 = 45
Average -25	45 - 25 = 20	45 - 25 = 20
% impairment x 1.5%	20 * 1.5% = 30.00%	20 * 1.5% = 30.00%
Handicap: better ear x 5 + poorer ear and;	30% * 5 = 150 + 30 = 180	
total divided by 6	180 * 6 = 30%	0.0

Hearing handicap: 30% binaural hearing loss as of 10/6/03

4530\923\hearing loss calculation

C
CODE OF FEDERAL REGULATIONS
TITLE 29--LABOR
SUBTITLE B--REGULATIONS RELATING
TO LABOR
CHAPTER XVII--OCCUPATIONAL SAFETY
AND HEALTH ADMINISTRATION,
DEPARTMENT OF
LABOR
PART 1910--OCCUPATIONAL SAFETY AND
HEALTH STANDARDS
SUBPART G--OCCUPATIONAL HEALTH
AND ENVIRONMENTAL CONTROL
 Current through April 1, 2004; 69 FR 17282

§ 1910.95 Occupational noise exposure.

(a) Protection against the effects of noise exposure shall be provided when the sound levels exceed those shown in Table G-16 when measured on the A scale of a standard sound level meter at slow response. When noise levels are determined by octave band analysis, the equivalent A-weighted sound level may be determined as follows:

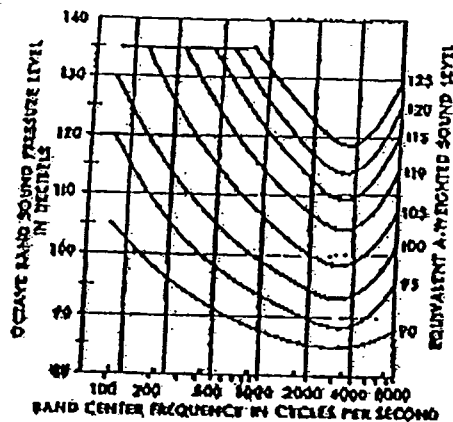


FIGURE G-9

Equivalent sound level contours. Octave band sound pressure levels may be converted to the equivalent A-weighted sound level by plotting them

on this graph and noting the A-weighted sound level corresponding to the point of highest penetration into the sound level contours. This equivalent A-weighted sound level, which may differ from the actual A-weighted sound level of the noise, is used to determine exposure limits from Table I.G-16.

(b)(1) When employees are subjected to sound exceeding those listed in Table G-16, feasible administrative or engineering controls shall be utilized. If such controls fail to reduce sound levels within the levels of Table G-16, personal protective equipment shall be provided and used to reduce sound levels within the levels of the table.

(2) If the variations in noise level involve maxima at intervals of 1 second or less, it is to be considered continuous.

TABLE G-16--PERMISSIBLE NOISE EXPOSURES [FN1]

Duration per day, hours	Sound level dBA slow response
8	90
6	92
4	95
3	97
2	100
1 1/2	102
1	105
1/2	110
1/4 or less	115

FN1 When the daily noise exposure is composed of two or more periods of noise exposure of different levels, their combined effect should be considered, rather than the individual effect of each. If the sum of the following fractions: $C1/T1 + C2/T2 + \dots + Cn/Tn$ exceeds unity, then, the mixed exposure should be considered to exceed the limit value. Cn indicates the total time of exposure at a specified noise level, and Tn indicates the total time of exposure permitted at that level.

Exposure to impulsive or impact noise should not exceed 140 dB peak sound pressure level.

(c) Hearing conservation program.

(1) The employer shall administer a continuing, effective hearing conservation program, as described in paragraphs (c) through (o) of this section, whenever employee noise exposures equal or exceed an 8-hour time-weighted average sound level (TWA) of 85 decibels measured on the A scale (slow response) or, equivalently, a dose of fifty percent. For purposes of the hearing conservation program, employee noise exposures shall be computed in accordance with Appendix A and Table G-16a, and without regard to any attenuation provided by the use of personal protective equipment.

(2) For purposes of paragraphs (c) through (n) of this section, an 8-hour time-weighted average of 85 decibels or a dose of fifty percent shall also be referred to as the action level.

(d) Monitoring.

(1) When information indicates that any employee's exposure may equal or exceed an 8-hour time-weighted average of 85 decibels, the employer

shall develop and implement a monitoring program.

(i) The sampling strategy shall be designed to identify employees for inclusion in the hearing conservation program and to enable the proper selection of hearing protectors.

(ii) Where circumstances such as high worker mobility, significant variations in sound level, or a significant component of impulse noise make area monitoring generally inappropriate, the employer shall use representative personal sampling to comply with the monitoring requirements of this paragraph unless the employer can show that area sampling produces equivalent results.

(2)(i) All continuous, intermittent and impulsive sound levels from 80 decibels to 130 decibels shall be integrated into the noise measurements.

(ii) Instruments used to measure employee noise exposure shall be calibrated to ensure measurement accuracy.

(3) Monitoring shall be repeated whenever a change in production, process, equipment or

controls increases noise exposures to the extent that:

- (i) Additional employees may be exposed at or above the action level; or
- (ii) The attenuation provided by hearing protectors being used by employees may be rendered inadequate to meet the requirements of paragraph (j) of this section.
- (e) Employee notification. The employer shall notify each employee exposed at or above an 8-hour time-weighted average of 85 decibels of the results of the monitoring.
- (f) Observation of monitoring. The employer shall provide affected employees or their representatives with an opportunity to observe any noise measurements conducted pursuant to this section.
- (g) Audiometric testing program.
 - (1) The employer shall establish and maintain an audiometric testing program as provided in this paragraph by making audiometric testing available to all employees whose exposures equal or exceed an 8-hour time-weighted average of 85 decibels.
 - (2) The program shall be provided at no cost to employees.
 - (3) Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining and checking calibration and proper functioning of the audiometers being used. A technician who operates microprocessor audiometers does not need to be certified. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist or physician.
 - (4) All audiograms obtained pursuant to this section shall meet the requirements of Appendix C: Audiometric Measuring Instruments.
- (5) Baseline audiogram.
 - (i) Within 6 months of an employee's first exposure

at or above the action level, the employer shall establish a valid baseline audiogram against which subsequent audiograms can be compared.

(ii) Mobile test van exception. Where mobile test vans are used to meet the audiometric testing obligation, the employer shall obtain a valid baseline audiogram within 1 year of an employee's first exposure at or above the action level. Where baseline audiograms are obtained more than 6 months after the employee's first exposure at or above the action level, employees shall wear hearing protectors for any period exceeding six months after first exposure until the baseline audiogram is obtained.

(iii) Testing to establish a baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement that baseline audiograms be preceded by 14 hours without exposure to workplace noise.

(iv) The employer shall notify employees of the need to avoid high levels of non-occupational noise exposure during the 14-hour period immediately preceding the audiometric examination.

(6) Annual audiogram. At least annually after obtaining the baseline audiogram, the employer shall obtain a new audiogram for each employee exposed at or above an 8-hour time-weighted average of 85 decibels.

(7) Evaluation of audiogram.

(i) Each employee's annual audiogram shall be compared to that employee's baseline audiogram to determine if the audiogram is valid and if a standard threshold shift as defined in paragraph (g)(10) of this section has occurred. This comparison may be done by a technician.

(ii) If the annual audiogram shows that an employee has suffered a standard threshold shift, the employer may obtain a retest within 30 days and consider the results of the retest as the annual audiogram.

(iii) The audiologist, otolaryngologist, or physician shall review problem audiograms and shall determine whether there is a need for further evaluation. The employer shall provide to the

person performing this evaluation the following information:

- (A) A copy of the requirements for hearing conservation as set forth in paragraphs (c) through (n) of this section;
 - (B) The baseline audiogram and most recent audiogram of the employee to be evaluated;
 - (C) Measurements of background sound pressure levels in the audiometric test room as required in Appendix D: Audiometric Test Rooms.
 - (D) Records of audiometer calibrations required by paragraph (h)(5) of this section.
- (8) Follow-up procedures.
- (i) If a comparison of the annual audiogram to the baseline audiogram indicates a standard threshold shift as defined in paragraph (g)(10) of this section has occurred, the employee shall be informed of this fact in writing, within 21 days of the determination.
 - (ii) Unless a physician determines that the standard threshold shift is not work related or aggravated by occupational noise exposure, the employer shall ensure that the following steps are taken when a standard threshold shift occurs:
 - (A) Employees not using hearing protectors shall be fitted with hearing protectors, trained in their use and care, and required to use them.
 - (B) Employees already using hearing protectors shall be refitted and retrained in the use of hearing protectors and provided with hearing protectors offering greater attenuation if necessary.
 - (C) The employee shall be referred for a clinical audiological evaluation or an otological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors.
 - (D) The employee is informed of the need for an otological examination if a medical pathology of the ear that is unrelated to the use of hearing protectors is suspected.
 - (iii) If subsequent audiometric testing of an

employee whose exposure to noise is less than an 8-hour TWA of 90 decibels indicates that a standard threshold shift is not persistent, the employer:

- (A) Shall inform the employee of the new audiometric interpretation; and
- (B) May discontinue the required use of hearing protectors for that employee.

(9) Revised baseline. An annual audiogram may be substituted for the baseline audiogram when, in the judgment of the audiologist, otolaryngologist or physician who is evaluating the audiogram:

- (i) The standard threshold shift revealed by the audiogram is persistent; or
- (ii) The hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram.

(10) Standard threshold shift.

(i) As used in this section, a standard threshold shift is a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear.

(ii) In determining whether a standard threshold shift has occurred, allowance may be made for the contribution of aging (presbycusis) to the change in hearing level by correcting the annual audiogram according to the procedure described in Appendix F: Calculation and Application of Age Correction to Audiograms.

(h) Audiometric test requirements.

(1) Audiometric tests shall be pure tone, air conduction, hearing threshold examinations, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, and 6000 Hz. Tests at each frequency shall be taken separately for each ear.

(2) Audiometric tests shall be conducted with audiometers (including microprocessor audiometers) that meet the specifications of, and are maintained and used in accordance with, American National Standard Specification for Audiometers, S3.6-1969, which is incorporated by reference as specified in § 1910.6.

(3) Pulsed-tone and self-recording audiometers, if used, shall meet the requirements specified in Appendix C: Audiometric Measuring Instruments.

(4) Audiometric examinations shall be administered in a room meeting the requirements listed in Appendix D: Audiometric Test Rooms.

(5) Audiometer calibration.

(i) The functional operation of the audiometer shall be checked before each day's use by testing a person with known, stable hearing thresholds, and by listening to the audiometer's output to make sure that the output is free from distorted or unwanted sounds. Deviations of 10 decibels or greater require an acoustic calibration.

(ii) Audiometer calibration shall be checked acoustically at least annually in accordance with Appendix E: Acoustic Calibration of Audiometers. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this check. Deviations of 15 decibels or greater require an exhaustive calibration.

(iii) An exhaustive calibration shall be performed at least every two years in accordance with sections 4.1.2; 4.1.3; 4.1.4.3; 4.2; 4.4.1; 4.4.2; 4.4.3; and 4.5 of the American National Standard Specification for Audiometers, S3.6-1969. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this calibration.

(i) Hearing protectors.

(1) Employers shall make hearing protectors available to all employees exposed to an 8-hour time-weighted average of 85 decibels or greater at no cost to the employees. Hearing protectors shall be replaced as necessary.

(2) Employers shall ensure that hearing protectors are worn:

(i) By an employee who is required by paragraph (b)(1) of this section to wear personal protective equipment; and

(ii) By any employee who is exposed to an 8-hour time-weighted average of 85 decibels or greater, and who:

(A) Has not yet had a baseline audiogram

established pursuant to paragraph (g)(5)(ii); or

(B) Has experienced a standard threshold shift.

(3) Employees shall be given the opportunity to select their hearing protectors from a variety of suitable hearing protectors provided by the employer.

(4) The employer shall provide training in the use and care of all hearing protectors provided to employees.

(5) The employer shall ensure proper initial fitting and supervise the correct use of all hearing protectors.

(j) Hearing protector attenuation.

(1) The employer shall evaluate hearing protector attenuation for the specific noise environments in which the protector will be used. The employer shall use one of the evaluation methods described in Appendix B: Methods for Estimating the Adequacy of Hearing Protection Attenuation.

(2) Hearing protectors must attenuate employee exposure at least to an 8-hour time-weighted average of 90 decibels as required by paragraph (b) of this section.

(3) For employees who have experienced a standard threshold shift, hearing protectors must attenuate employee exposure to an 8-hour time-weighted average of 85 decibels or below.

(4) The adequacy of hearing protector attenuation shall be re-evaluated whenever employee noise exposures increase to the extent that the hearing protectors provided may no longer provide adequate attenuation. The employer shall provide more effective hearing protectors where necessary.

(k) Training program.

(1) The employer shall institute a training program for all employees who are exposed to noise at or above an 8-hour time-weighted average of 85 decibels, and shall ensure employee participation in such program.

(2) The training program shall be repeated annually for each employee included in the hearing

conservation program. Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes.

(3) The employer shall ensure that each employee is informed of the following:

(i) The effects of noise on hearing;

(ii) The purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instructions on selection, fitting, use, and care; and

(iii) The purpose of audiometric testing, and an explanation of the test procedures.

(l) Access to information and training materials.

(1) The employer shall make available to affected employees or their representatives copies of this standard and shall also post a copy in the workplace.

(2) The employer shall provide to affected employees any informational materials pertaining to the standard that are supplied to the employer by the Assistant Secretary.

(3) The employer shall provide, upon request, all materials related to the employer's training and education program pertaining to this standard to the Assistant Secretary and the Director.

(m) Recordkeeping--

(1) Exposure measurements. The employer shall maintain an accurate record of all employee exposure measurements required by paragraph (d) of this section.

(2) Audiometric tests:

(i) The employer shall retain all employee audiometric test records obtained pursuant to paragraph (g) of this section:

(ii) This record shall include:

(A) Name and job classification of the employee;

(B) Date of the audiogram;

(C) The examiner's name;

(D) Date of the last acoustic or exhaustive calibration of the audiometer; and

(E) Employee's most recent noise exposure assessment.

(F) The employer shall maintain accurate records of the measurements of the background sound pressure levels in audiometric test rooms.

(3) Record retention. The employer shall retain records required in this paragraph (m) for at least the following periods.

(i) Noise exposure measurement records shall be retained for two years.

(ii) Audiometric test records shall be retained for the duration of the affected employee's employment.

(4) Access to records. All records required by this section shall be provided upon request to employees, former employees, representatives designated by the individual employee, and the Assistant Secretary. The provisions of 29 CFR 1910.1020(a)-(e) and (g)-(i) apply to access to records under this section.

(5) Transfer of records. If the employer ceases to do business, the employer shall transfer to the successor employer all records required to be maintained by this section, and the successor employer shall retain them for the remainder of the period prescribed in paragraph (m)(3) of this section.

(n) Appendices.

(1) Appendices A, B, C, D, and E to this section are incorporated as part of this section and the contents of these Appendices are mandatory.

(2) Appendices F and G to this section are informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

(o) Exemptions. Paragraphs (c) through (n) of this section shall not apply to employers engaged in oil and gas well drilling and servicing operations.

**CODE OF FEDERAL REGULATIONS
TITLE 29--LABOR
SUBTITLE B--REGULATIONS RELATING
TO LABOR
CHAPTER XVII--OCCUPATIONAL SAFETY
AND HEALTH ADMINISTRATION,
DEPARTMENT OF
LABOR
PART 1910--OCCUPATIONAL SAFETY AND
HEALTH STANDARDS
SUBPART G--OCCUPATIONAL HEALTH
AND ENVIRONMENTAL CONTROL
Current through April 1, 2004; 69 FR 17282**

(2) The eight-hour time-weighted average sound level (TWA), in decibels, may be computed from the dose, in percent, by means of the formula: $TWA = 16.61 \log_{10} (D/100) + 90$. For an eight-hour workshift with the noise level constant over the entire shift, the TWA is equal to the measured sound level.

(3) A table relating dose and TWA is given in Section II.

APPENDIX A TO § 1910.95--NOISE EXPOSURE COMPUTATION

This Appendix is Mandatory

I. Computation of Employee Noise Exposure

(1) Noise dose is computed using Table G-16a as follows:

(i) When the sound level, L , is constant over the entire work shift, the noise dose, D , in percent, is given by: $D=100 C/T$ where C is the total length of the work day, in hours, and T is the reference duration corresponding to the measured sound level, L , as given in Table G-16a or by the formula shown as a footnote to that table.

(ii) When the workshift noise exposure is composed of two or more periods of noise at different levels, the total noise dose over the work day is given by:

$$D = 100 (C_1/T_1 + C_2/T_2 + \dots + C_n/T_n),$$

where C_n indicates the total time of exposure at a specific noise level, and T_n indicates the reference duration for that level as given by Table G-16a.

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TABLE G-16a

A-weighted sound level, L (decibel)	Reference duration, T (hour)
80	32
81	27.9
82	24.3
83	21.1
84	18.4
85	16
86	13.9
87	12.1
88	10.6
89	9.2
90	8
91	7.0
92	6.1
93	5.3
94	4.6
95	4
96	3.5
97	3.0
98	2.6
99	2.3
100	2
101	1.7
102	1.5
103	1.3
104	1.1
105	1
106	0.87
107	0.76
108	0.66
109	0.57
110	0.5
111	0.44
112	0.38
113	0.33
114	0.29
115	0.25
116	0.22
117	0.19
118	0.16
119	0.14
120	0.125
121	0.11
122	0.095

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123	0.082
124	0.072
125	0.063
126	0.054
127	0.047
128	0.041
129	0.036
130	0.031

In the above table the reference duration, T, is computed by

$$T = \frac{8}{2(L-90)/5}$$

where L is the measured A-weighted sound level.

II. Conversion Between "Dose" and "8-Hour Time-Weighted Average" Sound Level

Compliance with paragraphs (c)-(r) of this regulation is determined by the amount of exposure to noise in the workplace. The amount of such exposure is usually measured with an audiodosimeter which gives a readout in terms of "dose." In order to better understand the requirements of the amendment, dosimeter readings can be converted to an "8-hour time-weighted average sound level." (TWA).

In order to convert the reading of a dosimeter into TWA, see Table A-1, below. This table applies to dosimeters that are set by the manufacturer to calculate dose or percent exposure according to the relationships in Table G- 16a. So, for example, a dose of 91 percent over an eight hour day results in a TWA of 89.3 dB, and, a dose of 50 percent corresponds to a TWA of 85 dB.

If the dose as read on the dosimeter is less than or greater than the values found in Table A-1, the TWA may be calculated by using the formula:
 $TWA = 16.61 \log_{10} (D/100) + 90$ where
TWA=8-hour time-weighted average sound level
and D=accumulated dose in percent exposure.

TABLE A-1--CONVERSION FROM "PERCENT NOISE EXPOSURE" OR "DOSE" TO "8-HOUR
TIME-WEIGHTED AVERAGE SOUND LEVEL" (TWA)

Dose or percent noise exposure	TWA
10	73.4
15	76.3
20	78.4
25	80.0
30	81.3
35	82.4
40	83.4
45	84.2
50	85.0
55	85.7
60	86.3
65	86.9
70	87.4
75	87.9
80	88.4
81	88.5
82	88.6
83	88.7
84	88.7
85	88.8
86	88.9
87	89.0
88	89.1
89	89.2
90	89.2
91	89.3
92	89.4
93	89.5
94	89.6
95	89.6
96	89.7
97	89.8
98	89.9
99	89.9
100	90.0
101	90.1
102	90.1
103	90.2
104	90.3
105	90.4
106	90.4
107	90.5
108	90.6
109	90.6
110	90.7
111	90.8

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460	101.0
470	101.2
480	101.3
490	101.5
500	101.6
510	101.8
520	101.9
530	102.0
540	102.2
550	102.3
560	102.4
570	102.6
580	102.7
590	102.8
600	102.9
610	103.0
620	103.2
630	103.3
640	103.4
650	103.5
660	103.6
670	103.7
680	103.8
690	103.9
700	104.0
710	104.1
720	104.2
730	104.3
740	104.4
750	104.5
760	104.6
770	104.7
780	104.8
790	104.9
800	105.0
810	105.1
820	105.2
830	105.3
840	105.4
850	105.4
860	105.5
870	105.6
880	105.7
890	105.8
900	105.8
910	105.9
920	106.0
930	106.1
940	106.2
950	106.2
960	106.3

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970	106.4
980	106.5
990	106.5
999	106.6

[39 FR 23502, June 27, 1974, as amended at 46 FR 4161, Jan. 16, 1981; 46 FR 42632, Aug. 21, 1981; 46 FR 45334, Sept. 11, 1981; 46 FR 62845, Dec. 29, 1981; 48 FR 9776, March 8, 1983; 48 FR 29687, June 28, 1983; 54 FR 24333, June 7, 1989]

<General Materials (GM) - References,
Annotations, or Tables>

29 C. F. R. § 1910.95, App. A

29 CFR § 1910.95, App. A

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AND ENVIRONMENTAL CONTROL
Current through April 1, 2004; 69 FR 17282

APPENDIX B TO § 1910.95--METHODS FOR
ESTIMATING THE ADEQUACY OF HEARING
PROTECTOR ATTENUATION

This Appendix is Mandatory

For employees who have experienced a significant threshold shift, hearing protector attenuation must be sufficient to reduce employee exposure to a TWA of 85 dB. Employers must select one of the following methods by which to estimate the adequacy of hearing protector attenuation.

The most convenient method is the Noise Reduction Rating (NRR) developed by the Environmental Protection Agency (EPA). According to EPA regulation, the NRR must be shown on the hearing protector package. The NRR is then related to an individual worker's noise environment in order to assess the adequacy of the attenuation of a given hearing protector. This Appendix describes four methods of using the NRR to determine whether a particular hearing protector provides adequate protection within a given exposure environment. Selection among the four procedures is dependent upon the employer's noise measuring instruments.

Instead of using the NRR, employers may evaluate the adequacy of hearing protector attenuation by using one of the three methods developed by the

National Institute for Occupational Safety and Health (NIOSH), which are described in the "List of Personal Hearing Protectors and Attenuation Data," HEW Publication No. 76-120, 1975, pages 21-37. These methods are known as NIOSH methods #1, #2 and #3. The NRR described below is a simplification of NIOSH method #2. The most complex method is NIOSH method #1, which is probably the most accurate method since it uses the largest amount of spectral information from the individual employee's noise environment. As in the case of the NRR method described below, if one of the NIOSH methods is used, the selected method must be applied to an individual's noise environment to assess the adequacy of the attenuation. Employers should be careful to take a sufficient number of measurements in order to achieve a representative sample for each time segment.

Note: The employer must remember that calculated attenuation values reflect realistic values only to the extent that the protectors are properly fitted and worn.

When using the NRR to assess hearing protector adequacy, one of the following methods must be used:

(i) When using a dosimeter that is capable of C-weighted measurements:

(A) Obtain the employee's C-weighted dose for the entire workshift, and convert to TWA (see Appendix A, II).

(B) Subtract the NRR from the C-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.

(ii) When using a dosimeter that is not capable of C-weighted measurements, the following method may be used:

(A) Convert the A-weighted dose to TWA (see Appendix A).

(B) Subtract 7 dB from the NRR.

<General Materials (GM) - References,
Annotations, or Tables>

(C) Subtract the remainder from the A-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.

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(iii) When using a sound level meter set to the A-weighting network:

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(A) Obtain the employee's A-weighted TWA.

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(B) Subtract 7 dB from the NRR, and subtract the remainder from the A-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.

(iv) When using a sound level meter set on the C-weighting network:

(A) Obtain a representative sample of the C-weighted sound levels in the employee's environment.

(B) Subtract the NRR from the C-weighted average sound level to obtain the estimated A-weighted TWA under the ear protector.

(v) When using area monitoring procedures and a sound level meter set to the A-weighting network:

(A) Obtain a representative sound level for the area in question.

(B) Subtract 7 dB from the NRR and subtract the remainder from the A-weighted sound level for that area.

(vi) When using area monitoring procedures and a sound level meter set to the C-weighting network:

(A) Obtain a representative sound level for the area in question.

(B) Subtract the NRR from the C-weighted sound level for that area.

[39 FR 23502, June 27, 1974, as amended at 46 FR 4161, Jan. 16, 1981; 46 FR 42632, Aug. 21, 1981; 46 FR 45334, Sept. 11, 1981; 46 FR 62845, Dec. 29, 1981; 48 FR 9776, Mar. 8, 1983; 48 FR 29687, June 28, 1983; 54 FR 24333, June 7, 1989]

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Hahnemann Medical College, M.D., 1943
University of Pennsylvania, M.Sc. (Med.), 1948
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Professor of Otolaryngology, Jefferson Medical
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HONORARY SOCIETIES:

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Ophthalmology
American Laryngological, Rhinological and
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The American Otologic Society
The Otosclerosis Society
Board of Visitors - University of Maine Law School
1994, 95 and 96

*Member of many other societies

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Joseph Sataloff, M.D.

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ALLIED SCIENTIFIC ASSOCIATIONS:

Past and Present Affiliations

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Chairman, Subcommittee, Medical Aspects of Noise Exposure American Council of
Chairman, Subcommittee on Impairment of Ear, Noise and Throat, AMA Otolaryngology
Consultant to Surgeon General of the Navy in Hearing Conservation
Consultant in Conservation of Hearing and Chairman of Committee on Noise to the Industrial Medical
Consultant to New Jersey, Maine, South Carolina, etc. in Workers' Compensation Laws Association
Consulting Editor - Journal of Occupational Medicine
Consulting Editor - Audiology
Scientific Member, Secretary of Labor's Noise Committee (OSHA)
Member, National Research Council, Committee on Hearing and Bioacoustics
Member, National Intersociety Conference for Establishing Noise Standards in Industry.
Chairmen, Z137 Committee, ANSI (hearing protection standard)
Member, S3 Committee, American National Standards Institute
Member, Hearing and Equilibrium Committee, American Academy of Otolaryngology and Ophthalmology
Member, Hearing Committee, American College of Occupational Medicine (ACOM)
Consultant - American Airlines on Hearing Standards for Fleet Personnel - 1994
Subcommittee Chairman - AMA Impairment Guide - 1994
Presentation, Audio-Visual Tape, Occupational Hearing Loss for the American Medical Association - 1994-95
Consultant - Compensation Judges, Penna. - 1994-95
Consultant - Conference with FRA & FTA on Hearing Regulations and Standards - 1995
Legislative Consultant - Pennsylvania Occupational Hearing Loss Regulations - 1995
Director - Occupational Hearing Loss Course at Thomas Jefferson University - 1994-95

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Joseph Sataloff, M.D.

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Consultant - Occupational Hearing Loss claims to many cities, including Philadelphia and Allentown
Consultant - Occupational Hearing Loss - Conrail, CSX, Amtrak and Other Railroads
Consultant - Occupational Hearing Loss - Mobil Oil
Consultant - Occupational Hearing Loss - Boilermakers
Consultant - Dana Corp. and Many Others
Drafted, Hearing Standards for WAFTA - 1995
Consultant - Federal Railroad Administration

CHAIRMAN, HEARING CONSERVATION NOISE CONTROL, INC.

CONSULTANT TO MANY MAJOR AMERICAN INDUSTRIES AND LABOR THROUGHOUT THE UNITED STATES:

E. I. duPont de Nemours & Company, Inc.
Burlington Industries
Union Camp Corporation
Sun Shipbuilding & Dry Dock Company
IBM Corporation
Union Carbide Corporation
United States Steel Corporation

AWARDS:

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*Others not listed

COMMUNITY ACTIVITIES:

Member of Executive Board, Boy Scouts of America Philadelphia Chapter and holder of Silver Beaver Award

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Sataloff, J., Sataloff, R., Vassallo, L.:

HEARING LOSS, 1980 (Lippincott) revised

Sataloff, J.: ART NOUVEAU JEWELRY, 1984
(Dorrance)

Sataloff, J., Sataloff, R.:

OCCUPATIONAL HEARING LOSS, 1987 (Marcel Dekker)

Sataloff, J., Sataloff, R.:

OCCUPATIONAL HEARING LOSS, 2nd Edition, 1993
(Marcel Dekker)

Sataloff, J., Sataloff, R.:

JOURNAL OF OCCUPATIONAL HEARING LOSS

Editors-In-Chief

*AUTHOR of over 100 papers on Occupational
Hearing Loss and Conservation of Hearing

*Chapter Chair AMA Guides to Permanent Impairment-5th
Edition- 1999-2000

*Participant in many thousands of hearing loss cases
under FELA for railroads and the mining industry

Curriculum Vitae

ROBERT THAYER SATALOFF, M.D., D.M.A., F.A.C.S.

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Bala Cynwyd, PA 19004
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FAX: (610) 664-7314

Education:

1980 – 1982	D.M.A. [Voice]	Combs College Philadelphia, Pennsylvania
1971 – 1975	M.D.	Jefferson Medical College, Thomas Jefferson University Philadelphia, Pennsylvania
1967 – 1971	B.A.	Haverford College Haverford, Pennsylvania <i>Major: Music Theory and Composition</i>
1964 – 1967		Lower Merion High School Ardmore, Pennsylvania

Supplemental Education:

September 1970 – May 1971	Research Assistant Effects of Carbon Monoxide on Myocardial Infarction in Dogs Jefferson Medical College, Philadelphia, Pennsylvania
September 1970 – May 1971	Research Assistant Effects of Carbon Monoxide on Development of Lung Tumors in Mice Jefferson Medical College, Philadelphia, Pennsylvania
July/August 1971	Research in Otolaryngology, Long-Term Electrode Implant Techniques Jefferson Medical College, Philadelphia, Pennsylvania
July/August 1972	Research in Otolaryngology, Surface Preparation and Other Techniques Kresge Hearing Research Institute, Ann Arbor, Michigan
August 1973	Frederick T. Hill Seminar in Otolaryngology Colby College, Waterville, Maine
January/February 1974	Elective in Otolaryngology, Department of Otolaryngology Harvard Medical School, Boston, Massachusetts
January 1975	Otologic Surgery Course Otologic Medical Group, Los Angeles, California
March 1975	Elective in Middle Ear Surgery Jefferson Medical College, Philadelphia, Pennsylvania
March 1975	Impedance Audiometry American Electromedics Corporation, Philadelphia, Pennsylvania

June 1976	24 th Annual Institute in Occupational Hearing Loss University of Maine, Orono, Maine
June 1978	Care of the Professional Voice, Lenox Hill Hospital Juilliard School of Music, New York, New York
February 1983	Cochlear Implant Co-Investigators Course House Ear Institute, Los Angeles, California
December 1983	Use of the CO ₂ Laser in Otolaryngology Jefferson Medical College, Philadelphia, Pennsylvania
November 1987	CO ₂ Laser Otologic Surgical Techniques Midwest Ear Bank, Cincinnati, Ohio

Postgraduate Training:

1975 – 1976	House Officer I Department of Surgery, University of Michigan Ann Arbor, Michigan
1976 – 1980	Resident Department of Otolaryngology – Head and Neck Surgery, University of Michigan Ann Arbor, Michigan
1980 – 1981	Fellow in Otology, Neurotology and Skull Base Surgery Department of Otolaryngology – Head and Neck Surgery, University of Michigan Ann Arbor, Michigan
1980	Visiting Fellow The House Ear Institute Los Angeles, California

Employment History and Faculty Appointments:

1979 – 1980	Chief Resident, Department of Otorhinolaryngology University of Michigan, Ann Arbor, Michigan
1980 – 1981	Instructor, Department of Otolaryngology – Head and Neck Surgery Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1980 – Present	Lecturer, Department of Voice Academy of Vocal Arts, Philadelphia, Pennsylvania
1981 – 1984	Assistant Professor, Department of Otolaryngology – Head and Neck Surgery Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1984 - 1989	Associate Professor, Department of Otolaryngology – Head and Neck Surgery Thomas Jefferson University, Philadelphia, Pennsylvania
1986 – 2005	Lecturer The Curtis Institute of Philadelphia, Philadelphia, Pennsylvania
1989 – 2005	Professor, Department of Otolaryngology – Head and Neck Surgery Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1991 – 2003	Adjunct Professor, Department of Otolaryngology – Head and Neck Surgery Georgetown University, Washington, D.C.
1992 – 1996	Adjunct Professor Union Institute, Cincinnati, Ohio
1995 – 2007	Chairman, Department of Otorhinolaryngology – Head and Neck Surgery Graduate Hospital, Philadelphia, Pennsylvania

- 1996 – Present Adjunct Professor, Department of Otorhinolaryngology – Head and Neck Surgery
The University of Pennsylvania, Philadelphia, Pennsylvania
- 2004 – Present Adjunct Clinical Professor, Department of Otolaryngology – Head and Neck Surgery
Temple University, Philadelphia, Pennsylvania
- 2005 – Present Adjunct Professor, Department of Otolaryngology – Head and Neck Surgery
Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
- 2006 – Present Professor and Chairman, Department of Otolaryngology – Head and Neck Surgery
Drexel University College of Medicine, Philadelphia, Pennsylvania
- 2006 – 2008 Associate Dean for Clinical Academic Specialties
Drexel University College of Medicine, Philadelphia, Pennsylvania
- 2007 – Present Tenure of Title
Drexel University College of Medicine, Philadelphia, Pennsylvania
- 2008 – Present Senior Associate Dean for Clinical Academic Specialties
Drexel University College of Medicine, Philadelphia, Pennsylvania

Hospital Affiliations:

- 1980 – 2007 Graduate Hospital
19th and Lombard Streets
Philadelphia, PA
- 1980 – Present Thomas Jefferson University Hospital
11th and Walnut Streets
Philadelphia, PA
- 1984 – Present Consultant
Magee Rehabilitation Hospital
1503 Race Street
Philadelphia, PA
- 1998 – Present Consultant
Wills Eye Hospital
10th and Walnut Streets
Philadelphia, PA
- 2005 – Present Saint Christopher's Hospital for Children
Erie Avenue and Front Street
Philadelphia, PA
- 2006 – Present Hahnemann University Hospital
Broad and Vine Streets
Philadelphia, PA
- 2006 – Present Mercy Fitzgerald Hospital
Lansdowne Avenue and Baily Road
Darby, PA

Certifications:

- August, 1973 Certified Instructor in Occupational Hearing Loss, Colby College, Waterville, Maine
October, 1980 American Board of Otolaryngology – Head and Neck Surgery

Licensure:

- Pennsylvania [MD-018721-E]
Maine [87000]
California [G-41313]

Military Service: N/A

Honors and Awards:

- 1970 Phi Beta Kappa
- 1975 Richard W. Foster Prize for outstanding contribution to academic programs, Thomas Jefferson University, Philadelphia, Pennsylvania
- 1975 Clinical Surgery Prize (Honorable Mention), Thomas Jefferson University, Philadelphia, Pennsylvania
- 1975 International Who's Who in Music, International Biographical Center, Cambridge, England
- 1982 Outstanding Young Men of America
- 1983 Certificate of Appreciation in Recognition of a Significant Contribution to the American Speech-Language Hearing Association and to the Profession of Speech-Language Pathology and Audiology
- 1985 Winner, The Raft Debate, Hobart Amory Hare Honor Medical Society
- 1985 Tenth Reunion Class Speaker, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
- 1989 The Edmund Prince Fowler Award of the American Laryngological, Rhinological & Otological Society, Inc.
- 1989 Honor Award of the American Academy of Otolaryngology – Head and Neck Surgery
- 1989 Alpha Omega Alpha Honor Medical Society
- 1992 Best Doctors in America, Woodward White Aethens, South Carolina
- 1993 Bernard S. Kleiman Lecturer, University of Maryland, Baltimore, Maryland
- 1996 Lower Merion High School Distinguished Alumni Award, Ardmore, Pennsylvania
- 1996 Louis Dale Lowry, M.D. Award, For Excellence in Residency Teaching, Thomas Jefferson University, Philadelphia, Pennsylvania
- 1996 Louis Clerf Lecture, Department of Otolaryngology – Head and Neck Surgery, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
- 1997 Philadelphia Magazine, Philadelphia Best Doctors and Philadelphia Magazine, World Class Doctor
- 1997 Jack Abramson Lecturer, Long Island Jewish Medical Center
- 1997 Honoree for Contributions to the Community, Arbel Chorale, Philadelphia, Pennsylvania
- 1997 Dr. Hans von Leden Achievement Award, The Pacific Voice Conference
- 1997 Honorary President, International Symposium: Care of the Professional Voice and Phonomicrosurgery, Athens, Greece, September 25-27, 1997
- 1997 Medal of the City of Athens, Athens Greece, September 25, 1997
- 1998 First Eugene Grabscheid Lecturer. The Eugene Grabscheid Voice Center. Mt. Sinai School of Medicine. New York, New York, January 15, 1998.
- 6/1998 Visiting Professor, State University of New York, at Buffalo
- 7/1998 John L. Kemink Lecture, The Michigan Otolaryngological Society, Traverse City, Michigan
- 10/1998 Judge, Metropolitan Opera Auditions, Gulf Coast Region, New Orleans, Louisiana
- 1998 MedQuest Award for Editorial Excellence
- 1999 Daniel C. Baker Lecturer, American Laryngological Association

- 2004 Honorary Membership with Award of the Voice and Speech Trainers Association
- 2005 Donna L. Smith Memorial AOA Lectureship: Arts-Medicine: An Overview and New Paradigms in Medical Management, University of South Florida, Tampa, Florida
- 2005 Member Excellence Award, American Academy of Otolaryngology – Head and Neck Surgery, Annual Meeting
- 2006 Visiting Professor, University of Pennsylvania, Department of Otorhinolaryngology – Head and Neck Surgery, February 23, 2006
- 2006 Top 100 Health Professionals, The International Biographical Centre, Cambridge, England
- 2006 Visiting Professor, Second Annual Texas Tech University Voice Symposium, Lubbock, Texas, April 22, 2006.
- 2006 Pennsylvania Medical Society's Distinguished Service Award
- 2006 The Dean's Appreciation Award, Philadelphia College of Osteopathic Medicine
- 2007 John H. & Marianne Slade Memorial Key Note Speaker, The Louis Armstrong Center for Music and Medicine, New York, New York, May 14, 2007.
- 2007 The Congressional Order of Merit, National Republican Congressional Committee
- 2007 Teddy25, a Celebration of Life, Hope, and Possibilities Award, Teddy Pendergrass Alliance, Verizon Hall, Kimmel Center, Philadelphia, Pennsylvania, June 10, 2007.
- 2007 Silver Medal of Merit of The Military and Hospitaller Order of Saint Lazarus of Jerusalem, October 13, 2007.
- 2008 Featured Guest Speaker, New England Otolaryngological Society, April 4, 2008.
- 2008 deRoaldes Award, American Laryngological Association
- 2008 Distinguished Service Award, Pennsylvania Academy of Otolaryngology – Head and Neck Surgery

Memberships and Offices in Professional Services:

- 1971 – Present Physiological Society of Philadelphia
- 1971 – Present American Medical Association
- 1976 – Present Centurion Club
- 1977 – Present American Council of Otolaryngology
- 1978 – 1982 Junior Member, American Academy of Facial, Plastic and Reconstructive Surgeons
- 1978 – Present Walter P. Work Society
- 1980 – 1989 Member, President's Club, Jefferson Medical College
- 1980 – Present Philadelphia County Medical Society
- 1980 – Present Pennsylvania State Medical Society
- 1981 – Present Fellow, College of Physicians of Philadelphia
- 1981 – Present Fellow, American Academy of Otolaryngology - Head and Neck Surgery
- 1981 – Present Associate Fellow, Philadelphia Society of Facial and Plastic Surgeons
- 1982 – 1986 Associate Fellow, American Academy of Facial, Plastic and Reconstructive Surgeons
- 1982 – Present Solomon Solis-Cohen Medical Literature Society
- 1982 – Present Pan-American Association of Otorhinolaryngology and Bronchoesophagology

1982 – Present	Fellow, American Neurotology Society
1983 – Present	Association for Research in Otolaryngology
1983 – Present	The Medical Club of Philadelphia
1983 – Present	Pennsylvania Academy of Ophthalmology and Otolaryngology
1983 – Present	National Association of Teachers of Singing
1983 – Present	Fellow, Barany Society
1984 – Present	Society of the University Otolaryngologists
1984 – Present	Fellow, American College of Surgeons
1985 – Present	American Choral Directors Association – Lifetime Membership
1985 – Present	Member, Marian Quick Honorary Chapter of the Alexander Graham Bell Association for the Deaf
1985 – Present	Fellow, American Occupational Medical Association
1985 – Present	Laryngological Society of Philadelphia
1987 – Present	President's Club, The University of Michigan, Detroit, Michigan
1987 – Present	Collegium Medicorum Theatri
1988 – Present	Fellow, American Society for Laser Medicine and Surgery, Inc.
1988 – Present	Performing Arts-Medicine Association
1989 – 1996	Chairman, Committee on Voice, Speech and Language, Pennsylvania Academy of Otolaryngology
1989 – Present	The American Laryngological, Rhinological and Otological Society, Inc. (The Triologic Society)
1989 – Present	Thomas Jefferson University Chapter of Sigma Xi
1989 – Present	Fellow, President's Club, Jefferson Medical College
1989 – Present	Chairman, Liaison Committee of the Performing Arts Medicine Association
1989 – Present	The American Otological Society
1989 – Present	North American Skull Base Society
1990 – 1991	President-Elect, Walter P. Work Society
1990 – Present	Music Teachers National Association, Cincinnati, Ohio
1990 – Present	William F. House Society, Nashville, Tennessee
1991 – 1993	President, Walter P. Work Society
1991 – 1996	Chairman, Committee on Audiometric Technician Certification, The American Neurotology Society
1991 – 1997	Member, American Academy of Otolaryngology – Head and Neck Surgery, Committee on Speech, Voice & Swallowing Disorders
1991 – Present	Member, Acoustical Society of America
1991 – Present	Scientific Member, American Speech-Language Hearing Association
1991 – Present	Member, American Society of Neurophysiological Monitoring
1992 – Present	Professional Advisory Board, National Arts Medicine Center
1992 – Present	Conductor's Guild

1992 – Present	Member, Special Interest Division on Voice and Voice Disorders, The American Speech Language-Hearing Association
1992 – Present	Member, International Association of Phonosurgery
1992 – Present	Fellow, American Laryngological Association
1993 – Present	Member of the Council, International Association of Phonosurgery
1995 – Present	Member, Institute for Advance Study of the Communication Processes, University of Florida, Gainesville, Florida
1995 – Present	The Winged Ox Society, Thomas Jefferson University, Philadelphia, Pennsylvania
1996 – Present	Diplomat, The American Board of Forensic Examiners
1996 – Present	Honorary Member, The Laryngological Society of Turkey
1997 – 2003	Consultant, American Academy of Otolaryngology – Head and Neck Surgery, Committee on Speech, Voice & Swallowing Disorders
1997 – Present	American Bronchoesophagological Association
1997 – Present	Research Board of Advisors, American Biographical Institute
2003 – 2005	President-Elect, Pennsylvania Academy of Otolaryngology – Head and Neck Surgery, Pittsburgh, Pennsylvania
2004 – Present	Council, The Otosclerosis Study Group
2005 – Present	President, Pennsylvania Academy of Otolaryngology – Head and Neck Surgery
2005 – Present	President, International Association of Phonosurgery
2006 – 2007	President-Elect Medical Staff, Graduate Hospital, Philadelphia, Pennsylvania
2006 – Present	Certified Course Director, Council for Accreditation in Occupational Hearing Conservation, Certificate #456946
2006 – Present	Representative, Association of Academic Departments of Otolaryngology

Professional Committees and Administrative Service:

Institutional:

1972 – 1975	Admissions Committee, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1976 – 1977	Research Committee, Department of Otorhinolaryngology, University of Michigan, Ann Arbor, Michigan
1979 – 1980	Collaborative Care Committee, Department of Otorhinolaryngology, University of Michigan, Ann Arbor, Michigan
1979 – 1980	Clinical Care Committee, Department of Otorhinolaryngology, University of Michigan, Ann Arbor, Michigan
1979 – 1980	Clinical Staff (Departmental Steering) Committee, Department of Otorhinolaryngology, University of Michigan, Ann Arbor, Michigan
1980 – Present	Chairman, Philadelphia Ear, Nose and Throat Associates, Philadelphia, Pennsylvania
1982 – 1984	Bylaws Committee of the Executive Committee, Alumni Association, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1982 – Present	Executive Committee, Alumni Association, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania

1982 – Present	Board of Governors of the Volunteer Faculty Association, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1983 – Present	Alternate Subcommittee on Admissions, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1984	Chairman, Committee on Responsibilities and Long Range Goals of the Volunteer Faculty Association, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1984 – 1986	Alumni Placement Committee of the Executive Committee of the Alumni Association, Jefferson Medical College, Philadelphia, Pennsylvania
1985 – 1987	Executive Committee of the Medical Staff, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania
1985 – Present	Chairman, American Institute for Voice and Ear Research (AIVER), Philadelphia, Pennsylvania
1985 – Present	Director, Arts Medicine Center, Thomas Jefferson University, Philadelphia, Pennsylvania
1986 – 1990	Jefferson Committee on Cultural Affairs
1987 – 2003	Faculty Freshman Advisor, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1988 – 2000	Chairman, Clinical Privileges Committee of the Department of Otolaryngology – Head and Neck Surgery, Thomas Jefferson University
1988 – 2002	Chairman, Departmental Advisory Committee, Department of Otolaryngology – Head and Neck Surgery, Jefferson Medical College, Philadelphia, Pennsylvania
1988 – 2005	Chairman, Career Day Committee, Alumni Association, Jefferson Medical College
1989 – 1991	Technology Enhancement Committee, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania
1989 – 1991	Technology Advancement Committee, Thomas Jefferson University, Philadelphia, Pennsylvania
1994 – 1996	Alumni Public Affairs Committee, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1999 – Present	Co-Director of Research, Department of Otolaryngology – Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania
2006 – Present	Medical Executive Committee, Hahnemann University Hospital, Philadelphia, Pennsylvania
2006 – Present	Executive Committee of the Faculty, Drexel University College of Medicine, Philadelphia, Pennsylvania
2007 – Present	Committee for Clinical Graduate Degree Programs, Drexel University College of Medicine
2007 – Present	Anthony J. Drexel Society
2008 – Present	Search Committee for the Chairman of the Department of Anesthesiology, Drexel University College of Medicine and Hahnemann University Hospital

Extramural:

Committees and Administrative Services:

1975 – 2003	Board of Directors, Hearing Conservation Noise Control, Inc., Philadelphia, Pennsylvania
1981 – 2003	Vice President, Hearing Conservation Noise Control, Inc., Philadelphia, Pennsylvania
1982 – 1984	Glossary Committee, The Voice Foundation, New York, New York

1982 – 1985	Membership and Society Committee, Philadelphia County Medical Society, Philadelphia, Pennsylvania
1982 – 1992	Alumni Council, Haverford College, Haverford, Pennsylvania
1983 – Present	Scientific Advisory Board, The Voice Foundation, Philadelphia, Pennsylvania
1983 – Present	Medical Director, American Institute for Voice and Ear Research (AIVER), Philadelphia, Pennsylvania
1983 – Present	Laryngologist to the Academy of Vocal Arts, Philadelphia, Pennsylvania
1984 – 1985	Nominating Committee of the Walter P. Work Society, Ann Arbor, Michigan
1985 – 1987	Medical Legal Committee, Philadelphia County Medical Society, Philadelphia, Pennsylvania
1985 – 1993	Chairman, Advisory Board, The International Arts Medicine Association (IAMA) and Member of the Board of Directors
1985 – 1993	Research Committee, International Arts Medicine Association, Philadelphia, Pennsylvania
1986 – 1987	Committee on Medicine and The Arts, Philadelphia County Medical Society
1986 – Present	Research and Publications Committee of the National Association of Teachers of Singing (NATS)
1986 – Present	Board of Directors, The Voice Foundation, New York, New York (now Philadelphia, Pennsylvania)
1987 – 1990	Advisory Board, The Recording Research Center, Denver Center of the Performing Arts, Denver, Colorado
1987 – 1990	Counselor, Walter P. Work Society
1987 – 1992	Laser Committee, Graduate Hospital, Philadelphia, Pennsylvania
1987 – Present	Medical Advisory Board, The Delaware Valley Tinnitus Association (DVTA)
1987 – Present	Chairman, Publications Committee, The Voice Foundation, Philadelphia, Pennsylvania
1988 – 1989	Vice Chairman, Board of Directors, The Voice Foundation, New York, New York
1988 – 1990	Subcommittee on Occupational Health, Philadelphia County Medical Society
1989 – 1991	President, MAS Productions, Inc., Philadelphia, Pennsylvania
1988 – 1993	Vice Chairman, Board of Directors, Performing Arts-Medicine Association (PAMA)
1989 – Present	Chairman, Board of Directors, The Voice Foundation, New York, New York (now Philadelphia, Pennsylvania)
1990	Consensus Panel Member, NIH Consensus Development Conference on Clinical Use of Botulinum Toxin, Bethesda, Maryland (November 12-14, 1990)
1990	Chairman, Consensus Panel Subcommittee on Indications and Contraindications for the Use of Botulinum Toxin, NIH Consensus Development Conference on Clinical Use of Botulinum Toxin, Bethesda, Maryland (November 12-14, 1990)
1990 – 1995	International Scientific Committee, MedArt, USA Inc., New York, New York
1990 – 1995	The Study Center, TMJ Advisory Board, Jenkintown, Pennsylvania
1990 – Present	Advisory Committee, American Medical Associations, <u>Guides to the Evaluation of Permanent Impairment</u> (Guides)
1991 – 1999	Chairman, Hearing Subcommittee of The Special Sensory Committee, American Neurotological Association

1992 – 1997	Professional Advisory Board, The National Arts-Medicine Center, Bethesda, Maryland
1992 – Present	Standing Committee on Phoniatrics and Voice, International Federation of Oto-Rhino Laryngological Societies
1992 – Present	Otologic Consultant, The Pennsylvania School for the Deaf, Philadelphia, Pennsylvania
1992 – Present	Member, Chorus America
1993 – Present	Advisory Board (Grant Reviewer), Pennsylvania Lions Hearing Research Foundation, Inc. Grant Programs
1993 – Present	American Representative, International Federation of Oto-Rhino-Laryngological Societies Committee of Logopedics and Phonetics
1994 – Present	Chairman, Speech, Voice and Swallowing Committee, Pennsylvania Academy of Otolaryngology
1994 – Present	Council, Pennsylvania Academy of Otolaryngology – Head and Neck Surgery
1995 – 2003	Fellow, The Royal Society of Medicine, London, England
1995 – 2003	American Laryngologic Association Research Fund Committee
1995 – Present	Member, World Voice Consortium
1995 – Present	Board of Directors, World Voice Consortium
1996 – 1999	Operating Room Committee, Graduate Hospital, Philadelphia, Pennsylvania
1996 – 2000	Laryngeal Research Committee for Awards, American Laryngological Association
1996 – 2003	Board of Directors, Sylvan Opera Company
1996 – 2007	Executive Committee of the Medical Staff, Graduate Hospital
1996 – Present	Neurolaryngologic Committee, American Laryngological Association
1997	Awards Committee, International Symposium: Care of the Professional Voice and
1997 – 2002	Program Committee, American Laryngological Association
1997 – 2004	Executive Committee of the Arts-Medicine Section of the College of Physicians
1997 – 2005	Chairman, Committee on Education, American Laryngological Voice Research and Education Foundation
1997 – 2005	Member, Committee on Allocation of Resources, American Laryngological Voice Research and Education Foundation
1997 – 2005	Phonemicsurgery, Athens, Greece
1997 – 2005	Ad Hoc Research Award and Fellowship Planning Committee of the American Laryngological Voice Research and Education Foundation
1997 – Present	Ad Hoc Committee on Laryngeal Fellowship, American Laryngological Association
1998 – 1999	Counselor-at-Large, American Laryngological Association
1998 – 2002	Research Training Awards Committee, The American Laryngological, Rhinological and Otolological Society
1998 – 2002	Technology Committee, American Bronchoesophagological Association
1998 – Present	Advisory Board, Susquehanna Chorale, Hershey, Pennsylvania
1999 – 2001	Board of Directors, Council for Research in Human Processes and Disorders
1999 – 2002	Chairman, The Neurolaryngology Committee of the American Laryngological Association
1999 – 2004	Treasurer, American Laryngological Association

1999 – 2005	Board of Directors, American Laryngological Voice Education Research Foundation
1999 – 2007	Treasurer, American Laryngological Voice Research Education Foundation
1999 – 2007	Board of Governors, Graduate Hospital
1999 – 2007	Medical Education Committee, Graduate Hospital
2000 – Present	Resident Research Award Committee, American Laryngological Association
2001	Site Visitor/External Reviewer, Department of Surgery, Division of Head and Neck Surgery, Memorial Sloan-Kettering Cancer Center, New York, New York, April 13, 2001.
2001 – 2003	Member, American Association of Electrophysiologic Medicine
2001 – 2009	Member, Certificate Program for Otolaryngology Personnel (CPOP) Committee, American Academy of Otolaryngology – Head and Neck Surgery
2002 – 2007	Chairman, Continuing Medical Education (CME) Committee, Graduate Hospital, Philadelphia, Pennsylvania
2002 – Present	Geriatric Otolaryngology Committee, American Academy of Otolaryngology – Head and Neck Surgery
2002 – Present	Chairman, Board of Directors, The Graduate Faculty Institute
2003	Program Committee, The Eastern Section, The Triological Society
2003 – 2005	President-Elect, Pennsylvania Academy of Otolaryngology – Head and Neck Surgery
2003 – Present	Chairman, Speech, Voice and Swallowing Committee, American Academy of Otolaryngology – Head and Neck Surgery
2003 – 2007	Chairman, Medical Advisory Board, Graduate Hospital, Philadelphia, Pennsylvania
2004 – 2005	Vice President/President-Elect, American Laryngological Association
2004 – 2006	Chairman, Board of Governors, Graduate Hospital, Philadelphia, Pennsylvania
2004 – Present	Executive Council, The Otosclerosis Study Group
2005	Council (Governing Body) of the Council for Accreditation and Occupational Hearing Conservation (CAOHC), American Academy of Otolaryngology – Head and Neck Surgery Representative
2005	Bylaws Committee of CAOHC
2005	Marketing Committee of CAOHC
2005 – 2006	President, American Laryngological Association
2005 – 2007	President, Pennsylvania Academy of Otolaryngology – Head and Neck Surgery, Pittsburgh, Pennsylvania
2005 – Present	Representative to CAOHC Council, American Academy of Otolaryngology – Head and Neck Surgery
2006 – Present	Founding Member, American Society of Geriatric Otolaryngology Board of Directors
2007	Program Committee, Annual Meeting of the Triological Society, San Diego, CA
2007 – Present	Laryngology and Bronchoesophagology Education Committee, American Academy of Otolaryngology – Head and Neck Surgery
2007	Professional Supervisor Subcommittee of CAOHC
2007	Quality Assurance Committee of CAOHC
2007	Nominating Committee of CAOHC

Editorships:

1980	Sataloff, J. and Sataloff, R.T. [Guest Editors] "Occupational Hearing Loss." <i>Ear, Nose and Throat Journal</i> (Special Issue), 1980; 59(6).
1983	Sataloff, R.T. [Guest Editor] "Congenital and Hereditary Hearing Loss, Part I." <i>Ear, Nose and Throat Journal</i> , 1983.
1983	Sataloff, R.T. [Guest Editor] "Congenital and Hereditary Hearing Loss, Part II." <i>Ear, Nose and Throat Journal</i> , 1983.
1985 – Present	Associate Editor, <i>NATS Journal</i> (The Official Publication of the National Association of Teachers of Singers, Inc.).
1986	Sataloff, R.T. [Guest Editor] "Special Topics in Otolaryngology." <i>Otolaryngologic Clinics of North America</i> , 1986; 19(1).
1987	Sataloff, R.T. [Guest Editor] "The Professional Voice, Part I." <i>Ear, Nose and Throat Journal</i> , 1987.
1987	Sataloff, R.T. [Guest Editor] "The Professional Voice, Part II." <i>Ear, Nose and Throat Journal</i> , 1987.
1987 – 1997	Consultant and Editor, Singular Publishing Group, Inc., San Diego, California.
1987 – Present	Editorial Board, <i>Medical Problems of Performing Artists</i> , Hanley & Belfus, Inc., Philadelphia, Pennsylvania.
1987 – Present	Editor-in-Chief, <i>Journal of Voice</i> , Elsevier: New York, New York.
1988 – Present	Editorial Review Board, <i>Otolaryngology – Head and Neck Surgery</i> (The Official Journal of the American Academy of Otolaryngology – Head and Neck Surgery Foundation, Inc.).
1992 – 2004	Editorial Board, <i>Ear, Nose and Throat Journal</i>
1992 – Present	Editorial Board, <i>Medicine des Arts</i> , Paris, France.
1992 – Present	Editorial Review, <i>Archives of Otolaryngology – Head and Neck Surgery</i> .
1992 – Present	Editorial Review, <i>The Laryngoscope</i> .
1993 – Present	Editor, (Noise and Occupational Hearing Loss), ILO Encyclopedia of Occupational Health & Safety, Geneva, Switzerland.
1993 – Present	Editorial Reviewer, <i>Annals of Otology, Rhinology and Otolaryngology</i> .
1993 – Present	Editorial Review Board, <i>The American Journal of Otology</i> .
1994 – 1998	Editor, Vocal Fold Physiology Series, Singular Publishing Group, Inc., San Diego, California.
1994 – 1998	Editor, Source Reading Series, Singular Publishing Group, Inc., San Diego, California.
1994 – 2001	Consultant and Editor, <i>Otolaryngology – Head and Neck Surgery</i> , Singular Publishing Group, Inc., San Diego, California (then Delmar-Thomson Learning).
1995 – 1997	Editorial Board, American Music Teacher Association.
1998 – 2000	Co-Editor-in-Chief, <i>Journal of Occupational Hearing Loss</i> , Singular Publishing Group, Inc., San Diego, California.
2000 – 2004	Board of Editors, <i>Annals of Otology, Rhinology and Laryngology</i> .
2001 – Present	Publication Committee, Jefferson Medical College Alumni Bulletin.
2003 – 2006	Consultant and Editor, <i>Otolaryngology-Head and Neck Surgery</i> , Marcel Dekker, New York, New York.
2004 – Present	Editor-in Chief, <i>Ear, Nose and Throat Journal</i>
2004 – Present	Consultant and Editor, Plural Publishing Group, Inc., San Diego, California.

- 2005 – Present Ear, Nose and Throat Chapter Editor. Guides for the Evaluation of Permanent Impairment, 6th Edition. American Medical Association.
- 2007 Sataloff, R.T. [Guest Editor] "The Professional Voice." *Otolaryngologic Clinics of North America*, October, 2007; 40(5).

Community Service:

- 1962 Eagle Scout
- 1967 – Present Professional Baritone
- 1967 – Present Teacher of Singing
- 1970 – 1975 Conductor, Thomas Jefferson University Choir, Orchestra and Chamber Singers
- 1973 – Present President, Scimonoff Enterprises, Inc.
- 1980 – Present Conductor, Thomas Jefferson University Choir, Orchestra and Chamber Singers
- 1981 – 1984 Chairman, Board of Directors, Pennsylvania Alliance for American Music
- 1982 – 1984 President, Haverford College Club of Philadelphia (Pennsylvania)
- 1982 – 1984 Board of Directors, Continuum
- 1983 – 1985 Board of Directors, Concerto Soloists, Orchestra, Philadelphia, Pennsylvania
- 1983 – Present Member, Union League of Philadelphia
- 1985 – Present Honorary Committee for the Academy of Vocal Arts Hall of Fame for Great American Singers
- 1993 – Present Honorary Scholarship Board Member, The Teddy Pendergrass Music Scholarship Fund
- 1996 - Present Executive Council, Phi Beta Kappa Society, Haverford College
- 2000 – 2003 Soccer (Adult Indoor League)
- 2001 – 2004 Assistant Coach, Lower Merion Little League
- 2001 – Present Elected Committeeman, Republican Committee of Lower Merion and Narberth
- 2003 – 2006 Board of Directors, Nashirah, The Jewish Chorale of Greater Philadelphia
- 2004 – Present Republican Coordinator, 194th Legislative District, Pennsylvania
- 2008 – Present Life Member, Union League of Philadelphia

Educational Activities:

Courses/Clerkships/Programs:

- 1976 – 1980 Annual seminar in Continuing Education (for Nurses), University of Michigan, Ann Arbor, Michigan
- 1977 – 1980 Annual lectures in Vocal Pedagogy, Department of Voice, School of Music, University of Michigan, Ann Arbor, Michigan
- 1978 – 1979 Annual resident basic science course [3 hours]
- 1978 – 1980 Monthly lectures to medical students:
 1) Anatomy of the Ear [1 hour]
 2) Diagnosis and Surgery of the Ear [1 hour]
- 1979 – 1981 Instructor, Courses on Surgical Dissection of the Temporal Bone, Department of Otolaryngology, University of Michigan, Ann Arbor, Michigan
- 1979 – 1994 Annual course on "Occupational Hearing Loss", University of Maine, Orono, Maine

1980 – Present	Annual course, Lecture Series in Vocal Pedagogy, Academy of Vocal Arts, Philadelphia, Pennsylvania
1980 – Present	Annual Resident Lecture Series in Voice and Otology, Department of Otolaryngology – Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania
1981 – Present	Annual Course Instructor, American Academy of Otolaryngology – Head and Neck Surgery, Annual Academy Meetings [2-3 hours]: "Professional Singers: The Science and Art of Clinical Care"
1982	Instructor, Temporal Bone Dissection Course, The Ear Foundation, Nashville, Tennessee
1982	Instructor, Temporal Bone Dissection Course, Thomas Jefferson University, Philadelphia, Pennsylvania
1982 – 1983	Resident Lecture Series in Otolaryngology, Department of Neurosurgery, Thomas Jefferson University, Philadelphia, Pennsylvania
1982 – 1989	Associate Director, Institute on Occupational Hearing Loss, University of Maine, Orono, Maine
1982 – 1993	Co-Chairman, Annual International Symposium on Care of the Professional Voice, Juilliard School of Music and Lenox Hill Hospital, Lincoln Center, New York, New York (1982-1989); Philadelphia, Pennsylvania (1989-1993)
1983 – Present	Instructor, Temporal Bone Dissection Course, Department of Otorhinolaryngology and Human Behavior, Thomas Jefferson University and the University of Pennsylvania, Philadelphia, Pennsylvania
1984	Coordinator, Voice Care Symposia including: 1) "Thirteenth Annual Symposium: Care of the Professional Voice" 2) "Microsurgery of the Larynx and Pediatric Laryngology" 3) "Spastic Dysphonia: One Disorder or Many?" 4) "Symposium on Partial Laryngectomy and Voice."
1984	Guest Lecturer, Fall Meeting of the New England Otolaryngologic Society, Harvard University, Boston, Massachusetts
1985	Visiting Professor, Department of Otolaryngology, Speech-Language Pathology and Music, The University of Wisconsin, Madison, Wisconsin
1985 – Present	Annual Course Instructor [2 Hours]: American Academy of Otolaryngology – Head and Neck Surgery: von Leden, H., Brodnitz, F., Gould, W.J., Lawrence, V.L. and Sataloff, R.T. (various other faculty): "The Actor and Singer as Patients of the Otolaryngologist."
1986	Visiting Professor, Department of Otolaryngology, University of Texas Health Science Center, San Antonio, Texas
1986 – 2005	Annual Course, "Voice Pedagogy," Curtis Institute of Music, Philadelphia, Pennsylvania
1988 – Present	Director, Annual Temporal Bone Dissection Course, Department of Otolaryngology, Thomas Jefferson University and the University of Pennsylvania, Philadelphia, Pennsylvania
1989	Course Director, Stroboscopy and Other Advanced Techniques for Voice Analysis, Philadelphia, Pennsylvania
1990	Course Director, Stroboscopy and Other Advanced Techniques for Voice Analysis, Key West, Florida
1990 – 2000	Co-Director, Institute in Occupational Hearing Loss, University of Maine, Orono, Maine
1990 – 2002	Coordinator, Otologic Didactic Lecture Series, Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania
1991	Visiting Professor, Department of Otolaryngology, Georgetown University, Washington, D.C.

- 1991 Course Director, Stroboscovideolaryngoscopy and Other Advanced Techniques for Voice Analysis, Scottsdale, Arizona
- 1993 – Present Chairman, The Voice Foundation Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania
- 1994 Chairman, The Voice Foundation's Mini-Symposium, Houston, Texas
- 1996 – 1998 Zeitels, S. and Sataloff, R.T.: Advanced 2-hour Course on Phonomicrosurgery, American Academy of Otolaryngology
- 1996 – Present Co-Chairman, Annual Laser Voice Surgery Course, Paris, France
- 1999 – 2000 Co-Director, Annual 2-Day Course on Voice Surgery in Affiliation with Harvard University (Boston, Massachusetts) and Thomas Jefferson University (Philadelphia, Pennsylvania)
- 2003 Course Co-Director, Dizziness: Current Concepts and Controversies, Department of Otolaryngology – Head and Neck Surgery, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania
- 2004 – 2007 Didactic Resident Lecture Series Coordinator, Department of Otorhinolaryngology – Head and Neck Surgery, Graduate Hospital and Philadelphia College of Osteopathic Medicine
- 2006 – Present Certified Course Director, Council for Accreditation in Occupational Hearing Conservation [Certificate #456946]
- 2007 – Present Didactic Resident Lecture Series Coordinator, Department of Otorhinolaryngology – Head and Neck Surgery, Drexel University College of Medicine and Philadelphia College of Osteopathic Medicine

Advising/Mentoring/Tutoring:

- 1975 – Present Daily medical student and resident teaching
- 1982 Faculty, International Symposium on Care of the Professional Voice, Juilliard School of Music and Lenox Hill Hospital, Lincoln Center, New York, New York
- 1982 Faculty, Interdisciplinary Colloquium on the Use and Care of the Human Voice, University of Minnesota, Minneapolis, Minnesota
- 1983 Faculty, Microsurgery of the Larynx and Voice Conservation, Boston, Massachusetts and New York, New York
- 1984 – Present Member, Career Day Committee, Alumni Association of Jefferson Medical College, Philadelphia, Pennsylvania
- 1988 Faculty, "CO₂ Laser Surgery," Graduate Hospital, Philadelphia, Pennsylvania

Clinical Activities:

- 1980 – Present Medical and surgical practice of Otolaryngology, Neurotology, and Skull Base Surgery
- 1980 – Present Medical and surgical practice of Laryngology/Care of the Professional Voice

***Clinical teaching activities such as presentations are listed elsewhere in this C.V.*

Support:

- 1985 – 1986 Project: Commission and Premiere of O Emmanuel by John Davison, a cantata for the Thomas Jefferson University Choir and Orchestra
Granting Agency: The Presser Foundation
Amount: \$5,000
- 1985 – 1986 Project: The Otolologic Value of Autologous Fibrin Tissue Adhesive
Granting Agency: The American Foundation for Voice & Ear Research
Amount: \$2,000

1990 – 1992	Project: Thomas Jefferson University Choir Granting Agency: Pennsylvania State Senate Democratic Caucus Initiative Amount: \$20,000
1990 – 1993	Project: Frequency Specific Objective (BERA) Audiometry Granting Agency: Oberkotter Foundation Amount: \$285,000
1991 – 1993	Project: A Randomized Placebo-Controlled Assessment of Gastroesophageal Reflux Laryngitis and its Treatment Principal Investigator: R.T. Sataloff, M.D., D.M.A. Co-Principal Investigator: D.O. Castell, M.D. Granting Agency: Glaxo, Inc. Amount: \$77,163
1991 – 1994	Project: Cochlear Implantation in Children Granting Agency: Oberkotter Foundation Amount: \$229,500
1993 – 1996	Project: Characteristics of Occupational Hearing Loss Principal Investigator: R.T. Sataloff, M.D., D.M.A. Co-Principal Investigator: J. Sataloff, M.D. Granting Agency: Oberkotter Foundation Amount: \$330,000
1995 – 1998	Project: (R2) Vocal Fold Molecular Composition and Voice Disorders Principal Investigator: S. Gray, M.D. National Center for Voice and Speech NIH Grant #P60 00976 Consultant: R.T. Sataloff, M.D., D.M.A. Amount: \$1,120,722
1996 – 1996	Project: The Prognostic Significance of Serum Antibodies to Inner Ear Supporting Cell Antigen and Progressive or Sudden Sensorineural Hearing Loss Principal Investigator: T. Carey, Ph.D. Co-Investigator: R.T. Sataloff, M.D., D.M.A. NIHP01-DC00078-27 NIHNIDCD001-DC02272 UMMACNIHP60-AR20557
1996 – 1999	Project: Cochlear Implantation Principal Investigator: R.T. Sataloff, M.D., D.M.A. Granting Agency: Oberkotter Foundation Amount: \$229,500
1996 – 2001	Project: Tinnitus: Causes and Implications Principal Investigator: R.T. Sataloff, M.D., D.M.A. Granting Agency: Oberkotter Foundation Amount: \$540,000
1998 – 1999	Project: Techniques for Rehabilitation of Vocal Fold Scar Principal Investigator: R.T. Sataloff, M.D., D.M.A. Granting Agency: Private Amount: \$50,000
1999 – 2002	Project: Antigenic Targets of Autoimmune Sensorineural Hearing Loss Principal Investigator: T.E. Carey, Ph.D. Collaborator: R.T. Sataloff, M.D., D.M.A. NIH-NIDCD R01-DC3686

- 2000 – 2003 Project: Autoimmune Sensorineural Hearing Loss
Principal Investigator: R.T. Sataloff, M.D., D.M.A.
Granting Agency: Oberkotter Foundation
Amount: \$471,000
- 2001 – 2008 Project: The Effects of Glutathione Enhancement Upon Sensorineural Hearing Loss
Principal Investigator: R.T. Sataloff, M.D., D.M.A.
Granting Agency: Oberkotter Foundation
Amount: \$825,000
- 2004 – 2008 Project: A Randomized, Placebo-Controlled Assessment of Lansoprazole 30mg bid (Proton Pump Inhibitor) in the Treatment of Gastroesophageal Reflux Associated Laryngitis
Principal Investigator: R.T. Sataloff, M.D., D.M.A.
Granting Agency: Tap Pharmaceuticals
Amount: \$1,606,250
- 2004 – Present Project: Transnasal Esophagoscopy
Principal Investigator: R.T. Sataloff, M.D., D.M.A.
Granting Agency: Medtronic Xomed
Amount: \$46,000
- 2007 – 2008 Project: Neutraceutical Modification of Hearing Loss
Principal Investigator: R.T. Sataloff, M.D., D.M.A.
Granting Agency: New Hope Christian Community Foundation [NHCCF] (Manna Project Fund)
Amount: \$9,566.10

Principal Research Interests:

- 1977 – 1986 The Effects of Hypotensive Anesthesia in Head and Neck Surgery
- 1978 – 1988 The Embryology of the Facial Nerve
- 1978 – Present Advanced Techniques in Skull Base Surgery
- 1980 – Present Differential Diagnosis of Occupational Hearing Loss
- 1983 – 1986 Co-Investigator, House Ear Institute, Cochlear Implant Project
- 1983 – Present Normal Values for Speech in Professional Singers
- 1983 – Present Development of Clinically Useful Objective Voice Measures
- 1984 Jabourian, Z. and Sataloff, R.T.: Vocal Fold Hematomas in the Dog Larynx
- 1984 – Present Clinical Value of Stroboscovideolaryngoscopy in Differential Diagnosis of Voice Disorders
- 1985 – 1986 Feldman, M., Sataloff, R.T. and Epstein, G.: Fibrin Glue: Effects on Neural Anastomoses and on Intact Nerves in Rabbits, and Effects on Alloplastic Implants
- 1986 – 1990 Clinical Usefulness of Fibrin Glue in Tympanoplasty Surgery
- 1986 – 1991 Clinical Usefulness of Fibrin Glue in Controlling Cerebral Spinal Fluid Leaks in Translabyrinthine Surgery
- 1986 – 1991 Clinical Value of Glottic Imaging and Other Objective Measures in the Differential Diagnosis of Voice Disorders, in cooperation with the Denver Center of the Performing Arts, The University of Iowa and the Vocal Dynamics Laboratory of Lenox Hill Hospital
- 1988 – 1990 The Reliability and Validity of Recorded Tapes for Simulating Hearing Loss
- 1989 – Present Effects of Gastroesophageal Reflux Laryngitis Upon the Voice
- 1989 – Present The Effects of Training Upon the Voice in Geriatric Patients
- 1990 – 1993 Threshold Determination through Brain Stem Evoked Response

1990 – Present	Cochlear Implants in Children
1995 – Present	Basement Membrane Characteristics and Their Prognostic Value in Vocal Fold Pathology
1997 – 2000	Cochlear Implantation: A Simplified and Cost-Effective System
1997 – Present	Tinnitus Causes and Implications
2001 – Present	Autoimmune Sensorineural Hearing Loss
2002 – Present	The Effects of Glutathione Enhancement Upon Sensorineural Hearing Loss

Graduate Students, Postdoctoral Fellows and Postgraduate Medical Trainees:

1992 – 1996	Deborah Caputo Rosen, Committee Member/Adjunct Professor The Union Institute; Cincinnati, Ohio Thesis title: The Psychology of Voice Disorders Degree awarded: Ph.D.
1993 – 1996	Sharon L. Radionoff, Committee Member Michigan State University; School of Music, E. Lansing, Michigan Thesis title: Objective Measures of Vocal Production during the Course of Singing Study Degree awarded: Ph.D.
1996 – 2001	Raj Bhatia, Committee Member Temple University School of Engineering; Philadelphia, Pennsylvania Thesis title: Development of a Non-Parametric Neural Network-Based System for Complex Signal Analysis Degree awarded: Ph.D.
1981 – Present	Director, Fellowship in Laryngology, Care of the Professional Voice, American Institute for Voice and Ear Research, in affiliation with Thomas Jefferson University and Graduate Hospital (1981-2006), and with Drexel University College of Medicine (2006-Present).

Bibliography:

Articles: (Articles indicated by an asterisk are in medical peer-reviewed journals)

1. Sataloff, R.T. "Prevention of Hearing Loss in Children." *Hearing Instruments*. September 1978; 20-22.
2. Sataloff, R.T. "Pediatric Hearing Loss." *Pediatric Nursing*. 1980; 6(5).
- *3. Sataloff, R.T. "The 4,000 Cycle Dip: Not Always Noise." *ENT-J*. 1980; 59(6): 251-257.
4. Sataloff, R.T. and Vassallo, L.A. "Choosing the Right Hearing Aid." *Hospital Practice*. 1981; 16(5): 32A-32S.
5. Sataloff, J. and Sataloff, R.T. "An Effective Hearing Conservation Program." *Mechanical Engineering Magazine*. 1981; 103(10): 31-33.
6. Brown, A.C.D. and Sataloff, R.T. "Special Anesthetic Techniques in Head and Neck Surgery." *Otolaryngologic Clinics of North America*. 1981; 14(3): 587-614.
7. Sataloff, R.T. and Brown, A.C.D. "Special Equipment in the Operating Room for Otolaryngology – Head and Neck Surgery." *Otolaryngologic Clinics of North America*. 1981; 14(3): 669-686.
- *8. Sataloff, R.T. "Professional Singers: The Science and Art of Clinical Care." *American Journal of Otolaryngology*. 1981; 2(3): 251-266.
- *9. Sataloff, R.T. and Colton, C. "Otitis Media: A Common Childhood Infection." *American Journal of Nursing*. 1981; 81(8): 1480-1483.
10. Sataloff, R.T. and Sataloff, J. "The Effects of Noise Pollution on Hearing." *The Deafness Research Foundation*. Fall 1982; 3-4.

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14. Sataloff, R.T. "Noise and Deafness." *Transactions and Studies of the College of Physicians of Philadelphia*. 1983; Series 5(3): 169-175.
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- *16. Sataloff, J. and Sataloff, R.T. "Ear Protectors vs. Intense Impact Noise." *Occ Health and Safety*. 1983; 52(8): 25-28.
- *17. Sataloff, R.T. "Hereditary Hearing Loss: Genetics and Diagnosis." *ENT-J*. 1983; 62(11): 563.
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58. Sataloff, R.T. "The Place of the Study of the Arts in the Study of Medicine." *Philadelphia Magazine*. 1985; 81(12): 540-541.
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53. Program Discussant, The American Laryngological Association, April 25, 1999.

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60. Sataloff RT. (Editorial.) *Ear, Nose and Throat Journal: Past and future*. *ENT-J*. 2004;83(3):148.
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65. Sataloff RT. Editorial: Statistics in clinical practice. *ENT-J*. 2005;84(1):7.
66. Sataloff RT. Community-acquired pneumonia and use of gastric acid-suppressive drugs. (Letter to the Editor). *JAMA*; 2005, 293(7):795-6.
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69. Sataloff RT. Editorial: Consortium of Otolaryngology-head and neck surgery journals to collaborate in maintenance of high ethical standards. *ENT-J*. 2005;84;(4):262.
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ENT-J, 2006; 85(12):792
 J Voice, 2006; 20(4):485-486
 Am J Rhinol, 2006; 20(6):559
 Otolaryngol Head Neck Surg, 2006; 135(6):829-830
 Otol Neurotol, 2006; 27(8):1049-1050
 Int J Pediatr Otorhinolaryngol, 2006; 70(12):2017-2018
 Archives of Otolaryngology – Head & Neck Surgery, 2007; 133(1):7-8
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84. Sataloff RT. Editorial: The Future of Journal of Voice. J Voice, 2007; 21(1):1.
85. Sataloff RT. Editorial: State otolaryngology society membership: An obligation for all of us. ENT-J, 2007; 86(5):256-259.
86. Nierengarten, M. Well Tuned: Maintenance of the Professional Voice, Part 1 of 2. ENTToday. May, 2007; 2(5):15-16.
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88. Sataloff RT, Wei C. Editorial: Nanomedicine: Important new concepts for otolaryngology. ENT-J, 2007; 86(9):528-531.
89. Sataloff RT. Editorial: Room acoustics: Are we paying attention? ENT-J, 2007; 86(11):644-646.
90. Sataloff RT. Editorial: Disruptive physicians: Sound more familiar than you thought? ENT-J, 2008; 87(3):124-127.
91. Sataloff RT. Editorial: HIPAA: An impediment to research. ENT-J, 2008; 87(4):182-184.
92. Sataloff RT. Editorial: Ear, Nose & Throat Journal: Scope and guidelines. ENT-J, 2008; 87(5):248-249.
93. Working Horse with Tom Avril, The Philadelphia Inquirer, Monday, June 23, 2008.
94. Sataloff RT. Editorial: The editorial process: Resident education and participation. ENT-J, 2008; 87(7):364-365.
95. Sataloff RT. Editorial: Drug development research: The process. ENT-J, 2008; 87(8):420-422.
96. Ossoff RH, Garrett CG, Sataloff RT. Editorial: Laryngology fellowship. J Voice, 2008; 22(5):517-519.
97. Voice Use in Football Stadiums, The Times Daily with Trevor Stokes, Thursday, September 25, 2008.
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99. Sataloff RT. Editorial: Advanced journal technology: Opportunities for readers and authors. ENT-J, 2008; 87(11):604-605.
100. Sataloff RT. Editorial: Consistency of medical student education in otolaryngology. ENT-J, 2009; 88(1):714-717.
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Presentations:

1. Histology of the Ear. Department of Anatomy, Philadelphia College of Osteopathy, February 16, 1973.
2. Anatomy of the Ear. Department of Pathology, Jefferson Medical College, February 6, 1975.
3. Otolaryngology. Department of Pathology, Jefferson Medical College, February 13, 1975.
4. Laryngeal Lesions in Singers. Department of Music, University of Michigan, November 14, 1977.
5. Clinical Anatomy of the Ear. Department of Nursing, University of Michigan, November 14, 1977.
6. Airway Emergency. Department of Nursing, University of Michigan, November 14, 1977.
7. Surgery of the Ear. Department of Nursing, Wayne County General Hospital, May 31, 1978.
8. Surgical Reversal of Deafness. In: The Eyes and Blindness, The Ears and Deafness. Department of Continuing Education, University of Michigan, Campus Inn, June 2, 1978.
9. Industrial Deafness. In: The Eyes and Blindness, The Ears and Deafness. Department of Continuing Education, University of Michigan, Campus Inn, June 2, 1978.
10. Tracheotomy Care. Department of Nursing, Wayne County General Hospital, June 23, 1978.
11. Embryology of the Facial Nerve. Department of Otorhinolaryngology, University of Michigan, June 24, 1978.

12. Basic Otology and Audiology. Basic Science Lecture Series, Department of Otorhinolaryngology, University of Michigan, July 17, 1978.
13. Anatomy of the Larynx. Department of Music, University of Michigan, November 22, 1978.
14. Physiology of the Larynx and Acoustics of Singing. Department of Music, University of Michigan, November 27, 1978.
15. Laryngeal Pathology in Singers. Department of Music, University of Michigan, December 4, 1978.
16. Voice Maintenance. Department of Music, University of Michigan, December 4, 1978.
17. Dorsal Nasal Masses. Department of Otorhinolaryngology, University of Michigan, January 20, 1979.
18. Tracheotomy and Cricothyrotomy. Department of Nursing, Veterans Administration Hospital, Ann Arbor, Michigan, March 2, 1979.
19. Approach to the Professional Voice. Department of Otorhinolaryngology, University of Michigan, March 10, 1979.
20. The Speech Pathologist and Professional Singer. Department of Speech and Hearing, Eastern Michigan University, June 11, 1979.
21. Otological Considerations of Childhood Hearing Impairment. The Third Annual Hearing Aid Institute and Tinnitus Workshop, University of Maine, July 16, 1979.
22. Neurological Consideration of Childhood Hearing Impairment. The Third Annual Hearing Aid Institute and Tinnitus Workshop, University of Maine, July 17, 1979.
23. Brainstem Evoked Responses. The Third Annual Hearing Aid Institute and Tinnitus Workshop, University of Maine, July 19, 1979.
24. Genetic Considerations of Childhood Deafness. The Third Annual Hearing Aid Institute and Tinnitus Workshop, University of Maine, July 20, 1979.
25. Hearing Aids. The 27th Annual Institute in Occupational Hearing Loss, July 16, 1979.
26. Causes of Hearing Loss. The 27th Annual Institute in Occupational Hearing Loss, July 18, 1979.
27. What Every Internist Should Know About Tracheotomy. Department of Medicine, University of Michigan, July 25, 1979.
28. Otology and Audiology. Basic Science Lecture Series, University of Michigan, August 6, 1979.
29. Airway Emergencies in the Immediate Postoperative Period. Department of Nursing, University of Michigan, September 20, 1979.
30. Evaluation of Professional Singers: The History. Annual Meeting of the Walter P. Work Society, Austin, Texas, October 6, 1979.
31. Emergency Airway Management. Postgraduate Course in Emergency Medicine, University of Michigan, February 18, 1980.
32. Otolaryngology Problems in Children. Pediatric Nurse Practitioner Program, University of Michigan, March 12, 1980.
33. Hypotensive Anesthesia in Head and Neck Surgery. Lamberson Lectureship Conference, University of Michigan, June 13, 1980.
34. Causes of Hearing Loss. Occupational Hearing Loss Institute, University of Maine, July 16, 1980.
35. Speech Pathology in the Professional Singer. Department of Speech Pathology, Thomas Jefferson University, September 29, 1980.
36. Fundamentals of Otolaryngology. Department of Nursing Education, University of Michigan, October 5, 1980.
37. Anatomy of the Ear. Department of Otolaryngology, Thomas Jefferson University, October 21, 1980.
38. Surgery for Otosclerosis. Department of Otolaryngology, Thomas Jefferson University, October 28, 1980.
39. Chronic Ear Surgery, Part I. Department of Otolaryngology, Thomas Jefferson University, November 4, 1980.
40. Chronic Ear Surgery, Part II. Department of Otolaryngology, Thomas Jefferson University, November 18, 1980.
41. Inner Ear Surgery for Vertigo and Neoplasms. Department of Otolaryngology, Thomas Jefferson University, November 18, 1980.
42. Combined Surgery of the Skull Base. Department of Neurosurgery, Thomas Jefferson University, November 21, 1980.
43. Anatomy of the Larynx. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 6, 1981.
44. Histology of the Temporal Bone. University of Michigan, January 14, 1981.
45. The Physiological Basis of Singing. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 20, 1981.
46. New Horizons in Hearing and Balance. Medical Staff, St. Joseph's Hospital, Philadelphia, Pennsylvania, January 22, 1981.
47. Special Voice Problems of Singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 27, 1981.
48. Voice Maintenance for Advanced Singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, February 3, 1981.

49. The Effects of Hormones and Drugs on the Singing Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, February 10, 1981.
50. Surgical Techniques for Chronic Otitis. Department of Otolaryngology, Graduate Hospital, March 28, 1981.
51. Anatomical and Physiological Basis of Singing. Department of Otolaryngology, Thomas Jefferson University, March 31, 1981.
52. Histology of the Temporal Bone. University of Michigan Medical Center, Ann Arbor, Michigan, March 1981.
53. Differential Diagnosis of Hearing Loss in Industry. American Occupational Medicine Association Annual Meeting, Atlanta, Georgia, April 27, 1981.
54. Pathology of the Temporal Bone. University of Michigan Medical Center, Ann Arbor, Michigan, May 27, 1981.
55. Glomus Tumors, Acoustic Neuromas and Other Skull Base Lesions. University of Pennsylvania, Department of Otolaryngology, May 28, 1981.
56. Physics of Sound. University of Michigan Medical Center, Ann Arbor, Michigan, June 3, 1981.
57. Cricothyrotomy and Tracheotomy. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, June 12, 1981.
58. Surgical Anatomy of the Ear. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, June 15, 1981.
59. OtoSurgical Procedures. Department of Nursing, Graduate Hospital, Philadelphia, Pennsylvania, June 22, 1981.
60. Tracheotomy in the Intensive Care Unit. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, July 2, 1981.
61. Surgical Anatomy of the Ear and Temporal Bone. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, September 16, 1981.
62. Tracheotomy: Care and Techniques. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, September 16, 1981.
63. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, New Orleans, Louisiana, September 23, 1981.
64. Tracheotomy: Techniques, Issues and Options. Department of Nursing, Medical College of Pennsylvania, Holiday Inn, Philadelphia, Pennsylvania, November 17, 1981.
65. Occupational Hearing Loss. Department of Occupational Medicine, Mt. Sinai Medical Center, New York, New York, November 20, 1981.
66. Functional Anatomy of the Larynx. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, January 5, 1982.
67. Panel: Graham, M., Schuknecht, H., Paparella, M., Neely, G., Sataloff, R. and Kemink, J. Resident Training in Otolaryngology and Neurotology. Middle Section, Triological Society, Detroit, Michigan, January 8, 1982.
68. Surgical Anatomy of the Ear. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, January 12, 1982.
69. Office Management of the Professional Singer. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, January 9, 1982.
70. Histological Anatomy of the Ear. The Ear Foundation, Nashville, Tennessee, January 25, 1982.
71. Surgery for Vertigo. The Ear Foundation, Nashville, Tennessee, January 26, 1982.
72. Surgery for Otosclerosis. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, February 2 and 16, 1982.
73. Management of the Otologic Surgery Patient. Department of Nursing, Graduate Hospital, Philadelphia, Pennsylvania, February 15, 1982.
74. Management of the Chronic Ear. Thomas Jefferson University, Philadelphia, Pennsylvania, February 16, 1982.
75. Tracheotomy and Airway Management. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, March 3, 1982.
76. Diagnosis and Treatment of Acoustic Neuromas. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, March 23, 1982.
77. Functional Anatomy of the Larynx. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 24, 1982.
78. Brainstem Evoked Response Audiometry. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, March 30, 1982.
79. Anatomy and Physiology of Singing. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 31, 1982.
9. Fundamentals of Voice Dysfunction. Academy of Vocal Arts, Philadelphia, Pennsylvania, April 7, 1982.
1. Facial Fractures in the Neurosurgical Patient. Department of Neurosurgery, Thomas Jefferson University, Philadelphia, Pennsylvania, April 7, 1982.

82. Occupational Hearing Loss - Advanced Medical and Legal Considerations. Mt. Sinai Medical School, New York, New York, April 16, 1982.
83. Medical Aspects of the Singing Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, May 5, 1982.
84. Approach to Internal Auditory Canal and Skull Base. Department of Otolaryngology, University of Pennsylvania, Philadelphia, Pennsylvania, June 3, 1982.
85. Panel: Leanderson, R., Reed, J., Sataloff, R. and Estill, J. Voice Quality in the Professional World. 11th Symposium: Care of the Professional Voice, New York, New York, June 10, 1982.
86. Physical Examination of Professional Singers: Special Aspects. 11th Symposium: Care of the Professional Voice, New York, New York, June 11, 1982.
87. Tracheotomy and Airway Management in the ICU. Department of Nursing (MED ICU), Thomas Jefferson University, Philadelphia, Pennsylvania, June 17, 1982.
88. The Facial Nerve - Medical and Surgical Considerations. Department of Neurosurgery, Thomas Jefferson University, Philadelphia, Pennsylvania, June 18, 1982.
89. The Physics of Sound. University of Maine, Orono, Maine, July 12, 1982.
90. Dizziness in Industry. University of Maine, Orono, Maine, July 12, 1982.
91. The Differential Diagnosis of Occupational Hearing Loss. University of Maine, Orono, Maine, July 14, 1982.
92. Analysis and Care of the Professional Singing Voice. University of Minnesota, Minneapolis, Minnesota, July 21, 1982.
93. Panel: Lawrence, V., Paparella, M., Sataloff, R., Maragos, N., Starr, C. and Brown, O. Dysphonia. Interdisciplinary Colloquium on the Use and Care of the Human Voice, University of Minnesota, Minneapolis, Minnesota, July 22, 1982.
94. Panel: Lawrence, V., Paparella, M., Sataloff, R., Maragos, N., Starr, C. and Brown, O. Management of Laryngeal Pathology in Extranormal Voice. Interdisciplinary Colloquium on the Use and Care of the Human Voice, University of Minnesota, Minneapolis, MN, July 22, 1982.
95. Cricothyrotomy and Tracheotomy: Technique, Complications and Care. Department of Nursing, Thomas Jefferson University, August 25, 1982.
96. Occupational Hearing Loss. American Academy of Occupational Medicine, Chicago, Illinois, September 21, 1982.
97. Physical Examination of the Professional Singer. Walter P. Work Society, New Orleans, Louisiana, October 16, 1982.
98. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, New Orleans, Louisiana, October 19, 1982.
99. Differential Diagnosis of Hearing Loss in Industry. Symposium - Workers' Compensation for Occupational Hearing Loss in Pennsylvania and New Jersey, Thomas Jefferson University, Philadelphia, Pennsylvania, October 19, 1982.
100. Distinguishing Occupational Hearing Loss from Other Causes. Delaware Association of Occupational Nurses, Wilmington, Delaware, October 30, 1982.
101. Functional Anatomy of the Larynx. Academy of Vocal Arts, Philadelphia, Pennsylvania, November 29, 1982.
102. Surgical Anatomy of the Labyrinth and Endolymphatic Sac. Temporal Bone Dissection Laboratory, Thomas Jefferson University, Philadelphia, Pennsylvania, December 6, 1982.
103. Anatomy of the Singing Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, December 6, 1982.
104. Pathology of the Singing Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, December 13, 1982.
105. Histoanatomy of the Ear. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, December 15, 1982.
106. Surgical Anatomy of the Inner Ear and Internal Auditory Canal, Temporal Bone Dissection Laboratory, Department of Otolaryngology, Thomas Jefferson University, December 18, 1982.
107. Affects of Drugs and Exogenous Substances Upon the Singing Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, December 20, 1982.
108. Surgery for Otosclerosis. Department of Otolaryngology, Thomas Jefferson University, January 5, 1983.
109. New Horizons in Hearing and Balance. Solomon Solis-Cohen Medical Literary Society, Philadelphia, Pennsylvania, January 11, 1983.
110. Tympanoplasty/Surgical Techniques. Department of Otolaryngology, Thomas Jefferson University, January 12, 1983.
111. Embryology of the Ear. Department of Otolaryngology, Thomas Jefferson University, January 26, 1983.
12. Mastoidectomy/Surgical Techniques. Department of Otolaryngology, Thomas Jefferson University, January 26, 1983.

113. Acoustic Neuroma: Diagnosis and Treatment. Department of Neurosurgery, Thomas Jefferson University, January 28, 1983.
114. Otologic Surgery. Department of Nursing, Graduate Hospital, January 29, 1983.
115. Care of the Professional Singing Voice. Greater Baltimore Medical Center, Baltimore, Maryland, March 5, 1983.
116. Pediatric Tracheotomy. Department of Neurosurgery, Thomas Jefferson University, Philadelphia, Pennsylvania, April 6, 1983.
117. Airway Management and Tracheotomy in Spinal Injury Patients. Departments of Neurosurgery, Neurology and Physical Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania, May 6, 1983.
118. History and Physical in the Laryngeal Patient. Microsurgery of the Larynx and Voice Conservation Course, Boston University School of Medicine, June 1, 1983.
119. Brewer, D.W. and Sataloff, R.T. Acute Pathology of the Larynx. Microsurgery of the Larynx and Voice Conservation Course, Boston University School of Medicine, June 2, 1983.
120. Gould, W.J. and Sataloff, R.T. Treating the Professional and Student. Microsurgery of the Larynx and Voice Conservation Course, Boston University School of Medicine, June 2, 1983.
121. Healthy Choral Singing. Association of Professional Vocal Ensembles. Philadelphia, Pennsylvania, June 4, 1983.
122. Sataloff, R.T. and Lawrence, V.L. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. Twelfth Annual Symposium: Care of the Professional Voice, New York, New York, June 8, 1983.
123. Sataloff, R.T., O' Connor, M.J. and Heuer, R.J. Rehabilitation of a Quadriplegic Singer. Twelfth Annual Symposium: Care of the Professional Voice, New York, New York, June 9, 1983.
124. Hearing Loss in Short Stature Syndromes. Short Stature Symposium X, Thomas Jefferson University, Philadelphia, Pennsylvania, June 18, 1983.
125. Approaches to the Internal Auditory Canal and Skull Base. Department of Otorhinolaryngology, University of Pennsylvania, June 25, 1983.
126. Physics of Sound. 31st Annual Institute in Occupational Hearing Loss, University of Maine, Orono, Maine, July 11, 1983.
127. Causes of Deafness. 31st Annual Institute in Occupational Hearing Loss, University of Maine, Orono, Maine, July 11, 1983.
128. Tracheotomy. Department of Otolaryngology, Thomas Jefferson University, August 4, 1983.
129. Acoustic Neuroma Surgery. Department of Otolaryngology and Human Behavior, V.A. Hospital, University of Pennsylvania, August 5, 1983.
130. Management of Epistaxis. Department of Otolaryngology, Thomas Jefferson University, August 11, 1983.
131. Anatomy of the Ear and Introduction to Clinical Otology. Department of Otolaryngology, Thomas Jefferson University, August 18, 1983.
132. Otologic Surgery. Department of Nursing, Graduate Hospital, Philadelphia, Pennsylvania, August 29, 1983.
133. Tracheotomy: Technique and Management. Magee Rehabilitation Hospital, September 27, 1983.
134. Mechanism and Physiology of Hearing Fundamentals in Neurosciences. Jefferson Medical College, September 29, 1983.
135. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, Anaheim, CA, October 24, 1983.
136. Dizziness. Departments of Neurosurgery and Neurology. Thomas Jefferson University, November 4, 1983.
137. Care of the Voice. Philadelphia College of the Performing Arts, November 6, 1983.
138. Disequilibrium and Electronystagmography. Department of Otolaryngology, Thomas Jefferson University, November 9, 1983.
139. Evaluation and Care of the Professional Voice User (Three Hour Course). ASHA Convention, Cincinnati, OH, November 18, 1983.
140. Dedo, H.H., Feder, R.J., Sataloff, R.T., Ford, C. and Rosenfield, D.B. Laryngology, Neurology and Speech Pathology: A Working Relationship. ASHA Convention, Cincinnati, OH, November 19, 1983.
141. Laryngeal Anatomy and Physiology for Professional Singers. The Academy of Vocal Arts, Philadelphia, Pennsylvania, January 9, 1984.
142. Anatomic and Physiologic Basis of Voice Production. The Academy of Vocal Arts, Philadelphia, Pennsylvania, January 16, 1984.
143. Abnormalities of the Singing Voice. The Academy of Vocal Arts, Philadelphia, Pennsylvania, January 23, 1984.
144. Voice Disorders and Their Treatment. The Academy of Vocal Arts, Philadelphia, Pennsylvania, January 30, 1984.
145. Wilner, L. K. and Sataloff, R. T. Fundamentals of Speech Pathology. The Academy of Vocal Arts, Philadelphia, Pennsylvania, February 6, 1984.

146. Airway Management and Complications of Tracheotomy in Patients with Spinal Cord Injury. Departments of Neurology, Neurosurgery and Rehabilitation Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania, February 10, 1984.
147. Wilner, L. K. and Sataloff, R. T. Therapy of the Abnormal Speaking Voice. The Academy of Vocal Arts, Philadelphia, Pennsylvania, February 13, 1984.
148. Sataloff, R. T. and Wilner, L. K. Roles of the Laryngologist and Speech Pathologist in the Care of Professional Voice Users. The Academy of Vocal Arts, Philadelphia, Pennsylvania, February 20, 1984.
149. The Human Voice: How It Works, How It Sings and How to Keep It Healthy. Haverford College, Haverford, Pennsylvania, March 8, 1984.
150. Surgery of the Skull Base. Department of Otorhinolaryngology and Human Behavior, University of Pennsylvania, April 28, 1984.
151. The Physics of Sound. Department of Otolaryngology, Thomas Jefferson University, May 2, 1984.
152. Occupational Hearing Loss. Department of Otolaryngology, Thomas Jefferson University, May 2, 1984.
153. Noise Induced Hearing Loss and the New OSHA Noise Standard. In: Update in Occupational Medicine. Department of Medicine, Thomas Jefferson University and the Philadelphia Occupational Medicine Association, May 3, 1984.
154. Otopathology. Department of Pathology, Thomas Jefferson University, May 8, 1984.
155. Anatomy of the Ear. Department of Otolaryngology, Thomas Jefferson University, May 9, 1984.
156. Physiology of the Ear. Department of Otolaryngology, Thomas Jefferson University, May 9, 1984.
157. Surgery and Sensorineural Hearing Loss. Pennsylvania Academy of Ophthalmology and Otolaryngology, Bedford, Pennsylvania, May 25, 1984.
158. Professional Voice: The Science and Art of Clinical Care. Pennsylvania Academy of Ophthalmology and Otolaryngology, Bedford, Pennsylvania, May 25, 1984.
159. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. In: Microsurgery of the Larynx and Pediatric Laryngology. Lenox Hill Hospital, New York, New York, June 7, 1984.
160. Gould, W.J., Sataloff, R.T., Brodnitz, F.S., Thurman, L., Langness, A.P., Lamb, D., and Cooksey, J. Voice Education for Children. Thirteenth Symposium: Care of the Professional Voice, New York, New York, June 10, 1984.
161. Loudness and Projection as Related to Speech Pathology, Vocal Pedagogy, and Public Speaking: Response to Papers. Thirteenth Symposium: Care of the Professional Voice, The Juilliard School, New York, New York, June 13, 1984.
162. Panel: McFarlane, S.C., Lavorato, A.S., Timberlake, C., Raphael, B. and Sataloff, R.T. Loudness and Projection. Thirteenth Symposium: Care of the Professional Voice, The Juilliard School, New York, New York, June 13, 1984.
163. Zwillenberg, D. and Sataloff, R.T. Medicine and the Law. Department of Otolaryngology, Thomas Jefferson University, June 20, 1984.
164. Sataloff, R.T. and Zwillenberg, D. Presenting Testimony in Court. Department of Otolaryngology, Thomas Jefferson University, June 20, 1984.
165. The Physics of Sound. University of Maine, Orono, ME, July 16, 1984.
166. Causes of Hearing Loss. University of Maine, Orono, ME, July 18, 1984.
167. Anatomy of the Ear. Department of Otolaryngology, Thomas Jefferson University, August 15, 1984.
168. Audiometry: Traditional, Impedance and Brain Stem. Department of Otolaryngology, Thomas Jefferson University, August 15, 1984.
169. Auditory and Visual Evaluation of the Vocal Tract. Pan American Association of Otorhinolaryngology and Bronchoesophagology, Quebec City, Quebec, Canada, September 15, 1984.
170. von Leden, H., Lawrence, V., Sataloff, R.T. and Teresco, S. Dysphonia (Plenary Session). Pan American Association of Otorhinolaryngology and Bronchoesophagology, Quebec City, Quebec, Canada, September 15, 1984.
171. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, Head and Neck Surgery, Las Vegas, NV, September 17, 1984.
172. Evaluating the Patient with Hoarseness. American Academy of Otolaryngology - Head and Neck Surgery, Las Vegas, NV, September 19, 1984.
173. Alberti, P., Sataloff, R.T., Vaughan, C.W. and Rosenfeld, D. Management of Commonplace Hoarseness (Plenary Session). American Academy of Otolaryngology - Head and Neck Surgery, Las Vegas, NV, September 19, 1984.
174. Radical Temporal Bone Resection. The Walter P. Work Society, San Diego, CA, September 21, 1984.

175. Evaluation of Voice Disorders. New England Otolaryngologic Society Meeting, Massachusetts Eye and Ear Infirmary, Harvard University, Boston, MA, October 19, 1984.
176. Pain Syndromes of the Head and Neck. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, October 24, 1984.
177. Tracheotomy. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, November 1, 1984.
178. The Voice. Glassboro College, Glassboro, New Jersey, November 7, 1984.
179. Approaches to the Jugular Foramen, Carotid Artery and Anterior Skull Base. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, November 16, 1984.
180. Otopathology. Department of Pathology, Thomas Jefferson University, Philadelphia, Pennsylvania, November 20, 1984.
181. Postoperative Management of Acoustic Neuroma Patients. Department of Nursing, The Graduate Hospital, Philadelphia, Pennsylvania, November 19, 1984.
182. Acoustic Neuromas and Other Lesions of the Skull Base. Delaware Otolaryngologic Group, Wilmington, DE, December 17, 1984.
183. Epistaxis. Department of Emergency Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania, December 18, 1984.
184. Bastian, R., Titze, I. and Sataloff, R.T. The Singing Scientists. The National Convention of the National Association of Teachers of Singing, New Orleans, LA, December 28, 1984.
185. Common Medical Diagnoses and Treatment to Professional Singers. The National Convention of the National Association of Teachers of Singing, New Orleans, LA, December 28, 1984.
186. Panel: Appleman, D.R., Bastian, R., Bless, D., Brown, O., Gregg, J.W., Lawrence, V.L., Sataloff, R.T. and Wilder, C. Voice Training and Voice Therapy: Better to Educate than to Litigate. The National Convention of the National Association of Teachers of Singing, New Orleans, LA, December 29, 1984.
187. Anatomy of the Larynx. The Academy of Vocal Arts, Philadelphia, Pennsylvania, January 14, 1985.
188. Sataloff, R.T. and Neely, J.G. Surgery of the Skull Base. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, January 16, 1985.
189. Creation, Maintenance and Restoration of Vocal Health. 40th Annual Mid-Western Conference on School, Vocal and Instrumental Music, Ann Arbor, MI, January 18, 1985.
190. Physiology of the Vocal Tract. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 21, 1985.
191. Acoustic Neuromas. The Elwyn Institute, Philadelphia, Pennsylvania, January 22, 1985.
192. Cochlear Implants. The Elwyn Institute, Philadelphia, Pennsylvania, January 22, 1985.
193. Environmental Influences Upon The Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 28, 1985.
194. Effects of Drugs On The Voice. The Academy of Vocal Arts, Philadelphia, Pennsylvania, February 4, 1985.
195. Rulnick, R. and Sataloff, R.T. Speech Pathology and the Professional Singer. The Academy of Vocal Arts, Philadelphia, Pennsylvania, February 25, 1985.
196. Total Temporal Bone Resection for Malignancy. Tumor Board, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, March 1, 1985.
197. Common Illnesses and Treatments in Professional Singers. The Academy of Vocal Arts, Philadelphia, Pennsylvania, March 4, 1985.
198. Sataloff, R.T., Scherr, S. and Zwillenberg, D. Esophageal Injury and Neck Infections Associated with Spinal Cord Trauma," Spinal Cord Injury Team Grand Rounds, Thomas Jefferson University, Philadelphia, Pennsylvania, March 15, 1985.
199. Ossicular Reconstruction. Department of Otorhinolaryngology and Human Behavior, University of Pennsylvania, Philadelphia, Pennsylvania, March 23, 1985.
200. Total Temporal Bone Resection. Department of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania, March 28, 1985.
201. Surgery of the Skull Base. Neurosurgery Grand Rounds, Thomas Jefferson University, Philadelphia, Pennsylvania, March 29, 1985.
202. Anomalies of the Ear. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, April 3, 1985.
203. Otitis Media. Roxborough Memorial Hospital, Roxborough, Pennsylvania, April 9, 1985.
204. Speech Language Pathology and Care of the Professional Voice. Jeanes Hospital, Philadelphia, Pennsylvania, April 25, 1985.

205. Cochlear Implants. Eastern Regional Conference, The Alexander Graham Bell Association, Elwyn, Pennsylvania, May 4, 1985.
206. Cochlear Implants. The Elwyn Institute, Wilmington, DE, May 22, 1985.
207. Sataloff, R.T., Myers, D.L., Roberts, B.R. and Telian, S. Total Temporal Bone Resection for Osteogenic Sarcoma and Other Malignancies. Thirteenth World Congress of Otolaryngology, Miami, FL, May 21, 1985.
208. Sataloff, D.M. and Sataloff, R.T. Tracheotomy in Patients with Burns. Thirteenth World Congress of Otolaryngology, Miami, FL, May 21, 1985.
209. Interdisciplinary Opportunities For Creativity in Medicine (10th Class Reunion Address). Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, June 5, 1985.
210. Panel: Coleman, R., Hickson, T., Titze, I., Sataloff, R.T., Scherer, R. and Brewer, D. Parameters to be Monitored During Singing Performance. Fourteenth International Symposium: Care of the Professional Voice, Denver, CO, June 9, 1985.
211. Panel: Titze, I.R., Appleman, D.R., Bastian, R.W., Bless, D.M., Brown, O., Burgin, J., Lawrence, V.L., Miller, R., Sataloff, R.T. and Wilder, C.N. Voice Training and Voice Therapy: Education and Licensure. Fourteenth Symposium: Care of the Professional Voice, Denver, CO, June 11, 1985.
212. Sataloff, R.T. and Lawrence, V.L. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. Fourteenth Symposium: Care of the Professional Voice, Denver, CO, June 11, 1985.
213. Panel: Brewer, D.W., Brodnitz, F.S., Leanderson, R., Lawrence, V.L., Sataloff, R.T. and Wood, R.P. Medical Management of Voice Care. Fourteenth Symposium: Care of the Professional Voice, Denver, CO, June 13, 1985.
214. Surgery of the Skull Base. Department of Otorhinolaryngology and Human Behavior, University of Pennsylvania, Philadelphia, Pennsylvania, June 22, 1985.
215. The Physics of Sound. University of Maine, Orono, ME, July 15, 1985.
216. Causes of Hearing Loss. University of Maine, Orono, ME, July 18, 1985.
217. Special Audiometric Testing. University of Maine, Orono, ME, July 18, 1985.
218. Tension in Professional Singers: Clinical Diagnosis and Consequences. Third International Conference of the International Society for the Study of Tension and Performance, Princeton, New Jersey, August 2, 1985.
219. Voice Medicine. International Arts Medicine Association Symposium, Philadelphia College of Physicians, Philadelphia, Pennsylvania, September 11, 1985.
220. Practical Care of Singers and Actors. International Arts Medicine Symposium, Philadelphia College of Physicians, Philadelphia, Pennsylvania, September 11, 1985.
221. Cochlear Implants, Surgery of the Endolymphatic Sac and Approaches to the Internal Auditory Canal. Department of Otorhinolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, September 12, 1985.
222. Approaches to the Jugular Bulb and Skull Base. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, September 13, 1985.
223. Vocal Health. Opera Digest, Philadelphia Opera Company, Academy of Music, Philadelphia, Pennsylvania, September 29, 1985.
224. The Professional Voice. New Jersey State Convention, The National Association of Teachers of Singing, Princeton, New Jersey, October 6, 1985.
225. Common Diagnoses and Treatments in Professional Singers. Glassboro State College, Glassboro, New Jersey, October 16, 1985.
226. Voice Therapy. County Symposium on Speech Pathology, Montgomery County Intermediate School, Erdenhiem, Pennsylvania, October 18, 1985.
227. Osteogenic Sarcoma of the Skull Base. American Neurotologic Society, Atlanta, GA, October 19, 1985.
228. Professional Singers: The Science and Art of Clinical Care," American Academy of Otolaryngology-Head & Neck Surgery, Atlanta, GA, October 20, 1985.
229. von Leden, H., Gould, W.J., Lawrence, V.L. and Sataloff, R.T. The Actor and Singer as Patients of the Otolaryngologist. American Academy of Otolaryngology-Head & Neck Surgery, Atlanta, GA, October 23, 1985.
230. Surgical Approaches to Neoplasms of the Skull Base. Tumor Board, Thomas Jefferson University, Philadelphia, Pennsylvania, November 8, 1985.
231. Cochlear Implants. Deafness and Hearing Impairment Counsel of Southeastern Pennsylvania, Philadelphia, Pennsylvania, November 12, 1985.
232. Surgery of the Skull Base: State of the Art. Department of Otorhinolaryngology, University of Wisconsin, Madison, WI, November 15, 1985.
233. Care of the Professional Voice: The State of the Art. Departments of Otorhinolaryngology, Speech-Language-Hearing and Music, University of Wisconsin, Madison, WI, November 16, 1985.

234. Diseases of the Otic Capsule. Department of Otolaryngology, Thomas Jefferson University, December 11, 1985.
235. Surgery for Otosclerosis. Department of Otolaryngology, Thomas Jefferson University, December 11, 1985.
236. The Care of Professional Singers. Academy of Vocal Arts, The Board of Trustees and Faculty, Philadelphia, Pennsylvania, January 7, 1986.
237. Functional Anatomy of the Larynx. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 13, 1986.
238. Cochlear Implants in Children. Pennsylvania School for the Deaf, January 17, 1986.
239. Anatomy of the Vocal Tract. Academy of Vocal Arts, Philadelphia, Pennsylvania, January 27, 1986.
240. Interdisciplinary Surgery of the Skull Base. Department of Neurosurgery, The University of Pennsylvania, Philadelphia, Pennsylvania, January 30, 1986.
241. Advances in Physical Examination of Professional Voice Users. The American Laryngological, Rhinological and Otolological Society, Eastern Section Meeting, Philadelphia, Pennsylvania, January 31, 1986.
242. Environmental Factors Affecting the Singing Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, February 3, 1986.
243. Physical Examination of the Professional Singer. Academy of Vocal Arts, Philadelphia, Pennsylvania, February 24, 1986.
244. Common Diagnoses and Treatments for Professional Singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 3, 1986.
245. Voice Maintenance. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 10, 1986.
246. Otologic Emergencies. Department of Emergency Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania, March 27, 1986.
247. Laryngeal Entities Associated with Asthma. Asthma Update Symposium, Graduate Hospital, Philadelphia, Pennsylvania, April 9, 1986.
248. Skull Base Surgery - State of the Art. The College of Physicians and Surgeons, Philadelphia, Pennsylvania, April 15, 1986.
249. Feldman, M.D., Sataloff, R.T. and Epstein, G. Autologous Fibrin Tissue Adhesive for Peripheral Nerve Anastomosis. American Academy of Facial Plastic and Reconstructive Surgery, Palm Beach, Florida, May 10, 1986.
250. Medical Problems of Performing Artists. Philadelphia Occupational Medical Association, Philadelphia, Pennsylvania, May 21, 1986.
251. Sataloff, R.T. and Lawrence, V.L. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. Fifteenth Symposium: Care of the Professional Voice, New York, New York, June 4, 1986.
252. Spiegel, J.R., Sataloff, R.T. and Gould, W.J. Establishing the Safety of Collagen and Other Materials for Laryngeal Injection. Fifteenth Symposium: Care of the Professional Voice, New York, New York, June 6, 1986.
253. Stapedectomy and Ossicular Reconstruction in the 1980's. University of Texas Health Science Center, San Antonio, Texas, June 13, 1986.
254. Surgery for Vertigo. University of Texas Health Science Center, San Antonio, Texas, June 13, 1986.
255. Total Temporal Bone Resection. University of Texas Health Science Center, San Antonio, Texas, June 13, 1986.
256. The Facial Nerve: Diagnosis and Surgery. Neurosurgical Grand Rounds, Thomas Jefferson University, June 20, 1986.
257. Audiologic Physics. University of Maine, Orono, Maine, July 15, 1986.
258. Causes of Deafness. University of Maine, Orono, Maine, July 17, 1986.
259. Gould, W.J., Lawrence, V.L., and Sataloff, R.T. The Actor and Singer as Patients of the Otolaryngologists. The American Academy of Otolaryngology, San Antonio, TX, September 15, 1986.
260. The Professional Voice: The Science and Art of Clinical Care. The American Academy of Otolaryngology, San Antonio, TX, September 16, 1986.
261. Total Temporal Bone Resection for Squamous Cell Carcinoma. The American Academy of Otolaryngology, San Antonio, TX, September 16, 1986.
262. Objective Evaluation of the Voice: State of the Art. Walter P. Work Society Meeting, Horseshoe Bay, TX, September 19, 1986.
263. Facial Neuroma: A New Surgical Approach. Walter P. Work Society Meeting, Horseshoe Bay, TX, September 20, 1986.
264. Anatomy of the Larynx. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, September 29, 1986.
265. Anatomy of Physiology of the Vocal Tract. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, October 6, 1986.

266. Cochlear Implant. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, October 9, 1986.
267. Surgery of the Endolymphatic Sac. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, October 9, 1986.
268. Surgery of the Internal Auditory Canal. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, October 9, 1986.
269. Voice Medicine. Curtis Institute of Music, Philadelphia, Pennsylvania, October 11, 1986.
270. Panel: Brandfonbrener, A., Hochberg, F., Sataloff, R.T., Carol, N., Graffman, D. and Hogan, G. Music Medicine. Curtis Institute of Music, Philadelphia, Pennsylvania, October 11, 1986.
271. Environmental Factors Affecting the Voice. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, October 20, 1986.
272. Arts Medicine. Department of Emergency Medicine, Jefferson Medical College, Philadelphia, Pennsylvania, October 23, 1986.
273. Emergent Care of Professional Voice Users. Department of Emergency Medicine, Jefferson Medical College, Philadelphia, Pennsylvania, October 23, 1986.
274. Surgical Anatomy of the Ear. Department of Nursing, Jefferson Medical College, Philadelphia, Pennsylvania, October 25, 1986.
275. Stapes Surgery. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, October 25, 1986.
276. Physical Examination of the Voice. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, October 27, 1986.
277. Objective Measures of Voice. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, November 3, 1986.
278. Anatomy of the Ear. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, November 6, 1986.
279. Hearing Tests and Otologic Diagnosis. Department of Otolaryngology, Jefferson Medical College, Philadelphia, PA November 6, 1986.
280. Rulnick, R. and Sataloff, R.T. The Speaking Voice in the Professional Singer. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, November 10, 1986.
281. Common Diagnoses and Treatments in Professional Singers. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, November 17, 1986.
282. Chronic Ear Surgery. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, November 18, 1986.
283. Ossicular Reconstruction. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, November 18, 1986.
284. Stapes Mobilization and Stapedectomy. Department of Otolaryngology, Jefferson Medical College, November 19, 1986.
285. Otorhinolaryngology as a Career in the United States. Jefferson Medical College, Philadelphia, Pennsylvania, December 3, 1986.
286. Surgery of the Facial Nerve. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, December 3, 1986.
287. Care of the Professional Voice. (British) Voice Research Society, Department of Otolaryngology, Guy's Hospital, London, England, January 7, 1987.
288. Care of the Professional Voice. Southeast Thames Regional Health Authority, London, England, January 12, 1987.
289. Paragangliomas of the Temporal Bone. Grand Rounds, Departments of Neurosurgery, Neurology, Neuroradiology and Rehabilitation Medicine, Jefferson Medical College, Thomas Jefferson University, January 16, 1987.
290. Acoustic Neuromas. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, January 20, 1987.
291. Cochlear Implants. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, January 20, 1987.
292. Care of the Professional Voice. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, January 24, 1987.
293. Feldman, M.D., Sataloff, R.T., Choi, H.Y. and Ballas, S.K. Compatibility of an Autologous Fibrin Adhesive With Alloplastic and Cartilaginous Implants. Eastern Section of the Facial Plastic and Reconstructive Surgery Meeting, Boston, Massachusetts, January 29, 1987.

294. The Physics of Sound. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, February 5, 1987.
295. Occupational Hearing Loss. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, February 5, 1987.
296. Glomus Jugulare and Glomus Tympanicum Tumors. Department of Otolaryngology and Human Behavior, University of Pennsylvania, February 7, 1987.
297. Care of the Voice. Temple University School of Music, Philadelphia, Pennsylvania, April 4, 1987.
298. Ossiculoplasty. Department of Otolaryngology, University of Pennsylvania, April 11, 1987.
299. Arts-Medicine and Care of Professional Voice Users. American Occupational Medicine Association, Philadelphia, April 28, 1987.
300. Cochlear Implants: State-of-the-Art. New Jersey Speech-Language Hearing Association, Bridgewater, New Jersey, May 2, 1987.
301. The Speech-Language Pathologist's Role in Care of Professional Voice Users. New Jersey Speech-Language Hearing Association, Bridgewater, New Jersey, May 2, 1987.
302. Care of the Professional Voice: An Advanced Course for Voice Faculty. Curtis Institute of Music, Philadelphia, PA, May 8, 1987.
303. Healthful Singing. Pennsylvania Music Educators Associations, Philadelphia, May 8, 1987.
304. Trauma to the Ear, Temporal Bone and Larynx. Department of Nursing, Thomas Jefferson University, May 28, 1987.
305. Occupational Hearing Loss. American Occupational Medicine Association, Philadelphia, Pennsylvania, June 27, 1987.
306. Spiegel, J.R. and Sataloff, R.T. Respiratory Function in Singers: Medical Assessment, Diagnoses and Treatments. 16th Symposium: Care of the Professional Voice, New York, New York, June 3, 1987.
307. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. 16th Symposium: Care of the Professional Voice, New York, New York, June 3, 1987.
308. Sataloff, R.T., Spiegel, J.R., Carroll, L.M., Roberts, B.R., Darby, K.S. and Rulnick, R.K. Stroboscovideolaryngoscopy in Professional Voice Users: Results, Findings and Clinical Value. 15th Symposium: Care of the Professional Voice, New York, New York, June 4, 1987.
309. Panel: Blaugrund, S.M., Gould, W.J., Hirano, M., Ossoff, R.H., and Sataloff, R.T. Surgical Management of Voice Disorders. 16th Symposium: Care of the Professional Voice, New York, New York, June 5, 1987.
310. Scherer, R.C., Gould, W.J., Titze, I.R., Meyers, A.D. and Sataloff, R.T. Clinical Usefulness of the Glimpes Program: A Preliminary Report. 16th Symposium: Care of the Professional Voice, New York, New York, June 5, 1987.
311. Sataloff, R.T., Feldman, M., Darby, K.S., Carroll, L.M. and Spiegel, J.R. Arytenoid Dislocation. 16th Symposium: Care of the Professional Voice, New York, New York, June 5, 1987.
312. Hearing Loss and Speech-Language Impairment. Cornelia de Lange Syndrome, 8th Annual Convention of the Cornelia de Lange Syndrome Foundation, Philadelphia, Pennsylvania, June 20, 1987.
313. Audiologic Physics. 35th Annual Institute in Occupational Hearing Loss, University of Maine, Orono, Maine, July 13, 1987.
314. Tinnitus and Vertigo. 35th Annual Institute in Occupational Hearing Loss, University of Maine, Orono, Maine, July 14, 1987.
315. Causes of Deafness, and Special Audiometric Testing. 35th Annual Institute in Occupational Hearing Loss, University of Maine, Orono, Maine, July 15, 1987.
316. Anatomy of the Ear. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, August 29, 1987.
317. Diagnosis and Treatment of Otologic Disorders. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, August 29, 1987.
318. von Leden, H., Brodnitz, F., Gould, W.J., Lawrence, V. and Sataloff, R.T. The Actor and Singer as patients of the Otolaryngologist. The American Academy of Otolaryngology, Chicago, Illinois, September 20, 1987.
319. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, Chicago, Illinois, September 21, 1987.
320. Approaches to the Internal Auditory Canal and Skull Base. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, October 9, 1987.
321. Ossicular Reconstruction. Department of Otolaryngology and Human Behavior, University of Pennsylvania, November 6, 1987.

322. Otolaryngology-The-State-of-the-Art. Solomon Solis-Cohen Medical Literary Society, Philadelphia, Pennsylvania, November 9, 1987.
323. Anatomy and Physiology of the Vocal Tract. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, October 29, 1987.
324. Factors that Influence the Growth and Development of the Voice. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, November 12, 1987.
325. Common Diagnoses and Treatments in Professional Singers. Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, November 19, 1987.
326. Cochlear Implants in Children. Jewish Family and Children's Services Agency, Philadelphia, Pennsylvania, November 19, 1987.
327. Music Medicine: Treatment and Prevention of Medical Problems for Performing Musicians. 64th Annual Meeting of the National Association of Schools of Music, Boston, MA, November 24, 1987.
328. Occupational Hearing Loss. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, December 16, 1987.
329. Giving Testimony in Court. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, December 16, 1987.
330. Care of the Professional Voice. National Association of Teachers of Singing, San Antonio, Texas, December 29, 1987.
331. Occupational Hearing Loss. University of Texas Health Science Center, San Antonio, Texas, December 29, 1987.
332. Singing Broadway and Popular Music Without Hurting Your Voice. The New York Singing Teachers Association, New York, New York, January 17, 1988.
333. Techniques in Surgery of the Skull Base. Department of Otorhinolaryngology, University of Pennsylvania, Philadelphia, Pennsylvania, February 13, 1988.
334. Physiology of Phonation. Manhattan Eye & Ear Infirmary, New York, New York, March 3, 1988.
335. Management of the Professional Voice. Manhattan Eye & Ear Infirmary, March 3, 1988.
336. The History of Physical Examination of Professional Voice Users. In: Medical Problems of Performing Artists. The Cleveland Clinic, Cleveland, Ohio, March 18, 1988.
337. The Development of Young Voices. In: Medical Problems of Performing Artists. The Cleveland Clinic, Cleveland, Ohio, March 19, 1988.
338. Clinical Value of Stroboscopy for the General Otolaryngologist. The First Asian-American Seminar in Otolaryngology, Hong Kong, March 30, 1988.
339. Professional Voice: The Science and Art of Clinical Care. The Pennsylvania Speech-Hearing Association, Harrisburg, Pennsylvania, April 15, 1988.
340. Otolaryngology in 1988. American College of Surgeons of Philadelphia, Metropolitan Chapter Meeting, Philadelphia, Pennsylvania, June 4, 1988.
341. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. 17th Annual Symposium: Care of the Professional Voice, New York, New York, June 8, 1988.
342. Panel: Medical Problems of the Voice. 17th Annual Symposium: Care of the Professional Voice, New York, New York, June 10, 1988.
343. Care of Professional Singers and Actors. Pennsylvania Academy of Ophthalmology and Otolaryngology, Hershey, Pennsylvania, June 11, 1988.
344. Cochlear Implants. Pennsylvania School for the Deaf, Philadelphia, Pennsylvania, June 13, 1988.
345. CO2 Laser Surgery in Otolaryngology. The Graduate Hospital, Philadelphia, Pennsylvania, June 18, 1988.
346. Care of the Professional Voice. The First Maine Voice Symposium, National Association of Teachers of Singing, University of Southern Maine, Orono, Maine, July 9, 1988.
347. The Physics of Sound. University of Maine, Orono, Maine, July 11, 1988.
348. Causes of Hearing Loss, and Advanced Auditory Testing. University of Maine, Orono, Maine, July 13, 1988.
349. The Speech-Language Pathologist and the Professional Singer. Department of Speech and Hearing, University of Maine, Orono, Maine, July 13, 1988.
350. Objective Evaluation of the Voice. The Sixth Annual Symposium on Medical Problems of Musicians and Dancers, Aspen, CO, July 30, 1988.
351. Dakatoni, J. and Sataloff, R.T. Master Class for Opera Singers. The Sixth Annual Symposium on Medical Problems of Musicians and Dancers, Aspen, CO, July 31, 1988.

352. von Leden, H., Gould, W.J., Lawrence, V.L. and Sataloff, R.T. The Actor and Singer as Patients of the Laryngologist. American Academy of Otolaryngology-Head and Neck Surgery, Washington, D.C., September 26, 1988.
353. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology-Head and Neck Surgery, Washington, D.C., September 27, 1988.
354. von Leden, H., Sataloff, R.T., Gates, G.A., Starr, A.H. and Ward, P.H. The Larynx and the Law. American Academy of Otolaryngology-Head and Neck Surgery, Washington, D.C., September 28, 1988.
355. Vocal Nodules. American Academy of Otolaryngology-Head and Neck Surgery, Washington, D.C., September 28, 1988.
356. Diagnosis and Treatment of Arytenoid Dislocation. The Walter P. Work Society, Hamilton, Bermuda, October 1, 1988.
357. Extensive Skull Base Meningioma. Tumor Board, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1988.
358. Care of the Professional Voice. Delaware Medical Society, Wilmington, DE, October 15, 1988.
359. Use of Microscopes. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 17, 1988.
360. Middle Fossa Surgery of the Ear. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 17, 1988.
361. Anatomy of the Ear. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 17, 1988.
362. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 17, 1988.
363. Use and Care of Temporal Bone Laboratory Equipment. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 17, 1988.
364. Chronic Ear Surgery. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 18, 1988.
365. Surgery of the Facial Nerve. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 18, 1988.
366. Surgery for Vertigo. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 19, 1988.
367. Acoustic Neuromas. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 19, 1988.
368. Glomus Tumors. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 19, 1988.
369. Otosclerosis and Stapedectomy. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 20, 1988.
370. Ossicular Chain Reconstruction. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 20, 1988.
371. Cochlear Implants. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 20, 1988.
372. Skull Base Surgery: Extended Approaches. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, October 21, 1988.
373. Tinnitus Research. First Regional Conference on Tinnitus, Philadelphia, Pennsylvania, October 22, 1988.
374. Karnell, M.P., Sataloff, R.T., Colton, R.H. and Bless, D. Advanced Application of Imaging Techniques for Clinical Assessment of Voice. ASHA Annual Convention, Boston, Massachusetts, November 20, 1988.
375. Anatomy and Physiology of Voice. The Academy of Vocal Arts and the Curtis Institute of Music, Philadelphia, Pennsylvania, November 22, 1988.
376. Important Historical Information in Professional Voice Users. The Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, December 6, 1988.
377. Common Diagnoses and Treatments in Professional Singers. The Academy of Vocal Arts and Curtis Institute of Music, Philadelphia, Pennsylvania, December 6, 1988.
378. Care of the Professional Voice. Millikin University, Decatur, Illinois, January 20-21, 1989.
379. Sataloff, R.T. and Rulnick, R.K. Considerations in the Treatment of Acquired Speech-Language and Voice Disorders in Adults. Speech-Language-Hearing Association, Philadelphia, Pennsylvania, February 28, 1989.

380. Embryology of the Facial Nerve and Its Clinical Application (Fowler Award Presentation). The Triological Society, San Francisco, California, April 5, 1989.
381. Surgery of the Skull Base. Department of Otolaryngology and Human Behavior, University of Pennsylvania, Philadelphia, Pennsylvania, May 6, 1989.
382. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. The Eighteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 8, 1989.
383. Mayer, D.P., Sataloff, R.T., Brooks, M.L. and Spiegel, J.R. Laryngeal Imaging: The State-of-the-Art. The Eighteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 1989.
384. Spiegel, J.R., Sataloff, R.T. and Hawkshaw, M.J. Plastic Surgery in Professional Voice Users: Special Considerations. The Eighteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 1989.
385. Sataloff, R.T., Gould, W.J., Hirano, M., Lowry, L.D. and Spiegel, J.R. Diagnosis and Treatment of Benign Vocal Fold Masses. The Eighteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 1989.
386. Causes of Hearing Loss. University of Maine, Orono, Maine, July 17, 1989.
387. The Physics of Sound. University of Maine, Orono, Maine, July 17, 1989.
388. Diagnosis and Treatment of Tinnitus. University of Maine, Orono, Maine, July 17, 1989.
389. Diagnosis and Treatment of Vertigo. University of Maine, Orono, Maine, July 17, 1989.
390. Gould, W.J., Sataloff, R.T. and Raphael, B. Public Speaking. American Academy of Otolaryngology, New Orleans, Louisiana, September 24, 1989.
391. von Leden, H., Gould, W.J. and Sataloff, R.T. Actors and Singers as Patients of the Otolaryngologist. American Academy of Otolaryngology, New Orleans, Louisiana, September 26, 1989.
392. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, New Orleans, Louisiana, September 27, 1989.
393. Dizziness: Assessment with Posturography. Department of Physical Medicine & Rehabilitation, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 1989.
394. Use of Microscopes. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 16, 1989.
395. Use of Laboratory and Care of Equipment. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 16, 1989.
396. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 16, 1989.
397. Anatomy of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 16, 1989.
398. Middle Fossa Surgery of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 16, 1989.
399. Surgery of the Facial Nerve. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 17, 1989.
400. Surgery for Vertigo. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 18, 1989.
401. Acoustic Neuromas. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 18, 1989.
402. Glomus Tumors. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 18, 1989.
403. Otosclerosis and Stapedectomy. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 1989.
404. Ossicular Reconstruction. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 1989.
405. Cochlear Implants. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 1989.
406. Skull Base Surgery: Extended Approaches. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 1989.
407. Malignancies of the Temporal Bone. Department of Otolaryngology, Hershey Medical Center, Pennsylvania State University, Hershey, Pennsylvania, March 15, 1990.

408. Advances in Physical Diagnosis of the Voice. Department of Otolaryngology, Hershey Medical Center, Pennsylvania State University, Hershey, Pennsylvania, March 16, 1990.
409. Evaluation and Treatment of the Professional Voice User. Voice Symposium 1990, Red Deer College, Red Deer, Alberta, Canada, March 22, 1990.
410. Morrison, M., Pullen, B., Rammage, L., Rodenburg, P. and Sataloff, R.T. The Multidisciplinary Voice Clinic. Voice Symposium 1990, Red Deer College, Red Deer, Alberta, Canada, March 23, 1990.
411. Causes of Hearing Loss. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, March 26, 1990.
412. The Physics of Sound. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, March 26, 1990.
413. Stroboscopy. Minnesota Academy of Otolaryngology, Minneapolis, Minnesota, April 6, 1990.
414. Advanced Techniques in Diagnosis of Voice Disorders. Hennepin County Hospital, Minneapolis, Minnesota, April 7, 1990.
415. Clinical Evaluation of the Professional Voice. First Scandinavian Seminar on Phonosurgery, Stockholm Sweden, May 28, 1990.
416. Fritzell, B., Sataloff, R.T., Leanderson, R. and Elliot, N. Care of the Professional Voice. First Scandinavian Seminar on Phonosurgery, Stockholm Sweden, May 28, 1990.
417. Hollien, H., Izdebski, K., Rubin, L., Sataloff, R.T. and Titze, I. Nineteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 5, 1990.
418. Evaluation and Treatment of Professional Singers: An Overview for Laryngologists. Special Session, Nineteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 6, 1990.
419. Sataloff, R.T., Spiegel, J.R., Darby, K.S., Rulnick, R.K. and Carroll, L.M. Team Care of the Professional Voice. Nineteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 7, 1990.
420. Spiegel, J.R., Sataloff, R.T., Hawkshaw, M.J., Darby, K.S., Rulnick, R.K. and Carroll, L.M. Vocal Fold Hemorrhage: Diagnosis and Clinical Implications. Nineteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 7, 1990.
421. Panel: Sataloff, R.T., Carpenter, B., Castell, D., Cohn, J., Mandel, S. and Turner, J. Non-Otolaryngologic Evaluation of Voice Disorders. Nineteenth Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 8, 1990.
422. An Overview of Vocal Problems. Music Teachers National Association, Cincinnati, Ohio, June 30, 1990.
423. Common Diagnoses and Treatments in Singers. Music Teachers National Association, Cincinnati, Ohio, June 30, 1990.
424. Panel: Brandfonbrener, A.G., Lederman, R.J., Pruett, K.D., Sahrman, S.A. and Sataloff, R.T. Medical Problems of Performing Artists. Music Teachers National Association, Cincinnati, Ohio, July 1, 1990.
425. Audiologic Physics. University of Maine, Orono, Maine, July 9, 1990.
426. Causes of Hearing Loss. University of Maine, Orono, Maine, July 9, 1990.
427. Special Audiology Tests. University of Maine, Orono, Maine, July 10, 1990.
428. Tinnitus. University of Maine, Orono, Maine, July 10, 1990.
429. The Professional Voice: The Science and Art of Clinical Care. American Academy of Otolaryngology, San Diego, California, September 9, 1990.
430. Gould, W.J., Sataloff, R.T. and Raphael, B.N. Public Speaking. American Academy of Otolaryngology, San Diego, California, September 10, 1990.
431. Sataloff, R.T. and Bless, D.M. Stroboscopy. American Academy of Otolaryngology, San Diego, California, September 10, 1990.
432. Diagnosis of Voice Disorders. American Academy of Otolaryngology, San Diego, California, September 12, 1990.
433. Sataloff, R.T. and Hawkshaw, M.J. Anatomy and Surgery of the Ear. Society of Otolaryngology-Head and Neck Surgery Nurses, San Diego, California, September 12, 1990.
434. The Clinical Voice Laboratory. The Walter P. Work Society, San Diego, California, September 14, 1990.
435. Vocal Aging: Medical Considerations of Professional Voice Users. Pacific Voice Conference, San Francisco, California, October 6, 1990.
436. Use of Microscopes. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1990.
437. Use of Laboratory and Care of Equipment. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1990.

438. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1990.
439. Anatomy of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1990.
440. Middle Fossa Surgery of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1990.
441. Surgery of the Facial Nerve. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 9, 1990.
442. Surgery for Vertigo. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1990.
443. Acoustic Neuromas. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1990.
444. Glomus Tumors. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1990.
445. Otosclerosis and Stapedectomy. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1990.
446. Ossicular Reconstruction. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1990.
447. Cochlear Implants. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1990.
448. Skull Base Surgery: Extended Approaches. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 12, 1990.
449. Physics of Sound. Otology Lecture Series, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 17, 1990.
450. Anatomy of the Voice. Academy of Vocal Arts and the Curtis Institute of Music, Philadelphia, Pennsylvania, October 23, 1990.
451. Sensorineural Hearing Loss and Tinnitus: Evaluation and Treatment. Otology Lecture Series, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 31, 1990.
452. Evaluation of Vocal Problems. Academy of Vocal Arts and the Curtis Institute of Music, Philadelphia, Pennsylvania, November 1, 1990.
453. Common Diagnoses and Treatments of Voice Disorders. Academy of Vocal Arts and the Curtis Institute of Music, Philadelphia, Pennsylvania, November 8, 1990.
454. Brainstem Evoked Response Audiometry. Otology Lecture Series, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 21, 1990.
455. Medical and Surgical Management of Chronic Otitis Media. Otology Lecture Series, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 28, 1990.
456. Evaluation and Treatment of Acoustic Neuromas. Otology Lecture Series, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, December 5, 1990.
457. Cochlear Implants. Otology Lecture Series, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, December 5, 1990.
458. Care of the Professional Voice: The History. Department of Otolaryngology, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, December 6, 1990.
459. Diagnosis and Treatment of Voice Disorders: State of the Art. Grand Rounds, Georgetown University, Washington, DC, January 3, 1991.
460. Diagnosis and Treatment of Voice Disorders. Chester County Hospital, West Chester, Pennsylvania., CME Conference on Care of the Professional Voice, January 25, 1991.
461. Male Soprano Voice: A Rare Complication of Thyroidectomy. Eastern Section Triological Meeting, Philadelphia, Pennsylvania, February 1, 1991.
462. History and Physical Examination of Professional Voice Users: The Need for Objective Measures. 3rd Annual Stroboscopy and Other Advanced Techniques for Voice Analysis, Scottsdale, Arizona, March 15, 1991.
463. Sataloff, R.T. and Bless, D.M. Introduction to Interpretation of Stroboscopy Images. 3rd Annual Stroboscopy and Other Advanced Techniques for Voice Analysis, Scottsdale, Arizona, March 15, 1991.

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488. Hearing Loss in Musicians. 9th Annual Symposium on Medical Problems of Musicians and Dancers, Aspen, Colorado, August 2, 1991.
489. Panel: Care of the Voice. 9th Annual Symposium on Medical Problems of Musicians and Dancers, Aspen, Colorado, August 3, 1991.
490. Rhew, K., Sataloff, R.T., Ford, C., Ludlow, C. and Scheib, D. Treatment of Voice Disorders: Non-Surgical Methods. The American Academy of Otolaryngology, Kansas City, Missouri, September 21-26, 1991.
491. Crumley, R., Ford, C., Hirano, M., Rhew, K., Sataloff, R.T. and Cornut, G. Treatment of Voice Disorders: Surgical Methods. The American Academy of Otolaryngology, Kansas City, Missouri, September 21-26, 1991.
492. Gould, W.J., Sataloff, R.T. and Raphael, B. Public Speaking for the Physician. American Academy of Otolaryngology, Kansas City, Missouri, September 23, 1991.
493. von Leden, H., Gould, W.J., Sataloff, R.T. and Feder, R. The Actor and Singer as Patients of the Otolaryngologist. American Academy of Otolaryngology, Kansas City, Missouri, September 24, 1991.
494. Laser Surgery of the Larynx: The Case for Caution. American Academy of Otolaryngology, Kansas City, Missouri, September 24, 1991.
495. Alford, E., Lowry, L.D. and Sataloff, R.T. New Approach to Giant Cysts of the Petrous Apex. Walter P. Work Society Meeting, Ipsilanti, MI, September 27, 1991.
496. Spiegel, J.R. and Sataloff, R.T. Treatment of Ethmoid Carcinoma by Craniofacial Resection. Walter P. Work Society Meeting, Ipsilanti, MI, September 27, 1991.
497. Use of Microscopes. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1991.
498. Use of Laboratory and Care of Equipment. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1991.
499. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1991.
500. Anatomy of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1991.
501. Middle Fossa Surgery of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1991.
502. Surgery of the Facial Nerve. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1991.
503. Surgery for Vertigo. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 9, 1991.
504. Acoustic Neuromas. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 9, 1991.
505. Glomus Tumors. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 9, 1991.
506. Otosclerosis and Stapedectomy. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1991.
507. Ossicular Reconstruction. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1991.
508. Cochlear Implants. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1991.
509. Skull Base Surgery: Extended Approaches. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1991.
510. The Impact of Pollution on the Voice. The National Institute on Deafness and Other Communication Disorders, Bethesda, Maryland, December 16, 1991.
511. Multi-disciplinary Assessment and Treatment of Professional Voice Disorders: The Scope of the Problem. University of Chicago, Chicago, IL, October 25, 1991.
512. The Elements of the Case History as a Diagnostic Tool. University of Chicago, Chicago, IL, October 25, 1991.
513. The Voice Laboratory: Implications in the Surgical Process. University of Chicago, Chicago, IL, October 25, 1991.
514. Panel: Karnell, M., Bastian, R., Sataloff, R.T., Bless, D., Sundberg, J. and Loeding, R. Multidisciplinary Diagnostic Models. University of Chicago, Chicago, IL, October 25, 1991.
515. Panel: Bless, D., Karnell, M., Combs, R., Bastian, R. and Sataloff, R.T. Hyperfunctional Disorders/Vocal Fold Growths. University of Chicago, Chicago, IL, October 26, 1991.

516. Singing Training for the Injured Voice. University of Chicago, Chicago, IL, October 26, 1991.
517. Panel: Karnell, M., Bless, D., Sataloff, R. and Ford, C. Neurolaryngological/hypofunctional Disorders. University of Chicago, Chicago, IL, October 26, 1991.
518. Tonsillitis/Adenoiditis, Spasmodic Dysphonia Reflux, Anxiety. University of Chicago, Chicago, IL, October 26, 1991.
519. Common and Emergent Diagnoses and Treatments in Professional Voice Users. University of Chicago, Chicago, IL, October 26, 1991.
520. Panel: Corey, J., Ford, C., Sataloff, R.T. and Bastian, R. Medical Disorders/Treatment, University of Chicago, Chicago, IL, October 26, 1991.
521. Panel: Tammen, B., Sataloff, R., Combs, R., Schultze, A. and Furlano, D. Optimizing Vocal Function, University of Chicago, Chicago, IL, October 26, 1991.
522. Hearing Loss in Musicians. Symposium on "Playing (Less) Hurt", University of South Florida, San Key, Florida, March, 1, 1992.
523. Respiratory Problems in Wind Instrumentalists and Singers. University of South Florida, San Key, Florida, March 1, 1992.
524. Care of Professional Singers and Actors. University of South Florida, San Key, Florida, March 2, 1992.
525. Gastroesophageal Reflux Laryngitis. Division of Gastroenterology, Department of Medicine, The Graduate Hospital, Philadelphia, Pennsylvania, March 3, 1992.
526. Evaluation and Treatment of Dizziness. Neurosurgery/Neurology Grand Rounds, Thomas Jefferson University, Philadelphia, Pennsylvania, March 20, 1992.
527. Anatomy and Surgery of the Temporal Bone. Department of Neurosurgery, Thomas Jefferson University, Philadelphia, Pennsylvania, March 21, 1992.
528. Physical Examination of Professional Voice Users: Current Concepts. Europaisches Stimminstitut, Bad Boll, Germany, March 28, 1992.
529. Common Diagnoses and Treatments in Professional Voice Users. Europaisches Stimminstitut Bad Boll, Germany, March 29, 1992.
530. Care of the Professional Voice. New Jersey College of Medicine and Dentistry, Newark, New Jersey, April 8, 1992.
531. Care and Development of the Voice. University of Michigan Club, Philadelphia, Pennsylvania, April 8, 1992.
532. Audiometric Technician Training and Certification. The American Audiological Association, Nashville, Tennessee, April 10, 1992.
533. Common Diagnoses and Treatments in Voice Patients. New England Otolaryngological Society, Harvard University, Boston, MA, April 24, 1992.
534. Voice Surgery. New England Otolaryngological Society, Harvard University, Boston, MA, April 24, 1992.
535. The Clinical Value of Stroboscopy. New England Otolaryngological Society, Harvard University, Boston, MA, April 24, 1992.
536. Physical Examination of the Voice: State-of-the-Art. Manhattan Eye and Ear Infirmary, New York, New York, April 30, 1992.
537. Causes, Diagnoses and Treatment of Sensorineural Hearing Loss. New Jersey Speech-Language-Hearing Association, Newark, New Jersey, May 1, 1992.
538. Cochlear Implants in Children. Pennsylvania School for the Deaf, Philadelphia, Pennsylvania, May 11, 1992.
539. Common Diagnoses and Treatments in Professional Voice Users. Georgetown University, Washington, DC, May 21, 1992.
540. Voice Surgery. Department of Otolaryngology, University of Pittsburgh, Pittsburgh, Pennsylvania, June 1, 1992.
541. Treating Professional Singers. Department of Otolaryngology, University of Pittsburgh, Pittsburgh, Pennsylvania, June 2, 1992.
542. Acoustic Neuromas. Department of Neurosurgery (Grand Rounds), Thomas Jefferson University, Philadelphia, Pennsylvania, June 5, 1992.
543. Anatomy and Physiology of Phonation. Department of Otorhinolaryngology and Human Communications, University of Pennsylvania, Philadelphia, Pennsylvania, June 10, 1992.
544. Basic Anatomy, Physiology and Acoustics of the Voice (Special Session). 21st Annual Symposium: Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 15, 1992.
545. Medical Evaluation and Treatment of Professional Singers: An Overview. 21st Annual Symposium: Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 18, 1992.

546. Panel Moderator: Management of Complications in Surgery. 21st Annual Symposium: Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 18, 1992.
547. Marchant, F.E. and Sataloff, R.T. The Role for Radical Mastoidectomy in Contemporary Otologic Surgery. Pennsylvania Academy of Otolaryngology-Head and Neck Surgery, Hershey, Pennsylvania, June 19, 1992.
548. Fucci, M.J. and Sataloff, R.T. Otosyphillis. Pennsylvania Academy of Otolaryngology-Head and Neck Surgery, Hershey, Pennsylvania, June 19, 1992.
549. Silver, H. and Sataloff, R.T. Uncommon Initial Manifestations of Acoustic Neuromas (Vestibular Schwannoma). Pennsylvania Academy of Otolaryngology-Head and Neck Surgery, Hershey, Pennsylvania, June 19, 1992.
550. Fucci, M.J. and Sataloff, R.T. Vestibular Nerve Section for the Treatment of Vertigo. Pennsylvania Academy of Otolaryngology-Head and Neck Surgery, Hershey, Pennsylvania, June 19, 1992.
551. The Need for Objective Measures of Voice Function. Stroboscopy and Other Advances Techniques for Voice Analysis, Philadelphia, Pennsylvania, June 21, 1992.
552. Interpretation of Stroboscopy Images. Stroboscopy and Other Advanced Techniques for Voice Analysis, Philadelphia, Pennsylvania, June 21, 1992.
553. Medical Care of Professional Singers. National Convention, NATS, Boston, MA, July 3, 1992.
554. The Physics of Sound. Federal Employers Liability Act (FELA), University of Maine, Orono, Maine, July 8, 1992.
555. Tinnitus and Occupational Hearing Loss. Federal Employers Liability Act (FELA), University of Maine, Orono, Maine, July 9, 1992.
556. Tape Simulation of Hearing Loss. Federal Employers Liability Act (FELA), University of Maine, Orono, Maine, July 9, 1992.
557. Cancers of the Temporal Bone. Michigan Oto-Laryngological Society, Travers City, Michigan, July 17, 1992.
558. Common Diagnoses and Treatment of Disorders of Professional Voice Users. Michigan Oto-Laryngological Society, Travers City, Michigan, July 18, 1992.
559. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, Washington, D.C., September 13, 1992.
560. The Role of Voice Therapy in Management of Unilateral Vocal Fold Paralysis. American Academy of Otolaryngology, Washington, D.C., September 14, 1992.
561. Gould, W.J. and Sataloff, R.T. Public Speaking. American Academy of Otolaryngology, Washington, D.C., September 14, 1992.
562. Fucci, M. and Sataloff, R.T. Vestibular Nerve Section. Walter P. Work Society, Williamsburg, VA, September 18, 1992.
563. Frattali, M.A. and Sataloff, R.T. Far-Advanced Otosclerosis, Walter P. Work Society, Williamsburg, VA, September 18, 1992.
564. Physics of Sound. Department of Otolaryngology, Thomas Jefferson University, October 18, 1992.
565. Diagnosis and Management of Tinnitus. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, November 25, 1992.
566. Evolution of Skull Base Surgery. Department of Otolaryngology, Jefferson Medical College, Philadelphia, Pennsylvania, November 25, 1992.
567. Occupational Hearing Loss. Department of Environmental Medicine, Mt. Sinai School of Medicine, New York, New York, January 22, 1993.
568. The Evolution of Skull Base Surgery. Department of Neurology and Neurosurgery, Jefferson Medical College, Thomas Jefferson University, February 5, 1993.
569. The Evaluation of Sensorineural Hearing Loss. Department of Radiology, Jefferson Medical College, Thomas Jefferson University, February 9, 1993.
570. Surgery of the Skull Base. Department of Surgery, The Graduate Hospital, February 13, 1993.
571. Medical Problems of the Cantorial Voice. The Cantor's Assembly Convention, Philadelphia, Pennsylvania, May 10, 1993.
572. Professional Voice Disorders: History and Physical Examination. Asociación Medica de Puerto Rico, Dorado, Puerto Rico, May 21, 1993.
573. Diagnosis and Treatment of Professional Voice Disorders. Asociación Medica de Puerto Rico, Dorado, Puerto Rico, May 22, 1993.
574. Surgery of the Voice. Department of Otolaryngology, Georgetown University, Washington, DC, May 27, 1993.
75. Causes of Hearing Loss. Annual Institute on Occupational Injuries Under FELA, University of Maine, Orono, Maine, June 2, 1993.

576. The Physics of Sound. Annual Institute on Occupational Injuries Under FELA, University of Maine, Orono, Maine, June 2, 1993.
577. Industrial Dizziness. Annual Institute on Occupational Injuries Under FELA, University of Maine, Orono, Maine, June 3, 1993.
578. Sataloff, R.T. and Hoit, J.D. Basic Anatomy, Physiology and Acoustics of the Voice. The Voice Foundation's 22nd Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 7, 1993.
579. Medical Evaluation and Treatment of Professional Singers: An Overview. The Voice Foundation's 22nd Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 10, 1993.
580. Goldfarb, D., Heuer, R.J., Frattali, M.A. and Sataloff, R.T. Acoustic Comparison of Three Microphones Used for Objective Voice Analysis: Is More Expensive Better? The Voice Foundation's 22nd Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 11, 1993.
581. Bough, I.D., Heuer, R.J., Hills, J. and Sataloff, R.T. Intrasubject Variability in Objective Voice Analysis. The Voice Foundation's 22nd Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 11, 1993.
582. Anatomy and Physiology of Phonation. Department of Otorhinolaryngology and Human Behavior, University of Pennsylvania, Philadelphia, Pennsylvania, June 23, 1993.
583. Anatomy and Physiology of Phonation. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, June 23, 1993.
584. Taking a History in Professional Voice Users. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, June 23, 1993.
585. Voice Surgery: An Overview. Pennsylvania Academy of Otolaryngology, State College, State College, Pennsylvania, June 26, 1993.
586. Physical Examination of Professional Voice Users. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, June 26, 1993.
587. Common Diagnoses and Treatments in Professional Voice Users. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, June 26, 1993.
588. Sataloff, R.T., Kinsbourne, M. and Pike, B.F. The effects of medications on patients with speech, language and voice disorders. National 2-Hour Teleseminar, The American Speech-Language-Hearing Association, July 23, 1993.
589. The Contributions of Voice Science to Voice Care. Stockholm Music Acoustics Conference, Stockholm Sweden, July 28, 1993.
590. Gould, W.J., Sataloff, R.T., Riley, W. and Carroll, L.M. Public Speaking for Physicians. AAO-HNS, Minneapolis, MN, October 3, 1993.
591. von Leden, H., Gould, W.J., Sataloff, R.T. and Riley, W. The Actor and Singer as Patients of the Otolaryngologist. AAO-HNS, Minneapolis, MN, October 4, 1993.
592. Professional Singers: The Science and Art of Clinical Care. AAO-HNS, Minneapolis, MN, October 5, 1993.
593. Spiegel, J.R., Sataloff, R.T. and Rosen, D.C. Prolonged Ulcerative Laryngitis. Walter P. Work Society Meeting, Chicago, IL, October 8, 1993.
594. Use of Microscopes. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 27, 1993.
595. Use of Laboratory and Care of Equipment. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 27, 1993.
596. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 27, 1993.
597. Anatomy of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 27, 1993.
598. Middle Fossa Surgery of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 27, 1993.
599. Surgery of the Facial Nerve. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 28, 1993.
600. Diagnosis and Treatment of Organic and Functional Dizziness. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 28, 1993.
601. Surgery for Vertigo: Techniques and Practice. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 28, 1993.

602. Acoustic Neuromas. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 29, 1993.
603. Glomus Tumors. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 29, 1993.
604. Otosclerosis and Stapedectomy. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 30, 1993.
605. Ossicular Reconstruction. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 30, 1993.
606. Cochlear Implants. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 30, 1993.
607. Skull Base Surgery: Extended Approaches. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 31, 1993.
608. Clinically Relevant Anatomy and Physiology of Phonation. University of Maryland, Baltimore, Maryland, November 13, 1993.
609. Professional Voice Users: The History. University of Maryland, Baltimore, Maryland, November 13, 1993.
610. Physical Examination of Patients with Voice Disorders. University of Maryland, Baltimore, Maryland, November 13, 1993.
611. Clinical Voice Laboratory and Stroboscopy. University of Maryland, Baltimore, Maryland, November 13, 1993.
612. Voice Dysfunction: Common Diagnoses and Medical Treatments. University of Maryland, Baltimore, Maryland, November 13, 1993.
613. Voice Surgery. University of Maryland, Baltimore, Maryland, November 13, 1993.
614. Arts Medicine: An Overview. University of Maryland, Baltimore, Maryland, November 13, 1993.
615. Anatomy and Physiology of Phonation, and Management of Common Voice Disorders, Department of Music, Rowan College, Glassboro, New Jersey (delivered in Philadelphia, Pennsylvania), May 13, 1994.
616. The Evolution of Modern Skull Base Surgery. Kentucky Society of Otolaryngology-Head and Neck Surgery, Spring Meeting Lake Cumberland, Kentucky, June 3, 1994.
617. Clinically Relevant Anatomy and Physiology of Phonation. Kentucky Society of Otolaryngology-Head and Neck Surgery, Spring Meeting Lake Cumberland, Kentucky, June 4, 1994.
618. Common Diagnoses and Treatments in Professional Voice Users. Kentucky Society of Otolaryngology-Head and Neck Surgery, Spring Meeting Lake Cumberland, Kentucky, June 4, 1994.
619. Sataloff, R.T. and Sundberg. Basic Anatomy, Physiology and Acoustics of the Voice. The Voice Foundation 23rd Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 6, 1994.
620. Spiegel, J.R., Mandel, S., Sataloff, R.T., Baroody, M., Emerich, K., Heuer, R. and Rulnick, R. Laryngeal Electromyography: Clinical Usefulness in Multiple Voice Disorders. The Voice Foundation 23rd Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 6, 1994.
621. Panel: Sataloff, R.T., Clemente, M.P., Sessions, R., Spiegel, J.R., Stasney, C.R., Tucker, H. and Vaughan, C. Challenging Cases in Voice Surgery. The Voice Foundation 23rd Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 6, 1994.
622. Sataloff, R.T. and Spiegel, J.R. Laryngeal Mini-flap: A New Technique and Reassessment of the Microflap Saga. The Voice Foundation 23rd Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 6, 1994.
623. Bough, I.D., Sataloff, R.T. and Spiegel, J.R. Arytenoid Dislocation: Diagnosis and Treatment. The Voice Foundation 23rd Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 6, 1994.
624. Frattali, M.A., Sataloff, R.T. and Myers, D.L. Intracranial Facial Neuromas: Total Tumor Removal with Facial Nerve Preservation. PAO-HNS, State College, Pennsylvania, June 24-26, 1994.
625. Voice Disorders in Professional Singers. American Conference of Cantors, Baltimore, Maryland, June 27, 1994.
626. Evaluation and Treatment of Organic & Non-Organic Dizziness. Magee Rehabilitation Hospital, Philadelphia, Pennsylvania, July 1, 1994.
627. Benign Vocal Fold Lesions: Pathology and Natural History. Third Biennial Phonosurgery Symposium, University of Wisconsin, Madison, WI, July 16, 1994.
628. The Phonosurgical Approach in Professional Voice Users. Third Biennial Phonosurgery Symposium, University of Wisconsin, Madison, WI, July 17, 1994.

629. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, San Diego, CA, September 18, 1994.
630. Dizziness: Organic or Not?. American Academy of Otolaryngology, San Diego, CA, September 19, 1994.
631. Sataloff, R.T., Korovin, G., Riley, W. and Carroll, L. Public Speaking. American Academy of Otolaryngology, San Diego, CA, September 19, 1994.
632. von Leden, H., Sataloff, R.T., Alessi, D. and Riley, W. The Actor and Singer as Patients of the Otolaryngologist. American Academy of Otolaryngology, San Diego, CA, September 21, 1994.
633. Wilbur James Gould: In Memoriam. American Academy of Otolaryngology, San Diego, CA, September 21, 1994.
634. Sataloff, R.T. and Spiegel, J.R. Laryngeal Mini-Microflap Surgery. Walter P. Work Society Meeting, Tucson, AZ, September 23, 1994.
635. CDP and ENG in the Diagnosis of Organic and Non-Organic Dizziness. National Certification Course for Audiometric Technicians, American Neurotological Society and The American Institute for Voice and Ear Research, Philadelphia, Pennsylvania, September 31, 1994.
636. Introduction and CAT Scope of Practice. National Certification Course for Audiometric Technicians, American Neurotological Society and The American Institute for Voice and Ear Research, Philadelphia, Pennsylvania, September 31, 1994.
637. Anatomy, Physiology and Physics Beaking. Audiometric Technician Certification Course, American Neurotological Society and The American Institute for Voice and Ear Research, Philadelphia, Pennsylvania, September 31, 1994.
638. Diagnostic Problems in Audiometric Exams. Audiometric Technician Certification, American Neurotological Society and The American Institute for Voice and Ear Research, Philadelphia, Pennsylvania, October 1, 1994.
639. Use of Microscopes. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 1994.
640. Use of Laboratory and Care of Equipment. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 1994.
641. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 1994.
642. Anatomy of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 1994.
643. Middle Fossa Surgery of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 6, 1994.
644. Surgery of the Facial Nerve. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1994.
645. Techniques of Vertigo Surgery. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1994.
646. Physiologic and Aphysiologic "Vertigo": Diagnosis and Treatment. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1994.
647. Acoustic Neuromas. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1994.
648. Glomus Tumors. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1994.
649. Otosclerosis and Stapedectomy. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 1994.
650. Ossicular Reconstruction. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1994.
651. Cochlear Implants. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 8, 1994.
652. Skull Base Surgery: Extended Approaches. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 9, 1994.
653. Anatomy and Physiology of Phonation: An Overview. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 27, 1994.
654. Professional Singers: The Science and Art of Clinical Care. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 27, 1994.

655. Panel: Sataloff, R.T., Ashby, J.K., Baroody, M., Garrett, J.D., King, A., Nelson, C., Radionoff, S., Stasney, C.R. and von Leden, H. The Multidisciplinary Voice Team. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 28, 1994.
656. Panel: Stasney, C.R., Ashby, J., Baroody, M., Garrett, J.D., King, A., Nelson, C., Radionoff, S., Sataloff, R.T. and von Leden, H. Educating Team Members for Work with the Injured Voice. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 28, 1994.
657. Panel: Tucker, H., Bouchayer, M., Donovan, D., King, A., Sataloff, R.T. and von Leden, H. Vocal Fold Paralysis. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 28, 1994.
658. Panel: Stasney, C.R., Bouchayer, M., Donovan, D., King, A., Sataloff, R.T. and Tucker, H. Challenging Cases in Voice Surgery. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 28, 1994.
659. Panel: Garrett, J.D., Ashby, J., Baroody, M., King, A., Nelson, C., Radionoff, S., Sataloff, R.T. and Tucker, H. Instruments for Voice Assessment: Practical Applications. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 29, 1994.
660. Panel: von Leden, H., King, A., Sataloff, R.T., Stasney, C.R. and Tucker, H. Medical Management of Common Voice Disorders. The Voice Foundation's First Annual Mini-Symposium, Houston, Texas, October 29, 1994.
661. Care of Professional Singers and Actors, Performing Arts Medicine Association. Syracuse, New York, November 8, 1994.
662. Surgery of the Voice. Department of Otolaryngology-Head and Neck Surgery, State University of New York and Syracuse, November 9, 1994.
663. Physics of Sound. Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 30, 1994.
664. Tumors of the Temporal Bone. Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 30, 1994.
665. Tinnitus. Delaware Valley Tinnitus Association, Philadelphia, Pennsylvania, December 3, 1994.
666. Cochlear Implants in Children. The Katzenbach School for the Deaf, Trenton, New Jersey, December 5, 1994.
667. Skull Base Surgery: Anatomy. Department of Otolaryngology, University of Cincinnati, Cincinnati, Ohio, January 17, 1995.
668. Physiology of the Voice. Department of Otolaryngology, University of Cincinnati, Cincinnati, Ohio, January 18, 1995.
669. Common Disorders in Professional Voice Disorders. Department of Otolaryngology, University of Cincinnati, Cincinnati, Ohio, January 18, 1995.
670. Anatomy and Physiology of Phonation. Otolaryngology Society, Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, January 26, 1995.
671. Advances in Voice Surgery. Department of Otolaryngology-HNS, Georgetown University, Baltimore, Maryland, February 9, 1995.
672. Anatomy, Physiology and Disorders of the Voice. Department of Music, Rowan College, Glassboro, New Jersey, February 16, 1995.
673. Care of the Professional Voice. World Voice Consortium, Oporto, Portugal, April 10, 1995.
674. Vocal Fold Scarring: Current Concepts in Management. World Voice Consortium, Oporto, Portugal, April 11, 1995.
675. Challenging Cases in Voice Surgery. World Voice Consortium, Oporto, Portugal, April 11, 1995.
676. Anatomy and Physiology of the Voice. 3rd Voice Symposium, Canadian Voice Care Foundation, Toronto, Canada, May 6, 1995.
677. Care of the Professional Voice. 3rd Voice Symposium, Canadian Voice Care Foundation, Toronto, Canada, May 6, 1995.
678. Voice Surgery: An Overview. Keynote Address, The First Australian Phonosurgery Symposium, Sydney, Australia, May 19, 1995.
679. Common Diagnoses and Treatments in Professional Singers. Keynote Address, The Third Australian Voice Association Symposium, Sydney, Australia May 20, 1995.
680. Panel: Sataloff, R.T., Sundberg, J. and Titze, I. Education in Voice Care. The Third Australian Voice Association Symposium, Sydney, Australia, May 21, 1995.
681. Applications of Chaos Theory in Biomedical Research. The Ninth Vocal Fold Physiology Symposium, Sydney, Australia, May 25, 1995.
682. Anatomy and Physiology of Phonation: An Overview. 24th Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 5, 1995.

683. The Singing/Acting Mature Adult-Laryngologists Perspective. 24th Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 8, 1995.
684. Medical Evaluation and Treatment of Professional Singers: An Overview. 24th Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 9, 1995.
685. Heuer, R., Sataloff, R.T., Spiegel, J.R., Hawkshaw, M., Barody, M. and Rulnick, R.K. Unilateral Recurrent Laryngeal Nerve Paralysis: The Importance of Pre-operative Voice Therapy. 24th Annual Symposium: Care of the Professional Voice, The Warwick, Philadelphia, Pennsylvania, June 10, 1995.
686. Sataloff, R.T., Heuer, R. and Emerich, K. The Need for Objective Measures of Voice Function. Stroboscovideolaryngoscopy and Other Advanced Techniques for Voice Analysis, The Warwick, Philadelphia, Pennsylvania, June 11, 1995.
687. Principles of Videostroboscopy. Stroboscovideolaryngoscopy and Other Advanced Techniques for Voice Analysis, The Warwick, Philadelphia, Pennsylvania, June 11, 1995.
688. Sataloff, R.T. and Spiegel, J.R. Interpretation of Stroboscovideolaryngoscopic Images. Stroboscovideolaryngoscopy and Other Advanced Techniques for Voice Analysis, The Warwick, Philadelphia, Pennsylvania, June 11, 1995.
689. Sataloff, R.T., Spiegel, J.R., Hawkshaw, M., Rosen, D.C., Heuer, R., Barody, M., Emerich, K., Rulnick, R.K. and Freed, S. Establishing a Clinical Voice Laboratory and Voice Care Team. Stroboscovideolaryngoscopy and Other Advanced Techniques for Voice Analysis, The Warwick, Philadelphia, Pennsylvania, June 11, 1995.
690. Sataloff, R.T. and Spiegel, J.R. Advanced Interpretation of Stroboscovideolaryngoscopic Images. Stroboscovideolaryngoscopy and Other Advanced Techniques for Voice Analysis, The Warwick, Philadelphia, Pennsylvania, June 11, 1995.
691. Anatomy and Physiology of Phonation. Department of Otolaryngology-Head and Neck Surgery, Jefferson Medical College, Philadelphia, Pennsylvania, June 14, 1995.
692. Care of the Professional Voice, Part I: The History. Department of Otolaryngology-Head and Neck Surgery, Jefferson Medical College, Philadelphia, Pennsylvania, June 14, 1995.
693. Sataloff, R.T., Mandel, S., Muskal, E., Park, N., Spiegel, J.R. and Rosen, D.C. Single Photon Emission Computed Tomography (SPECT) in Neurotological Assessment: A Preliminary Report. Pennsylvania Academy of Otolaryngology, State College, Pennsylvania, June 16, 1995.
694. The Human Voice: Current Concepts in Anatomy and Physiology and Their Clinical. Pennsylvania Academy of Otolaryngology, State College, Pennsylvania, June 16, 1995.
695. Sataloff, R.T., Barody, M.M., Rosen, D.C., Rulnick, R.K. and Spiegel, J.R. The Multi-Disciplinary Approach to the Treatment of Voice Disorders. Pennsylvania Academy of Otolaryngology, State College, Pennsylvania, June 16, 1995.
696. Care of the Professional Voice, Part II: Physical Examination, Common Diagnoses and Treatments. Department of Otolaryngology-Head and Neck Surgery, Jefferson Medical College, Philadelphia, Pennsylvania, June 28, 1995.
697. Anatomy and Physiology of the Voice: Applications in the Voice Studio. National Association of Teachers of Singing, July 2, 1995.
698. Medical Problems in Singers: When to Refer. National Association of Teachers of Singing, July 2, 1995.
699. Anatomy and Physiology of the Voice. University of Florida, Gainesville, Florida, July 28, 1995.
700. Factors Affecting Vocal Health. University of Florida, Gainesville, Florida, July 28, 1995.
701. Physical Examination of Professional Singers. University of Florida, Gainesville, Florida, July 29, 1995.
702. Common Diagnoses and Treatments in Professional Voice Users. University of Florida, Gainesville, Florida, July 29, 1995.
703. Sataloff, R.T. and Smith, B. Healthy Choral Techniques: Master Class (Bach, Mozart and Brahms), University of Florida, Gainesville, Florida, July 30, 1995.
704. The Impact of Voice Science Upon Voice Care. Pan European Voice Conference, London, England, September 8, 1995.
705. Panel: Maran, A., Bouchayer, M., Dhillon, R., Harris, T., Mahieu, H.F. and Sataloff, R.T. Tough Problems in Phonosurgery. Pan European Voice Conference, London, England, September 9, 1995.
706. Panel: Sataloff, R.T., Verdolini, K., Chapman, J., Elliot, N., Gunter, H. European Traditions of Teaching Singing, Pan European Voice Conference, London, England, September 9, 1995.
707. Meylan, M., Chapman, J. and Sataloff, R.T. Teaching the injured singer. Pan European Voice Conference, London, England, September 9, 1995.
08. Laryngopharyngeal Reflux: A consensus. Consensus conference on Laryngopharyngeal reflux disease. American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 16, 1995.

709. Objective assessment of non-organic "dizziness". American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 17, 1995.
710. Goebel, J., Sataloff, R.T., Hanson, J.M., Nashner, L.M., Hirshout, D.S. and Sokolow, C.C. Posturographic evidence of non-organic sway patterns in normal subjects, patients and suspected malingerers. American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 17, 1995.
711. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 17, 1995.
712. von Leden, H., Sataloff, R.T., Rubin, J., Alessi, D. and Riley, W. The actor and singer as patients of the otolaryngologist. American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 18, 1995.
713. Current Concepts in Diagnosis & Treatment of Vocal Fold Scar. Walter P. Work Society Meetings, Ann Arbor, Michigan, September 22, 1995.
714. Use of Microscopes. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1995.
715. Use of Laboratory and Care of Equipment. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1995.
716. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, PA, October 11, 1995.
717. Anatomy of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1995.
718. Middle Fossa Surgery of the Ear. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1995.
719. Surgery of the Facial Nerve. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 12, 1995.
720. Dizziness: Diagnosis, Treatment and Legal Issues. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 13, 1995.
721. Surgery for Vertigo: Techniques and Practice. Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 13, 1995.
722. Acoustic Neuromas. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 13, 1995.
723. Glomus Tumors. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 13, 1995.
724. Otosclerosis and Stapedectomy. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 14, 1995.
725. Ossicular Reconstruction. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 14, 1995.
726. Cochlear Implants. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 14, 1995.
727. Skull Base Surgery: Extended Approaches. Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 1995.
728. Otolaryngologic Manifestations of Gastroesophageal Reflux Disease. Philadelphia Laryngologic Society, The College of Physicians, Philadelphia, Pennsylvania, October 17, 1995.
729. Vocal Fold Scar and Other Phonosurgical Challenging Problems in Voice Surgery. Department of Otolaryngology-Head and Neck Surgery, Georgetown University, Washington, DC, November 30, 1995.
730. Common Diagnoses and Treatments in Professional Voice Users. American College of Surgeons, Winter Meeting (New Jersey Chapter) and New Jersey Academy of Otolaryngology-Head and Neck Surgery, Robert Wood Johnson School of Medicine, Postcode, New Jersey, December 2, 1995.
731. Arts-Medicine: An Overview. The Annual Conference of the Conductors' Guild, Philadelphia, Pennsylvania, January 5, 1996.
732. Sataloff, R.T. and Rosen, D.C. Diagnosis and Management of Dizziness. Eastern Section Meeting of the Society of Otolaryngology-Head and Neck Nurses and The Triological Society, Philadelphia, Pennsylvania, January 26, 1996.
733. Skull Base Surgery. Department of Otolaryngology, Temple University School of Medicine, Philadelphia, Pennsylvania, January 30, 1996.
734. Tinnitus, Diagnosis, Treatment and Research. Delaware Valley Tinnitus Association, Philadelphia, Pennsylvania, February 24, 1996.

735. Anatomy and Physiology of the Human Voice: Current Concepts. Maine Otolaryngologic Association, March 16, 1996.
736. Diagnosis and Treatment of Voice Disorders. Maine Otolaryngologic Association, March 17, 1996.
737. The Human Voice: The Art of Clinical Care. Communication Disorders Center, Mt. Sinai Medical Center, New York, New York, March 25, 1996.
738. Stroboscovideolaryngoscopy. Temple University Hospital, Department of Speech and Communications Disorders, Philadelphia, Pennsylvania, April 10, 1996.
739. Indications for Phonosurgery in Voice Professionals. First International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 12, 1996.
740. The Question of Timing and Phonosurgery. First International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 13, 1996.
741. Panel: Hygiene of the Voice. First International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 13, 1996.
742. Medical Voice Disorders: An Overview. AAO-HNS Annual Cherry Blossom Conference, Arlington, Virginia, March 30, 1996.
743. Challenging Cases in Voice Surgery. AAO-HNS Annual Cherry Blossom Conference, Arlington, Virginia, March 30, 1996.
744. Surgery of the Voice. Pennsylvania Academy of Otolaryngology-HNS, Department of Otolaryngology, Geisinger Medical Center, Danville, Pennsylvania, April 16, 1996.
745. Voice Science: Implications for Voice Care. Pennsylvania Academy of Otolaryngology-HNS, Department of Otolaryngology, Geisinger Medical Center, Danville, Pennsylvania, April 16, 1996.
746. Complex Problems in Voice Surgery. Pennsylvania Academy of Otolaryngology-HNS, Department of Otolaryngology, Geisinger Medical Center, Danville, Pennsylvania, April 17, 1996.
747. Single Photon Emission Computed Tomography (SPECT) in Neurotological Assessment: A Preliminary Report. American Neurotology Society, Orlando, Florida, May 5, 1996.
748. Panel: Shapsay, S.M., Ossoff, R.T., Sataloff, R.T., Kaufman, J.A. and Woo, P. Management of Benign Laryngeal Lesions. American Bronchoesophagological Association, Orlando, Florida, May 6, 1996.
749. Current Concepts in Voice Science and Their Clinical Implications. Louis Clerf Lecture, Thomas Jefferson University, Philadelphia, Pennsylvania, May 17, 1996.
750. Anatomy and Physiology of Phonation: An Overview. 25th Annual Symposium on Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 3, 1996.
751. Medical Evaluation and Treatment of Professional Singers: An Overview. 25th Annual Symposium on Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 6, 1996.
752. Rondinella, L., Heuer, R. and Sataloff, R.T. Comparison of Selected Acoustic Measures Obtained from the Kay Elemetrics DSP 5500 Sonograph Voicing Parameters Program and Kay CSL 4300 Multi-Dimensional Voice Profile Program. 25th Annual Symposium on Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 7, 1996.
753. Panel: Sataloff, R.T., Isshiki, N., Mahieu, H., Maragos, N., Tucker, H. Challenging Cases Involving Vocal Fold Mobility. 25th Annual Symposium on Care of the Professional Voice, The Voice Foundation, Philadelphia, Pennsylvania, June 8, 1996.
754. Avoiding Complications in Endolaryngeal Surgery. PAO-HNS, Hershey, Pennsylvania, June 27, 1996.
755. Zeitels, S. and Sataloff, R.T. Advanced Phonomicrosurgery. American Academy of Otolaryngology-HNS, Washington, DC, September 29, 1996.
756. von Leden, H., Sataloff, R.T., Alessi, D., Rubin, J. and Riley, W. The Actor and Singer As Patients of the Otolaryngologist. American Academy of Otolaryngology-HNS, Washington, DC, September 30, 1996.
757. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology-HNS, Washington, DC, October 2, 1996.
758. Autologous Fat Implantation for Vocal Fold Scar. Walter P. Work Society, Annapolis, Maryland, October 4, 1996.
759. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 9, 1996.
760. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1996.
61. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1996.

762. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1996.
763. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1996.
764. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 10, 1996.
765. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1996.
766. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1996.
767. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1996.
768. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 11, 1996.
769. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 12, 1996.
770. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 12, 1996.
771. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 12, 1996.
772. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 13, 1996.
773. Occupational Hearing Loss. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, October 16, 1996.
774. Hearing Protectors. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, October 16, 1996.
775. Anatomy and Physiology of Phonation: Current Concepts. First International Voice Symposium, Ankara University, Ankara, Turkey, October 24, 1996.
776. History and Physical Examination of Professional Voice Users. First International Voice Symposium, Ankara University, Ankara, Turkey, October 24, 1996.
777. Common Diagnoses and Treatment in Voice Patients: An Overview. First International Voice Symposium, Ankara University, Ankara, Turkey, October 24, 1996.
778. Panel: Sataloff, R.T., Tucker, H., Clemente, M.P. and Stone, R.E. Challenging Cases in Voice Surgery for Benign Disorders. First International Voice Symposium, Ankara University, Ankara, Turkey, October 25, 1996.
779. Panel: Sataloff, R.T., Tucker, H., Clemente, M.P. and Stone, R.E. Questions and Cases Submitted by Attendees. First International Voice Symposium, Ankara University, Ankara, Turkey, October 26, 1996.
780. Physics of Sound. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, November 27, 1996.
781. Tumors of the Temporal Bone. Department of Otolaryngology, Thomas Jefferson University, Jefferson Medical College, November 27, 1996.
782. Current Concepts in Anatomy and Physiology of Phonation and their Clinical Implications. Department of Otolaryngology, Thomas Jefferson University, Philadelphia, Pennsylvania, December 11, 1996.
783. Imaging of Laryngeal Fracture and Dislocation. Radiologic Society of North America, McCormick Place, Chicago, Illinois, December 1-6, 1996.
784. Arts-Medicine: Care of Professional Voice Users. National Academy of Recording Arts and Sciences, Philadelphia, Pennsylvania, December 16, 1996.
785. Professional Singers: History and Physical Examination. Department of Otolaryngology, Thomas Jefferson University, Jefferson Medical College, December 18, 1996.
786. Common Problems of Professional Voice Users. National Academy of Recording Arts and Sciences, Philadelphia, Pennsylvania, January 8, 1997.
787. Laryngeal Microsurgery. National Academy of Recording Arts and Sciences, Philadelphia, Pennsylvania, January 8, 1997.
88. Anatomy and Physiology of the Voice. Jefferson Medical College, Otolaryngology Club, Department of Otolaryngology-Head and Neck Surgery, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, February 20, 1997.

789. Grand Rounds. Thomas Jefferson University Hospital, Department of Surgery, Philadelphia, Pennsylvania, March 22, 1997.
790. Tinnitus. Thomas Jefferson University, Philadelphia, Pennsylvania, March 22, 1997.
791. Hirano, M., Garcia-Tapia, R., Bouchayer, M., Pais-Clemente, M., Havas, T., Pontes, P. and Sataloff, R.T. Voice Evaluation. The 16th World Congress of Otorhinolaryngology-Head and Neck Surgery, Sydney, Australia, March 3, 1997.
792. The Challenge of Reinke's Space: Surgery for Sulcus Glottitis and Vocal Fold Scar. The 16th World Congress of Otorhinolaryngology-Head and Neck Surgery, Sydney, Australia, March 3, 1997.
793. Teaching of Laryngeal Endoscopy and Phonosurgery. The 16th World Congress of Otorhinolaryngology-Head and Neck Surgery, Sydney, Australia, March 3, 1997.
794. Sataloff, R.T., Bouchayer, M., Fex, S., Wendler, J., Remacle, M. and Crumley, R. Controversial Voice Issues. The 16th World Congress of Otorhinolaryngology-Head and Neck Surgery, Sydney, Australia, March 3, 1997.
795. Cochlear Implantation in Adults and Children. Temple University, Department of Otolaryngology, Philadelphia, Pennsylvania, March 18, 1997.
796. The Human Voice. The Graduate Hospital, Department of Surgery, Philadelphia, Pennsylvania, March 22, 1997.
797. Current Concepts in Diagnosis and Treatment of Tinnitus. Delaware Valley Tinnitus Association, March 23, 1997.
798. Anatomy of the Ear. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
799. Physics of Sounds: A Practical Overview. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
800. Causes of Hearing Loss: An Overview. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
801. Tinnitus. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
802. Evaluation and Treatment of Dizziness. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
803. Cochlear Implantation. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
804. Skull Base Surgery: An Overview. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
805. Anatomy and Physiology of Phonation: Current Concepts and Clinical Relevance. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 27, 1997.
806. Professional Voice Users: The History. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 28, 1997.
807. Physical Examination of Patients with Voice Disorders. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 28, 1997.
808. Stroboscopy: Principles and Interpretations. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 28, 1997.
809. Voice Disorders: Common Diagnoses and Treatments. Department of Communication Processes and Disorders, The University of Florida at Gainesville, Gainesville, Florida, March 28, 1997.
810. Care and Management of the Professional Voice. The Jack Abramson Lecture, Long Island Jewish Medical Center, New Hyde Park, New York, March 31, 1997.
811. Professional Voice Management. Department of Otolaryngology, Georgetown University, Washington, DC, April 17, 1997.
812. Indications for Surgery in Voice Professionals. Second International Workshop on Laser Voice Surgery and Voice Care, Clinique Sainte Isabelle Paris Neuilly, France, April 25, 1997.
813. Techniques of Voice Surgery. Second International Workshop on Laser Voice Surgery and Voice Care, Clinique Sainte Isabelle Paris Neuilly, France, April 25, 1997.
814. Professional Voice: The Science and Art of Clinical Care. New Jersey Speech-Language-Hearing Association, New Brunswick, New Jersey, May 2, 1997.
815. Voice: Current Concepts and Treatments. American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, Tucson, Arizona, May 9, 1997.
16. Exhibit Reviewer and Discussant. The American Laryngological, Rhinological and Otological Society, Inc., Scottsdale, Arizona, May 11-14, 1997.

817. Anatomy and Physiology of Phonation: An Overview. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 2, 1997.
818. Ressue, J., Sataloff, R.T. and Portell, M. Granular Cell Tumors of the Larynx. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 4, 1997.
819. Medical Evaluation and Treatment of Professional Singers: An Overview. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 5, 1997.
820. Eckley, C., Sataloff, R.T., Spiegel, J., Mandel, S., Hawkshaw, M. and Heuer, R. Voice Range in Superior Laryngeal Nerve Paresis and Paralysis. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 6, 1997.
821. Spiegel, J., Sataloff, R.T. and Selber, J. The Utilization of Computerized, Non-Linear, Video Editing for Stroboscopic Image Analysis. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 6, 1997.
822. Andrade, D., Heuer, R., Castro, E. and Sataloff, R.T. The Relationship of Benign Vocal Fold Masses in Hyperfunctional Voice Patients. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 6, 1997.
823. Zeitels, S. and Sataloff, R.T. Phonomicrosurgical Resection of Glottal Papillomatosis. The Voice Foundation's 26th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 7, 1997.
824. Sataloff, R.T. and Hawkshaw, M. Diagnosis and Management of Vocal Fold Immobility. Pennsylvania Academy of Otolaryngology-Society of Otolaryngology-Head and Neck Nurses, Nemacolin, Pennsylvania, June 20, 1997.
825. Current Concepts in Anatomy and Physiology of the Voice: Relevance for Clinical Arts Medicine. International Symposium on Arts Medicine, Savonlinna, Finland, July 26, 1997.
826. Common Diagnoses and Treatments in Professional Singers. International Symposium on Arts Medicine, Savonlinna, Finland, July 26, 1997.
827. Arts Medicine. Implications for the Voice Care Professional. Pacific Voice Conference, San Francisco, California, September 5, 1997.
828. Vocal Fold Scar, New Concepts in Surgical Management. Pacific Voice Conference, San Francisco, California, September 6, 1997.
829. von Leden, H., Sataloff, R.T., Alessi, D., Benninger, M. and Riley, W. The Actor and Singer as Patients of the Otolaryngologist, American Academy of Otolaryngology, San Francisco, California, September 7, 1997.
830. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology, San Francisco, California, September 9, 1997.
831. Zeitels, S. and Sataloff, R.T. Advanced Phonomicrosurgery. American Academy of Otolaryngology, San Francisco, California, September 9, 1997.
832. Anatomy and Physiology of Voice and Their Practical Applications. International Symposium: Care of the Professional Voice and Phonomicrosurgery, Athens, Greece, September 25, 1997.
833. Sataloff, R.T., Kotby, N., Woo, P., Abitbol, J., Pontes, P., Bigenzahn, W. and Toohill, J. Challenging Cases in Voice Surgery. International Symposium: Care of the Professional Voice and Phonomicrosurgery, Athens, Greece, September 26, 1997.
834. Common Diagnosis and Treatment in Professional Singers. International Symposium: Care of the Professional Voice and Phonomicrosurgery, Athens, Greece, September 27, 1997.
835. Sataloff, R.T., Abitbol, J., Dejonckere, P., Conticello, S., Nawka, T., Alimetov, K., Hermann, I., Stemple, J., Wellens, W. and Clemente, M.P. Clinical Ground Rounds in Voice Disorders. International Symposium: Care of the Professional Voice and Phonomicrosurgery, Athens, Greece, September 27, 1997.
836. Anatomy and Physiology of Phonation and their Clinical Applications. University of Pennsylvania, Philadelphia, Pennsylvania, October 16, 1997.
837. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1997.
838. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1997.
839. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1997.
840. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1997.

841. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1997.
842. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1997.
843. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 23, 1997.
844. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 23, 1997.
845. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 23, 1997.
846. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 23, 1997.
847. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 24, 1997.
848. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 24, 1997.
849. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 24, 1997.
850. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 25, 1997.
851. The History and Physical Examination of Professional Voice Users. University of Pennsylvania, Philadelphia, Pennsylvania, November 6, 1997.
852. Arts Medicine. National Guild of Community Schools of the Arts, Philadelphia, Pennsylvania, November 21, 1997.
853. Common Diagnosis and Treatments in Voice Professionals. University of Pennsylvania, Philadelphia, Pennsylvania, December 4, 1997.
854. The Voice and How It Works. Implications for Voice Care, Department of Otolaryngology-Head and Neck Surgery, Mt. Sinai Medical Center, New York, New York, January 15, 1998.
855. Stroboscopy. University of Pennsylvania, Philadelphia, Pennsylvania, February 26, 1998.
856. Anatomy and Physiology of the Voice: Current Concepts in Clinical Applications. Department of Otolaryngology-Head and Neck Surgery, University of Vermont, Burlington, Vermont, February 5, 1998.
857. Kwiatkowski, T.J. and Sataloff, R.T. Evolving facial nerve management in facial neuromas of the posterior cranial fossa. North American Skull Base Society, Ninth Annual Meeting, Hilton Waikoloa Village, Kamuela, Hawaii, February 16, 1998.
858. Stroboscopy: Current Concepts and Clinical Value. The University of Pennsylvania, Department of Otorhinolaryngology, Philadelphia, Pennsylvania, February 25, 1998.
859. The Pathology of Benign Vocal Fold Masses. Thomas Jefferson University, Department of Pathology, Philadelphia, Pennsylvania, February 25, 1998.
860. The Human Voice: Structure and Function. Thomas Jefferson University, Department of Otolaryngology, Philadelphia, Pennsylvania, February 25, 1998.
861. Conductive and Sensorineural Hearing Loss: Diagnosis and Treatment. Otolaryngology for the Primary Care Clinician: What to Treat, When to Treat, How to Treat, Department of Otolaryngology-Head and Neck Surgery, Allegheny University Hospitals and Graduate Hospital in Joint sponsorship with the American Institute for Voice and Ear Research, March 7, 1998.
862. Tinnitus: Current Concepts and Management. Otolaryngology for the Primary Care Clinician: What to Treat, When to Treat, How to Treat, Department of Otolaryngology-Head and Neck Surgery, Allegheny University Hospitals and Graduate Hospital in Joint sponsorship with the American Institute for Voice and Ear Research, March 7, 1998.
863. Evaluation and Treatment of the Dizzy Patient. Otolaryngology for the Primary Care Clinician: What to Treat, When to Treat, How to Treat, Department of Otolaryngology-Head and Neck Surgery, Allegheny University Hospitals and Graduate Hospital in Joint sponsorship with the American Institute for Voice and Ear Research, March 7, 1998.
864. Facial Paralysis: A Brief Overview. Otolaryngology for the Primary Care Clinician: What to Treat, When to Treat, How to Treat, Department of Otolaryngology-Head and Neck Surgery, Allegheny University Hospitals and Graduate Hospital in Joint sponsorship with the American Institute for Voice and Ear Research, March 7, 1998.

865. Voice Disorders: Diagnosis and Treatment. Otolaryngology for the Primary Care Clinician: What to Treat, When to Treat, How to Treat, Department of Otolaryngology-Head and Neck Surgery, Allegheny University Hospitals and Graduate Hospital in Joint sponsorship with the American Institute for Voice and Ear Research, March 7, 1998.
866. Occupational Hearing Loss and Hearing Conservation: Basic Concepts and Practical Implications. Center for Environmental and Occupational Hearing, Allegheny University of the Health Sciences, Philadelphia, Pennsylvania, March 25, 1998.
867. Hochman, I., Sataloff, R.T., Hillman, R. and Zeitels, S. Ectasias and Varices of the Vocal Fold: Clearing the Striking Zone. American Laryngological Association, Palm Beach, Florida, May 9, 1998.
868. Discussion of papers by Yin, Woodson, Zeitels, Waldmann and Cummings. American Laryngological Association, Palm Beach, Florida, May 9, 1998.
869. Medical evaluation and treatment of professional singers: an overview. The Voice Foundation's 27th Annual Symposium: Care of the Professional Voice, The Sheraton Society Hill, Philadelphia, Pennsylvania, June 4, 1998.
870. Levy, S., Sataloff, R.T., McCarter, A.A. and Hawkshaw, M. Psychiatric manifestations of medications prescribed commonly in laryngology. The Voice Foundation's 27th Annual Symposium: Care of the Professional Voice, The Sheraton Society Hill, Philadelphia, Pennsylvania, June 5, 1998.
871. Panel: Sataloff, R.T. (Moderator), Abitbol, J., Casiano, R., Ford, C., Kraus, D., Woodson, G. and Zeitels, S. (Panelists). Challenging cases in medical management of voice disorders. The Voice Foundation's 27th Annual Symposium: Care of the Professional Voice, The Sheraton Society Hill, Philadelphia, Pennsylvania, June 5, 1998.
872. Panel: Sataloff, R.T. (Moderator), Ford, C., Nettekville, J., Tucker, H. and Zeitels, S. (Panelists). Our worst surgical results, and how we managed them. The Voice Foundation's 27th Annual Symposium: Care of the Professional Voice, The Sheraton Society Hill, Philadelphia, Pennsylvania, June 5, 1998.
873. Munz, M., Sataloff, R.T., Spiegel, J.R. and Heuer, R. Vocal tremor: effects of deep brain stimulation. The Voice Foundation's 27th Annual Symposium: Care of the Professional Voice, The Sheraton Society Hill, Philadelphia, Pennsylvania, June 5, 1998.
874. Anatomy, Physiology and Care of the Professional Voice. National Academy of Recording Arts and Sciences, Philadelphia, Pennsylvania, June 12, 1998.
875. Anatomy and Physiology of the Voice: Current Concepts and Clinical Applications. Department of Otolaryngology-Head and Neck Surgery, State University of New York, Buffalo, June 19, 1998.
876. Mirza, N., Sataloff, R.T., Agarwal, R., Hawkshaw, M. and Ruiz, C. Indications for Treatment Options of Vocal Fold Paralysis. Pennsylvania Academy of Otolaryngology-HNS, King of Prussia, Pennsylvania, June 20, 1998.
877. Sataloff, R.T., Spiegel, J.R., Heuer, R. and Hawkshaw, M.J. How to construct and run a successful voice laboratory. Pennsylvania Academy of Otolaryngology-HNS, King of Prussia, Pennsylvania, June 20, 1998.
878. Anatomy and physiology of the voice: current concepts in clinical applications. Cedars-Sinai Medical Center, Los Angeles, California, June 26, 1998.
879. The history, and physical examination in voice professionals. Cedars-Sinai Medical Center, Los Angeles, California, June 26, 1998.
880. Arts-medicine: a new frontier. Cedars-Sinai Medical Center, Los Angeles, California, June 26, 1998.
881. Challenging cases in voice surgery. Cedars-Sinai Medical Center, Los Angeles, California, June 26, 1998.
882. Common diagnoses and treatments in professional voice users. Cedars-Sinai Medical Center, Los Angeles, California, June 26, 1998.
883. The Human Voice: What Premiere Speakers Should Know--How It Works and How It Fails. National Speakers Association, Philadelphia, Pennsylvania, July 5, 1998.
884. Anatomy and Physiology of the Voice. The Michigan Otolaryngological Society, Bellaire, Michigan, July 31, 1998.
885. Arts-Medicine: A New Paradigm in Health Care Delivery. The John L. Kemink Lecture, The Michigan Otolaryngological Society, Bellaire, Michigan, July 31, 1998.
886. The Human Voice. Franklin and Marshall College, Lancaster, Pennsylvania, September 28, 1998.
887. The Human Voice. Upper Darby High School, Upper Darby, Pennsylvania, October 22, 1998.
888. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1998.
889. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1998.

890. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1998.
891. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 1998.
892. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1998.
893. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1998.
894. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1998.
895. Surgery for Vertigo: Techniques and Practice." Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1998.
896. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1998.
897. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1998.
898. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 14, 1998.
899. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 14, 1998.
900. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 14, 1998.
901. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 15, 1998.
902. von Leden, H., Sataloff, R.T., Benninger, M. and Riley, W. The actor and singers as patients of the otolaryngologist. AAO-HNS, San Antonio, Texas, September 13, 1998.
903. Zeitels, S. and Sataloff, R.T. Advanced phonomicrosurgery. AAO-HNS, San Antonio, Texas, September 13, 1998.
904. Professional singers: the science and art of clinical care. AAO-HNS, San Antonio, Texas, September 15, 1998.
905. Panel: Sataloff, R.T., Rosen, C., Kaufman, J., Rontal, M., Zeitels, S. and Woo, P. Phonosurgery and phonomedicine: novel techniques and advances. AAO-HNS, San Antonio, Texas, September 16, 1998.
906. Career Choices: An Overview of Medical Specialties. Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, December 2, 1998.
907. Voice Function and Dysfunction: Injury and Litigation. The National Food Processors Association, Rancho Mirage, California, December 5, 1998.
908. Spiegel, J.R., Emerich, K.A. and Sataloff, R.T. Early stroboscopic evaluation and the limited use of voice rest in phonosurgical patients. 2nd World Voice Congress and the 5th International Symposium on Phonosurgery, Sao Paulo, Brazil, February 9, 1999.
909. Clemente, M.P., Behlau, M., Izdebski, K., Cotby, N., Pruszewicz, A., Sataloff, R.T., Seshadri, R. and Wellens, W. Education and voice care in the world. 2nd World Voice Congress and the 5th International Symposium on Phonosurgery, Sao Paulo, Brazil, February 11, 1999.
910. Sataloff, R.T., Carroll, L., Davis, G., Emerich, K.A., Maragos, N., Murry, T., Spiegel, J.R., Tucker, H. and Zeitels, S. Care of the professional voice. 2nd World Voice Congress and the 5th International Symposium on Phonosurgery, Sao Paulo, Brazil, February 11, 1999.
911. Common diagnoses and treatments in voice professionals. 2nd World Voice Congress and the 5th International Symposium on Phonosurgery, Sao Paulo, Brazil, February 11, 1999.
912. Skull-base surgery. Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania, March 11, 1999.
913. Anatomy and physiology of phonation. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 12, 1999.
914. The history of illness in professional singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 12, 1999.
15. Physical examination of professional singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 12, 1999.

916. Measurement and quantification of vocal function. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 12, 1999.
917. Common diagnoses and treatments in professional singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, March 12, 1999.
918. Anatomy and Physiology of the Singing Voice. University of Southern Maine, Gorham, Maine, April 18, 1999.
919. The Singing Voice: Common Problems and Solutions. University of Southern Maine, Gorham, Maine, April 18, 1999.
920. Education in Laryngology: Rising to Old Challenges (Daniel C. Baker Lecture). American Laryngological Association, April 24, 1999.
921. Anatomy and Physiology of Phonation. Department of Otolaryngology-HNS, Georgetown University School of Medicine, Washington, DC, May 6, 1999.
922. Current Concepts in Anatomy and Physiology of the Voice. Department of Otolaryngology-HNS, Georgetown University School of Medicine, Washington, DC, May 7, 1999.
923. Common Diagnosis and Treatment in Professional Voice Users. Department of Otolaryngology-HNS, Georgetown University School of Medicine, Washington, DC, May 7, 1999.
924. Diagnosis and Treatment of Vocal Fold Immobility. Department of Otolaryngology-HNS, Georgetown University School of Medicine, Washington, DC, May 8, 1999.
925. Challenges in Vocal Fold Surgery. Department of Otolaryngology-HNS, Georgetown University School of Medicine, Washington, DC, May 8, 1999.
926. Tepe, E., Sampson, Q., Deutsch, E., Reilly, J. and Sataloff, R.T. Influence of age and voice lessons on vocal health for youth and young adult singers. The Voice Foundation's 28th Annual Symposium: Care of the Professional Voice, June 5, 1999.
927. Spiegel, J.R., Emerich, K., Abaza, K. and Sataloff, R.T. Voice rest after phonosurgery: current concepts of post-operative management. The Voice Foundation's 28th Annual Symposium: Care of the Professional Voice, June 5, 1999.
928. Spiegel, J.R., Sataloff, R.T., Emerich, K. and Abaza, M. Laryngospasm. The Voice Foundation's 28th Annual Symposium: Care of the Professional Voice, June 5, 1999.
929. Heffelfinger, R., Feehery, J.M., Pribitkin, E.A., LaCombe, V.G., Lee, D., Lowry, L.D., Keane, W. and Sataloff, R.T. PAO-HNS Annual Scientific Meeting, The Hotel Hershey, Hershey, Pennsylvania, June 18, 1999.
930. Sataloff, R.T. and Kwiatkowski, T.J. Facial nerve management in facial neuromas of the posterior cranial fossa. PAO-HNS Annual Scientific Meeting, The Hotel Hershey, Hershey, Pennsylvania, June 18, 1999.
931. Zavod, M. and Sataloff, R.T. Cerebrospinal fluid otorrhorrhea: a new technique for closure. PAO-HNS Annual Scientific Meeting, The Hotel Hershey, Hershey, Pennsylvania, June 18, 1999.
932. Schmidt, R.J., Sataloff, R.T., Newman, J., Spiegel, J.R. and Myers, D.L. The sensitivity of auditory brainstem response testing in the diagnosis of acoustic neuromas. PAO-HNS Annual Scientific Meeting, The Hotel Hershey, Hershey, Pennsylvania, June 18, 1999.
933. Lasak, J. and Sataloff, R.T. Pre-operative computerized dynamic posturography as a prognostic indicator of balance function in patients with acoustic neuromas. PAO-HNS Annual Scientific Meeting, The Hotel Hershey, Hershey, Pennsylvania, June 18, 1999.
934. Panel: Sataloff, R.T., Reams, C., Arriaga, M., Willcox, T., Miyamoto, R.T. and Hirsch, B.E. Acute sensorineural hearing loss. PAO-HNS Annual Scientific Meeting, The Hotel Hershey, Hershey, Pennsylvania, June 18, 1999.
935. Medical management of performance anxiety. Collegium Medicorum Theatri and Performing Arts Medicine Association, Aspen, Colorado, June 25, 1999.
936. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 11, 1999.
937. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 11, 1999.
938. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 11, 1999.
939. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 11, 1999.
40. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 11, 1999.

941. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 11, 1999.
942. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1999.
943. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1999.
944. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1999.
945. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 12, 1999.
946. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1999.
947. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1999.
948. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 13, 1999.
949. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, August 14, 1999.
950. Professional singers: The Science and Art of Clinical Care. American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 26, 1999.
951. Zeitels, S. and Sataloff, R.T. Voice Surgery. American Academy of Otolaryngology-HNS, New Orleans, Louisiana, September 27, 1999.
952. The Clinical Value of Laryngeal Electromyography. American Academy of Otolaryngology-Head and Neck Surgery, New Orleans, Louisiana, September 28, 1999.
953. Anatomy and physiology of phonation. Voice Surgery Course, New Orleans, Louisiana, September 30, 1999.
954. Vocal fold pathology, reflux. Voice Surgery Course, New Orleans, Louisiana, September 30, 1999.
955. Preoperative assessment and evaluation (Pt. 1) (Stroboscopy and EMG, etc.). Voice Surgery Course, New Orleans, Louisiana, September 30, 1999.
956. Cysts, benign tumors, arytenoid and teflon granulomas. Voice Surgery Course, New Orleans, Louisiana, September 30, 1999.
957. Sulcus, scar, web, hematoma, stenosis. Voice Surgery Course, New Orleans, Louisiana, September 30, 1999.
958. Assessment of arytenoid (vocal fold). Voice Surgery Course, New Orleans, Louisiana, October 1, 1999.
959. Arytenoid dislocation and bilateral impaired arytenoid mobility. Voice Surgery Course, New Orleans, Louisiana, October 1, 1999.
960. Injection medialization, spasmodic dysphonia and Botox. Voice Surgery Course, New Orleans, Louisiana, October 1, 1999.
961. Tinnitus: Current Concepts. 47th Annual Symposium on Occupational Hearing Loss, Graduate Hospital, Philadelphia, Pennsylvania, October 9, 1999.
962. Laryngopharyngeal Reflux. TAP Pharmaceuticals, Philadelphia, Pennsylvania, October 28, 1999.
963. Anatomy and physiology of the voice: current concepts and clinical applications. Association Oto-Rhino-Largologie Et De Chirurgie Cervico-Faciale Du-Quebec, November 5, 1999.
964. Common diagnosis and treatment in professional voice users. Association Oto-Rhino-Largologie Et De Chirurgie Cervico-Faciale Du-Quebec, November 5, 1999.
965. Current concepts in voice surgery. Association Oto-Rhino-Largologie Et De Chirurgie Cervico-Faciale Du-Quebec, November 5, 1999.
966. Academic Practice. Department of Otolaryngology-HNS, Thomas Jefferson University, Philadelphia, Pennsylvania, December 22, 1999.
967. Sataloff, R.T. and Smith, B. Choral Pedagogy. The American Laryngological Voice Research and Education Foundation, New York, New York, January 22, 2000.
968. Common Diagnosis and Treatments. Department of Otolaryngology - Head and Neck Surgery, The University of Vermont, Burlington, Vermont, February, 2000.
969. Voice surgery: current concepts and techniques. Department of Otorhinolaryngology-HNS, University of Pennsylvania, Philadelphia, Pennsylvania, March 23, 2000.
970. Neuro-Laryngology. 5th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 14, 2000.

971. Electromyography: EMG. 5th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 14, 2000.
972. Indications of phono-microsurgery for benign lesions. 5th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 14, 2000.
973. Academic practice in otolaryngology. Department of Otolaryngology-HNS, University of Pennsylvania, Philadelphia, Pennsylvania, April 27, 2000.
974. Arts Medicine. Annual Meeting of the Alumni Association, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, April 25, 2000.
975. Cochlear implantation. Department of Otolaryngology-HNS, Temple University, Philadelphia, Pennsylvania, April 28, 2000.
976. Arts-Medicine: An overview of new paradigms in medical care. Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, May 5, 2000.
977. Occupational Medicine for Voice Professionals: Emerging Trends. American Occupational Health Conference, Philadelphia, Pennsylvania, May 18, 2000.
978. Stroboscovideolaryngoscopy: Variability in Normal and Pathologic Conditions. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 26, 2000
979. Kaufman, J., Woo, P., Izdebski, K. and Sataloff, R.T. Neurological Disorders affecting the larynx. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 26, 2000
980. Office Evaluation of Voice Disorders. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 27, 2000.
981. Panel: Sataloff, R.T., Woo, P., Kaufman, J. and Izdebski, K. To Perform or Not Perform. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 27, 2000
982. Phonosurgery and Laryngeal Framework Surgery - How I do it. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 28, 2000
983. Halstead, L., Izdebski, K., Kaufman, J., Leonard, R., Woo, P. and Sataloff, R.T. Diagnostic Dilemmas in Laryngology. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 29, 2000.
984. Halstead, L., Izdebski, K., Kaufman, J., Leonard, R., Woo, P. and Sataloff R.T. Therapeutic Dilemmas in Laryngology. Medicine in the Vocal Arts (Spileto Conference), Medical University of South Carolina, Charleston, South Carolina, May 29, 2000.
985. Vocal Health and Vocal Training. Voice and Speech Trainer's Association, George Mason University, Fairfax, Virginia, August 6, 2000.
986. Human Voice: Anatomy and Physiology. Academy of Vocal Arts, Philadelphia, Pennsylvania, September 15, 2000.
987. Common Voice Disorders: What They Are and How to Avoid Them. Academy of Vocal Arts, Philadelphia, Pennsylvania, September 15, 2000.
988. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 18, 2000.
989. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 18, 2000.
990. Techniques of Obtaining Temporal Bones and Surgical Drilling Technique. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 18, 2000.
991. Anatomy of the Ear. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 18, 2000.
992. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 18, 2000.
993. Surgery of the Facial Nerve. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 19, 2000.
994. Chronic Ear Surgery. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 19, 2000.
995. Surgery for Vertigo. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 20, 2000.
996. Acoustic Neuromas. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 20, 2000.

997. Glomus Tumors. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 20, 2000.
998. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 21, 2000.
999. Ossicular Reconstruction. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 21, 2000.
1000. Cochlear Implant. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 21, 2000.
1001. Skull Base Surgery: Extended Approach. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 22, 2000.
1002. Physics of Sound. Thomas Jefferson University, Department of Otolaryngology - Head and Neck Surgery, Philadelphia, Pennsylvania, December 6, 2000.
1003. Diagnosis and Treatment of Dizziness. Graduate Hospital, Department of Medicine, Philadelphia, Pennsylvania, January 26, 2001.
1004. Phonomicrosurgery. Department of Otolaryngology - Head and Neck Surgery, University of Vermont, Burlington, Vermont, February 8, 2001.
1005. Anatomy and Physiology of Phonation. Streit Memorial Seminar, U.S. Army Medical Command, Bethesda, Maryland, March 16, 2001.
1006. Common Diagnoses and Treatments in Voice Patients. Streit Memorial Seminar, U.S. Army Medical Command, Bethesda, Maryland, March 16, 2001.
1007. Principles and Techniques of Phonomicrosurgery. Streit Memorial Seminar, U.S. Army Medical Command, Bethesda, Maryland, March 17, 2001.
1008. Anatomy and Physiology of Phonation: An Overview. The Voice Foundation's 30th Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 13, 2001.
1009. Medical Evaluation and Treatment of Professional Singers: An Overview. The Voice Foundation's 30th Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 15, 2001.
1010. Stroboscovideolaryngoscopic Findings in Singing Teachers without Vocal Complaints. The Voice Foundation's 30th Annual Symposium on Care of the Professional Voice, Philadelphia, Pennsylvania, June 16, 2001.
1011. von Leden, H., Alessi, D., Benninger, M., Reilly, W. and Sataloff, R.T. The actor and singer as patients of the otolaryngologist. American Academy of Otolaryngology-Head and Neck Surgery, Denver, Colorado, September 10, 2001.
1012. Panel: Sataloff, R.T., Ossoff, R., Rosen, C. and Rubin, J. Urgent Management of Sick Singers and Actors. American Academy of Otolaryngology-Head and Neck Surgery, Denver, Colorado, September 10, 2001.
1013. Disability Assessment in Otolaryngology. American Academy of Otolaryngology-Head and Neck Surgery, Denver, Colorado, September 11, 2001.
1014. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology-Head and Neck Surgery, Denver, Colorado, September 12, 2001.
1015. Arts-Medicine. Department of Pediatric Medicine, E.I. DuPont Hospital for Children, Wilmington, Delaware, September 13, 2001.
1016. Anatomy and Physiology of Phonation. Department of Otolaryngology-Head and Neck Surgery, Georgetown University, Washington, DC, September 15, 2001.
1017. The Human Voice: What is it and how it works. Catholic University, Washington, DC, September 15, 2001.
1018. Common Medical Voice Disorders in Professional Singers: Diagnosis and Treatment. Catholic University, Washington, DC, September 15, 2001.
1019. Vocal fold scar. Walter P. Work Society, Ann Arbor, Michigan, September 21, 2001.
1020. Arts-Medicine in Pediatric Practice. Department of Pediatrics, Thomas Jefferson University, October 3, 2001.
1021. Anatomy and Physiology of the Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, October 5, 2001.
1022. Common medical problems in professional singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, October 5, 2001.
1023. Tinnitus: Medical Care and Clinical Research. Delaware Valley Tinnitus Association, Philadelphia, Pennsylvania, October 13, 2001.
1024. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 3, 2001.
1025. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 3, 2001.

1026. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 3, 2001.
1027. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 3, 2001.
1028. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 3, 2001.
1029. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 3, 2001.
1030. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1031. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1032. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1033. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1034. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1035. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1036. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 4, 2001.
1037. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 5, 2001.
1038. Discussant. Eastern Section Meeting of the Triological Society, Philadelphia, Pennsylvania, January 26, 2002.
1039. Anatomy and Physiology of the Voice. Thomas Jefferson University Hospital, Department of Otolaryngology-HNS, Philadelphia, Pennsylvania, January 30, 2002.
1040. Arts-Medicine. Department of Otorhinolaryngology-HNS, University of Vermont, Burlington, Vermont, February 7, 2002.
1041. Voice Surgery. Department of Otolaryngology-Head and Neck Surgery, University of Miami, Miami, Florida, February 27, 2002.
1042. Sataloff, R.T. and Sokolow, C.C. Cochlear Implantation. Northeast Conference of Hearing Health Professionals, Atlantic City, New Jersey, March 18, 2002.
1043. Anatomy and Physiology of the Voice. University of Illinois at Chicago, Chicago, Illinois, March 22, 2002.
1044. Common Diagnoses and Treatments in Voice Patients. University of Illinois at Chicago, Chicago, Illinois, March 22, 2002.
1045. Voice Surgery. University of Illinois at Chicago, Chicago, Illinois, March 23, 2002.
1046. Surgical Anatomy of the Larynx. 7th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 12, 2002.
1047. Discussion: Laser vs. Cold Steel in Laryngeal Surgery. 7th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 12, 2002.
1048. Challenging Problems in Voice Care. 7th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 13, 2002.
1049. Anatomy and physiology of phonation. Long Island College Hospital, Brooklyn, New York, May 16, 2002.
1050. Evaluation and Treatment of Common Voice Disorders. Long Island College Hospital, State University of New York (Down State), Brooklyn, New York, May 16, 2002.
1051. Voice Surgery. Long Island College Hospital, State University of New York (Down State), Brooklyn, New York, May 16, 2002.
1052. What Neurological Information Can We Get About Efferent Function? The Voice Foundation's 31st Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 7, 2002.
1053. Anderson, T. and Sataloff, R.T. Complications of Collagen Injection of the Vocal Fold. The Voice Foundation's 31st Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 2002.
1054. Selber, J., Sataloff, R.T. and Spiegel, J.R. Gortex Medialization Thyroplasty. The Voice Foundation's 31st Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 2002.

1055. Anderson, T., Spiegel, J.R. and Sataloff, R.T. Thyroplasty Revisions: Frequency and Predictive Factors. The Voice Foundation's 31st Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 2002.
1056. Spiegel, J.R., Anderson, T. and Sataloff, R.T. Voice Rehabilitation by Phonosurgery After Successful Treatment for Laryngeal Cancer. The Voice Foundation's 31st Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 9, 2002.
1057. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1058. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1059. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1060. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1061. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1062. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1063. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1064. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1065. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1066. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1067. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 2002.
1068. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1069. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1070. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 2002.
1071. Voice Surgery. Department of Otolaryngology-Head and Neck Surgery, University of Miami, Miami, Florida, February 27, 2003.
1072. Sataloff, R.T. and Sokolow, C.C. Cochlear Implantation. Northeast Conference of Hearing Health Professionals, Atlantic City, New Jersey, March 18, 2003.
1073. Anatomy and physiology of the voice - current concepts. Department of Otolaryngology-Head and Neck Surgery, University of Colorado, Denver, Colorado, April 17, 2003.
1074. Professional Singers: The Science and Art of Clinical Care. Department of Otolaryngology-Head and Neck Surgery, University of Colorado, Denver, Colorado, April 17, 2003.
1075. Common Diagnoses and Treatments in Professional Voice Users. Department of Otolaryngology-Head and Neck Surgery, University of Colorado, Denver, Colorado, April 17, 2003.
1076. Voice Surgery. The Colorado Otolaryngology-Maxillofacial Society, Department of Otolaryngology-Head and Neck Surgery, University of Colorado, Denver, Colorado, April 17, 2003.
1077. Shapshay, S.M., Ford, C.N., Ossoff, R.H., Sataloff, R.T. and Woodson, G.E. Management of Benign Lesions: Ask The Experts. American Laryngological Association, Nashville, TN, May 3, 2003.
1078. The State of the Art in Laryngology (Keystone Presentation). Pennsylvania Academy of Otolaryngology, Pittsburgh, PA, June 20, 2003.
1079. Panel: Buckmirera, N., Steinhauer, K., Sataloff, R.T. and Lombard, L. Challenging Cases in Voice Disorders. Pennsylvania Academy of Otolaryngology, Pittsburgh, PA, June 20, 2003.
1080. Voice function and dysfunction: what allergists and pulmonologists should know. Pennsylvania Allergy Association, Hershey, PA, June 22, 2003.

1081. Introduction CAT/OT Scope of Practice. Audiometric and Otolaryngology Technician Certification Course, American Institute for Voice and Ear Research, Philadelphia, PA, July 31, 2003.
1082. Anatomy, Physiology and Physics of Hearing. Audiometric and Otolaryngology Technician Certification Course, American Institute for Voice and Ear Research, Philadelphia, PA, July 31, 2003.
1083. Diagnostic Problems in Audiometric Examinations. Audiometric and Otolaryngology Technician Certification Course, American Institute for Voice and Ear Research, Philadelphia, PA, July 31, 2003.
1084. Audiometric Equipment and Recording. Audiometric and Otolaryngology Technician Certification Course, American Institute for Voice and Ear Research, Philadelphia, PA, July 31, 2003.
1085. Audiometric Technique. Audiometric and Otolaryngology Technician Certification Course, American Institute for Voice and Ear Research, Philadelphia, PA, July 31, 2003.
1086. Anatomy and physiology of phonation. Fifth PAN European Voice Conference, Graz, Austria, August 29, 2003.
1087. Medical treatment of voice disorders. Fifth PAN European Voice Conference, Graz, Austria, August 29, 2003.
1088. Surgical approach to the vocal fold. Fifth PAN European Voice Conference, Graz, Austria, August 29, 2003.
1089. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology-Head and Neck Surgery, Orlando, Florida; September 21, 2003.
1090. Sataloff, R.T., Alessi, D., Benninger, M., Riley, W. and Woodson, G. The actor and singer as patients of the laryngologist. American Academy of Otolaryngology-Head and Neck Surgery, Orlando, Florida; September 21, 2003.
1091. Rosen, C.A., Sataloff, R.T., Woo, P., Tucker, H., Netterville, J. and Rubin, A. Arytenoid dislocation: diagnosis, incidence and treatment. American Academy of Otolaryngology-Head and Neck Surgery, Orlando, Florida; September 22, 2003.
1092. Rosen, C.A., Sataloff, R.T., Courey, M.S., Postma, G.N. and Simpson, C.B. (Mini-seminar) Lumps and bumps of the vocal fold: controversy and consensus. American Academy of Otolaryngology-Head and Neck Surgery, Orlando, Florida; September 24, 2003.
1093. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2003.
1094. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2003.
1095. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2003.
1096. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2003.
1097. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2003.
1098. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2003.
1099. Dizziness: Diagnosis, Treatment and Legal Issues. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 21, 2003.
1100. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 2003.
1101. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 2003.
1102. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 2003.
1103. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 2003.
1104. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 22, 2003.
1105. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 23, 2003.
1106. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 23, 2003.
1107. Dizziness: An Overview. Dizziness: Current Concepts and Controversies. Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 24, 2003.

1108. Panel: Sataloff, R.T., Willcox, T., Mandel, S., Virag, T. Current Trends and Controversies in Diagnosis and Treatment of Dizziness. Dizziness: Current Concepts and Controversies. Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 24, 2003.
1109. Laryngopharyngeal reflux and other extra manifestations of reflux disease. Paoli Hospital, Paoli, PA. November, 19, 2003.
1110. Common Diagnoses and Treatments in voice Patients. The Lahey Clinic, Burlington, MA, March 13, 2004.
1111. Legal Issues in Laryngeal. The Lahey Clinic, Burlington, MA, March 13, 2004.
1112. Common Diagnoses and Treatments in Voice Professionals. The Hans von Leden Symposium, Cedars-Sinai Medical Center, Los Angeles, CA, March 27, 2004.
1113. Panel: von Leden, H., Sataloff, R.T., Titze, I., Verdolini, K., Melton, J. and Hinson, N. The Hans von Leden Symposium, Cedars-Sinai Medical Center, Los Angeles, CA; March 27, 2004.
1114. Sataloff, R.T., Titze, I., Verdolini, K. and von Leden, H. Videostroboscopic Case Presentation. The Hans von Leden Symposium, Cedars-Sinai Medical Center, Los Angeles, CA; March 27, 2004.
1115. Medical Diagnosis and Treatment in Voice Patients. World Voice Day, Graduate Hospital, Philadelphia, PA, April 16, 2004.
1116. Sataloff, R.T., Ford, C., Tucker, H., Benninger, M. and Woodson, G. Vocal Fold Scar: Current Concepts in Management. American Laryngologic Association, Phoenix, Arizona, May 1, 2004.
1117. Anatomy and Physiology of Phonation: An Overview. The 33rd Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 2, 2004.
1118. Professional Voice: The Science and Art of Clinical Care. The 33rd Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 5, 2004.
1119. Rubin, A., Praneetvatakul, V., Heman-Ackah, Y. and Sataloff, R.T. Repetitive Phonatory Tasks for Identifying Vocal Fold Paresis. The 33rd Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 5, 2004.
1120. Panel: Koufman, J., Sataloff, R.T., Abitbol, J., Woodson, G., Schneider, B., Tucker, H. and Heuer, R. Lesions of the Striking Zone. The 33rd Annual Symposium: Care of the Professional Voice, June 6, 2004
1121. Sataloff, R.T., Heuer, R.J., Baroody, M.M. and Hormon, M. Transgender Voice. Voice and Speech Trainers Association, Philadelphia, Pennsylvania, June 9, 2004.
1122. Advanced Stroboscovideolaryngoscopy (8-hr course). Kay Elemetrics, Lincoln Park, New Jersey, September 18, 2004.
1123. von Leden, H., Sataloff, R.T., Benninger, M., Alesi, D. and Riley, W. The Actor and Singer as Patient of the Otolaryngologist. AAO-HNS, New York, September 20, 2004.
1124. Professional Singers: The Science and Art of Clinical Care. AAO-HNS, New York, September 21, 2004.
1125. Anatomy of the Ear. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, October 4, 2004.
1126. Physics of Sound. Department of Otolaryngology-Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania, October 10, 2004.
1127. Occupational Hearing Loss. Department of Otolaryngology-Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania, October 10, 2004.
1128. Hearing Protectors. Department of Otolaryngology-Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania, October 10, 2004.
1129. Chronic ear surgery and ossicular reconstruction. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, October 11, 2004.
1130. Your Voice is Your Instrument: How are you caring for it? National Speakers Association, Plymouth Meeting, PA, October 16, 2004.
1131. Otosclerosis and Stapedectomy. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, October 18, 2004.
1132. Facial Paralysis. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, October 18, 2004.
1133. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October, 19, 2004.
1134. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.

1135. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.
1136. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.
1137. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.
1138. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.
1139. Intraoperative facial nerve monitoring. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.
1140. Chronic ear surgery and ossicular reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 19, 2004.
1141. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2004.
1142. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2004.
1143. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2004.
1144. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2004.
1145. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2004.
1146. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 20, 2004.
1147. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 21, 2004.
1148. Dizziness. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, October 25, 2004.
1149. Cochlear Implantation. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, October 25, 2004.
1150. Physics of Sound. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, November 1, 2004.
1151. Occupational Hearing Loss. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, November 1, 2004.
1152. Acoustic Neuromas and Glomus Tumors. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, November 8, 2004.
1153. Current Concepts in Voice Surgery and Post-surgical voice recovery. American-Speech-Language-Hearing Association Convention, Philadelphia, Pennsylvania, November 19, 2004.
1154. Common diagnoses and treatments in voice professionals. American-Speech-Language-Hearing Association Convention, Philadelphia, Pennsylvania, November 19, 2004.
1155. Skullbase Surgery: Extended Approaches. The Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, November 22, 2004.
1156. Otologic Review and Case Discussions. The Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, November 22, 2004.
1157. Anatomy and Physiology of the Voice. Academy of Vocal Arts, Philadelphia, Pennsylvania, December 3, 2004.
1158. Common Diagnoses and Treatments in Professional Singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, December 3, 2004.
1159. Vocal Fold Scar: Clinical and Research Advances. Harvard Medical School, Massachusetts Eye and Ear Infirmary, Boston, MA, January 6, 2005.
1160. Structure and function of the vocal tract. Department of Anesthesia, Thomas Jefferson University, Philadelphia, PA, February 17, 2005.
1161. Vocal Fold Scar: Clinical and Research Perspectives. Department of Otolaryngology-Head and Neck Surgery, University of Miami, School of Medicine, Miami, Florida, February 24, 2005.
1162. Medical Care of Singers and Other Voice Professionals. Rice University, Houston, TX, March 17, 2005.

1163. Voice Surgery: Common Concepts and Controversies. Houston, Texas Otolaryngological Society, March 17, 2005.
1164. Vocal Fold Scar: Diagnosis, Treatment and Basic Research. University of Vermont, Burlington, Vermont, March 24, 2005.
1165. Laryngopharyngeal Reflux: Current Concepts and Perspectives on Research (Visiting scholar lecture). TAP Pharmaceuticals, Lake Forest, Illinois, April 1, 2005.
1166. Phonomicrosurgical Anatomy of the Voice. 10th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 8, 2005.
1167. Flexible vs. Rigid Stroboscopy. 10th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 8, 2005.
1168. Laryngeal Electromyography. 10th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 8, 2005.
1169. Arts-Medicine: An Overview of New Paradigms in Medical Management (AOA Dean's Lecture). University of South Florida, Tampa, Florida, April 11, 2005.
1170. The Academic Practice of Medicine. University of South Florida, Tampa, Florida, April 11, 2005.
1171. Voice Surgery. Department of Anesthesiology, Thomas Jefferson University Hospital, Philadelphia, PA, May 26, 2005.
1172. Anatomy and physiology of phonation: an overview. The Voice Foundation's 34th Annual Symposium: Care of the Professional Voice, June 1, 2005
1173. Smith, L., Praneetvatakul, V. and Sataloff, R.T. EPTFE (Gortex) Medialization thyroplasty: complications in mobile vocal folds. The Voice Foundation's 34th Annual Symposium: Care of the Professional Voice, June 4, 2005.
1174. Smith, L., Praneetvatakul, V. and Sataloff, R.T. Correlation of Laryngeal Sensory Testing and Laryngeal Electromyography. The Voice Foundation's 34th Annual Symposium: Care of the Professional Voice, June 5, 2005.
1175. Sparano, A., Mirza, N. and Sataloff, R.T. Transnasal esophagoscopy. Pennsylvania Academy of Otolaryngology-HNS, Pittsburgh, PA, June 10, 2005.
1176. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 12, 2005.
1177. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 12, 2005
1178. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 12, 2005
1179. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 12, 2005.
1180. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 13, 2005.
1181. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 13, 2005.
1182. Intraoperative facial nerve monitoring. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 13, 2005.
1183. Chronic ear surgery and ossicular reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 14, 2005.
1184. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 14, 2005.
1185. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 14, 2005.
1186. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 15, 2005.
1187. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 15, 2005.
1188. Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 15, 2005.

1189. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 16, 2005.
1190. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, September 16, 2005.
1191. Kerschner JE, Hartnick CJ, Sataloff RT Merati AL, New Concepts in Pediatric Laryngology and Phonosurgery. American Academy of Otolaryngology-HNS Annual Meeting, Los Angeles, CA; September 25, 2005.
1192. Professional Voice: Science and Art of Clinical Care. American Academy of Otolaryngology-HNS Annual Meeting, Los Angeles, CA, September 25, 2005.
1193. Simpson, B. and Sataloff, R. Office-Based Procedures for the Larynx, Trachea, and Esophagus, American Academy of Otolaryngology-HNS Annual Meeting, September 25, 2005.
1194. Sataloff, R.T., Woo, P., Rosen, C.A., Netterville, J.L. and Crumley, R.L. Vocal Fold Medialization/Injection vs. Thyroplasty. American Academy of Otolaryngology-HNS Annual Meeting, Los Angeles, CA; September 27, 2005.
1195. von Leden, H., Sataloff, R.T., Alessi, D., Benninger, M. and Riley, W. The Actor and Singer as Patients of the Laryngologist. American Academy of Otolaryngology-HNS Annual Meeting, Los Angeles, CA; September 27, 2005.
1196. Common diagnoses and treatments in patients with voice disorders. The Metro Atlanta Educational Society for Otolaryngology-Head and Neck Surgery, Atlanta, Georgia, November 18, 2005.
1197. Voice Surgery. The Georgia Society of Otolaryngology-Head and Neck Surgery, Atlanta, Georgia, November 19, 2005.
1198. Skull base surgery: an overview of current concepts. The Georgia Society of Otolaryngology-Head and Neck Surgery, Atlanta, GA, November 19, 2005.
1199. Anatomy and Physiology of the Voice. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, January 16, 2006.
1200. Professional Voice Users: The History. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, January 16, 2006.
1201. Panel: Woo, P., Shapshay, S.M., Sataloff, R.T., Sulica, L.R., Franco, R.A. Laryngology Problems: From Standard of Care to State of the Art. Triological Society Eastern Section Meeting, Toronto, Canada, January 22, 2006.
1202. Professional Voice Users: Physical Examination. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, January 23, 2006.
1203. Common Diagnosis and Treatment in Voice Professionals. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, January 23, 2006.
1204. Stroboscovideolaryngoscopy Introduction. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, February 6, 2006.
1205. Sataloff, R.T. and Heman-Ackah, Y.D. Stroboscovideolaryngoscopy Interpretation. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, February 6, 2006.
1206. Vocal Health. Rittenhouse Row Wellness Week, Graduate Hospital, Philadelphia, Pennsylvania, February 13, 2006.
1207. Anatomy and Physiology of Phonation. University of Pennsylvania, Department of Otorhinolaryngology-Head and Neck Surgery, Philadelphia, PA, February 23, 2006.
1208. Voice Pathology. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, February 27, 2006.
1209. Voice Surgery. Graduate Hospital and Philadelphia College of Osteopathic Medicine, Philadelphia, PA, February 27, 2006.
1210. Anatomy and Physiology of Phonation. The Second Annual Texas Tech University Voice Symposium, Texas Tech University School of Music, Lubbock, Texas, April 22, 2006.
1211. Common Diagnoses and Treatments in Voice. The Second Annual Texas Tech University Voice Symposium, Texas Tech University School of Music, Lubbock, Texas, April 22, 2006.1217.
1212. Arts Medicine: An Overview. The Second Annual Texas Tech University Voice Symposium, Texas Tech University School of Music, Lubbock, Texas, April 22, 2006.
1213. Singing Technique (master class). The Second Annual Texas Tech University Voice Symposium, Texas Tech University School of Music, Lubbock, Texas, April 22, 2006.
1214. Conducting Technique (master class). The Second Annual Texas Tech University Voice Symposium, Texas Tech University School of Music, Lubbock, Texas, April 22, 2006.

1215. Presidential Address: The Academic Practice of Otolaryngology. The American Laryngological Association's 127th Annual Meeting, Chicago, Illinois, May 19, 2006.
1216. Panel: Sataloff, R.T., Inglis, A., Fried, M., Woo, P., and Pransky, S.: Recurrent Respiratory Papillomatosis. The American Laryngological Association's 127th Annual Meeting, Chicago, Illinois, May 19, 2006.
1217. Anatomy and Physiology of Phonation: An Overview. The Voice Foundation's 35th Annual Symposium: Care of the Professional Voice. Philadelphia, Pennsylvania. May 31, 2006.
1218. Heman-Ackah, Y.D., Fosnot, C., Heman-Ackah, S.E. and Sataloff, R.T. Evaluation of Inter-rater Reliability Using the Modified GRBAS Scale. The Voice Foundation's 35th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 3, 2006.
1219. Medical Evaluation and Treatment of Professional Singers: An Overview. The Voice Foundation's 35th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 3, 2006.
1220. Eller, R., Miller, M., Weinstein, J. and Sataloff R.T. Surgical Anatomy of the Posterior Cricoarytenoid Branch of the Recurrent Laryngeal Nerve: A Cadaver Study. The Voice Foundation's 35th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 4, 2006.
1221. Eller, R., Ginsburg, M., Heman-Ackah, Y.D., Lyons, K. and Sataloff, R.T. Comparison of Fiberoptic, Distal-chip, and Rigid Laryngeal Telescope Technologies for Stroboscopy. The Voice Foundation's 35th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 4, 2006.
1222. Rosen, C.A., Hathaway, B., Gartner-Schmidt, J., Simpson, C.B., Postma, G., Courey, M. and Sataloff, R.T. Clinical Validation of a Nomenclature Paradigm for Benign Vocal Fold Lesions. The Voice Foundation's 35th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 4, 2006.
1223. Occupational Hearing Loss: An Overview in Current Concepts. 26th Annual National Workers' Compensation and Occupational Medicine Conference, SEAK, Inc., Cape Cod, Massachusetts, July 18, 2006.
1224. Diagnosis and Treatment of Dizziness. Department of Medicine, Drexel University College of Medicine, Philadelphia, Pennsylvania, August 16, 2006.
1225. Care of the Professional Voice. American Osteopathic College of Ophthalmology and Otolaryngology – Head and Neck Surgery, The Embassy Suites Hotel, Philadelphia, Pennsylvania, September 9, 2006.
1226. Occupational Hearing Loss. American Osteopathic College of Ophthalmology and Otolaryngology – Head and Neck Surgery, The Embassy Suites Hotel, Philadelphia, Pennsylvania, September 9, 2006.
1227. Professional Singers: The Science and Art of Clinical Care. American Academy of Otolaryngology – Head and Neck Surgery, Toronto, Ontario, Canada, September 18, 2006.
1228. von Leden, H., Sataloff, R.T., Benninger, M. and Riley, W. The Actor and Singer as Patients of the Otolaryngologist. American Academy of Otolaryngology – Head and Neck Surgery, Toronto, Ontario, Canada, September 19, 2006.
1229. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 3, 2006.
1230. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 3, 2006.
1231. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 3, 2006.
1232. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 3, 2006.
1233. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 3, 2006.
1234. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 4, 2006.
1235. Chronic Ear Surgery and Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 4, 2006.
1236. Surgery for Vertigo: Techniques and Practice. Annual Temporal Bone Course, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 2006.
1237. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 2006.
1238. Glomus Tumors. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 5, 2006.

1239. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 6, 2006.
1240. Cochlear Implants. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 6, 2006.
1241. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 7, 2006.
1242. Anatomy of the Ear. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, October 16, 2006.
1243. Otosclerosis and Stapedectomy. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, November 6, 2006.
1244. Facial Paralysis. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, November 6, 2006.
1245. Chronic Ear Surgery and Ossicular Reconstruction. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, November 13, 2006.
1246. Occupational Hearing Loss. Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 15, 2006.
1247. Hearing Protection. Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 15, 2006.
1248. Testifying in Court. Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, November 15, 2006.
1249. Acoustic Neuromas and Glomus Tumors. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, November 20, 2006.
1250. Dizziness. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, November 27, 2006.
1251. Cochlear Implantation. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, November 27, 2006.
1252. Physics of Sound. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, December 6, 2006.
1253. Cancer of the Temporal Bone. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, December 6, 2006.
1254. Diagnoses and Treatments of Dizziness. Drexel University College of Medicine, Department of Neurology, Philadelphia, Pennsylvania, January 26, 2007.
1255. Phonomicrosurgical Anatomy. 12th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 13, 2007.
1256. Laryngeal EMG: Why and When to Do It. 12th International Workshop on Laser Voice Surgery and Voice Care, Paris, France, April 13, 2007.
1257. McElroy H, Sataloff RT. Arts Medicine. Grand Rounds at Magee Rehabilitation Hospital, Philadelphia, Pennsylvania, April 18, 2007.
1258. Panel: Code Red: Blood in the Vocal Fold. Ford, C., Sataloff, R.T., Woo, P. and Courey, M. Vascular Lesions of the Vocal Fold. American Laryngological Association, San Diego, California, April 25, 2007.
1259. Acoustic Neuroma/Approaches to the Middle Cranial Fossa. Temple University School of Medicine, Philadelphia, Pennsylvania, May 4, 2007.
1260. Common Diagnoses and Treatments in Voice Patients. Symposium on Music & Medicine, The Louis Armstrong Center for Music and Medicine, Beth Israel Medical Center, New York, New York, May 14, 2007.
1261. Anatomy and Physiology of Phonation: An Overview. The Voice Foundation's 36th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, May 29, 2007.
1262. Eller, R.L., Ginsburg, M., Heman-Ackah, Y.D., Lyons, K.M., Lurie, D., Sataloff, R.T. Flexible Laryngoscopy: A Comparison of Fiber Optic and Distal Chip Technologies. Part 2 – Laryngopharyngeal Reflux. The Voice Foundation's 36th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 2, 2007.
1263. Panel: Sataloff RT, Fried M, Rosen C, Ruiz C, Mirza N. Decision Making in Laryngology. 2007 Annual Scientific Meeting of the Pennsylvania Academy of Otolaryngology, Philadelphia, Pennsylvania, June 8, 2007.
1264. Panel: Sataloff RT, Weber R, Whitaker M, Ruckenstein M, Hirsch B. Decision Making in Otology. 2007 Annual Scientific Meeting of the Pennsylvania Academy of Otolaryngology, Philadelphia, Pennsylvania, June 8, 2007.
1265. Sataloff RT. Laryngology Computed Tomography. 2007 Annual Scientific Meeting of the Pennsylvania Academy of Otolaryngology, Philadelphia, Pennsylvania, June 9, 2007.

1266. Sataloff RT. Current Perspectives: Anatomy & Physiology of Voice. Current Practices in Voice Evaluation and Treatment Medical and Therapeutic Considerations, The Voice & Swallowing Center of Music, Waldo County General Hospital, Belfast, Maine, June 28, 2007.
1267. Sataloff RT. History and Physical for Examination of Voice. Current Practices in Voice Evaluation and Treatment Medical and Therapeutic Considerations, The Voice & Swallowing Center of Music, Waldo County General Hospital, Belfast, Maine, June 28, 2007.
1268. Sataloff RT. Common Diagnoses and Treatments in Voice Patients. Current Practices in Voice Evaluation and Treatment Medical and Therapeutic Considerations, The Voice & Swallowing Center of Music, Waldo County General Hospital, Belfast, Maine, June 28, 2007.
1269. Sataloff RT. Laryngopharyngeal Reflux: Clinical Update and "State-of-the-Art". Current Practices in Voice Evaluation and Treatment Medical and Therapeutic Considerations, The Voice & Swallowing Center of Music, Waldo County General Hospital, Belfast, Maine, June 28, 2007.
1270. Sataloff RT. Voice Surgery: Current Concepts. Current Practices in Voice Evaluation and Treatment Medical and Therapeutic Considerations, The Voice & Swallowing Center of Music, Waldo County General Hospital, Belfast, Maine, June 28, 2007.
1271. Sataloff RT. Arts Medicine: An Overview. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, August 6, 2007.
1272. Sataloff RT. Academic Practice of Otolaryngology. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, August 20, 2007.
1273. Sataloff RT. Public Speaking. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, August 27, 2007.
1274. Sataloff RT. Resident Research and Publications. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, September 10, 2007.
1275. Sataloff RT, Benninger M, Alessi D, Riley W. The Actor and Singer as Patients of the Laryngologist. American Academy of Otolaryngology – Head and Neck Surgery, Washington, D.C., September 16, 2007.
1276. Gardner GM, Sataloff RT, Sinacori J, Nuss R. Benign Lesions of the Vocal Folds: If and When to Operate. American Academy of Otolaryngology – Head and Neck Surgery, Washington, D.C., September 17, 2007.
1277. Sataloff RT. Professional Singers: The Science and Art of Clinical Care, Washington, D.C., September 17, 2007.
1278. Sataloff RT, Johns MM, Benninger M, O'Connor N, Merati A, Sulica L. Management of the Aging Voice: Consensus and Controversy. American Academy of Otolaryngology – Head and Neck Surgery, Washington, D.C., September 18, 2007.
1279. Sataloff RT. C.S. Lewis' Perelandra. Seminar in the course "Forbidden Knowledge", Franklin & Marshall College, Lancaster, Pennsylvania, September 24, 2007.
1280. Sataloff RT. The Voice: Anatomy and Physiology. Academy of Vocal Arts, Philadelphia, Pennsylvania, October 26, 2007.
1281. Sataloff RT. Common Medical Problems for Professional Singers. Academy of Vocal Arts, Philadelphia, Pennsylvania, October 26, 2007.
1282. Sataloff RT. Diagnoses and Treatments in Patients with Voice Disorders. The John Movelleville, M.D. Lecture Series, Riverview Medical Center, Red Bank, New Jersey, October 31, 2007.
1283. Sataloff RT. Otolaryngology: An Overview. Otolaryngology Special Interest Group, Drexel University College of Medicine, Philadelphia, Pennsylvania, November 12, 2007.
1284. Sataloff RT. Cochlear Implantation. Department of Otolaryngology – Head and Neck Surgery, Temple University, Philadelphia, Pennsylvania, December 5, 2007.
1285. Sataloff RT. Professional Voice Users: Physical Examination. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, January 7, 2008.
1286. Sataloff RT. Common Diagnosis and Treatment in Voice Professionals. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, January 7, 2008.
1287. Sataloff RT. Anatomy and Physiology of the Voice. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, January 14, 2008.
1288. Sataloff RT. Professional Voice Users: The History. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, January 14, 2008.
1289. Sataloff RT. Professional Voice Users: Physical Examination. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, January 21, 2008.
1290. Sataloff RT. Common Diagnosis and Treatment in Voice Professionals. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, January 21, 2008.

1291. Sataloff RT. Benign Vocal Fold Lesions: Pathology and Natural History. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, February 11, 2008.
1292. Sataloff RT. Surgery of the Voice. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, February 11, 2008.
1293. Sataloff RT. Anatomy and Physiology of the Voice. Drexel University College of Medicine, Department of Surgery, Philadelphia, Pennsylvania, March 18, 2008.
1294. Sataloff RT. Anatomy and Physiology of Phonation. New York University, Department of Otolaryngology – Head and Neck Surgery, New York, New York, March 24, 2008.
1295. Sataloff RT. Anatomy and Physiology of Phonation. New England Otolaryngologic Society, Massachusetts Eye and Ear Infirmary, Boston, Massachusetts, April 4, 2008.
1296. Sataloff RT. Voice Surgery: An Overview. New England Otolaryngologic Society, Massachusetts Eye and Ear Infirmary, Boston, Massachusetts, April 4, 2008.
1297. Sataloff RT. Arts Medicine: A New Paradigm in Clinical Thought. Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, April 7, 2008.
1298. Sataloff RT. The Human Voice: Anatomy, Physiology and Common Problems. World Voice Day, Drexel University College of Medicine, Philadelphia, Pennsylvania, April 16, 2008.
1299. Panel: Ossoff R, Benninger M, Courey M, Sataloff RT, Shapshay S. Pointers and Pitfalls in Laryngology. American Laryngological Association, Orlando, Florida, May 2, 2008.
1300. Sataloff RT. Anatomy and Physiology of Phonation: An Overview. The Voice Foundation's 37th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, May 28, 2008.
1301. Panel: Barnes-Burroughs K, Barody MM, Erickson ML, Kim Y, Sataloff RT, Gartner-Schmidt J. Interdisciplinary Opportunities in Voice Pedagogy. The Voice Foundation's 37th Annual Symposium: Care of the Professional Voice, Philadelphia, Pennsylvania, June 1, 2008.
1302. Sataloff RT. Arts Medicine: An Overview. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, July 28, 2008.
1303. Sataloff RT. Academic Practice of Otolaryngology. Drexel University College of Medicine, Department of Otolaryngology – Head and Neck Surgery, Philadelphia, Pennsylvania, July 28, 2008.
1304. Sataloff RT. Update: The Department of Otolaryngology – Head and Neck Surgery. Drexel University College of Medicine, Philadelphia, Pennsylvania, September 11, 2008.
1305. Sataloff RT. Overview of LPR and Implications for Voice Disorders. 2008 International Conference on Extra-Esophageal Reflux Disease, The Future: Diagnosis and Treatment, in conjunction with the 8th International Symposium on Human Pepsin, Milwaukee, Wisconsin, September 19, 2008.
1306. Sataloff RT. Anatomy of the Ear. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, October 13, 2008.
1307. Sataloff RT. Use of Microscopes. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 2008.
1308. Sataloff RT. Use of Laboratory and Care of Equipment. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 2008.
1309. Sataloff RT. Techniques of Obtaining Temporal Bones, and Surgical Drilling Technique. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 2008.
1310. Sataloff RT. Anatomy of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 2008.
1311. Sataloff RT. Chronic Ear Surgery and Ossicular Reconstruction. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 2008.
1312. Sataloff RT. Middle Fossa Surgery of the Ear. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 15, 2008.
1313. Sataloff RT. Laryngopharyngeal Reflux: Concepts and Controversies. Division of Gastroenterology, Department of Medicine, Drexel University College of Medicine, Philadelphia, Pennsylvania, October 16, 2008.
1314. Sataloff RT. Vertigo. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 17, 2008.
1315. Sataloff RT. Surgery of the Facial Nerve. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 17, 2008.

1316. Sataloff RT. Acoustic Neuromas. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 17, 2008.
1317. Sataloff RT. Otosclerosis and Stapedectomy. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 18, 2008.
1318. Sataloff RT. Skull Base Surgery: Extended Approaches. Annual Temporal Bone Course, Department of Otolaryngology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, October 18, 2008.
1319. Sataloff RT. Otosclerosis & Stapedectomy. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, October 27, 2008.
1320. Sataloff RT. Facial Paralysis. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, October 27, 2008.
1321. Sataloff RT. Chronic Ear Surgery & Ossicular Reconstruction. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, November 3, 2008.
1322. Sataloff RT. Acoustic Neuromas & Glomus Tumors. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, November 10, 2008.
1323. Sataloff RT. Dizziness. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, November 17, 2008.
1324. Sataloff RT. Cochlear Implantation. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, November 17, 2008.
1325. Sataloff RT. Management of Carcinoma of the Temporal Bone. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, December 1, 2008.
1326. Sataloff RT. Skull Base Surgery: Extended Approaches. Department of Otolaryngology – Head and Neck Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, December 1, 2008.
1327. Sataloff RT. Physics of Sound. Department of Otolaryngology – Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania, December 10, 2008.
1328. Sataloff RT. Occupational Hearing Loss. Department of Otolaryngology – Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania, December 10, 2008.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0031077

 **COPY**

EMPLOYEE/CLAIMANT: VIRGIL HOFF

EMPLOYER: MEADWESTVACO CORPORATION

CARRIER: MEADWESTVACO CORPORATION

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 27TH DAY
OF AUGUST, 2009, COMMENCING AT THE HOUR OF 11:11 A.M.,
IN NORTH CHARLESTON, SOUTH CAROLINA, BEFORE THE
HONORABLE DERRICK L. WILLIAMS, ATTENDED BY COUNSEL AS
FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

TIMMI A. PARRISH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376
864-921-8743

APPEARANCES

MALCOLM M. CROSLAND, JR., ESQUIRE,
DAVID T. PEARLMAN, ESQUIRE,
THE STEINBERG LAW FIRM, LLP
POST OFFICE BOX 9
CHARLESTON, SOUTH CAROLINA 29402

ATTORNEY FOR THE CLAIMANT,

KIRSTEN L. BARR, ESQUIRE, OF THE FIRM
TRASK & HOWELL, LLC
POST OFFICE BOX 2167
MT. PLEASANT, SOUTH CAROLINA 29465

ATTORNEY FOR THE EMPLOYER/CARRIER.

ALSO ATTENDING: MS. ESTHER WILKINS
MS. ARDELLA HOFF

I N D E X

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CERTIFICATE OF NOTARY PUBLIC.....	40

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN NORTH
4 CHARLESTON, SOUTH CAROLINA.

5 * * * * * * * * * * * * * * *

6 BY COMMISSIONER WILLIAMS:

7 TODAY'S DATE, AUGUST 27, 2009. THIS IS THE
8 WORKERS' COMPENSATION CASE OF MR. VIRGIL HOFF VERSUS
9 MEADWESTVACO, WCC FILE NUMBER 0031077. DATE OF
10 ACCIDENT ALLEGED IS OCTOBER 24TH OF 2000. PRESENT
11 FOR THE CLAIMANT, ATTORNEYS MALCOLM CROSLAND AND
12 DAVID PEARLMAN. PRESENT FOR THE EMPLOYER/CARRIER IS
13 ATTORNEY KIRSTEN BARR. THIS HEARING IS SET ON FORMS
14 50 AND 51. BASED ON THE FORM 20 IN THE FILE, THE
15 PARTIES WOULD STIPULATE, I BELIEVE, AS WELL TO AN
16 AVERAGE WEEKLY WAGE \$897.41, CORRESPONDING COMP RATE
17 OF \$507.34. I DO HAVE APA SUBMISSIONS FROM BOTH
18 PARTIES AND A MEMO OF LAW FROM THE PLAINTIFF. ANY
19 OBJECTIONS TO JURISDICTION, VENUE, OR THE APA
20 SUBMISSIONS?

21 BY MR. CROSLAND:

22 NONE FROM THE CLAIMANT.

23 BY MS. BARR:

24 NO, YOUR HONOR.

25 BY THE COMMISSIONER:

1 ALL RIGHT. THEN THE COMMISSION FILE IS PART OF
2 THE RECORD WITH THE EXCEPTION OF ANY SELF-SERVING
3 DECLARATIONS OR UNSTIPULATED MEDICAL REPORTS. THIS
4 IS A DENIED BINAURAL HEARING LOSS CLAIM. CLAIMANT
5 WOULD ALLEGE HE HAS SUSTAINED A COMPENSABLE INJURY
6 BY ACCIDENT IN THIS CASE, HAS REACHED M.M.I., AND IS
7 ENTITLED TO PERMANENCY IN THIS CASE, WOULD RELY ON
8 DR. KITCH'S IMPAIRMENT RATING OF 30 PERCENT
9 BINAURAL. THAT WAS ISSUED ON OCTOBER 14, 2003. THE
10 EMPLOYER/CARRIER DENIES THIS CLAIM. THEY DENY THE
11 CLAIMANT CAN SUSTAIN HIS BURDEN OF PROVING A
12 COMPENSABLE INJURY BY ACCIDENT TO BOTH EARS, AS WELL
13 AS BASED ON THE STATUTE OF LIMITATIONS HAVING RUN IN
14 THIS CASE. I BELIEVE THEY WOULD ALLEGE THE CLAIM
15 WASN'T FILED UNTIL ABOUT THREE YEARS AFTER -- OR,
16 ONE YEAR AFTER THE STATUTE WOULD HAVE RUN -- BUT
17 UNTIL 2003. THAT BEING STATED, THOUGH, DO THE
18 PARTIES WANT TO STATE ANYTHING ELSE FOR THE RECORD?
19 MR. CROSLAND?

20 **BY MR. PEARLMAN:**

21 YOUR HONOR, THIS MEMO OF LAW DEALS WITH THE
22 STATUTE OF LIMITATIONS ISSUE, SO WE DON'T NEED TO
23 RESTATE IT ON THE RECORD. BUT, OBVIOUSLY, WE RELY
24 ON THE DISCOVERY RULE THAT ALLOWS FOR THE FILING OF
25 CLAIMS.

1 BY THE COMMISSIONER:

2 OKAY. MS. BARR?

3 BY MS. BARR:

4 YES, YOUR HONOR. I THINK YOU'LL SEE CLEARLY
5 FROM THE MEDICAL RECORD AND FROM THE CLAIMANT'S
6 ADMITTED TESTIMONY THAT HE WAS AWARE OF HEARING
7 PROBLEMS PRIOR TO HIS RETIREMENT IN OCTOBER OF 2000.
8 ACCORDING TO APA PAGE NINE HE WENT TO A HEARING
9 SPECIALIST IN 1980, AND THEREFORE WE BELIEVE THAT IT
10 WAS REASONABLY DISCOVERED PRIOR TO THE EXPIRATION OF
11 THE STATUTE OF LIMITATIONS IN OCTOBER OF 2003 WHEN
12 THE CLAIM WAS FIRST FILED.

13 BY THE COMMISSIONER:

14 ALL RIGHT. MR. HOFF IS IN THE WITNESS CHAIR.
15 WE CAN SWEAR HIM IN.

16 * * * * *

17 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
18 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
19 MATTER HEREIN:

20 VIRGIL HOFF,

21 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS
22 FOLLOWS:

23 BY THE COMMISSIONER:

24 ALL RIGHT. MR. CROSLAND?

25 BY MR. CROSLAND:

1 THANK YOU, SIR.

2 DIRECT EXAMINATION BY MR. CROSLAND:

3 Q. MR. HOFF, HOW OLD ARE YOU, SIR?

4 A. SIXTY-NINE.

5 Q. AND WHERE WERE YOU BORN AND RAISED?

6 A. COTTAGEVILLE.

7 Q. AND HOW FAR IN SCHOOL DID YOU GO?

8 A. TWELVE.

9 Q. AND AFTER THE 12TH GRADE, WHAT DID YOU DO?

10 A. I WAS EMPLOYED BY WESTVACO.

11 Q. AND WHAT YEAR WAS THAT, SIR?

12 A. JULY OF '58.

13 Q. AND DURING YOUR LIFETIME HAVE YOU EVER HAD ANOTHER
14 JOB OTHER THAN WORKING AT WESTVACO?

15 A. NO, SIR. I CAME OUT OF HIGH SCHOOL AND WENT RIGHT
16 STRAIGHT TO WESTVACO.

17 Q. AND YOU LAST ACTUALLY WORKED IN THE PLANT WHEN?

18 A. OCTOBER OF 2000.

19 Q. AND HAVE YOU RETIRED FROM WESTVACO?

20 A. YES.

21 Q. AND WHEN DID YOU ACTUALLY RETIRE?

22 A. DECEMBER OF '02.

23 Q. NOW, WHEN YOU FIRST STARTED IN THE PLANT, THAT WAS
24 1958?

25 A. RIGHT.

- 1 Q. AND IN 1958 WHERE WERE YOU ASSIGNED IN THE PLANT?
- 2 A. NUMBER ONE AND TWO PAPER MACHINES AS A BROKEMAN
- 3 (PHONETIC).
- 4 Q. AND WHAT DOES A PAPER MACHINE, NUMBER ONE AND TWO,
- 5 WHAT DO THEY DO? WHAT DO THOSE MACHINES PRODUCE, OR
- 6 WHAT PART OF THE PROCESS WERE THEY RESPONSIBLE FOR?
- 7 A. THEY PRODUCE PAPER.
- 8 Q. AND HOW WOULD THEY DO THAT?
- 9 A. IT RUNS THROUGH A MACHINE, DRYING, THROUGH A WINDER
- 10 FOR SALE.
- 11 Q. AND THE MACHINES, HOW WERE THEY POWERED?
- 12 A. BY MOTORS, STEAM.
- 13 Q. AND HOW LARGE ARE THE MOTORS WE'RE TALKING ABOUT?
- 14 A. LARGE.
- 15 Q. BIGGER THAN A BREADBOX, AS BIG AS A CAR? HOW BIG?
- 16 A. WELL, SOME OF THEM WAS HALF AS BIG AS A CAR ANYHOW.
- 17 Q. AND IN THAT DEPARTMENT, HOW LONG WERE YOU INITIALLY
- 18 ASSIGNED TO WORK?
- 19 A. I WAS THERE APPROXIMATELY 11, 11 1/2 YEARS.
- 20 Q. WAS THERE ANY TIME DURING THAT 11 1/2 YEARS THAT YOU
- 21 WORKED OTHER PLACES IN THE PLANT?
- 22 A. AT THAT TIME, NO.
- 23 Q. AND WHAT WERE YOUR HOURS THAT YOU WORKED IN YOUR
- 24 PARTICULAR DEPARTMENT?
- 25 A. WELL, AT THAT TIME WE WORKED SHIFT WORK.

1 Q. AND WHAT SHIFT WERE YOU ASSIGNED?

2 A. WE WORKED ROTATING SHIFTS, AND WE HAD SOME EIGHT TO
3 FOUR, SOME FOUR TO TWELVE, SOME TWELVE TO EIGHT.

4 Q. WHAT DID YOU WORK?

5 A. I WORKED ALL THOSE SHIFTS.

6 Q. AND A NORMAL SHIFT LASTED HOW LONG?

7 A. FORTY HOURS.

8 Q. WOULD THAT BE PER WEEK?

9 A. PER WEEK. WITH THE EXCEPTION OF ONE WEEK THAT WE
10 HAD LIKE, I THINK IT WAS A 48-HOUR WEEK.

11 Q. AND HOW MANY HOURS PER DAY ON AVERAGE WOULD YOU
12 WORK?

13 A. EIGHT HOURS A DAY.

14 Q. WAS THERE ANY TIME ALLOTTED -- DURING THAT INITIAL
15 11 1/2 YEAR PERIOD OF TIME, WAS THERE TIME ALLOTTED
16 FOR LUNCH EVERY DAY?

17 A. WE EAT ON THE JOB.

18 Q. AND WHEN YOU SAY ON THE JOB, WOULD YOU LEAVE THAT
19 AREA WHERE YOU WORKED WITH THE PAPER MACHINES?

20 A. NO.

21 Q. YOU ATE RIGHT THERE WITH YOUR MACHINE?

22 A. RIGHT ON THE JOB.

23 Q. AND DURING THAT INITIAL TIME PERIOD, YOU SAID ABOUT
24 11 1/2 YEARS, THAT INITIAL PHASE OF YOUR EMPLOYMENT,
25 WHEN DID THAT COME TO AN END IN TERMS OF WHAT YEAR?

- 1 DO YOU REMEMBER?
- 2 A. '70.
- 3 Q. ABOUT 1970?
- 4 A. YEAH.
- 5 Q. UP TO 1970 WERE YOU PROVIDED WITH ANY HEARING
- 6 PROTECTION AS PART OF YOUR JOB AT WESTVACO?
- 7 A. I DON'T RECALL ANY.
- 8 Q. AND BEFORE YOU WORKED AT WESTVACO, WERE YOU EXPOSED
- 9 TO ANY PARTICULAR LOUD SOUNDS OR NOISES ON A
- 10 PROLONGED PERIOD OF TIME?
- 11 A. NO.
- 12 Q. NOW, YOU TALKED ABOUT THE PAPER MACHINES THAT YOU
- 13 WORKED WITH. DID THEY GENERATE ANY SOUND?
- 14 A. YES.
- 15 Q. CAN YOU DESCRIBE THE SOUND?
- 16 A. VERY LOUD, HIGH FREQUENCY SOUNDS.
- 17 Q. COULD YOU STAND NEXT TO A COWORKER AT A NORMAL
- 18 DISTANCE, TWO, THREE FEET, AND SPEAK IN A NORMAL
- 19 VOICE AND BE ABLE TO UNDERSTAND ONE ANOTHER?
- 20 A. NO.
- 21 Q. DURING YOUR SHIFT, WAS THERE -- AND I'M TALKING
- 22 ABOUT YOUR EIGHT-HOUR SHIFT -- WAS THERE EVER A TIME
- 23 THAT THE MACHINES WENT DOWN OR THAT IT WAS QUIET IN
- 24 YOUR WORK AREA?
- 25 A. NOT NORMALLY.

- 1 Q. WAS THERE ANY TIME DURING THE YEAR WHEN THE MACHINES
2 WOULD BE SHUT DOWN AND IT WOULD BE QUIET?
- 3 A. WELL, ONE AND TWO PAPER MACHINES, ONE NORMALLY RUN
4 ALL THE TIME. SOMETIMES THERE WOULD BE OUTAGES ON
5 PAPER MACHINES. ONE MACHINE MAY BE DOWN AT THAT
6 PARTICULAR TIME.
- 7 Q. WAS THAT A FREQUENT OR AN INFREQUENT OCCURRENCE?
- 8 A. FREQUENT.
- 9 Q. OKAY. WAS IT STILL NOISY IN THE AREA?
- 10 A. YES, YES.
- 11 Q. AND DID YOU WORK NEAR THE PAPER MACHINE THAT WAS
12 WORKING AND ACTUALLY PRODUCING PAPER?
- 13 A. YES.
- 14 Q. WOULD YOU HAVE ANY REASON TO BE BY A MACHINE THAT
15 WASN'T WORKING?
- 16 A. NOT NECESSARILY.
- 17 Q. AND WITH RESPECT TO THE TIME THAT YOU SPENT IN THAT,
18 YOU CALL IT THE PAPER MACHINE AREA, AFTER 1970 DID
19 YOUR JOB DESCRIPTION CHANGE WITH REGARD TO WHAT YOU
20 DID IN THAT AREA?
- 21 A. RIGHT. I WENT INTO THE PIPE SHOP AS AN APPRENTICE
22 IN 1970.
- 23 Q. AND WHAT DID AN APPRENTICE DO IN THE MACHINE AREA?
- 24 A. THIS WOULD BE A PIPE FITTER APPRENTICE.
- 25 Q. PIPE FITTER APPRENTICE. WHAT DOES A PIPE FITTER DO

1 AT THE WESTVACO PLANT?

2 A. FABRICATE AND INSTALL AND TROUBLESHOOT MACHINERY.

3 Q. IS IT SIMILAR TO BEING A MECHANIC?

4 A. AT THAT TIME WE WERE BASICALLY PIPE FITTERS.

5 Q. HOW LONG DID YOU WORK AS A PIPE FITTER?

6 A. I THINK AROUND '85 IT CHANGED TO WHERE YOU DONE A
7 LITTLE BIT OF EVERYTHING. I FORGET WHAT YOU CALL
8 THE NAME OF IT. IT'S LIKE MASTER MECHANIC. YOU DO
9 A LITTLE OF ALL.

10 Q. OKAY. WERE YOU ASSIGNED WHEN YOU WERE A PIPE FITTER
11 TO ANY PARTICULAR PART OF THE PLANT?

12 A. WE -- IN THE APPRENTICE PROGRAM, THE FIRST SIX
13 MONTHS I WENT RIGHT BACK TO THE AREA WHERE I HAD
14 LEFT FROM.

15 Q. THE PAPER MACHINE AREA?

16 A. THE PAPER MACHINE AREA.

17 Q. YES, SIR.

18 A. THEN I ROTATED TO SEVERAL OTHER AREAS IN THE PLANT
19 FOR SIX MONTHS, AND THEN AT THE END OF THE FOUR
20 YEARS, AFTER COMPLETING MY FOUR YEARS I WENT RIGHT
21 BACK TO THE PAPER MACHINES AGAIN.

22 Q. OKAY. CAN YOU DESCRIBE THE SOUND LEVEL THAT YOU
23 WERE EXPOSED TO IN THE OTHER AREAS OF THE PLANT
24 DURING YOUR APPRENTICESHIP?

25 A. A LOT OF THEM WERE REAL LOUD.

1 Q. WERE THEY AS LOUD AS THE PAPER MACHINE AREA?

2 A. YES.

3 Q. WERE SOME LOUDER THAN THE PAPER MACHINES?

4 A. YEAH. POSSIBLY, YES.

5 Q. AND AFTER YOU FINISHED THAT APPRENTICESHIP, DID YOU
6 EVENTUALLY COME BACK TO THE PAPER MACHINE AREA?

7 A. YES.

8 Q. AND HOW LONG THEN DID YOU STAY IN THAT AREA?

9 A. I STAYED THERE FROM THE TIME I CAME BACK UNTIL I
10 LEFT IN 2000.

11 Q. ALL RIGHT. NOW, WHAT TYPE OF EQUIPMENT DID YOU USE
12 TO PERFORM YOUR JOB AS A PIPE FITTER?

13 A. WELL, WE HAD STAINLESS STEEL CUTTERS FOR CUTTING
14 PIPE, A TORCH FOR BLACK IRON PIPE, AND THEN THE
15 WELDING WAS ON IT, WHICH WAS PERFORMED BY ANOTHER
16 CRAFT AT THAT TIME.

17 Q. WHAT TOOLS DID YOU ACTUALLY USE ON A REGULAR BASIS?

18 A. CHAIN FALL, COMEALONGS, TOOLS, SMALL TOOLS FOR
19 TIGHTENING BOLTS AND INSTALLING THE PIPE AND
20 REMOVING OLD PIPE A LOT OF TIMES.

21 Q. YOU TALKED ABOUT REMOVING PIPE AND YOU ALSO TALKED
22 ABOUT A CUTTER. HOW DID THE CUTTER OPERATE?

23 A. IT WAS OPERATED BY AIR.

24 Q. PNEUMATIC?

25 A. YEAH, PNEUMATIC.

- 1 Q. DID IT MAKE ANY NOISE?
- 2 A. TERRIBLE NOISE, ESPECIALLY ON STAINLESS STEEL PIPE.
- 3 Q. WHEN YOU SAY A TERRIBLE NOISE, CAN YOU DESCRIBE THE
- 4 NOISE FOR US?
- 5 A. WELL, IT WAS EXTREMELY LOUD.
- 6 Q. HOW BIG WAS THIS MACHINE?
- 7 A. IT WAS JUST A HANDHELD MACHINE.
- 8 Q. AND HOW LONG WOULD YOU USE IT AT ANY ONE STRETCH
- 9 WHEN YOU WERE CUTTING A PIPE?
- 10 A. IT WAS USED TO CUT LENGTH OF PIPE FOR FABRICATION.
- 11 Q. AND HOW MANY HOURS A DAY WOULD YOU USE IT WHEN IT
- 12 WAS USED?
- 13 A. DEPENDING ON THE SIZE JOB. IF IT WAS A SMALL JOB,
- 14 MAYBE VERY FEW HOURS. IF IT WAS A LARGE JOB, COULD
- 15 BE A LOT. DEPENDING ON THE AMOUNT OF PIPE THAT WE
- 16 PUT IN.
- 17 Q. AND HOW FREQUENTLY DID YOU USE THE PIPE CUTTER?
- 18 A. THIS WOULD COME THROUGH PLANNING AS JOBS BECAME
- 19 AVAILABLE TO US.
- 20 Q. DID YOU USE IT ON A WEEKLY BASIS OR A MONTHLY BASIS?
- 21 A. MOST PROBABLY MONTHLY.
- 22 Q. AND WOULD YOU USE IT JUST ONE DAY OR DAYS IN A ROW?
- 23 A. SOMETIMES DAYS IN A ROW.
- 24 Q. WOULD YOU USE IT ALL DAY OR PART OF A DAY?
- 25 A. SOME DAYS ALL DAY.

- 1 Q. AND AT THE TIME YOU'RE USING THE CUTTER, YOU'RE
2 USING THAT GENERALLY IN THAT PAPER MACHINE AREA THAT
3 YOU'VE TOLD US ABOUT, IS THAT RIGHT?
- 4 A. RIGHT.
- 5 Q. NOW, YOU SAID UP UNTIL ABOUT 1985 YOU WORKED AS A
6 PIPE FITTER; IS THAT CORRECT?
- 7 A. RIGHT.
- 8 Q. IN THE PAPER MACHINE AREA? WHAT HAPPENED AFTER
9 1985? DID YOUR JOB DUTIES CHANGE?
- 10 A. BASICALLY, BECAUSE OF NEGOTIATIONS THE COMPANY
11 WANTED MULTICRAFT, SO THAT PUT THE CRAFT PEOPLE TO
12 DOING A LITTLE BIT OF THE CRAFT OF OTHER TRADES.
- 13 Q. AND AFTER 1985, WHERE DID YOU SPEND MOST OF YOUR
14 TIME IN THE PLANT?
- 15 A. MACHINE ROOM, PAPER MACHINE.
- 16 Q. PAPER MACHINE ROOM?
- 17 A. PAPER MACHINE ROOM.
- 18 Q. IS THAT ANY DIFFERENT THAN WHAT WE'VE BEEN TALKING
19 ABOUT?
- 20 A. YEAH, YEAH.
- 21 Q. IS IT THE SAME PLACE?
- 22 A. YEAH.
- 23 Q. DID THE PAPER MACHINE ROOM, IN TERMS OF THE NOISE
24 GENERATED, BASED ON YOUR EXPERIENCE FROM 1958 UP
25 UNTIL THE TIME YOU LEFT THE AREA AND RETIRED, DID

1 THE AMOUNT OF NOISE GENERATED IN THAT PART OF THE
2 PLANT CHANGE ANY?

3 A. NO.

4 Q. AND WAS IT ALWAYS NOISY?

5 A. IT WAS NOISY WHEN I GOT THERE; IT WAS NOISY WHEN I
6 LEFT.

7 Q. WHAT WAS THE TEMPERATURE LIKE IN THE PAPER MACHINE
8 AREA OF THE PLANT?

9 A. WHAT WAS THE WHAT?

10 Q. THE TEMPERATURE.

11 A. VERY, VERY HOT.

12 Q. AND WE TALKED ABOUT UP UNTIL ABOUT 1970, I THINK YOU
13 SAID, YOU DIDN'T USE ANY HEARING PROTECTION. DID
14 THAT SITUATION CHANGE IN THE PLANT? DID HEARING
15 PROTECTION BECOME AVAILABLE TO YOU?

16 A. AROUND SOMETIME IN THE '70s, I THINK, WHEN THEY...

17 Q. AND WHAT TYPE OF HEARING PROTECTION WAS PROVIDED TO
18 YOU THAT YOU ACTUALLY USED?

19 A. I USED THE FOAM TYPE, THE INSERT.

20 Q. AND YOU TALKED ABOUT THE TEMPERATURE. DID
21 TEMPERATURE IN THE PAPER MACHINE ROOM, DID IT AFFECT
22 YOU? DID YOU PERSPIRE?

23 **BY MS. BARR:**

24 OBJECTION TO LEADING.

25 **BY THE COMMISSIONER:**

1 CAN YOU REPHRASE?

2 BY MR. CROSLAND:

3 SURE.

4 DIRECT EXAMINATION RESUMED BY MR. CROSLAND:

5 Q. WAS IT HOT IN THE PAPER MACHINE ROOM?

6 A. VERY HOT.

7 Q. DID THAT HAVE ANY EFFECT ON YOU, THE HEAT?

8 A. WELL, I THINK IT DID WITH MY HEARING AIDS BECAUSE I
9 THINK THEY WORKED LOOSE IN MY EAR A LOT OF TIMES AND
10 I'D HAVE TO -- I'D HAVE TO STOP AND REINSERT THEM.

11 Q. WHEN YOU SAY HEARING AIDS ---

12 A. MY HEARING -- MY HEARING PROTECTION.

13 Q. OKAY. AND WHAT EFFECT WOULD THAT HAVE ON THE
14 HEARING PROTECTION?

15 A. IT WOULD LOOSEN THEM UP SOME AND MOVE THEM OUT.
16 THEN YOU'D HAVE TO REINSERT THEM AND -- TO GET THE
17 BEST OUT OF THEM.

18 Q. DID THE HEARING PROTECTION, THE FOAM PROTECTION THAT
19 YOU'VE DESCRIBED, DID THAT ELIMINATE ALL THE SOUND
20 GENERATED IN THE PAPER MACHINE ROOM?

21 A. NO.

22 Q. DID YOU EVER -- DID YOUR JOB DESCRIPTION EVER CHANGE
23 OR THE AREA THAT YOU WORKED EVER CHANGE FROM THE
24 PAPER MACHINE ROOM TOWARDS THE END OF YOUR
25 EMPLOYMENT?

- 1 A. WELL, ONCE WE WENT MULTICRAFT IT CHANGED TO A POINT
2 THAT I HAD TO MAYBE DO SOME OF THE MILLWRIGHT WORK,
3 POSSIBLY A LITTLE IRON WORK. OTHER THAN THAT,
4 BASICALLY THE SAME.
- 5 Q. WERE YOU EVER OUT OF AN AREA IN THE PLANT DURING THE
6 COURSE OF YOUR EMPLOYMENT THAT WASN'T LOUD, THAT
7 DIDN'T EXPOSE YOU TO LOUD SOUNDS?
- 8 A. MAYBE WAREHOUSE AND STORAGE AREA AND ROUGH STORAGE
9 WHERE THEY STORED PARTS, KIND OF ---
- 10 Q. HOW OFTEN WOULD YOU GO TO THOSE AREAS?
- 11 A. WELL, WE HAD VERY LITTLE WORK IN THAT WAREHOUSE
12 BECAUSE BASICALLY WATERLINES OR SPRINKLER HEADS, AND
13 LIKE I SAY THAT WAS BASICALLY A FREE RUN SITUATION.
14 RECOVERY INVESTMENT WAS LIKE THEY STORED SOME PARTS
15 IN MAYBE DIFFERENT AREAS, YOU KNOW, AND THEN IF WE
16 HAD A BREAKDOWN WE COULD RUN OUT THERE MAYBE AND GET
17 ONE RATHER THAN GO TO SUPPLY ROOM.
- 18 Q. IF YOU SORT OF AVERAGE THE PERCENTAGE OF TIME DURING
19 YOUR EMPLOYMENT THAT YOU SPENT IN THE PAPER MACHINE
20 AREA, WHAT PERCENT OF YOUR TIME WOULD THAT HAVE
21 BEEN?
- 22 A. IT WOULD HAVE PROBABLY BEEN 99 PERCENT OF MY TIME
23 WAS THERE.
- 24 Q. AND ARE YOU FAMILIAR WITH A PLACE CALLED A TOOL
25 ROOM? I'M SORRY. ARE YOU FAMILIAR WITH A TOOL

1 ROOM?

2 A. RIGHT, RIGHT.

3 Q. DID YOU EVER HAVE ANY INTERACTION WITH THE TOOL
4 ROOM?

5 A. YES.

6 Q. HOW SO?

7 A. ABOUT THE LAST SEVEN OR EIGHT YEARS OF MY YEARS THAT
8 I WORKED THERE, THEY HAD LET ME WORK IN THE TOOL
9 ROOM TO HELP ME ALONG WITH THE CONDITION I HAD OF MY
10 ARTHRITIS.

11 Q. ARTHRITIS?

12 A. TO KEEP ME FROM CLIMBING AND SQUATTING.

13 Q. WHAT DID YOU DO IN THE TOOL ROOM?

14 A. I HANDED OUT TOOLS FOR MECHANICS, PIPE FITTERS, IRON
15 WORKERS.

16 Q. AND THE TOOL ROOM WHERE YOU WORKED, WHERE WAS IT
17 LOCATED?

18 A. THE FIRST ONE WAS LOCATED IN ZONE ONE UNDERNEATH
19 NUMBER THREE PAPER MACHINE.

20 Q. AND WHEN YOU SAY UNDERNEATH NUMBER THREE PAPER
21 MACHINE, HOW FAR WERE YOU ACTUALLY PHYSICALLY FROM
22 THAT MACHINE?

23 A. ON THE FIRST ONE ON THE DRY END WAS MOST PROBABLY 50
24 OR 60 FEET MOST PROBABLY.

25 Q. AND IN THE TOOL ROOM, THAT FIRST TOOL ROOM, HOW LONG

- 1 WERE YOU THERE?
- 2 A. ROUGHLY MAYBE FIVE, SIX YEARS ROUGHLY.
- 3 Q. AND WHAT WAS THE NOISE LEVEL LIKE THERE?
- 4 A. IT WAS NOISY.
- 5 Q. AND WHAT WERE THE HOURS THAT YOU WORKED IN THE TOOL
- 6 ROOM, THE FIRST TOOL ROOM?
- 7 A. EIGHT HOURS.
- 8 Q. AND DURING THE EIGHT HOURS THAT YOU WERE WORKING,
- 9 WERE YOU ACTUALLY IN THE TOOL ROOM?
- 10 A. YES.
- 11 Q. WERE YOU PROVIDED A LUNCH BREAK?
- 12 A. YES.
- 13 Q. AND HOW LONG WAS THAT?
- 14 A. THIRTY MINUTES.
- 15 Q. AND WAS THAT 30 MINUTES IN ADDITION TO THE EIGHT
- 16 HOURS YOU WORKED IN THE TOOL ROOM?
- 17 A. RIGHT, RIGHT, YES.
- 18 Q. WAS THERE A SECOND TOOL ROOM WHERE YOU WORKED?
- 19 A. YES.
- 20 Q. WHERE WAS THAT LOCATED?
- 21 A. THAT WAS LOCATED UNDER NUMBER THREE PAPER MACHINE IN
- 22 THE BASEMENT, UNDERNEATH NUMBER THREE WINDER,
- 23 REWINDER.
- 24 Q. WHAT DOES A REWINDER TO?
- 25 A. A REWINDER WINDS THE PAPER UP AFTER IT COMES OFF THE

1 PAPER MACHINE SO THAT THEY CAN RECUT IT AND SHIP TO
2 THE CUSTOMER IN DIFFERENT SIZE ROLLS.

3 Q. AND WITH REGARD TO THE REWINDER MACHINE, DOES IT
4 GENERATE SOUND?

5 A. YES, VERY MUCH.

6 Q. WHEN YOU SAY VERY MUCH, IS IT LOUD?

7 A. YES.

8 Q. AND YOUR LOCATION IN THE SECOND TOOL ROOM, WHAT WAS
9 THE DISTANCE THAT YOU ACTUALLY WORKED FROM THE
10 REWINDING MACHINE?

11 A. ABOUT TEN OR FIFTEEN FEET.

12 Q. WAS IT OVER YOU TEN OR FIFTEEN FEET?

13 A. RIGHT.

14 Q. AND THE CEILING OVER YOU, WAS IT A SOLID CEILING?

15 A. NO.

16 Q. COULD YOU LOOK UP THROUGH IT?

17 A. THEY HAD -- THEY HAD SOME PLYWOOD AROUND THE WINDER,
18 BUT THEY HAD OPEN SPOTS IN IT WHERE YOU COULD -- THE
19 DUST AND ALL CAME DOWN FROM THE TOP OF THE WINDER
20 AND WAS REAL BAD THERE.

21 Q. AND IS THAT WHERE YOU COMPLETED YOUR ACTUAL LAST
22 WORK, WAS IN THAT ---

23 A. THAT'S RIGHT, YES.

24 Q. --- REWINDER TOOL ROOM, IF YOU WILL? YOU WERE
25 UNDERNEATH IT?

1 A. YES.

2 Q. OKAY. NOW, DURING THE COURSE OF YOUR EMPLOYMENT AT
3 WESTVACO, DID YOU HAVE ANY HEALTH PROBLEMS THAT YOU
4 WERE AWARE OF OTHER THAN YOUR ARTHRITIS YOU'VE
5 TALKED ABOUT? IS THAT RIGHT?

6 A. YES.

7 Q. OKAY. ANYTHING ELSE? ANY OTHER HEALTH PROBLEMS
8 THAT YOU HAD?

9 A. WELL, AT ONE TIME I HAD WHAT THEY THOUGHT WAS CANCER
10 IN 2000 ALSO, WHICH TURNED OUT TO BE IT FINALLY
11 CLEARED UP, AND THEY PUT A NAME ON IT; IT'S
12 SARCOIDOSIS. AND KIDNEY STONES AT ONE TIME, AND
13 THEN I HAD SOME BASAL CANCER CELLS REMOVED AT A
14 TIME.

15 Q. AND DO YOU HAVE DIABETES?

16 A. DIABETES.

17 Q. WHEN WAS THAT DIAGNOSED?

18 A. THAT WAS DETERMINED IN OCTOBER OF 2000, I BELIEVE.

19 Q. PRIOR TO OCTOBER OF 2000, HAD YOU EVER BEEN
20 DIAGNOSED WITH DIABETES?

21 A. NO, NEVER BEFORE.

22 Q. AND HOW HAVE YOU MANAGED YOUR DIABETES?

23 A. IT'S BEEN GOOD. MATTER OF FACT, AT ONE POINT DURING
24 MY TREATMENTS I HAD BEEN ABLE TO COME OFF MEDICINE,
25 BUT THEN I HAD TO GO BACK ON IT. SO, I RUN AT

1 PRETTY GOOD LEVELS WITH IT NOW.

2 Q. ALL RIGHT. IN THE '60s WERE YOU DIAGNOSED WITH
3 DIABETES?

4 A. OH, NO.

5 Q. '70s?

6 A. NO.

7 Q. '80s?

8 A. NO.

9 Q. '90s?

10 A. NO.

11 Q. AND AT YOUR HOME, IN YOUR PERSONAL LIFE, IF YOU WERE
12 NOT AT WORK, WERE YOU EVER EXPOSED TO ANY LOUD
13 PROLONGED SOUNDS OR NOISE?

14 A. NO.

15 Q. DID YOU HUNT?

16 A. YES.

17 Q. AND WHEN DID YOU START HUNTING?

18 A. MOST PROBABLY IN THE MIDDLE '60s OR MAYBE LATER.

19 Q. AND HOW OFTEN WOULD YOU HUNT?

20 A. AT THAT PARTICULAR TIME, WHENEVER WE COULD GET A
21 GROUP OF MEN UP, WHICH MAY NOT BE BUT ONCE EVERY TWO
22 OR THREE WEEKS AT THAT TIME..

23 Q. WHAT WOULD YOU HUNT?

24 A. DEER.

25 Q. AND DEER SEASON RUNS FROM WHEN TO WHEN?

- 1 A. AUGUST THE 15TH TO JANUARY THE 1ST.
- 2 Q. AND DID THE FREQUENCY OF YOUR HUNTING EVER CHANGE
- 3 AFTER THE MID '60s?
- 4 A. IN '70 I JOINED A CLUB.
- 5 Q. YES, SIR.
- 6 A. AND WE HUNTED -- WE HAD OUR RULES FOR SET DAYS TO
- 7 HUNT, WEDNESDAY AND SATURDAY. I WAS NORMALLY OFF ON
- 8 SATURDAY. THAT'S NORMALLY WHEN I WENT HUNTING.
- 9 Q. AND WITH REGARD TO HOW MANY TIMES YOU ACTUALLY WOULD
- 10 FIRE YOUR GUN DURING HUNTING SEASON, DID YOU
- 11 ACTUALLY SHOOT YOUR GUN EVERY SEASON?
- 12 A. NO.
- 13 Q. WHY NOT?
- 14 A. FOR SEVEN YEARS ONE TIME THAT GUN DID NOT FIRE.
- 15 Q. WHY NOT?
- 16 A. NOTHING COME BY ME TO SHOOT.
- 17 Q. OKAY. DURING A NORMAL YEAR, OTHER THAN THE SEVEN
- 18 YEARS YOU DIDN'T SHOOT ANYTHING, WOULD YOU FIRE YOUR
- 19 GUN?
- 20 A. NO. NO, I DIDN'T TARGET PRACTICE OR USE THE GUN FOR
- 21 ANY OTHER REASON OTHER THAN HUNTING.
- 22 Q. OKAY. DID YOU EVER KILL A DEER?
- 23 A. YEAH, I DID KILL SOME DURING MY LIFETIME, BUT NOT A
- 24 LOT.
- 25 Q. OKAY. ANY LOUD EQUIPMENT AT HOME THAT YOU RAN ON A

1 REGULAR BASIS?

2 A. NO.

3 Q. NOW, WERE YOU PROVIDED ANY SORT OF HEARING TESTS
4 WHILE YOU WORKED AT WESTVACO?

5 A. YES.

6 Q. AND WHO ACTUALLY ADMINISTERED THOSE TESTS?

7 A. THE NURSES AT FIRST AID.

8 Q. AND WOULD YOU EVER MEET WITH THEM OR REVIEW THE
9 RESULTS OF THOSE TESTS?

10 A. RIGHT.

11 Q. WHEN WOULD YOU DO THAT IN RELATIONSHIP TO WHEN THE
12 TEST WAS ADMINISTERED?

13 A. ONCE THE TEST WAS RUN, THEN LATER THEY WOULD CALL
14 YOU BACK IN AND REVIEW THEM WITH YOU.

15 Q. AND WHAT WAS YOUR UNDERSTANDING OF YOUR TESTS AS
16 THEY PROGRESSED THROUGH ---

17 A. MY UNDERSTANDING WAS THAT MY HEARING WAS NORMAL AND
18 STILL HOLDING.

19 Q. OKAY. WERE YOU EVER ADVISED BY ANYBODY AT WESTVACO
20 THAT YOU HAD ANY HEARING LOSS RELATED TO YOUR
21 EMPLOYMENT AT WESTVACO?

22 A. NO.

23 Q. DO YOU KNOW DR. KITCH?

24 A. YES.

25 Q. AND DID YOU SEE DR. KITCH IN 2003?

1 A. RIGHT, I DID.

2 Q. AND WHAT WAS THE REASON THAT YOU SAW HIM?

3 A. BECAUSE I FELT LIKE MY HEARING WAS CONTINUING TO GET
4 WORSE, AND I WENT TO HIM TO SEE WHERE I STOOD WITH
5 IT.

6 Q. AND BASED UPON YOUR EVALUATION BY DR. KITCH, DID YOU
7 LEARN ANYTHING ABOUT YOUR HEARING LOSS?

8 A. YES. HE TOLD ME -- HE TOLD ME ---

9 BY MS. BARR:

10 OBJECTION TO THE HEARSAY.

11 BY THE COMMISSIONER:

12 OKAY. . SUSTAINED.

13 DIRECT EXAMINATION RESUMED BY MR. CROSLAND:

14 Q.. DID YOU HAVE ANY HEARING LOSS AFTER YOU LEFT DR.
15 KITCH'S OFFICE?

16 A. ACCORDING TO HIM, HE SAID IT WAS RELATED TO NOISE
17 LEVEL.

18 BY MS. BARR:

19 OBJECTION TO THE HEARSAY.

20 BY THE COMMISSIONER:

21 SUSTAINED.

22 BY MR. CROSLAND:

23 LET ME REPHRASE THE QUESTION.

24 DIRECT EXAMINATION RESUMED BY MR. CROSLAND:

25 Q. DID YOU SEE DR. KITCH?

1 A. YES.

2 Q. HOW MANY TIMES DID YOU SEE HIM?

3 A. ONCE.

4 Q. DID HE TEST YOU?

5 A. YES.

6 Q. WHAT'S YOUR UNDERSTANDING OF WHAT THE TEST REVEALED?

7 A. THAT I HAVE A HEARING LOSS.

8 Q. OKAY. AND DO YOU KNOW WHAT WAS THE CAUSE OF YOUR
9 HEARING LOSS?

10 A. BECAUSE OF ---

11 BY MS. BARR:

12 OBJECTION.

13 WITNESS ANSWERS:

14 A. BECAUSE OF NOISE.

15 BY MS. BARR:

16 IT CALLS FOR AN EXPERT OPINION AND HEARSAY.

17 BY MR. CROSLAND:

18 TWO THINGS: FIRST, WHAT DR. KITCH TOLD HIM ---

19 BY MS. BARR:

20 WHICH IS HEARSAY.

21 BY MR. CROSLAND:

22 --- IS SUPPORTED BY THE APA THAT'S ALREADY
23 ADMITTED INTO THE RECORD. SECOND, IT'S NOT HEARSAY
24 IF WHAT IS REVEALED TO THE PATIENT IS PART OF A
25 DIAGNOSIS OF A HEALTH CONDITION. THAT'S A CLEAR

1 EXCEPTION TO THE HEARSAY RULE.

2 BY THE COMMISSIONER:

3 WELL, HE CAN'T TELL ME WHAT DR. KITCH TOLD HIM,
4 BUT IF HE HAS AN UNDERSTANDING FROM LOOKING AT HIS
5 OWN MEDICAL RECORDS OF WHAT HAS CAUSED IT, HE CAN
6 TESTIFY TO THAT.

7 DIRECT EXAMINATION RESUMED BY MR. CROSLAND:

8 Q. DO YOU HAVE AN UNDERSTANDING OF WHAT IS THE CAUSE OF
9 YOUR HEARING LOSS?

10 A. I FEEL LIKE I DO.

11 Q. WHAT IS IT?

12 A. I FEEL LIKE IT'S BECAUSE OF THE NOISE WHERE I
13 WORKED.

14 Q. AND WHERE YOU WORKED, YOU'RE TALKING ABOUT WESTVACO?

15 A. RIGHT.

16 Q. ARE YOU WEARING ANY SORT OF HEARING AIDS TODAY?

17 A. NO.

18 Q. HAVE YOU TRIED THEM?

19 A. NO.

20 Q. WOULD YOU LIKE TO HAVE A HEARING AID?

21 A. YES.

22 Q. AND HAS ONE BEEN PRESCRIBED FOR YOU?

23 A. NO.

24 Q. WOULD YOU LIKE TO SEE SOMEBODY ABOUT GETTING A
25 HEARING AID?

1 A. YES.

2 Q. OTHER THAN DR. KITCH, HAS ANY DOCTOR EVER TOLD YOU
3 THAT YOUR HEARING LOSS WAS RELATED TO YOUR WORK AT
4 WESTVACO?

5 A. NO.

6 Q. BEFORE YOU LEARNED OF YOUR HEARING LOSS AND THE
7 RELATIONSHIP BETWEEN IT AND YOUR WORK AT WESTVACO,
8 DID YOU HAVE ANY NOTICE FROM ANYBODY THAT YOUR
9 HEARING LOSS WAS CAUSED BY YOUR WORK?

10 A. NO.

11 BY MR. CROSLAND:

12 COMMISSIONER, THAT'S ALL I'VE GOT.

13 BY THE COMMISSIONER:

14 ALL RIGHT. MS. BARR?

15 BY MS. BARR:

16 THANK YOU.

17 CROSS EXAMINATION BY MS. BARR:

18 Q. MR. HOFF, IT'S MY UNDERSTANDING BASED ON YOUR
19 PREVIOUS SWORN TESTIMONY BACK IN 2004 THAT YOU BEGAN
20 HAVING PROBLEMS WITH YOUR HEARING BACK IN THE 1970s.
21 IS THAT CORRECT?

22 A. WELL, THEY WERE DOING TESTING AT THAT TIME, AND
23 WHATEVER MY TESTS RESULTS WAS AT THAT TIME IS WHAT I
24 HAVE. LET ME ---

25 Q. YOU CAN EXPLAIN YOURSELF.

1 A. CAN I ASK YOU A QUESTION BACK?

2 BY THE COMMISSIONER:

3 NO.

4 BY MS. BARR:

5 NO. YOU CAN EXPLAIN YOUR ANSWER.

6 BY THE COMMISSIONER:

7 YOU CAN'T ASK ANY QUESTIONS, BUT YOU CAN
8 EXPLAIN.

9 BY THE WITNESS:

10 THAT'S OKAY. GO AHEAD THEN.

11 CROSS EXAMINATION RESUMED BY MS. BARR:

12 Q. BUT YOU THOUGHT YOU WERE HAVING PROBLEMS WITH YOUR
13 OWN HEARING BACK, ALL THE WAY BACK INTO THE 1970s;
14 IS THAT TRUE?

15 A. WELL, I WAS NEVER INFORMED THAT I WAS.

16 Q. WELL, WHAT DID YOU THINK? WERE YOU HAVING PROBLEMS
17 WITH YOUR HEARING? BECAUSE YOU TESTIFIED THAT YOU
18 WERE HAVING HEARING PROBLEMS IN THE 1970s.

19 A. WELL, I THOUGHT THAT I WAS.

20 Q. OKAY. AND YOU ALSO COMPLAINED IN THE EARLY 1980s --
21 I'M LOOKING IN 1981. YOU WOULD GO AND GET
22 QUESTIONNAIRES FROM THE NURSES AT MEADWESTVACO WHEN
23 THEY WOULD DO YOUR HEARING TEST; IS THAT CORRECT?

24 A. YEAH.

25 Q. AND THEY WOULD ASK YOU ABOUT HOW YOU WERE DOING AND

1 HOW YOUR HEARING WAS, DIDN'T THEY?

2 A. UH-HUH.

3 Q. IS THAT -- I UNDERSTAND YOU, BUT THE COURT REPORTER
4 NEEDS TO TAKE DOWN A YES OR A NO. IS THAT A YES?
5 YOU DID HAVE CONVERSATIONS ROUTINELY WITH THE NURSES
6 ABOUT HOW YOUR HEARING WAS OVER THE COURSE OF THE
7 YEARS?

8 A. YEAH, WE HAD A REVIEW OF THE TESTS.

9 Q. ALL RIGHT. AND YOU WOULD ALSO TALK TO HER ABOUT
10 WHETHER OR NOT YOU WERE EXPOSED TO LOUD NOISES
11 HUNTING OR DOING OTHER THINGS AT HOME, IS THAT
12 RIGHT?

13 A. YES.

14 Q. AND IN 1981, ACCORDING TO ONE OF YOUR COMMENTS, YOU
15 HAD RINGING IN YOUR EARS OCCASIONALLY BACK IN 1981?

16 A. YES.

17 Q. AND, IN FACT, YOU REPORTED TO THE NURSES AT WESTVACO
18 THAT YOU WENT TO AN EAR SPECIALIST IN WALTERBORO IN
19 1980. DO YOU REMEMBER THAT?

20 A. NOT A -- IN '80?

21 Q. IN 1980.

22 A. NO, I DON'T.

23 Q. YOU DID ---

24 A. AN EAR SPECIALIST?

25 Q. AN EAR SPECIALIST.

- 1 A. NO.
- 2 Q. YOU WENT TO AN EAR SPECIALIST PRIOR TO SEEING DR.
- 3 KITCH, DID YOU NOT?
- 4 A. I DON'T KNOW WHETHER SPRATT WAS ONE THAT I USED
- 5 PRIOR OR AFTER, BUT HE'S NOT A SPECIALIST.
- 6 Q. YOU WENT TO A DOCTOR ABOUT YOUR HEARING, THOUGH, IN
- 7 THE 1980s?
- 8 A. NOT THAT I RECALL.
- 9 Q. WAS THERE ANY REASON WHY YOU WOULD HAVE TOLD THE
- 10 NURSE THAT YOU HAD SEEN AN EAR SPECIALIST IN
- 11 WALTERBORO IN 1980?
- 12 A. NOT ANY AT ALL. NOT ANY AT ALL. AN EAR SPECIALIST
- 13 THEN? NO.
- 14 Q. WELL, YOU WOULD HAVE BEEN TRUTHFUL WITH THE NURSES
- 15 IN THE INTERVIEWS?
- 16 A. WELL, SURE, I WOULD HAVE BEEN.
- 17 Q. AND WALTERBORO, THE COMMISSIONER MAY OR MAY NOT KNOW
- 18 THIS, WALTERBORO IS JUST RIGHT UP THE ROAD FROM
- 19 COTTAGEVILLE, IS THAT RIGHT?
- 20 A. RIGHT, YEAH.
- 21 Q. WERE YOUR REGULAR FAMILY PHYSICIANS IN WALTERBORO?
- 22 A. JOE FLOWERS, YEAH.
- 23 Q. NOW, YOU MENTIONED THAT YOU'VE BEEN HUNTING AT LEAST
- 24 SINCE THE 1960s; IS THAT RIGHT?
- 25 A. RIGHT.

1 Q. AND WHAT KIND OF GUNS DO YOU USE WHEN YOU GO DEER
2 HUNTING? I BELIEVE YOU'VE USED A RIFLE AND A
3 SHOTGUN?

4 A. WELL, WHEN I FIRST STARTED IT WAS A SHOTGUN. THIS
5 WAS ---

6 Q. TWELVE GAUGE?

7 A. YES. AND I REVERTED TO A RIFLE MOST PROBABLY IN '97
8 OR '98, POSSIBLY IN THAT AREA.

9 Q. AND YOU HAD A 30-06; IS THAT CORRECT?

10 A. RIGHT.

11 Q. AND WHEN YOU GO DEER HUNTING, YOU DON'T WEAR HEARING
12 PROTECTION; YOU WANT TO HEAR THE DEER, IS THAT
13 RIGHT?

14 A. WELL, YOU'VE GOT TO HEAR SOMETHING COMING IF IT'S
15 COMING.

16 Q. SO YOU DON'T WEAR FOAM EARPLUGS OR HEADPHONES OR
17 ANYTHING LIKE THAT ---

18 A. NO.

19 Q. --- WHEN YOU'RE DEER HUNTING? OKAY. AND I KNOW
20 THAT YOU DON'T GET LUCKY AND YOU DON'T KILL A BIG
21 BUCK ON EVERY HUNT, BUT SURELY AT THE BEGINNING OF
22 THE SEASON YOU TAKE THE TIME TO SIGHT YOUR RIFLE, IS
23 THAT RIGHT?

24 A. NO.

25 Q. YOU DON'T SIGHT YOUR RIFLE?

- 1 A. NO. MY RIFLE HAS NOT BEEN SIGHTED SINCE I BOUGHT
2 IT, AND THAT WAS THE LATTER PART OF '90s.
- 3 Q. NOW, EVEN MY EIGHT-YEAR-OLD SIGHTS IN HIS RIFLE
4 BEFORE THE DEER SEASON STARTS. IS THERE SOME REASON
5 WHY YOU DIDN'T WANT TO MAKE SURE YOUR RIFLE WAS
6 SIGHTED?
- 7 A. HE MAY BE MORE DEDICATED THAN THIS FELLOW RIGHT HERE
8 THEN.
- 9 Q. ALL RIGHT. BUT YOU'VE CERTAINLY SHOT GUNS A NUMBER
10 OF TIMES OVER THE COURSE OF YOUR LIFE WITHOUT
11 WEARING ANY HEARING PROTECTION, IS THAT RIGHT?
- 12 A. WELL, LIKE I SAID WHEN MR. MALCOLM ASKED THE
13 QUESTION WHILE AGO, THERE'S THAT ONE POINT IN MY
14 LIFE WITH A SHOTGUN, SEVEN YEARS I DIDN'T FIRE THAT
15 GUN.
- 16 Q. YOU ---
- 17 A. I'M NOT LIKE DID I HAVE A BUCK RUN BY ME EVERY TIME.
18 IN MY WHOLE LIFETIME, I DOUBT I'VE KILLED TEN BUCKS
19 IN MY LIFETIME.
- 20 Q. THAT'S GOOD.
- 21 A. THAT'S GOOD?
- 22 Q. THAT'S GOOD.
- 23 A. WELL, I MEAN, IN MY RECORDS IT'S NOT. SO, I MEAN,
24 EVERYBODY HAS THEIR OPINION.
- 25 Q. ALL RIGHT. WELL, SO ANY OTHER EXPLOSIONS OTHER THAN

1 GUNFIRE THAT YOU'VE BEEN EXPOSED TO IN YOUR LIFE?

2 A. NO.

3 Q. OKAY. AND SINCE YOU RETIRED IN OCTOBER OF 2000,
4 YOU'VE SHOT A GUN SINCE THEN?

5 A. RIGHT.

6 Q. AND YOU'VE BEEN CONTINUED TO BE TREATED FOR
7 DIABETES?

8 A. YES.

9 Q. YOU HAVE TO MONITOR YOUR BLOOD SUGAR ON A REGULAR
10 BASIS?

11 A. YES.

12 Q. AND WHAT HAPPENS IF YOU DON'T MONITOR YOUR BLOOD
13 SUGAR OR IF YOU DON'T MAINTAIN AN APPROPRIATE DIET?
14 WHAT HAPPENS WITH YOUR DIABETES?

15 A. WELL, SOMETIMES IT WILL ELEVATE.

16 Q. AND WHO FOLLOWS YOU FOR THE DIABETES? WHO'S YOUR
17 DOCTOR?

18 A. DR. FLOWERS.

19 Q. DR. FLOWERS IN WALTERBORO?

20 A. UH-HUH.

21 Q. FAIR TO SAY YOUR HEARING HAS GOTTEN WORSE OVER THE
22 PAST NINE YEARS SINCE YOU RETIRED FROM MEADWESTVACO?

23 A. I THINK IT HAS.

24 Q. AND HAVE YOU HAD ANY OTHER MEDICAL PROBLEMS THAT
25 HAVE DEVELOPED SINCE YOUR RETIREMENT FROM

1 MEADWESTVACO?

2 A. THE ONLY OTHER PROBLEM I HAD WAS HIGH BLOOD
3 PRESSURE. WE WENT ON SOME MEDICINE. THE MEDICINE
4 MESSED ME UP. I HAD TO COME OFF IT, AND MY BLOOD
5 PRESSURE MY LAST CHECK WAS 104 OVER 70.

6 Q. GOOD. AND I BELIEVE AROUND YOUR HOUSE YOU USE A
7 CHAINSAW OCCASIONALLY OR SOME OTHER POWER TOOLS, IS
8 THAT RIGHT?

9 A. OCCASIONALLY.

10 Q. DO YOU EVER WHIP OUT ANY EARPLUGS OR HEARING
11 PROTECTION WHEN YOU USE THE CHAINSAW?

12 A. I DO.

13 Q. YOU DO? SO HOW LONG HAVE YOU BEEN USING HEARING
14 PROTECTION WITH THE CHAINSAW?

15 A. WHENEVER I USE THAT SAW. MOST PROBABLY AS LONG AS
16 I'VE BEEN USING FROM THE MILL.

17 Q. SO, YOU'VE BEEN USING HEARING PROTECTION FOR THE
18 CHAINSAW AT HOME SINCE YOU STARTED USING HEARING
19 PROTECTION AT THE MILL?

20 A. RIGHT.

21 Q. AND YOU WERE GOOD AND CONSCIENTIOUS ABOUT ALWAYS
22 WEARING YOUR HEARING PROTECTION WHEN IT BECAME
23 REQUIRED BY THE MILL, DIDN'T YOU?

24 A. RIGHT.

25 Q. IT WOULD ACTUALLY BE A SAFETY VIOLATION TO NOT WEAR

1 YOUR HEARING PROTECTION?

2 A. AT FIRST I DON'T KNOW WHETHER IT WAS OR NOT, BUT I
3 THINK NOW, THOSE LAST YEARS, AS WELL AS I REMEMBER
4 THEY WERE PRESSING THAT PRETTY HARD, ALONG WITH
5 SAFETY GLASSES AND HARD HAT.

6 Q. AND WHEN YOU WOULD GO IN YEAR AFTER YEAR FOR YOUR
7 HEARING TESTS AT THE MEDICAL DEPARTMENT, THE NURSES
8 WOULD MAKE SURE YOU HAD HEARING PROTECTION AND THAT
9 YOU KNEW HOW TO USE IT CORRECTLY?

10 A. YEAH, AND SHOW YOU HOW TO USE IT, RIGHT.

11 BY MS. BARR:

12 WELL, THANK YOU, MR. HOFF. THAT'S ALL THE
13 QUESTIONS I HAVE FOR YOU.

14 BY THE COMMISSIONER:

15 ANY REDIRECT?

16 BY MR. CROSLAND:

17 NOTHING FURTHER.

18 BY THE COMMISSIONER:

19 MR. HOFF, YOU WORKED AT MEADWESTVACO 42 YEARS;
20 IS THAT CORRECT?

21 BY THE WITNESS:

22 ABOUT 42 1/2.

23 BY THE COMMISSIONER:

24 Q. OKAY. PRIOR TO THIS CLAIM, HAVE YOU EVER FILED ANY
25 OTHER WORKERS' COMPENSATION CLAIMS BEFORE?

1 A. NO.

2 Q. YOU STARTED HUNTING IN THE MID '60s. SO, I GUESS,
3 ABOUT 30, 40 YEARS. HOW MANY DEER HAVE YOU SHOT,
4 HAVE YOU KILLED?

5 A. MOST PROBABLY LESS THAN TEN IN MY LIFETIME.

6 Q. DID YOU EVER DO ANY OTHER TYPE OF HUNTING AT ALL;
7 QUAIL, DUCK, ---

8 A. NO, NO.

9 Q. --- ANYTHING ELSE?

10 A. DEER HUNTING IS MY HUNT.

11 Q. WHEN YOU HAD THE EARPLUGS IN, COULD YOU STILL HEAR
12 SOME NOISE ---

13 A. YES.

14 Q. --- IN THE PLANT?

15 A. YES.

16 Q. EVEN WITH THE EARPLUGS IN?

17 A. YES.

18 Q. IF SOMEONE HAD TO COME TO YOU TO ASK YOU A QUESTION,
19 WOULD YOU HAVE TO PULL THE EARPLUGS OUT OR COULD YOU
20 HEAR THEM THROUGH THE EARPLUGS?

21 A. SOMETIMES I WOULD HAVE TO REMOVE THEM TO HEAR THEM
22 BECAUSE OF THE LOUDNESS OF THE NOISE DEPENDING ON
23 JUST HOW CLOSE YOU WERE TO THE EQUIPMENT WHEN IT WAS
24 RUNNING.

25 BY THE COMMISSIONER:

1 ANY OTHER QUESTIONS, MR. CROSLAND?

2 BY MR. CROSLAND:

3 NOTHING FURTHER.

4 BY THE COMMISSIONER:

5 MS. BARR?

6 BY MS. BARR:

7 JUST BRIEFLY.

8 RECROSS EXAMINATION BY MS. BARR:

9 Q. WHEN YOU WORE HEARING PROTECTION AFTER IT WAS
10 REQUIRED IN THE 1970s, THE VAST MAJORITY AND ALMOST
11 ALL THE TIME YOU WERE IN A NOISY SPACE YOU WOULD BE
12 WEARING HEARING PROTECTION AS REQUIRED, WOULD YOU
13 NOT?

14 A. PLUS NORMALLY WEARING THEM TO THE GATE AND BACK IN.

15 Q. OKAY. KEEPING THEM IN UNLESS YOU HAD TO TAKE THEM
16 OUT FOR A BRIEF MOMENT TO ADJUST THEM OR TO LISTEN
17 TO A CONVERSATION?

18 A. THE NOISE DIDN'T STOP AT THE PAPER MACHINE. YOU
19 COULD HEAR NOISE FROM THE WOOD YARD AREA GOING IN,
20 AND A LOT OF THE PEOPLE WAS WEARING THE PROTECTION
21 IN AND OUT.

22 Q. SO YOU WORE YOURS IN AND OUT ---

23 A. RIGHT.

24 Q. --- JUST TO BE SAFE?

25 A. RIGHT.

1 BY MS. BARR:

2 THANK YOU.

3 BY THE COMMISSIONER:

4 THANK YOU, SIR. ANY OTHER WITNESSES FOR THE
5 CLAIMANT?

6 BY MR. CROSLAND:

7 NOTHING FURTHER.

8 BY THE COMMISSIONER:

9 WITNESSES FOR THE EMPLOYER/CARRIER?

10 BY MS. BARR:

11 NO.

12 BY THE COMMISSIONER:

13 ALL RIGHT. THAT WILL CONCLUDE THIS HEARING.

14 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
15 CONCLUDED AT THE HOUR OF 11:47 A.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0031077

EMPLOYEE/CLAIMANT: VIRGIL HOFF

EMPLOYER: MEADWESTVACO CORPORATION

CARRIER: MEADWESTVACO CORPORATION

I, TIMMI A. PARRISH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 40 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF VIRGIL HOFF, TAKEN ON THE 27TH DAY OF AUGUST, 2009.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING 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 AND OFFICIAL SEAL THIS 14TH DAY OF SEPTEMBER, 2009.

TIMMI A. PARRISH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 11-18-2018

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

STATE OF SOUTH CAROLINA) COURT OF COMMON PLEAS
) NINTH JUDICIAL CIRCUIT
COUNTY OF CHARLESTON) CASE NO.: 2010-CP-10-6041

VIRGIL A. HOFF,)
)
 PLAINTIFF,)
)
VS.)
)
MEADWESTVACO,)
)
 DEFENDANT.)

MOTIONS HEARING

held before the Honorable J.C. Nicholson, Jr.
Mia Perron, Circuit Court Reporter, 9th Judicial Circuit
in the Charleston County Courthouse
Charleston, South Carolina
on Thursday, July 19, 2012, Commencing at 11:23 a.m.

SUSAN "MIA" PERRON, CVR-CM-M
Circuit Court Reporter - 9th Judicial Circuit
Post Office Box 31865
Charleston, South Carolina 29417-1865
1-706-231-6028

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CERTIFICATE OF COURT REPORTER

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EXHIBITS

[None]

PROCEEDINGS

THE COURT: Virgil Hoff versus MeadWestvaco.

MR. CROSLAND: Yes, sir.

THE COURT: I believe the appellant is the plaintiff; is that correct?

MR. CROSLAND: That's correct, Your Honor.

THE COURT: Be glad to hear you.

MR. CROSLAND: I'm sorry, Your Honor?

THE COURT: Be glad to hear you.

MR. CROSLAND: Yes, sir. Thank you, Your Honor.

MS. BARR: The commissioner no longer sends up a record, so I thought you might appreciate --

MR. CROSLAND: That's the record --

THE COURT: All right. The commissioner doesn't put out a record?

MS. BARR: Well, they don't send it up here anymore.

THE COURT: Where do they send it?

MS. BARR: They keep it.

THE COURT: Huh?

MR. CROSLAND: They keep it.

THE COURT: Oh. They don't even send it to you anymore? How are you supposed to make a decision if you don't have the record?

MR. CROSLAND: Well, we're supposed to get it

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1 together, and that's what we've done, so that's what
2 is in front of you.

3 MS. BARR: That's from both of us.

4 [Off the record momentarily]

5 THE COURT: Okay. Glad to hear you.

6 MR. CROSLAND: Thank you, Your Honor.

7 Your Honor, this is, as you said, the case of
8 Virgil Hoff versus MeadWestvaco. And we contend that
9 the commission below erred as a matter of law applying
10 the wrong standard and the wrong law towards the
11 application of the statute of limitations in this
12 case.

13 Your Honor, as you probably know, there is a
14 two-year statute of limitations. So the parties
15 normally went to file the claim and that two-year
16 statute of limitations begins to run from the date of
17 an accident in a usual case. This case is a little
18 bit different because it involves a hearing-loss case,
19 which is a repetitive-trauma type case similar to
20 carpal tunnel, and the statute of limitations is a
21 little bit different in those instances.

22 But let me tell you a little bit about the facts
23 of this case, because the facts do matter. I'm not
24 asking Your Honor to retry the case, but I think
25 you need to have a little bit of a background about

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1 Mr. Hoff and about what the evidence showed below,
2 because it really goes directly towards the
3 application of the proper standard to the statute of
4 limitations.

5 Mr. Hoff got out of high school around 1958 and
6 went to work at the Westvaco in North Charleston. And
7 believe it or not, Your Honor, that is the only job
8 that Mr. Hoff ever had his entire adult life. He went
9 there, as I said, when he got out of high school and
10 he never left until he retired in the year 2000.

11 He worked mainly as a --

12 THE COURT: Let me interrupt you for a second.
13 I think this is something I need to tell the two of
14 you and it didn't dawn on me until now. And I'll let
15 y'all make a decision. Let me get my dates straight.

16 My father died in 1993. Okay? That was how
17 many years ago? Almost ten years ago. Twenty.
18 Almost twenty years ago. He worked for Westvaco for
19 forty-five years and retired from Westvaco. Now, he
20 would have retired from Westvaco probably fifteen or
21 twenty years before he died.

22 And I feel obligated to advise you of that.
23 Now, you know, I was -- if y'all want somebody else to
24 hear the Westvaco case, I'll be glad to continue it
25 and let somebody else hear it. It was a long time

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1 ago, and I didn't have anything to do with Westvaco.
2 He did. You know, I can remember him saying -- when
3 he would go by and smell the stink coming out of the
4 plant, say, that sounds like money to me.

5 Now, but I feel like I'm obligated to at
6 least -- and I'm sorry. I didn't realize to tell you
7 that earlier. It just didn't dawn on me.

8 MR. CROSLAND: That's all right.

9 THE COURT: And I have no problem if y'all want
10 me to step out of it and let somebody else hear it.

11 MR. CROSLAND: Your Honor, as long as you're
12 comfortable and you believe you can be --

13 THE COURT: Well, I'm comfortable with it. But
14 I just feel like I'm obligated to tell you that.

15 MR. CROSLAND: Yes, sir.

16 As long as you think you can be fair and
17 impartial, I have no -- absolutely no objection.

18 THE COURT: I mean, I don't think this has
19 anything to do with the internal workings of Westvaco.
20 And basically everybody that I know at Westvaco is
21 retired or dead.

22 MR. CROSLAND: Yes, sir.

23 THE COURT: And Mead bought them since that
24 time. When he retired, it was actually Westvaco.

25 MS. BARR: Your Honor, we have no question about

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1 your impartiality.

2 THE COURT: All right. Please proceed. I
3 didn't mean to interrupt you, but I felt like I should
4 at least tell you that.

5 MR. CROSLAND: Yes, sir.

6 THE COURT: All right. Go ahead.

7 MR. CROSLAND: Thank you, Your Honor.

8 At any rate, Your Honor, as I said -- much like
9 it sounds like your father -- Mr. Hoff worked from
10 1958 until he retired in 2000 at Westvaco, never left.
11 Worked essentially as a mechanic at the plant. His
12 duties as a mechanic -- I mean, it's uncontroverted in
13 the record -- brought him within close proximity to
14 the paper-making machines, the paper rollers, that are
15 extremely noisy.

16 And around the 1980s, as best we can tell,
17 sometime in that period is when he was first provided
18 with some hearing plugs, is what his testimony was.
19 Although the hearing plugs were designed to try and
20 reduce or eliminate the exposure. Nevertheless, the
21 record below indicates that he suffered noise-induced
22 hearing loss as a result of his work at Westvaco.

23 Even the defendant's expert, who is a
24 Dr. Saddeloff [phonetic], Your Honor -- on page 24 of
25 the defendant's APA Exhibits, which is a report from

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1 Dr. Saddeloff dated April 21st, 2004, Dr. Saddeloff
2 notes that the maximum amount of hearing loss that
3 could be attributed to his occupational etiology he
4 says is about 3.8 percent. So if you really read
5 Dr. Saddeloff's report, he indicates that at least
6 some of his hearing loss is a result of noise-induced
7 exposure at the plant.

8 So we brought a claim in 2003. And, again, this
9 is really the issue with the statute of limitations,
10 whether the claim was properly and timely filed.
11 Mr. Hoff stopped working in September or October of
12 2000.

13 THE COURT: September or October, 2000?

14 MR. CROSLAND: Yes, sir.

15 THE COURT: Okay.

16 MR. CROSLAND: The claim was filed in our office
17 in October of 2003, after he was evaluated by
18 Dr. Russell Kitch in North Charleston. And Dr. Kitch,
19 for the first time, told him that, number one, your
20 hearing loss is substantial; and, number, two, that in
21 his opinion it was most likely induced by his --

22 THE COURT: He saw this doctor when, now?

23 MR. CROSLAND: The report from Dr. Kitch is in
24 October of 2000 -- excuse me -- September of 2003.
25 The claim was filed --

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1 THE COURT: Dr. Fitch? F-I-T-C-H?

2 MR. CROSLAND: Kitch. K-I-T-C-H, Your Honor.

3 THE COURT: Okay. And he filed his report in
4 October of when?

5 MR. CROSLAND: Well, the claim, Your Honor, was
6 filed in October of 2000 and -- excuse me -- September
7 of 2003. And that's roughly around the time that
8 Dr. Kitch issued his report, which is part of our
9 APA that was submitted into the record, Your Honor.
10 Dr. Kitch's report is actually dated --

11 THE COURT: Apparently, looking at the notes
12 very briefly, the hearing commission found loss
13 compensable and the full commission reversed it. Why
14 did the full commission reverse it? I've not looked
15 at the order.

16 MR. CROSLAND: Yes, sir.

17 The full commission, Your Honor, applied the
18 Schurlknight test.

19 And the Schurlknight case is a case that arose
20 here in Charleston. My partner actually handled it.

21 Mr. Schurlknight was a firefighter and, as part
22 of his duties of a firefighter, of course he's exposed
23 to the siren on fire engines and brought a claim in
24 that case -- again, dates are important -- brought a
25 claim several years after he stopped working as a

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1 fireman. And it turns out that the Court of Appeals
2 in that case found that the statute of limitations in
3 the Schurlknight case provided that he had to bring a
4 claim within two years of the last date that he worked
5 as a fireman. And in the Schurlknight case, he did
6 bring the claim within two years of the last day that
7 he worked.

8 The defendants argue in this case that because
9 Mr. Hoff in this case stopped working in 2000, that
10 when he brought his claim in --

11 THE COURT: What was the fireman's claim?

12 MR. CROSLAND: It was hearing loss.

13 THE COURT: Hearing loss?

14 MR. CROSLAND: Yes, sir.

15 THE COURT: okay.

16 MR. CROSLAND: And the defendants argue that in
17 Schurlknight because of that two-year statute of
18 limitations, according to the South Carolina -- starts
19 a last date of work; that because Hoff brought his
20 claim more than two years after he stopped working,
21 that his claim was not timely. And we take issue with
22 that, Your Honor.

23 I mean, we've sited several cases. First, we've
24 sited the Mauldin case. The Mauldin case stands for
25 the proposition that the statute of limitations in an

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1 injury by accident does not start to run until the
2 claimant knew or should have known that he had or she
3 had a compensable injury.

4 In conjunction with that, several years after
5 the Schurlknight case, Your Honor, our Court of
6 Appeals issued a decision in a case called Bass v.
7 Isochem. And you'll recall, Your Honor --

8 THE COURT: What is the cite of that case?

9 MR. CROSLAND: Bass v. Isochem?

10 THE COURT: Is that in your brief?

11 MR. CROSLAND: Yes, sir, Your Honor.

12 THE COURT: Okay. Go ahead, if it's in your
13 brief.

14 MR. CROSLAND: It is.

15 And in Bass v. Isochem, much like the repetitive
16 from a hearing-loss case that is the Hoff case before
17 you know, Bass v. Isochem involved a repetitive injury
18 case that involved carpal tunnel and the issue in
19 Bass v. Isochem was whether or not the claimant had
20 given the employer proper and timely notice of her
21 injury by accident.

22 In the Bass case, the claimant began to get a
23 diagnosis of the carpal tunnel condition in January,
24 but didn't actually file a claim until about eleven
25 months later in November of the same year. Defendants

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1 argued that, well, even if you have a compensable
2 claim, the statute requires that you provide us notice
3 within ninety days of the accident. But our court,
4 our Court of Appeals in that case found that that
5 wasn't proper application of the statute of
6 limitations for notice and said that the notice
7 provision under our act begins to run when the
8 employee becomes disabled and could discover with
9 reasonable diligence that they had a claim.

10 And that's important in the Hoff case, Your
11 Honor, and it ties into the Schurlknight case. In the
12 Hoff case, again, Your Honor, the first that Mr. Hoff
13 became aware that he had a compensable hearing loss, a
14 hearing loss that was caused by his exposure to the
15 paper machines, was when he was diagnosed by Dr. Kitch
16 in 2003.

17 Now, our contention is is that when you look at
18 the Mauldin case, and even in Schurlknight --
19 Schurlknight, the court is very careful to point out
20 that in the Schurlknight case, Mr. Schurlknight was
21 diagnosed very early on -- in fact, in 1995, with
22 noise-induced hearing loss and then continues to work
23 until 1997 and then files his claim in 1998, some
24 three years after he was provided notice of his
25 hearing loss.

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1 We don't have that in this case, Your Honor.
2 What we have in this case is we have Mr. Hoff, who
3 continues to work until the year 2000, and, in fact,
4 is given hearing tests at the plant. And the
5 testimony from Mr. Hoff is that when he's given those
6 hearing tests, number one, he's not provided a copy of
7 the hearing test; and, number two, when he discusses
8 the hearing test or what the results are with the
9 plant nurse, what he's told is everything is fine,
10 he's holding steady.

11 So he's never given the information by the folks
12 who are testing him at the plant, on an annual basis,
13 that he's got noise-induced hearing loss. If that
14 were the case, if there was a document from the plant
15 where they informed him that, we gave you this test,
16 you've got hearing loss that's caused by the noise
17 here that you're exposed to as a mechanic, then we
18 wouldn't be here.

19 The first time he's diagnosed is three years
20 after he leaves the plant. So our contention, Your
21 Honor, is how is he supposed to timely file a claim
22 within two years of leaving the plant when no doctor
23 has told him that he has a hearing-loss condition that
24 is related to, caused by, aggravated, or accelerated
25 by his exposure to noise at the plant?

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1 And when you look at the Mauldin case, when you
2 look at the Bass v. Isochem case, I think what our
3 court is telling us is, listen, if the claimant
4 doesn't know that he's got a compensable hearing loss
5 caused by his work, then how can we apply the statute
6 of limitations in a situation, retroactively, that he
7 doesn't know that he's got a claim for? It makes no
8 sense.

9 And so, Your Honor, we think that when you apply
10 the Mauldin standard -- and, again, remember that in
11 this case Mr. Hoff was never told by anyone that the
12 employer exposures caused his hearing loss. Didn't
13 know that until roughly thirty days --

14 THE COURT: Well, what did his hearing -- did he
15 get periodic hearing tests with Westvaco?

16 MR. CROSLAND: Yes, he did.

17 THE COURT: What did they -- MeadWestvaco: what
18 did they show?

19 MR. CROSLAND: Well, what they showed was that
20 he had some hearing loss.

21 But what his testimony is is, listen, I go get
22 the hearing test along with everybody else that was
23 exposed to noise in the plant; they never gave me the
24 hearing tests. I wouldn't know what it meant if they
25 gave it to him. But when he asked about it or

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1 discussed the hearing test and the results with the
2 plant nurses, what he was told was -- and I've cited
3 this in the brief, Your Honor, on page 9 and 10.

4 Were you provided -- this is the testimony from
5 the hearing. [Reading] Were you provided a test when
6 you worked at Westvaco. Yes. Who administered it.
7 The nurses at First Aid. Did you meet with them after
8 the test. Yes. And when you did that, when would you
9 do that in relationship to when the test was
10 administered. Once it was run, they would later call
11 you back in a room, review them with you. And what
12 was your understanding of your tests as they
13 progressed through. My understanding was my hearing
14 was normal and still holding. Were you ever advised
15 by anybody at Westvaco that you had a hearing loss
16 related to your work at Westvaco --

17 THE COURT: Did the tests show that he had a
18 hearing loss?

19 MR. CROSLAND: But he was never informed, Your
20 Honor, that he did have a hearing loss. And the
21 testimony is is that he talked to the nurses and they
22 would say, well, everything is fine. Nobody told him
23 that he had a hearing loss.

24 THE COURT: There's nothing in the record
25 showing that the nurses told him he had a hearing

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1 loss?

2 MR. CROSLAND: There was no testimony from a
3 nurse at the hearing below for the single
4 commissioner.

5 There's no record, that I'm aware of, where they
6 told him, oh, by the way, Mr. Hoff --

7 THE COURT: And this is high-frequency loss?

8 MR. CROSLAND: Yes, sir, Your Honor.

9 THE COURT: All right.

10 MR. CROSLAND: It's a conversion V, if you
11 ever -- if you know audiograms.

12 THE COURT: Okay. Go ahead.

13 MR. CROSLAND: So, Your Honor, we think that
14 because he was never told, until about thirty days
15 before he filed his claim, that the statute of
16 limitations should not run until he was diagnosed.
17 And as, in fact, as in the Mauldin case, that he was
18 aware that he had a compensable loss. That's the only
19 fair way to apply the law. How can we impose a
20 standard on Mr. Hoff that he has to file a claim when
21 he doesn't know he's got a compensable loss.

22 THE COURT: Okay. Thank you very much.

23 MR. CROSLAND: Yes, Your Honor.

24 THE COURT: Yes, ma'am.

25 MS. BARR: Thank you, Your Honor. I'm Kirsten

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1 Barr and I represent MeadWestvaco.

2 Two issues before you here today and the first
3 is the legal standard, and we believe that the
4 Commission applied the appropriate legal standard.

5 The hearing commissioner issues a decision and
6 order which can only be described as a train wreck.

7 THE COURT: Did the hearing commissioner address
8 the statute of limitation issue?

9 MS. BARR: No, Your Honor.

10 The hearing commissioner couldn't even get the
11 date of accident right. He listed it four different
12 ways. It, again, had to be vacated because it was --
13 it really was a mess. So he didn't address the
14 statute of limitations. He wasn't even able to
15 accurately identify the accident date --

16 THE COURT: So he didn't make any findings as to
17 the plaintiff's knowledge of his hearing loss?

18 MS. BARR: No.

19 But the hearing -- the full commission in its
20 final decision, Your Honor, which was a unanimous
21 three-member panel, did make a finding in that regard.
22 But, more importantly, they addressed the argument
23 that's raised by the plaintiff that he was not bound
24 by the two-year statute of limitations, which clearly
25 under 42-15-40 you must file your claim two years

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1 after an accident.

2 The claimant says the date of his accident is
3 October 4, 2000, is the last day he worked. Two years
4 after that, still no claim filed. He waited three
5 years before he filed a claim. So if you looked just
6 at the statute, he did not file it within two years.

7 But the claimant argues that the discovery rule
8 under the case Mauldin should apply. However, that
9 has been rejected by our South Carolina Supreme Court.
10 In the Schurlknight case, the argument was that the
11 discovery rule applies to the statute of limitations
12 in a repetitive-trauma claim. The Supreme Court
13 identified the issue precisely as: when does the two-
14 year statute of limitations begin to run in a
15 repetitive trauma claim. The Supreme Court rejected
16 the argument that Mauldin should apply and found the
17 two-year statute of limitations runs from his last day
18 of exposure or the last day worked.

19 THE COURT: Last day what?

20 MS. BARR: The last day worked. The last date
21 that he could have been closed to the conditions of
22 your employment. In this case that would have been in
23 October of 2000.

24 That was the precise holding in Schurlknight,
25 that the discovery rule in the Mauldin case does not

1 apply in repetitive-trauma claims such as the one
2 brought by Mr. Hoff. That was again recited -- that
3 same rule was again recited in White v. MUSC, which is
4 a 2003 case from the South Carolina Supreme Court
5 where, again, the South Carolina rejected the idea
6 that the discovery rule applied to the statute of
7 limitations in a repetitive-trauma claim. They again
8 found that that two years begins to run on the last
9 day worked.

10 So we believe that rejecting the discovery rule
11 argument prompted by the claim in this case, the
12 Commission actually applied the appropriate law as
13 interpreted by the South Carolina Supreme Court as
14 written in 42-15-40. However, even if the discovery
15 rule did apply, the commission made a finding in that
16 regard.

17 Now, the discovery rule is not a subjective
18 standard, it's an objective standard. And it's also a
19 question of facts for the fact-finder, which in this
20 case is the commission. So it was governed on appeal
21 by the substantial evidence rule: is there
22 substantial evidence to support the commissions
23 finding that a reasonable person would have discovered
24 the hearing loss prior to the accident.

25 You'll note -- I quote it in my brief -- the

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1 Johnston case, which explains that the statute doesn't
2 begin to run when advice of counsel is sought, a full-
3 blown theory of discovery is developed. The date of
4 discovery is not when the plaintiff discovers a
5 witness to support and prove his case.

6 THE COURT: Well, the Mauldin case doesn't
7 overrule the line of cases about discovery, does it?

8 MS. BARR: No, Your Honor. I think Mauldin was
9 a carve-out. But, again, with respect to repetitive-
10 trauma claims, Mauldin --

11 THE COURT: Well, when -- in the Mauldin case,
12 when did the claimant actually discovery the carpal
13 tunnel?

14 MS. BARR: In Mauldin it wasn't carpal tunnel,
15 it was --

16 THE COURT: It wasn't? What was the hearing
17 case?

18 MS. BARR: The hearing -- Schurlknight.

19 THE COURT: Okay.

20 MS. BARR: Schurlknight was the hearing case
21 that --

22 THE COURT: What about -- you said the Mauldin
23 case supports your argument. What was the facts
24 involved in the Mauldin case? Was it a repetitive-
25 trauma case?

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1 MS. BARR: No. Mauldin was actually a knee
2 injury claim. It was an accident claim. The claim
3 was misdiagnosed --

4 THE COURT: Okay. All right. Well, that's a
5 different set of --

6 MS. BARR: Different set of facts.

7 THE COURT: -- facts.. All right.

8 MS. BARR: But for repetitive-trauma claims, the
9 Supreme Court has said Mauldin doesn't apply, the
10 discovery rule doesn't apply, we're establishing a
11 bright line test. The statute of limitations in a
12 repetitive-trauma claim is two years after the
13 claimant last worked.

14 THE COURT: So you're saying on the Schurlknight
15 case that South Carolina is saying the two years is a
16 drop-dead date on repetitive-trauma whether they knew
17 they had a claim or not?

18 MS. BARR: I don't see how we can argue that the
19 discovery rule applies in this case when the Supreme
20 Court --

21 THE COURT: Well, then, the Schurlknight --

22 MS. BARR: -- said it absolutely didn't in
23 Schurlknight.

24 THE COURT: In the Schurlknight case -- when did
25 he discover he had a hearing loss in the Schurlknight

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1 case?

2 MS. BARR: He knew, just as Mr. Hoff did, for
3 many years that he had problems with his hearing.
4 And, again --

5 THE COURT: Well, when was it actually
6 discovered, according to the facts in the Schurlknight
7 case?

8 MS. BARR: Schurlknight files his claim in 1998,
9 one year after he had retired from the fire
10 department.

11 THE COURT: He filed it in 1998?

12 MS. BARR: In 1998.

13 THE COURT: Well, was --

14 MS. BARR: He retired in 1997 and then he first
15 began having his hearing evaluated in 1995.

16 In this case --

17 THE COURT: So he -- there was not a discovery
18 issue in the Schurlknight case; s that correct or
19 incorrect?

20 MS. BARR: No, there was.

21 The argument was he had discovered prior to --
22 you know, more than two years prior to filing his
23 claim that he had hearing loss.

24 THE COURT: The argument was he discovered it in
25 '95 but the Supreme Court said, no, he had two years

1 after he retired.

2 MS. BARR: Two years after he retired.

3 They rejected specifically -- and the precise
4 issue was whether or not Mauldin and the discovery
5 rule apply in a repetitive-trauma claim. And the
6 Supreme Court said no. And they said the same thing
7 in White v. MUSC. So the law of the state is that the
8 statute of limitations in a repetitive-trauma claim
9 begins to run the date you last worked. You have two
10 years from the last day you worked to file your claim.

11 Even if the discovery rule could apply, if you
12 ignore Schurlocknight, you ignore White v. MUSC, and
13 look at this case --

14 THE COURT: What about the worker's comp case
15 that the appellant referred to? I don't remember the
16 name of the case.

17 MS. BARR: The Bass v. Isochem case?

18 THE COURT: Yeah. What about that case?

19 MS. BARR: It's not a statute of limitations
20 case. It has to deal with notice, which is a
21 different statute.

22 THE COURT: Okay. Had to do with notice?

23 MS. BARR: Yes, Your Honor. You have typically
24 ninety days to give notice. So they're two different
25 issues.

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1 The Commission did address discovery in its
2 findings and whether or not the claimant knew of his
3 hearing loss beforehand. At page 13 of the
4 Commission's final order, you'll see they go on to
5 explain how Mauldin is distinguished. Unlike Mauldin,
6 Virgil Hoff was never misdiagnosed. He knew he had
7 problems with his hearing since the 1970s. He first
8 saw his own doctor about the loss of his hearing in
9 1980. Throughout the 1980s he complained of problems
10 with his hearing at his annual audiogram. He admits
11 that he discussed the results of each audiogram with
12 MeadWestvaco medical department. That's in the
13 hearing transcript at page 31. His medical records
14 reveal that he was just -- that the results of his
15 audiograms were discussed with him each and every
16 time.

17 And even the doctor hired by the claimant's
18 attorney to address his hearing loss, Dr. Kitch, said
19 something very important in his report. It's page 3
20 of the APA submissions, which I have under tab 10.
21 And this is from Dr. Kitch's report of October 14,
22 2003. According to Dr. Kitch, the claimant was aware
23 he had a hearing loss noted on audiograms since the
24 mid 1970s. That totally belies the claimant's
25 suggestion that he had no idea he had hearing loss.

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1 Once more, if the claimant's whole argument is,
2 I worked out at the mill for forty-five years and I
3 didn't know I had any problems with -- I didn't know I
4 had hearing loss or I didn't think that my hearing was
5 affected by my work, and then for another three years
6 after I retired I still didn't think my hearing loss
7 had anything to do with my work, that certainly
8 undermines the merits of his claim. Because his
9 testimony was he knew he had problems hearing, he had
10 discrimination problems.

11 THE COURT: And that was -- whose testimony was
12 that?

13 MS. BARR: The claimant's.

14 THE COURT: The claimant said he knew he had
15 hearing problems?

16 MS. BARR: Yes. And he also told Dr. Kitch --

17 THE COURT: But the argument is he didn't
18 realize it was related. I think there was some --
19 something about a diabetic condition that may have
20 contributed --

21 MS. BARR: Yes. According --

22 THE COURT: -- or caused the hearing loss.

23 MS. BARR: According --

24 THE COURT: Now, did the claimant know about the
25 diabetic condition and hearing loss or did he know

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1 about the employment condition and the hearing loss?

2 MS. BARR: Well, what the record actually
3 revealed is that he had a degree of hearing loss at
4 the time he retired from MeadWestvaco and the years
5 after he --

6 THE COURT: Right. So the question is what was
7 that? But under your argument, it doesn't matter.
8 It's the two-year drop-dead?

9 MS. BARR: It's two-year drop-dead. But even
10 so, he had hearing loss. He was aware he had problems
11 hearing at the time --

12 THE COURT: But under the --

13 MS. BARR: -- he retired and the discovery rule
14 doesn't mean --

15 THE COURT: Well, under the discovery rule it's
16 going to depend on whether he knew it was the diabetes
17 or it was work-related --

18 MS. BARR: No. It's whether or not his personal
19 reasonable diligence could have discovered a possible
20 work connection. It's an objective standard. And we
21 can't say, okay, Virgil Hoff retired in 2000 from
22 MeadWestvaco. What if he didn't decide to go to the
23 Steinberg Law Firm until say 2035 and then they send
24 him to Dr. Kitch. Would the statute of limitations
25 still not apply? No. It's about reasonable

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1 diligence. He was aware he had hearing loss. He was
2 given the plant audiograms. Serially, he discussed
3 the results. He told Dr. Kitch that he knew his
4 audiograms that he got at MeadWestvaco showed that he
5 had some sort of hearing loss.

6 We contend that the hearing loss is not
7 compensable to even today. We believe his hearing
8 loss is due to prevacutious, which is age-related, to
9 his rheumatoid arthritis and perhaps his diabetes. He
10 also has a long history of unprotected firearms use.
11 Which I know the average hunter would say shooting a
12 gun doesn't cause your hearing loss --

13 THE COURT: Unprotected what?

14 MS. BARR: Use of firearms.

15 THE COURT: Oh. Okay.

16 MS. BARR: Lifelong use of rifles and shotguns.

17 And I know the average hunter would say that
18 hunting isn't going to affect his hearing loss but his
19 wife would probably tell you differently and so would
20 Dr. Saddeloff, the expert who gave an opinion in this
21 case.

22 THE COURT: That sort of depends on how much
23 shooting he does, wouldn't you think?

24 MS. BARR: You know, it's -- he testified the
25 only explosion that had ever been in close proximity

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1 of his ear was the rifle butts. So, again, that gets
2 to compensability, which is really not before us.

3 But it does beg the question if his hearing
4 loss, as we contend, is truly not work-related, are we
5 to say that the statute of limitations never begins to
6 run? No. A person with reasonable diligence could
7 have understood he had a possible claim. He was aware
8 he was having problems hearing. He was aware that
9 there was audiograms that showed a problem. That's
10 what he told Dr. Kitch. And that's what --

11 THE COURT: Well, let me ask you this -- and I
12 don't know the answer -- but with high-frequency loss,
13 was he aware of it?

14 MS. BARR: Oh. He --

15 THE COURT: With the high-frequency loss. Now,
16 I'm not talking about compensational loss. High-
17 frequency loss. Was he actually aware he had lost the
18 high frequency?

19 MS. BARR: I don't know what he took from his
20 audiograms or not. What he described was ringing in
21 his ears, trouble with background --

22 THE COURT: Well, I'm just talking -- setting
23 aside the audiograms, do you think he was aware of it?

24 MS. BARR: That it was just a neural hearing
25 loss in the hair cells [phonetic] of his inner ear?

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1 THE COURT: In the high-frequency area.

2 MS. BARR: I have no idea what his knowledge was
3 to that extent.

4 THE COURT: I'll tell you --

5 MS. BARR: But he was aware that he was having
6 problems hearing. He was --

7 THE COURT: I'll tell you a short story, okay,
8 for whatever it's worth. I don't think it has a whole
9 lot of bearing on this, but I'm going to tell you.

10 I was stationed in Germany and above my
11 apartment was my flight surgeon. And I was sitting
12 there listening to this expensive stereo I had bought
13 over in Germany and thought it was fantastic music.
14 And the flight surgeon comes down and knocks on the
15 door, sits down and he says, what's that scratching
16 noise. And I said, what scratching noise. I didn't
17 hear it. And so he took me down the next day and did
18 an audio and, yeah, I had lost my high-frequency from
19 the airplane noises. So I wasn't aware that I had
20 lost the high frequency, but I -- he brought it to my
21 attention and the test showed that I had lost my high
22 frequency.

23 My point being that high frequency, he may have
24 known it, he may not have known it.

25 MS. BARR: Right.

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1 Well, and actually under our model of
2 compensation for hearing loss, it's not the high-
3 frequency losses that --

4 THE COURT: Well, that's why I asked my question
5 was it a high-frequency loss. And I think they said
6 yes.

7 MS. BARR: Well, the high-frequency loss is not
8 necessarily -- it's the lower frequencies that affect
9 conversation, which add up to a compensable hearing
10 loss under the South Carolina Worker's Comp
11 regulations. It's from 500 hertz to 3,000. He had
12 faults in other areas, as well. But occupational
13 noise exposure, unlike perhaps a blast of a jet
14 engine, doesn't tend to cause hearing loss.

15 And there's other issues as to compensability.
16 He was aware if he had a hearing loss that affected
17 his discrimination, caused ringing in his ears. It's
18 kind of like a person saying, okay, my arm hurts
19 really, really bad; something happened to my arm; it
20 hurts really, really bad. They might not know they
21 have a herniated disk in their arm, but they know
22 something is wrong.

23 Mr. Hoff knew something was wrong. And the
24 Commission found that he knew something was wrong and
25 that he could have discovered a potential claim with

1 reasonable diligence. The question for this court on
2 appeal is whether or not that finding is supported by
3 substantial evidence. And we believe it is.

4 THE COURT: Well, it's not the jet noise, it's
5 the APUs. The starting unit has this high shrill that
6 does the damage with the military. Okay? It's not
7 the engine itself. It's what they call the APU, the
8 starting unit where you start the engines, and it has
9 a very high shrill.

10 MS. BARR: Well, there's a lot to it. And he
11 had certainly teased out the medical records here.
12 But the fact remains he was aware of problems with his
13 hearing and we believe substantial evidence supports
14 the Commission's finding that he was aware of a
15 problem and could have, with reasonable diligence,
16 filed his claim prior to 2003 when he did.

17 But even so, we believe there's a bright line
18 test for cases such as these. It's established by the
19 Supreme Court. They rejected the discovery rule and
20 said it's two years from the last day of work; that
21 the statute of limitations is the claim.

22 THE COURT: Okay. Thank you very much.

23 MS. BARR: Thank you.

24 THE COURT: Very briefly in rebuttal, please
25 sir.

1 MR. CROSLAND: Well, Your Honor, I think you put
2 your finger right on it in terms of --

3 THE COURT: I guess the legal question I'm
4 wanting to ask you is does -- what was the name of the
5 case? The --

6 MR. CROSLAND: Schurlknight?

7 THE COURT: Yes.

8 Does that exclude the discovery rule under the
9 two-year time from the top or not?

10 MR. CROSLAND: Well, three years after
11 Schurlknight, the Bass case came out. And that is
12 sort of the rub in this.

13 THE COURT: That was a notice case.

14 MR. CROSLAND: It was a notice case, Your Honor.
15 But what's interesting is the notice case, and notice
16 under our statute, is shorter than the two-year
17 statute of limitations. It's only ninety days. So it
18 is a statute of limitations, in a sense: if you don't
19 give notice within ninety days of the accident, then
20 your claim is out, just like if you don't file a claim
21 within two years.

22 THE COURT: Well, was it within the two years?
23 Or was that even an issue?

24 MR. CROSLAND: Yes, it was filed within two
25 years. That wasn't the issue. The issue was notice.

1 But the court said for purposes of notice, in

2 Bass --

3 THE COURT: Yeah. But there's a difference
4 between the ninety days in notice and not knowing and
5 a two-year absolutely drop-dead statute of
6 limitations.

7 MR. CROSLAND: Well, but I -- you know, I would
8 disagree to this extent: that if the court, with
9 respect to a shorter ninety-day window, says, no, that
10 ninety days doesn't start to run until the claimant
11 was diagnosed and had some disability in a repetitive-
12 trauma case --

13 THE COURT: Did the Supreme Court grant cert?

14 MR. CROSLAND: They granted it and then -- and
15 then said that their granting was improper. So the
16 Court of Appeals decision is the law of the state.

17 THE COURT: Okay.

18 MR. CROSLAND: So I find it very difficult to
19 reconcile those two. And the only way that I can
20 reconcile the Bass case with Schurlknight is the
21 difference is --

22 THE COURT: Well, what does Schurlknight
23 specifically say about the discovery rule? Or does it
24 address it?

25 MR. CROSLAND: Well, it really -- it's a bright

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1 line. It says, listen, if you've got a hearing loss
2 and the statute of limitations -- the two-year statute
3 starts to run in those cases from --

4 THE COURT: But in that case he had filed within
5 the two years?

6 MR. CROSLAND: Two years of the date of last
7 employment or the date of last --

8 THE COURT: Well, what does it say about the
9 discovery rule? Does it say it's not applicable to
10 the two-year --

11 MR. CROSLAND: It said in that case Mauldin was
12 not applicable. And the reason I think Mauldin was
13 not applicable in Schurlknight is because in
14 Schurlknight the claimant knew as early as 1995, three
15 years before his claim was filed, had been put on
16 notice, that he had noise-induced hearing loss.

17 In our case it is our contention that the record
18 is devoid of any indication from the plant, from
19 Westvaco, that his hearing loss was related to his
20 work at Westvaco. What they did was they took hearing
21 tests. They told him he had hearing loss. He knew he
22 had problems with some discrimination. But nobody
23 told him that it was related to his work at the plant.
24 That's the difference, Your Honor.

25 THE COURT: Okay. Thank you y'all very much.

MIA PERRON, CVR-CM-M

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Hoff v. MeadWestvaco
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1 Give me a chance to look at that transcript and read
2 your briefs and I'll give you an opinion as soon as
3 I've done that. Thank y'all very much. I appreciate
4 it.

5 MS. BARR: Thank you, Your Honor.

6 MR. CROSLAND: Thank you, Your Honor.

7 THE COURT: Thank you for being prepared and
8 being here. Thank you very much.

9 MS. BARR: Thank you.

10 [HEARING CONCLUDES AT 11:52 A.M.]

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July 19, 2012

C E R T I F I C A T E

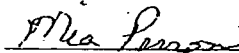
STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

I, the undersigned Mia Perron, Circuit Court Reporter for the 9th Judicial Circuit of the State of South Carolina, do hereby certify that the foregoing is a true, accurate, and complete transcript of the hearing held before the Honorable J.C. Nicholson, Jr., on Thursday, July 19, 2012.

I do further certify that I am neither kin nor counsel to any of the parties and have no interest in the outcome of this action.

Dated this 31st day of March, 2013.



Mia Perron, CVR-CM-M
Circuit Court Reporter
9th Judicial Circuit

MIA PERRON, CVR-CM-M

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

ICC File # 0031077
Carrier File # A367102654
Carrier Code #
Employer FEIN

Virgil A. Hoff 251-58-9187
Claimant's Name SSN
4364 Rehoboth Rd. Cottageville, SC 29435
Address City State Zip
843-835-8441
Home Phone Work Phone

Mead Westvaco
Employer's Name
P.O. Box 118005 Charleston, SC 29423
Address City State Zip
Self Insured
Insurance Carrier

Kirsten L. Barr
Preparer's Name

(843) 881-4228
Phone #

Request for Commission Review by ☐ claimant ☒ employer (check one)

Date of injury: October 24, 2000
(alleged)

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

See attached.

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

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Ms. Virginia Crocker, S.C. Workers' Compensation Commission, P.O. Box 1715, Columbia, SC 29202-1715 and Malcolm M. Crosland, Jr., Esq., P.O. Box 9, Charleston, SC 29402

Address
on the 12th day of November, 2009 by ☐ first class mail; ☐ personal service; ☐ certified mail.

Malcolm M. Crosland Jr
Preparer's Signature

Attorney for Defendant
Title

November 12, 2009
Date

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

The claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

Virgil A. Hoff v. MeadWestvaco

W.C.C. File No: 0031077

Carrier File No: A367102654

Date of Accident: October 24, 2000 (alleged)

Attachment to Form 30

1. The Hearing Commissioner erred in finding that the Claimant's deer hunting "was not at a level to contribute to his hearing loss," as this finding is arbitrary, capricious, without evidentiary basis, and otherwise evinces the bias of the Hearing Commissioner.
2. The Hearing Commissioner erred in finding that the expert opinions of Dr. Robert Sataloff and Dr. Joseph Sataloff should be discounted because they did not physically examine the Claimant. This finding is entirely arbitrary and capricious, as the Claimant's alleged injury is sensorineural hearing loss and no doctor examined the hair cells of his inner ear where such injury occurred, as the same would require surgically opening his skull.
3. The Hearing Commissioner erred in finding that Dr. Kitch actually physically examined the Claimant's inner ear and "treated" the Claimant, as this finding is arbitrary, capricious, and otherwise unsupported by the evidence in the record.
4. The Hearing Commissioner erred in finding that the Claimant's diabetes did not have any relationship to his hearing loss, as this finding is arbitrary, capricious, without evidentiary basis, and otherwise evinces the bias of the Hearing Commissioner.
5. The Hearing Commissioner erred in finding and concluding that the Claimant sustained "a compensable repetitive trauma injury on or before October 24, 2004," as this finding and conclusion is arbitrary, capricious, impermissibly vague, and otherwise contrary to the greater weight of the evidence in the record and the applicable law.
6. The Hearing Commissioner erred in finding and concluding that the Claimant's "hearing loss in both ears was caused by excessive noise exposure on his job," as this finding and conclusion is arbitrary, capricious and otherwise without any evidentiary support.
7. The Hearing Commissioner erred in finding and concluding that the Claimant gave timely notice of his claim, as this finding and conclusion is arbitrary, capricious, contrary to the greater weight of the evidence and contrary to the applicable law.
8. The Hearing Commissioner erred in finding and concluding that the Claimant timely filed his claim, as this finding and conclusion is arbitrary, capricious, contrary to the greater weight of the evidence and contrary to the applicable law.
9. The Hearing Commissioner erred in finding that the Claimant exercised "reasonable diligence" as this finding is arbitrary, capricious, and contrary to the greater weight of the evidence and the applicable law.

10. The Hearing Commissioner erred in finding and concluding that the Claimant sustained a 30% binaural hearing loss as a result of his "workplace exposures," as this finding is arbitrary, capricious, and contrary to the greater weight of the evidence and the applicable law.
11. The Hearing Commissioner erred in awarding the Claimant future medical treatment, as this finding and conclusion is arbitrary, capricious, and contrary to the greater weight of the evidence and the applicable law.
12. The Hearing Commissioner erred as a matter of law in concluding that the Claimant sustained a compensable injury by accident arising out of and in the course of his employment on October 14, 2003 when he was first notified that his binaural hearing loss was causally related to his employment. This statement is arbitrary, capricious, contrary to the greater weight of the evidence and contrary to the applicable law.
13. The Hearing Commissioner erred as a matter of law in concluding that an employee does not need to provide notice of an accident until he is aware it is "job related."
14. The Hearing Commissioner erred as a matter of law in concluding that the requirements of § 42-15-20 should be "liberally construed" in favor of the Claimant.
15. The Hearing Commissioner erred as a matter of law in concluding that S.C. Code Ann. § 42-15-40 "requires the filing of a claim within two years of the date Hoff discovered the causal connection between his injury and his employment.
16. The Hearing Commissioner erred as a matter of law in failing to find and conclude that the Claimant failed to file a claim within two years of his last alleged exposure to noise at MeadWestvaco and that, therefore, the claim was barred by S.C. Code Ann. § 42-15-40 and *Schurlnight v. City of North Charleston*.
17. The Hearing Commissioner erred in failing to find that the Claimant failed to prove that he was exposed to injurious levels or durations of noise at anytime while employed by MeadWestvaco.
18. The Hearing Commissioner erred in failing to find that the Claimant's hearing loss is not causally-related to his employment at MeadWestvaco.
19. The Hearing Commissioner erred in failing to find that the Claimant was aware of problems with his hearing long before he retired from MeadWestvaco in 2000.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION'S APPELLATE PANEL

VIRGIL HOFF,	)	W.C.C. FILE NO. 0031077
	)	
Employee/Respondent,	)	
	)	
v.	)	APPELLANT'S BRIEF
	)	
MEADWESTVACO,	)	
	)	
Self-Insured Employer.	)	
Appellant.	)	
_____	)	

Statement of the Case

MeadWestvaco seeks review and reversal of Hearing Commissioner Derrick Williams's October 29, 2009 Decision and Order on the basis that the findings of fact contained therein are arbitrary, capricious, and otherwise not supported by the greater weight of the evidence in the record. In addition, the Hearing Commissioner's conclusion of law with regard to the application of S.C. Code Ann. § 42-15-20 to a repetitive trauma case, conflicts with clear precedent from the South Carolina Supreme Court. Therefore, MeadWestvaco respectfully requests that the Hearing Commissioner's Decision and Order be reversed in its entirety and that the Appellate Panel enter its own findings and conclusions that the present claim is barred by the statute of limitations and that the Claimant's alleged hearing loss is otherwise not causally related to his employment with MeadWestvaco, which ended in the year 2000.

Evidence Summary

The Claimant is 69 years old. He has not worked for the past nine (9) years. He retired from MeadWestvaco in October 2000. For the last eight (8) years of his

employment (i.e., between 1992 and 2000), the Claimant was suffering with Rheumatoid arthritis and MeadWestvaco made light duty work available to the Claimant in a tool room. In the tool room, the Claimant simply handed out tools to the mechanics and pipe fitters. Prior to that time, the Claimant worked as a pipe-fitter, a job that entailed the use of "small tools" for tightening bolts and installing or removing pipe. The Claimant admits that he has been required to wear hearing protection at all times at work since 1970. He further admitted that the hearing protection used at work was so good, he could not even understand a face-to-face conversation with a co-worker while wearing his hearing protection.

The Claimant's medical records reveal that he suffers from Rheumatoid arthritis, a known cause of hearing loss. It was the Claimant's Rheumatoid arthritis that ended his work as a pipe-fitter in the early 1990's. (APA pp.17-19). In addition, the Claimant is an insulin-dependent diabetic and "30% of individuals with diabetes develop high frequency hearing loss of the type present in Mr. Hoff." (APA p. 23). The Claimant admits he began having problems with his ears and hearing even before 1980. (APA p. 9). At his annual audiograms, the Claimant would complain of difficulty with background noise, discrimination, and ringing in his ears. (APA pp. 8-9). The Claimant reported that he saw an ear specialist and had his hearing independently tested in Walterboro in 1980. (APA p.9). The Claimant is a hunter and has been shooting a 30.06 rifle, without hearing protection, for most of his life and continued to do so after his retirement in 2000. The Claimant admits that the only explosions that have ever occurred near his ears are those from the blast his rifle and his shotgun. Of course, most medical experts agree that "use

of these guns can produce a significant amount of high frequency hearing loss.” (APA p. 23).

At the time the Claimant stopped working at MeadWestvaco in October 2000, he had a 16.25% binaural hearing loss based on an audiogram that was discussed with him at the time it was administered. (APA p.29). After his retirement, the Claimant’s hearing problems increased significantly and by 2003, the Claimant’s hearing loss had nearly doubled to 30%. (APA p. 30). According to Dr. Joseph Sataloff,

“His additional hearing loss could be due to presbycusis, that is aging, hereditary factors, genetic factors and diabetes. It is evident that between 1981 and the present time his hearing got worse, but it could not possibly be due to any occupational cause.” (APA p.24).

The Claimant has not had his hearing tested since 2003; however, the Claimant admits that his hearing has gotten even worse since that time, despite the fact he has not been working. According to the uncontradicted medical evidence in the record, “occupational hearing loss is not progressive after a maximum loss is incurred approximately 10 to 12 years after initial exposure” and “occupational hearing loss does not progress once the subject has been removed from the noisy environment.” (APA p. 24, p.26). Even Dr. Kitch, who evaluated the Claimant on a single occasion in 2003 at the request of the Steinberg Law Firm, conceded that with noise-induced hearing loss “the majority of the damage to the hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is being used.” (APA p.6).

However, between 2000 and 2003, the Claimant's hearing impairment nearly doubled, going from 16.25% to 30%. (APA pp. 28-29).

Arguments

I. The Hearing Commissioner's inconsistent findings and conclusions should be reversed based on the legal pleadings of the parties, the evidence presented, and a proper application of the law.

This matter came before the Commission pursuant to the Claimant's Form 50 dated June 9, 2009, alleging that he sustained an injury by accident on October 4, 2000, affecting the "ears, hearing loss" as a result of "[e]xposure to chemicals." This claim was denied by Form 51 dated June 18, 2009 and MeadWestvaco further argued that the claim was barred by § 42-15-20 for failure to give notice, and by S.C. Code Ann. § 42-15-40 for failure to file a claim within the statute of limitations. The Claimant's Form 58, dated August 10, 2009 reaffirmed that he was claiming an injury by accident on October 4, 2000. He never claimed that his alleged hearing loss occurred on any date other than October 4, 2000.

However, the Hearing Commissioner inexplicably found that the Claimant "sustained a compensable injury by repetitive trauma on and before October 24, 2000, the date he filed his claim for benefits under the South Carolina Workers' Compensation Act for his hearing loss. Hoff's hearing loss in both ears was caused by excessive noise exposure on his job at MeadWestvaco." (emphasis added).

This finding is wholly untenable. Not only did the Claimant not allege that his hearing loss was the result of "repetitive trauma," but the Claimant did not file any claim with the Commission on October 24, 2000 – his claim was not filed until three (3) years later – on October 22, 2003. Furthermore, the Claimant's Form 50 alleges that his hearing loss was due to "Exposure to chemicals," not noise, and he claims his accidental injury occurred on October 4, 2000, not October 24, 2000. In addition, the Claimant presented no evidence that his exposure to noise was "excessive," or of a level or duration that could cause hearing loss, especially loss that occurred after he was over the age of 60 and had retired from working.

In addition to this inexplicable finding of fact, the Hearing Commissioner went on to enter a wholly inconsistent conclusion of law:

"Under S.C. Code Anno. [sic] § 42-1-160, Hoff sustained a compensable injury by accident arising out of and in the course and scope of his employment on October 14, 2003, when he was first notified his binaural hearing loss was causally related to his employment with the Employer."
(emphasis added).

At no time did the Claimant allege any injury by accident on October 14, 2003. In fact, the Claimant was not working for MeadWestvaco on October 14, 2003, having retired more than three (3) years earlier. Therefore, any injury the Claimant may have sustained on October 14, 2003 could not be said to arise out of or in the course of his employment as a matter of law.¹

¹ Note that the Hearing Commissioner also found that Hoff "reached maximum medical improvement on October 14, 2003," the same date the Hearing Commissioner concludes is the date of accident. There is no

To further illustrate the arbitrary and capricious nature of the Hearing Commission's Decision and Order, the "Order and Award" section (page 17) states:

"ORDERED, ADJUDGED AND DECREED, the Claimant, Virgil Hoff, sustained a compensable injury by accident to his right ear and left ear by sustaining a binaural hearing disability as a result of excessive noise exposure on his job and occurred out of and in the course and scope of his employment at MeadWestvaco on October 19, 2003..."(emphasis added).

Indeed, in a single Decision and Order the Hearing Commission has referenced three different possible dates of accident and three different possible mechanisms of accident, none of which are supported by the evidence in the record or the applicable law and none of which were even alleged by the Claimant.

The Hearing Commissioner's Decision and Order fails to explain the obvious and very crucial inconsistencies between his findings of fact, his conclusions of law, his "order and award" and the only claim that was before him, *i.e.*, whether the Claimant sustained an injury by accident on October 24, 2000 as a result of exposure to chemicals.

At no time was MeadWestvaco ever put on notice of any alleged accident on October 14, 2003 or October 19, 2003 and MeadWestvaco was not given the opportunity to defend such a "claim," as is their statutory and constitutional right. On this basis alone, MeadWestvaco respectfully contends that the Hearing Commissioner's Decision and Order dated October 29, 2009 be reversed in its entirety.

evidence to support this finding regarding maximum medical improvement, as it was not addressed by any medical expert. In fact, the Claimant has never received any medical treatment. This is further illustrative of the arbitrary and capricious nature of the Hearing Commissioner's Decision and Order.

II. The claim is barred by the statute of limitations.

Having failed to accurately determine a precise accident date, it was obviously difficult for the Hearing Commissioner to properly address the seminal issue in this case: whether the claim is barred by S.C. Code Ann. § 42-15-60. However, it is clear that the Hearing Commissioner did not properly apply the law to this case, under any possible factual scenario. According to the Hearing Commissioner:

"Hoff provided timely and proper notice of his injury by accident and timely filed his claim for benefits under the Act within two (2) years of the date that he knew, with reasonable diligence, of his compensable claim.

Of course the Hearing Commissioner failed to elucidate the basis for this vague finding, or to explain why the Claimant need not file his claim "within two years after an accident," as clearly and unequivocally required by S.C. Code Ann. § 42-15-40. Therefore, the Hearing Commissioner's finding of fact with regard to the whether the claim was timely and properly filed within the two-year statute of limitations should be reversed as a matter of law.

In addition to the erroneous factual finding, the Hearing Commissioner further entered the following erroneous conclusion of law:

"Under S.C. Code Anno., [sic] § 42-15-40, Hoff timely filed his claim for benefits under the Act. Section 42-15-40, requires the filing of a claim within two years of the date Hoff discovered the causal relationship between his injury and his employment. Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992)."

However, the "discovery rule" applied in Mauldin, simply does not apply in repetitive trauma cases. According the South Carolina Supreme Court,

Repetitive trauma injuries, unlike the injury in Mauldin, which occurred on a specific date but simply was misdiagnosed, have a gradual onset caused by the cumulative effect of repetitive traumatic events, or "mini accidents."

We hold the last day of exposure is the date from which the statute of limitations begins to run in a repetitive trauma case. Schurlock v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (2003) (emphasis added).

Therefore, the legal issue before the Hearing Commissioner was whether the Claimant filed a claim within two years of the last day of exposure to chemicals, or noise, or whatever it is he now claims as the cause of his hearing loss. Obviously, the Claimant's last day of exposure could be no later than October 4, 2000, the last day he actually worked at MeadWestvaco. Because the Claimant did not file any claim until October 22, 2003, more than three (3) years after he last worked at MeadWestvaco, his claim cannot be considered timely as a matter of law.

Furthermore, even if the Mauldin case has not been so clearly distinguished by the Supreme Court in Schurlock, its holding would still not apply to the case at bar. In Mauldin, the employee was misdiagnosed as having a knee sprain, when she actually had a meniscal tear. Here, the Claimant has known that he had problems with his hearing

since the 1970s. (Hrg. Transcript p. 30). He first saw a doctor about his problems with his hearing in 1980. (APA p.9). Throughout the 1980s the Claimant complained of problems with his hearing at his annual audiogram. (APA pp. 8-9). The Claimant admits that he discussed the results of each audiogram with the MeadWestvaco Medical Department. (Hrg. Transcript p.31). In fact, his medical records reveal that the results of his September 26, 2000 audiogram were discussed with him at the time of the test. Even the records of Dr. Kitch, whom he saw only on time on October 14, 2003, stated that the Claimant had

"a long history of high frequency hearing loss that has been causing him more problems socially over the last few years since he has retired from work...He worked at Westvaco for approximately 44 years, until 2000...He is aware that he had a hearing loss noted on plant audiograms at that time." (APA p. 3) (emphasis added).

Therefore, it is clear that the Claimant was not only aware of problems with his hearing at the time of his retirement in October 2002, but he was also aware that his audiograms showed a hearing loss. He was not misdiagnosed in the years prior to his retirement in 2000; he simply failed to file a workers' compensation claim within the two year statute of limitations. Therefore, even if the South Carolina Supreme Court had not so clearly held that he so-called "discovery rule" does not apply in a repetitive trauma case, it would not apply in the present case because the Claimant knew that he had hearing loss prior to his retirement in October 2000. As a result, the Commission's Appellate Panel should enter its own finding and conclusion that the claim is barred by S.C. Code Ann. § 42-15-

40, as construed by the South Carolina Supreme Court in Schurilknight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (2003).

III. There is no evidence that could support an award of medical benefits under S.C. Code Ann. § 42-15-60.

The Hearing Commissioner entered the following cursory finding without citing any evidentiary support:

Dr. Russell Kitch shall be the authorized treating physician with regard to Hoff's binaural hearing loss for purposes of future medical treatment. The Defendants [sic] are responsible for Hoff's future causally-related medical treatment relating to his binaural hearing loss including hearing/digital aides if recommended by Dr. Kitch pursuant to Dodge v. Brucoli, et. al, 514 S.C.2d [sic] 593 (Ct. App. 1999) and § 42-15-60 SC Code of Laws [sic], 1976."

Under S.C. Code Ann. § 42-15-60, the Commission has authority to award medical treatment beyond ten weeks from the date of an injury if it will "tend to lessen the period of disability." The burden is upon the Claimant to prove, with actual evidence, that there is such additional medical treatment that would tend to lessen the period of disability caused by the accident. Of course, an award in his favor may not rest on mere surmise, conjecture, or speculation, but must rest on evidence of sufficient substance to afford a reasonable basis for it: Bartley v. Allendale County School Dist., 381 S.C. 262, 672 S.E.2d 809 (Ct. App. 2009).

In fact, in Lee v. Harborside Café, the Commission and the Court of Appeals denied the claim for additional medical benefits because

“none of the letters written by Lee’s doctors directly address Lee’s ability to return to work and whether any future medical treatments would forestall Lee from being incapacitated.” 350 S.C. 54, 564 S.E.2d 354 (2002).

The Court emphasized the fact that there was no evidence that any proposed future medical treatment would “tend to lessen the period of disability.” In the present case, there is no evidence that the Claimant even requires medical treatment and there is certainly no evidence that any future medical treatment would “lessen his period of disability,” as expressly required by S.C. Code An. § 42-15-60 and the appellate decisions interpreting that statute, including Lee, *supra*, and Dodge v. Bruccoli, Layman & Clark, 334 S.C. 574, 514 S.E.2d 593 (Ct. App. 1999) (holding that “an employer may be liable for a claimant’s future medical treatment if it tends to lessen the claimant’s period of disability.”).

At no time did any doctor ever recommend any medical treatment for the Claimant. The Claimant’s attorney sent the Claimant for a one-time evaluation with Russell Kitch on October 14, 2003. Dr. Kitch did not recommend any medical treatment for the Claimant according to his October 14, 2003 report. (APA p.4). The Claimant never returned to Dr. Kitch over the next six (6) years prior to the hearing. While the Claimant’s attorneys did correspond with Dr. Kitch on September 2, 2005, Dr. Kitch makes no mention of additional medical evaluation, treatment, or hearing aids at that time. The Claimant’s attorneys again corresponded with Dr. Kitch on April 28, 2009, but

again, Dr. Kitch made no recommendation for any medical treatment or even further evaluation of his current condition. Therefore, to find that the Claimant is entitled to future medical treatment (ostensibly to lessen his period of work-related disability) is to engage in purely impermissible surmise, conjecture, and speculation. MeadWestvaco respectfully requests that the vague and cursory finding with regard to future medical treatment, as well as the speculative conclusions and "award" of future medical treatment with Dr. Kitch, be reversed by the Commission's Appellate Panel.

IV. The Hearing Commissioner's decision to give "greater weight" to the opinion of Dr. Kitch than to the opinions of Dr. Joseph Sataloff and Dr. Robert Sataloff is specious.

According to the Hearing Commissioner, Dr. Kitch's opinions as to the cause of the Claimant's hearing loss is entitled to greater weight because he "examined and treated" the Claimant. As noted in Section III, no doctor, not even Dr. Kitch ever provided or recommended any *treatment* for the Claimant. In fact, Dr. Kitch only evaluated the Claimant on one occasion in October 2003. At that time, Dr. Kitch did perform a limited physical exam:

EXAMINATION: Awake, alert, NAD, afebrile, BP 128/74 Pulse 80

Skin: Clear

Eyes: EOM's full, no nystagmus

Facial mobility is symmetrical

Ears: Normal appearing pinna, canals, and tympanic membranes

bilaterally

Nasal airway: Moist, pink, patent

Oral cavity: Clear

Neck: supple without adenopathy or bruit

Cranial nerves symmetrically intact to screening.

However, Dr. Kitch's opinions about the Claimant's hearing loss were not based on his physical exam, they are clearly based on his "audiometric record from Westvaco." (APA p.6). This is the very same "audiometric record" upon which the opinions of Dr. Joseph Sataloff and Dr. Robert Sataloff are based.

Furthermore, all three doctors diagnosed the Claimant with a sensorineural hearing loss based on the audiometric record alone. Sensorineural hearing loss occurs in the inner ear, which cannot be visualized with a mere physical examination, as a portion of the skull must first be removed. Therefore, Dr. Kitch's limited physical examination, which had no impact on his opinions, is simply not a legitimate basis upon which to give his opinions "greater weight" than experts who based their opinions on the very same set of facts (*i.e.*, the audiometric record).

Furthermore, Dr. Kitch's own opinion regarding the role of presbycusis, or age related hearing loss, is without evidentiary support, thus calling into question the veracity of his opinion. Dr. Joseph Sataloff opined that the Claimant's progressive hearing loss after 1981 "could not possibly be due to any occupational cause," based on established criteria for diagnosing occupational hearing loss" because the Claimant's hearing loss was progressive 12 years after initial exposure and was progressive after he was removed

from the noisy environment.² (AAP p. 23-24). Dr. Sataloff suggested that presbycusis was a possible cause for the Claimant's progressive hearing loss after 1981, especially after his retirement. According to Dr. Kitch, presbycusis was not a factor in his hearing loss because there was a "similar severity of loss" shown on the Claimant's 1989 and 2003 audiograms. Only if one accepts a tripling of the Claimant's hearing impairment as "similar" could this opinion be afforded any weight, as the Claimant's hearing impairment in 1989 was 11.25%, compared to 30% in 2003. Nobody knows what the Claimant's current audiogram might show, as he has not had his hearing evaluated in six (6) years. For Dr. Kitch to opine that his 69 year old patient, whom he had not evaluated in 6 years, has not been affected by normal age-related hearing loss is simply not credible.

V. The Hearing Commissioner's finding and conclusion that an Employer/Employee relationship existed "at the time of Hoff's injury by accident" is arbitrary, capricious, and without evidentiary support.

The Hearing Commissioner made inconsistent findings and conclusions as to the Claimant's alleged accident date, including October 24, 2000 (p.13), October 14, 2003 (p.15), and October 19, 2003 (p.17). However, the Claimant was not an employee of MeadWestvaco on any of these dates. Because the Claimant, himself, never alleged that he was injured on October 24, 2000, October 14, 2003, or October 19, 2003,

²The Hearing Commissioner inexplicably referred to the diagnostic criteria established by the Hearing Conservation Committee of the American College of Occupational Medicine and the American Occupational Medicine Association Noise and Hearing Conservation Committee as mere "presumptions." (Decision and Order p. 11; APA p. 24, 26). However, he failed to reveal the evidentiary basis for his mischaracterization of well-established diagnostic criteria and otherwise failed to cite any evidence to support the notion that occupational hearing loss could progress after being removed from the noisy environment. This is further evidence of the arbitrary and capricious nature of the Hearing Commissioner's Decision and Order.

MeadWestvaco could not raise the non-existence of an employment relationship under S.C.Code Ann. § 42-1-130 as a defense.

The Hearing Commissioner recites the Claimant's own testimony that he last worked at MeadWestvaco in October 2000; however, he nonetheless makes these contrary findings and conclusions with regard to the existence of an employment relationship. If the Appellate Panel were to affirm the Hearing Commissioner's finding that the Claimant's hearing loss was caused by an accident on October 24, 2000, October 14, 2003, or October 19, 2003, MeadWestvaco respectfully requests that the Appellate Panel issue a further finding that the Claimant was not an "employee" of MeadWestvaco on any of those dates and; therefore, is not entitled to any benefits under the South Carolina Workers' Compensation Act.

VI. The Hearing Commissioner's findings and conclusions that the Claimant's hearing loss was caused by an accident arising out of and in the course of his employment is not supported by the greater weight of the evidence and should be reversed.

Because the Hearing Commissioner's Decision and Order contains so many internal inconsistencies regarding such crucial issues as the date of the accident and the mechanism of injury, it is difficult for MeadWestvaco to adequately address each error. However, it is clear that the greater weight of the evidence in the record do not support a finding or conclusion that the Claimant sustained hearing loss as a result of (1) an accident, (2) arising out of, and (3) in the course of his employment as required by S.C. Code Ann. § 42-1-160.

The South Carolina Supreme Court has explained that “a repetitive trauma injury meets the definition of injury by accident in that it is an unforeseen injury caused by trauma.” Pee v. AVM, Inc., 352 S.C. 167, 573 S.E.2d 785 (2002). In the present case the Claimant failed to present any competent evidence of “trauma” or “traumatic events”³ arising out of or in the course of his employment at MeadWestvaco. According to the Hearing Commissioner, the Claimant’s hearing loss was “caused by excessive noise exposure on his job.” However, the Claimant presented no evidence that his exposure to noise at work was “excessive.”

Exposure to noise is universal. Every person is exposed to noise every day. However, only certain levels and durations of noise can cause hearing loss. For the Claimant to prove that his noise exposure was “traumatic,” as required by the law, he was required to present evidence that his exposure to noise was of such a level and duration that could cause hearing loss. The Claimant simply failed to do so. The Occupational Health and Safety Administration has deemed that employees may be safely exposed to 90 dBA for up to 8 hours each date, even without attenuating hearing protection. (APA p.32, 29 C.F.R. § 1910.95). Here the Claimant admits that he started wearing hearing protection, attenuating his noise exposure, in 1970. Given this admission and his failure to present evidence that his attenuated noise exposure exceeded permissible, safe levels, the Claimant has failed to meet his burden of proving “repetitive trauma” in his employment. For this reason, it would be speculative for the Commission to make an affirmative finding under S.C. Code Ann. § 42-1-60 or award benefits in this case and the Hearing Commissioner should be reversed.

³ Schurilknight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 195.

Unfortunately, the Hearing Commissioner went on to make inconsistent conclusions of law with respect to the application of S.C. Code Ann. § 42-1-160. At page 15 of his Decision and Order, the Hearing Commissioner concluded,

Under S.C. Code Anno., [sic] § 42-1-160, Hoff sustained a compensable injury by accident arising out of and in the course of his employment on October 14, 2003, when he was first notified his binaural hearing loss was causally related to his employment with the Employer.

It is unclear, but the Hearing Commissioner seems to conclude that the Claimant did not have an “accident” until his lawyers sent him to Dr. Kitch for an opinion on the cause of his long-standing hearing loss. However, an “accident” is defined as an “unlooked for and untoward event” that causes an injury. Pee v. AVM, 352 S.C. 167, 573 S.E.2d 785 (2002). Is the event for which MeadWestvaco has been found liable a doctor’s appointment? Did Dr. Kitch’s opinion in October 2003 cause his injury? This is what the Hearing Commissioner concluded. Since the Claimant was not working for MeadWestvaco in October 2003, any accident on this date clearly did not “arise out of” or “in the course of” his employment. Therefore, this conclusion is premised, not only on pure speculation, but is wholly contrary to the applicable law and should be reversed.

In keeping with the overall theme of gross inconsistency, the Hearing Commissioner’s “Order and Award” at page 17 of his Decision and Order suggests yet a third possible “accident” scenario under S.C. Code Ann. § 42-1-160:

“...Hoff sustained a compensable injury by accident to his right ear and left ear by sustaining a binaural hearing disability as a result of excessive noise

exposure on his job and occurred out of and in the course and scope of his employment at MeadWestvaco on October 19, 2003... ”

Again, the Claimant was not an employee of, and was not working for, MeadWestvaco on October 19, 2003. As a matter of law, anything that may have occurred on October 19, 2003 cannot be considered to have occurred “within the period of employment, at a place where the employee reasonably may be in the performance of his duties and while fulfilling his duties or engaged in something incidental thereto.” Douglas v. Spartan Mills, 140 S.E.2d 173 (1965). Therefore, as a matter of law, any alleged accident on October 19, 2003 did not “arise out of” or “in the course” of the Claimant’s employment with MeadWestvaco, which ended in October 2000, as a matter of law.

VII. The award of benefits for a 30% loss of hearing is contrary to the greater weight of the evidence and should be reversed.

MeadWestvaco respectfully contends that the present claim is barred by S.C. Code Ann. § 42-15-40’s statute of limitations and further contend that the Claimant did not sustain any injury by accident arising out of or in the course of his employment. However, if the Appellate Panel should find that his claim was timely and that he has affirmatively proven that his hearing loss was caused by an accident arising out of and in the course of his employment, MeadWestvaco respectfully contends that the Claimant does not have a 30% loss of hearing as a result of any such alleged accident based on the greater weight of the evidence.

The Claimant retired from MeadWestvaco in October 2003. Immediately prior to his retirement, the Claimant was administered a final annual audiogram on September 26, 2000. (APA p. 16). Based upon the Claimant's September 26, 2000 audiogram and S.C. Code Reg. 67-1102, the Claimant's binaural hearing loss (from any cause) was 16.25% at the time of his retirement. (APA p.29). This is the most hearing loss that could possibly be attributed to his employment.

However, the Hearing Commissioner awarded the Claimant benefits for a 30% binaural hearing loss because the Claimant's hearing continued to deteriorate after his retirement. After his retirement, the Claimant's hearing problems increased significantly and by 2003, the Claimant's hearing loss had nearly doubled to 30%. (APA p. 30).

According to Dr. Joseph Sataloff,

"His additional hearing loss could be due to presbycusis, that is aging, hereditary factors, genetic factors and diabetes. It is evident that between 1981 and the present time his hearing got worse, but it could not possibly be due to any occupational cause." (APA p.24).

The Claimant has not had his hearing tested since 2003; however, the Claimant admits that his hearing has gotten even worse since that time, despite the fact he has not been working. According to the uncontradicted medical evidence in the record, "occupational hearing loss is not progressive after a maximum loss is incurred approximately 10 to 12 years after initial exposure" and "occupational hearing loss does not progress once the subject has been removed from the noisy environment." (APA p. 24, p.26). Even Dr. Kitch, who evaluated the Claimant on a single occasion in 2003 at

the request of the Steinberg Law Firm, conceded that with noise-induced hearing loss "the majority of the damage to the hearing occurs in the early years of exposure, then tends to level off, particularly if hearing protection is being used." (APA p. 6).

However, between 2000 and 2003, the Claimant's hearing impairment nearly doubled, going from 16.25% to 30%. (APA pp. 28-29).

MeadWestvaco respectfully contends that there is no evidence to support a finding that the hearing loss the Claimant sustained after his retirement (at a time when he was over the age of 60) is in any way related to his past employment with MeadWestvaco. For this reason, MeadWestvaco respectfully requests that the Hearing Commissioner's award under S.C. Code Reg. 67-1102 and S.C. Code Ann. § 42-9-30 be reversed.

Conclusion

For the reasons stated herein above, MeadWestvaco respectfully requests that the Hearing Commissioner's Decision and Order be reversed in its entirety and that the Appellate Panel enter its own findings and conclusions that the present claim is barred by the statute of limitations and that the Claimant's alleged hearing loss is otherwise not causally-related to his employment with MeadWestvaco, which ended in the year 2000.

Respectfully submitted,

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January 28, 2010

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0031077

VIRGIL HOFF, Employee,

Claimant,

vs.

MEAD WESTVACO, Employer, and

Self-Insured Mead Westvaco, Carrier,

Defendants.

CLAIMANT/RESPONDENT'S BRIEF

STANDARD OF REVIEW

S.C. Code Section 42-17-50 (1976), as amended, governs appeals from the Single Commissioner to the Full Commission of the South Carolina Workers' Compensation Commission. In accordance with Section 42-17-50, "[w]hen reviewing the evidence and award of the [H]earing [C]ommissioner, the Commission may make its own findings of fact and reach its own conclusions of law either consistent or inconsistent with those of the [H]earing [C]ommissioner. Lowe v. Am-Can Transp. Servs., Inc., 283 S.C. 534, 537, 324, S.E.2d 87, 89 (Ct. App. 1984).

STATEMENT OF CASE

The Claimant (Hoff) was employed for forty-two (42) years at Mead Westvaco. This is the only employment Hoff had during the course of his entire adult life. During his employment, he was exposed to significant industrial noise which lead to his binaural hearing loss. Hoff worked for a number of years (through the 1970's) without hearing protection of any kind. Only in the 1980's did the Employer mandate the use of ear plugs after acknowledging the noise level in its facility was loud enough to have

permanent injury to its employees. Hoff testified hearing "plugs" provided by the Employer were not effective in eliminating the extremely loud noises caused by industrial equipment which he worked on as a plant mechanic. His constant exposure to loud noises while on the job continued through October of 2000 when he retired.

Hoff's treating ENT specialist is Dr. Russell Kitch. Dr. Kitch reviewed Hoff's audiograms from his employment at Westvaco as well as audiograms conducted by his office and concluded he suffered high frequency, sensorineural hearing loss in a pattern typical of noise induced damage which is attributable to noise exposure in the workplace at Westvaco. (APA p. 6)

It is undisputed that as of October 2000, when Hoff retired from his employment at Westvaco, his audiogram reflected a 16.25% binaural compensable hearing impairment. Following his retirement Hoff's hearing was tested and, as of 2003, he had a 30% compensable hearing loss. Dr. Kitch has opined "As an additional point of clarification, Mr. Hoff was forty-eight years old when he had the audiogram obtained at Westvaco in 1989 with findings as noted showed similar severity of loss to the current studies. This negates the contribution of age related hearing loss as a factor in his impairment rating." Based on the audiogram from 2003, Dr. Kitch assigned a 30% binaural hearing impairment as a direct result of Hoff's hearing loss which he stated showed a "classic pattern typical of noise induced hearing loss." (APA p.6) (Emphasis added).

The Defendants' experts have neither examined or treated Hoff. The Defendants hired expert, Dr. Joseph Sataloff, who speculates because Hoff has mild diabetes that is diet controlled, most of his hearing loss must be related to his diabetes because "30% of individuals with diabetes develop high frequency hearing loss." (APA

p. 23) Assuming Dr. Sataloff is correct regarding to the percentage of diabetic patients with high frequency hearing loss, it is clear the vast majority of diabetics (at least 70%) fail to develop any hearing loss related to diabetes. Dr. Joseph Sataloff acknowledges that 3.8% of Hoff's hearing loss "could be attributable to...occupational etiology." He then speculates as to a myriad of other potential causes of Hoff's hearing loss. Dr. Sataloff's speculation and guesses do not meet the standard for an accepted medical opinion in a workers' compensation claim and should be discarded and given no weight.

Based upon the testimony of Hoff and the APA and evidentiary submissions of the parties, the Hearing Commissioner issued his Decision and Order dated October 29, 2009, finding Hoff's hearing loss compensable under the Act and awarded Hoff 49.5 weeks of compensation for his permanent 30% hearing loss disability.

Following the filing of the Hearing Commissioner's Decision and Award, the Defendants by their WCC Form No. 30, timely appealed the Hearing Commissioner's Decision and Order. Hoff filed no appeal.

The Defendants assert the Hearing Commissioner erred in finding Hoff's claim is timely filed under Section 42-15-20 and Section 42-15-40; Hoff's hearing loss is not related to his employment; Hoff was not an employee of Mead Westvaco at the time of his accident; and no evidence supported his entitlement to medical benefits. (i.e. hearing aids).

LEGAL ARGUMENT

- I. THE HEARING COMMISSIONER'S FINDINGS OF FACT AND CONCLUSIONS OF LAW HOFF TIMELY PROVIDED NOTICE OF HIS ACCIDENT, TIMELY FILED HIS CLAIM AND SUSTAINED A COMPENSABLE HEARING LOSS AS A RESULT OF HIS EMPLOYMENT WITH WESTVACO IS SUPPORTED BY THE TESTIMONY AT THE HEARING AND THE EVIDENCE IN THE RECORD.**

Hoff, by his WCC Form No. 50, dated October 22, 2003, asserted as a result of noise and environmental exposure, he sustained injuries by accident to his skin, ears and lungs on or about October 4, 2000, the last day he worked in the Defendant's plant. Hoff also claimed the "discovery rule" applied to the filing of his claim for benefits under the Act. See Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992). By his WCC Form No. 50, dated June 9, 2009, Requesting a Hearing, Hoff again asserted he sustained hearing loss caused by an accident occurring on October 4, 2000. By his WCC Form No. 58, Pre-Hearing Brief, dated July 27, 2009, Hoff again, for the third time, asserted he sustained a compensable hearing loss by accident on October 4, 2000 due to noise and industrial exposure which occurred during the course of his employment with the Employer.

The Defendants by their WCC Form No. 51, dated November 10, 2003, denied Hoff's claim. They contended his claim was barred by various defenses including Section 42-15-20 and Section 42-15-40. The Defendant's Amended WCC Form No. 51, dated June 18, 2009, continued to deny Hoff's claim as compensable and raised various defenses, including those applicable to occupational disease claims. The Defendant's WCC Form No. 58, pre-hearing brief, claims for the first and only time in any pleading filed by either party, Hoff's accident date was "October 24, 2000 (alleged)", rather than the October 4, 2000 date claimed by Hoff. Hoff has consistently asserted his date of accident occurred on October 4, 2000, his last date of employment with the Employer, Mead Westvaco. Why the Defendants asserted an accident of October 24, 2000 in their Pre-Hearing Brief is unknown. It is apparently this date the Hearing Commissioner adopted as the date of accident. If, in fact October 24, 2000 was Hoff's date of employment in the employer's plant, then the Commission's Order

should reflect October 24, 2000 as the accident date applicable to this claim.

In addition to the submission of Hoff's APA evidentiary documents Hoff also submitted into the record a Memorandum of Law. In his memorandum, Hoff argued that although his last injurious exposure to excessive noise at Westvaco occurred in October of 2000, he did not become aware of his compensable injury until the diagnosis of the causal relationship between his employment at Westvaco and his hearing loss was made by Dr. Russell Kitch in his report of October 14, 2003. Hoff contends that because he was unaware of the causal relationship between his hearing loss injury and his employment, neither the ninety (90) day notice requirement (Section 42-15-20) or the two (2) year statute of limitations (Section 42-15-40), began until Hoff became disabled and could have discovered with reasonable diligence his condition was compensable. Bass v. Isochem, 365 S.C. 454, 617 S.E.2d 369 (Ct. App. 2005). Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992)

In Mauldin, the Claimant asserted she sustained an injury by accident on January 2, 1985, when she injured her left knee. After reporting the accident to her supervisor, she sought immediate medical treatment at a local hospital. The emergency room physician diagnosed her injury as a "medical collateral sprain". The claim was thereafter handled as a "medical only" claim. No loss time from work resulted from her accident. During the two years following her accident, Mauldin saw her family physician for ongoing knee symptoms and was diagnosed with arthritis. On November 1, 1987, she was diagnosed by an orthopaedic surgeon with a "torn medial meniscus" and surgery was required. In addressing the application of Section 42-15-40, to Mauldin's claim, the Court ruled that because the true nature of her knee condition was mis-diagnosed the "discovery rule" was applicable to her claim and that

November 1, 1987 was when Mauldin "discovered or reasonably should have discovered" her knee symptoms resulted from her January 2, 1985 accident. Thus, her claim filed on December 30, 1987 was timely filed.

Just as the court in Mauldin reasoned, it is illogical to presume Hoff would be required to file a claim with the Commission in keeping with Section 42-15-40 unless he first was aware he had a compensable injury. A Claimant is not required to file a claim within two (2) years of the date of his accident in compliance with Section 42-15-40, until the Claimant discovers the causal relationship between his injury and his employment. *Id.* Mauldin. Likewise it is illogical to presume Hoff would be required to provide notice of an accident to the employer until he is aware an accident has occurred.

In Pee v. AVM, Inc., 352 S.C. 167, 573 S.E.2d 785, 787 (2002), our court was charged with determining whether carpal tunnel injuries met the definition of injury by accident. The court noted that carpal tunnel injury occurs over time due to the Claimant's exposure to repetitive trauma. The Pee court stated, "[a]s we more recently stated, 'in determining whether something constitutes an injury by accident, the focus is not on some specific event, but rather on the injury itself.'" *Id.* (citing Stokes v. First Nat'l Bank, 306 S.C. 46, 50, 410 S.E.2d 248, 250 (1991)). Further, an injury is unexpected, bringing it within the category of accident, if the *worker* did not intend or expect it would result from what he was doing. Citing Colvin v. E.I. Dupont De Nemours Co., 227 S.C. 465, 88 S.E.2d 581 (1955). "Therefore, if an injury is unexpected from a workers' point of view, it qualifies as an injury by accident." Pee at 787. (Emphasis added). Pee clearly established a recognition in South Carolina that injuries resulting from repetitive exposure, constitute an injury by accident where the result is unexpected. Sturkie,

supra. at 541. (Emphasis Added). Thus a hearing loss claim, like a carpal tunnel claim, may be deemed compensable as either an injury by accident or as a repetitive trauma claim.

This is similar to the way an occupational disease claim is treated under the Act. Under Section 42-11-110 of the Act, a Claimant may elect to bring his claim under the occupational disease section of the Act or as an injury by accident. With regard to repetitive trauma injuries they may also be litigated as an injury by accident or as repetitive trauma claims. However, the choice of law under which the Claimant proceeds is elected by the Claimant, not the employer.

It is undisputed the first notice Hoff had from any healthcare provider his hearing loss was connected in any way to his employment at Westvaco was the report of Dr. Russell Kitch dated October 14, 2003. Because the time for providing notice to the Employer and for filing his claim under the Act under the holdings of Bass, supra. and Mauldin, supra., had not expired when Hoff filed his claim on October 22, 2003, the Defendants assert his claim is time barred must fail.

The Defendants' brief attempts to distinguish the facts of Hoff's claim from those in Mauldin. While the Defendants argue Hoff knew he had hearing loss reaching back into the 1980's, they fail to acknowledge there is no medical evidence of any kind prior to the report of Dr. Kitch dated October 14, 2003, advising Hoff of a causal relationship between his hearing loss and his employment. The uncontradicted testimony at the hearing from Hoff regarding his knowledge of any relationship between his hearing loss and his work at Westvaco was as follows:

Q. Now, were you provided any sort of hearing test while you worked at Westvaco?

A. Yes.

Q. And who actually administered those tests?

A. The nurses at first aid.

Q. Would you ever meet with them or review the test results of those tests?

A. Right.

Q. When would you do that in relationship to when the test was administered?

A. Once the test was run, then later they would call you back in the room and review them with you.

Q. And what was your understanding of your tests as they progressed through- - -

A. My understanding was my hearing was normal and still holding.

Q. Ok. Were you ever advised by anybody at Westvaco that you had any hearing loss related to your employment at Westvaco?

A. No. (Tr.p.25:3-22)

In keeping with the facts of Mauldin, Hoff, like the Claimant in Mauldin, was never told that his hearing loss injury was related to his employment at Westvaco. In fact, the Westvaco nurses who interpreted his annual audiogram test results instructed Hoff his hearing was "normal and holding" when they met with him to discuss the test results.

Contrary to what the Employers nurses told Hoff, his audiology test results began to show "compensable" hearing loss around 1980. The failure of Westvaco to advise Hoff of the true results of his audiology testing estopps Westvaco from arguing Hoff failed to timely file a claim for hearing loss with Westvaco when it was Westvaco who

incorrectly told him his hearing was "normal and still holding." The equitable doctrine of estoppel applies to workers' compensation claims. See Bilton v. Best Western Royal Motor Lodge, 282 S.C. 634, 321 S.E.2d 63 (Ct. App. 1984) and Russell v. Drivers Leasing Service, Inc., 282 S.C. 358, 318 S.E.2d 579 (Ct. App. 1984).

In summary, because Hoff asserted his hearing loss claim as an injury by accident neither the notice or filing requirements of Section 42-15-20 or Section 42-15-40, began to run until Hoff discovered or should have discovered his hearing loss was related to his employment at Westvaco. Additionally, his date of accident is, as it always has been, October 4, 2000. The Defendants have always defended this claim knowing the accident date was October 4, 2000. Therefore, the Appellate Panel should amend the Order of the Hearing Commissioner to perfect the accident date of October 4, 2000.

II. THE HEARING COMMISSIONER'S ORDER FINDING HOFF ENTITLED TO DODGE MEDICAL BENEFITS IS FULLY SUPPORTED BY THE RECORD AND SECTION 42-15-60.

The Hearing Commissioner, in addition to finding Hoff sustained a compensable thirty (30%) percent binaural hearing impairment, also ordered the Defendants to provide Hoff ongoing medical care and treatment from Dr. Russell Kitch and, if recommended by Dr. Kitch, hearing/digital hearing aids to be maintained by the Defendants. The Hearing Commissioner cited Section 42-15-60 and Dodge v. Bruccoli, et.al., 514 S.E.2d 593 (Ct. App. 1999), in support of his decision.

Under Section 42-15-60, the Commission has authority to order medical treatment, including prosthetic devices and hearing aids, shall be provided by the Employer during the life of the Claimant. Prosthesis found compensable under Section 42-15-60 include, among other devices, dentures, (Corbit v. South Carolina Department

of Youth Services, 307 S.C. 270, 414 S.E.2d 778 (S.C. 1992)); prosthetic limbs, (Smith v. Eagle Construction Co. Inc., 282 S.C. 140, 318 S.E.2d 8 (S.C. 1984)). Clearly, a hearing aid falls within the definition of a prosthetic device.

Our Supreme Court has further defined the duration of the Employer's responsibility to provide medical care under Section 42-15-60 which "tends to lessen the Claimant's disability" as extending beyond the date the Claimant reached maximum medical improvement. Dodge v. Brucoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E. 2d 593 (Ct. App. 1999).

Under Section 42-15-60 (1980 as amended), the Commission "in case of a controversy arising between the employer and employee,... may order such further medical, surgical, hospital, or other treatment as may in the discretion of the commission be necessary." This language has since been deleted from Section 42-15-60 as part of amendments to the Act that became effective on July 1, 2007. The Hearing Commissioner has not ordered Hoff be provided hearing aids. Rather, his order merely provided a medical evaluation by Dr. Kitch to determine if hearing aids would be appropriate for Hoff. Because the compensability of Hoff's hearing loss has been in controversy, the Hearing Commissioner's Order requiring the Defendants to be responsible for Dr. Kitch's assessment of Hoff's hearing aid needs is well within the scope of Section 42-15-60. Because the Defendants have appealed the decision of the Hearing Commissioner and Hoff has not yet been evaluated to determine if hearing aids are appropriate for him, the Defendants's appeal of this issue is premature.

Section 42-15-60 also provides that in cases of partial permanent disability "prosthetic devices shall also be furnished during the life of the injured employee or so long as they are necessary." Assuming hearing aids are appropriate for Mr. Hoff and

are prescribed by Dr. Kitch, Section 42-15-60 provides that prosthetic devices are available to the Claimant for his or her life and are not limited by whether the device "will tend to lessen the period of disability" during the duration of Hoff's life. Should the Commission adopt the Defendants' argument prosthetic devices are only to be provided in cases for so long as they "tend to lessen the period of disability" employers would no longer have to maintain, replace, or provide prosthetic devices to injured workers who reach retirement age following their compensable accidents which require prosthetic limbs, hips, knees and other prosthetic devices. Such a result is hardly in keeping with the purpose and intent of the Act which "...should be given liberal construction in furtherance of the purposes for which it was designed." Carter v. Penney Tire and Recapping Co., 261 S.C. 341, 200 S.E.2d 64 (1973). "Compensation laws constitute a form of legislation and were enacted primarily for the benefit, protection and welfare of working men and their dependents to relieve them of the uncertainties of a trial in a suit for damages, to cast upon the industry in which they are employed a share of the burden resulting from industrial accidents, and to prevent the burden of the injured employees and their dependents from becoming charges on society. Coakley v. Robert Lee, Inc., 197 S.C. 157, 14 S.E.2d 889 (1941).

III. THE HEARING COMMISSIONER'S AWARD OF 30% HEARING LOSS IS SUPPORTED BY THE RECORD AND IS CONSISTENT WITH THE APPLICABLE STATUTORY AND CASE LAW.

It is undisputed between the parties that at the time Hoff retired in October of 2000, an audiogram performed in September of 2000 established he had sustained a binaural compensable hearing loss of 16.25%. In 2003, when tested by Dr. Russell Kitch, his audiogram revealed he had sustained a compensable 30% impairment. It was the opinion of Dr. Kitch that Hoff's hearing loss in 2003 was similar to earlier

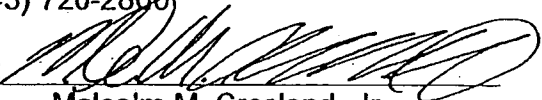
audiogram testing in 1989 and that because his loss fits the precise well established pattern of noise induced hearing loss as opposed to age induced hearing loss, he stated "This negates the contribution of age related hearing as a hearing loss as a factor in his impairment rating." (APA p.6) The Defendants argue that because Hoff's compensable hearing loss continued to decline after he retired in 2000, the 30% hearing loss award provided by the Commissioner is unsustainable because some component of his hearing loss may be related to aging.

The Defendants' argument is flawed. Longstanding South Carolina law provides that an accidental injury arising out of and occurring within the course and scope of the Claimant's employment is compensable if the conditions of employment caused, aggravated, or contributed to the injury. Our courts have stated "[t]he aggravation, acceleration, or lighting up of a pre-existing or latent infirmity or weakened condition may constitute a disability of such a character as to come within the meaning of workman's compensation acts, even though the accident would have caused no injury to a perfectly normal, healthy individual." Ferguson v. State Highway Dept., 197 S.C. 520, 15 S.E.2d 775 (S.C. 1941); Glover v. Columbia Hospital of Richland County, 236 S.C. 410, 114 S.E.2d 565 (S.C. 1960). "[A]n injured Claimant is entitled to compensation and medical benefits for disability arising from a permanent physical impairment in combination with a pre-existing impairment if the combined affect results in a substantially greater disability." Curiel v. Environmental Management Services, 376 S.C. 23, 31, 655 S.E.2d 482, 486 (S.C. 2007) Citing Ellison v. Frigidaire Home Prods., 371 S.C. 159, 638 S.E.2d 664 (S.C. 2006).

As repeatedly asserted by Hoff, he sustained an accidental injury on October 4, 2000, when he was last exposed to injurious noise conditions on the job with Westvaco.

If any percentage of Hoff's 30% compensable hearing loss is age related that fact does not eliminate the compensability of Hoff's entire hearing loss. This is no different than the 60 year old employee with a degenerating back condition who sustained a herniated disc. The South Carolina legislature has not adopted apportionment of impairment for injuries by accident. The Defendants' argument is an attempt to supersede the intent of the legislature as expressed in the South Carolina Workers' Compensation Act and would result in the apportionment of Hoff's hearing loss disability when no such legal authority exists. Notably, the Defendants fail to cite even one case, regulation or statute supporting their apportionment theory, therefore, the Hearing Commissioner's Order establishing the Claimant's compensable 30% binaural hearing loss must stand.

THE STEINBERG LAW FIRM LLP
61 Broad Street, P.O. Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 

Malcolm M. Crosland, Jr.
Attorney for Claimant

Charleston, South Carolina

February 25th, 2010

CERTIFICATE OF MAILING

I hereby certify that on February 25, 2010, I served the insurance carrier in the foregoing matter, with a copy of the attached Claimant/Respondent's Brief by mailing a copy of same via first class mail, postage pre-paid, and addressed as follows:

S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Kirsten Barr, Esquire
Trask & Howell, LLC
P.O. Box 2167
Mt. Pleasant, SC 29465

By: Kelly Alfreds
Kelly Alfreds, paralegal to
Malcolm M. Crosland, Jr.

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO. 10-CP-10-
Case No.: 0031077

Virgil Hoff, Employee,
Plaintiff,

v.

Mead Westvaco, Employer, and,
Self-Insured Mead Westvaco, Carrier,
Defendants.

CIVIL ACTION COVERSHEET

(Please Print)

Submitted By: Malcolm M. Crosland, Jr.
Address: P.O. Box 9
Charleston, SC 29402

SC Bar #: 8934

Telephone #: (843) 843-720-2800

Fax #: (843) 843-266-1700

Other: _____

E-mail: mcrosland@steinberglawfirm.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

**If Action is Judgment/Settlement do not complete*

- ☐ JURY TRIAL demanded in complaint. ☒ NON-JURY TRIAL demanded in complaint.
☐ This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR (certificate attached).

NATURE OF ACTION (Check One Box Below)

- Contracts**
☐ Construction (100)
☐ Debt Collection (110)
☐ Employment (120)
☐ General (130)
☐ Breach of Contract (140)
☐ Other (199)

- Inmate Petitions**
☐ PCR (500)
☐ Sexual Predator (510)
☐ Mandamus (520)
☐ Habeas Corpus (530)
☐ Other (599)

- Special/Complex/Other**
☐ Environmental (600)
☐ Automobile Arb. (610)
☐ Medical (620)
☐ Other (699)

- Torts - Professional**
☐ Dental Malpractice (200)
☐ Legal Malpractice (210)
☐ Medical Malpractice (220)
☐ Notice/File Med Mal (230)
☐ Other (299)

- Judgments/Settlements**
☐ Death Settlement (700)
☐ Foreign Judgment (710)
☐ Magistrate's Judgment (720)
☐ Minor Settlement (730)
☐ Transcript Judgment (740)
☐ Lis Pendens (750)**
☐ Other (799)

- ☐ Pharmaceuticals (360)
☐ Unfair Trade Practices (640)
☐ Out-of-State Depos. (650)

- Torts - Personal Injury**
☐ Assault/Slander/Libel (300)
☐ Conversion (310)
☐ Motor Vehicle Accident (320)
☐ Premises Liability (330)
☐ Products Liability (340)
☐ Personal Injury (350)
☐ Wrongful Death (360)
☐ Other (399)

- Administrative Law/Relief**
☐ Reinstate Driver License (800)
☐ Judicial Review (810)
☐ Relief (820)
☐ Permanent Injunction (830)
☐ Forfeiture (840)
☐ Other (899)

- Real Property**
☐ Claim & Delivery (400)
☐ Condemnation (410)
☐ Foreclosure (420)
☐ Mechanic's Lien (430)
☐ Partition (440)
☐ Possession (450)
☐ Building Code Violation (460)
☐ Other (499)

- Appeals**
☐ Arbitration (900)
☐ Magistrate-Civil (910)
☐ Magistrate-Criminal (920)
☐ Municipal (930)
☐ Probate Court (940)
☐ SCDOT (950)
☒ Workers' Comp (960)
☐ Zoning Board (970)
☐ Admin. Law Judge (980)
☐ Public Service Comm. (990)
☐ Empl. Security Comm (991)
☐ Other (999)

Submitting Party Signature: _____

Date: 7/27/10

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

VIRGIL HOFF, Employee,

Claimant,

vs.

MEAD WESTVACO, Employer, and

Self-Insured Mead Westvaco, Carrier,

Defendants.

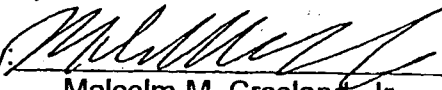
IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO. 10-CP-10-
WCC FILE NO.: 0031077

NOTICE OF INTENT TO APPEAL

TO: THE HONORABLE COURT OF COMMON PLEAS; AND KIRSTEN L. BARR,
ESQUIRE, ATTORNEY FOR THE RESPONDENT

YOU WILL PLEASE TAKE NOTICE the Petitioner, Virgil Hoff, by and through his undersigned attorney, files this Notice of Intent to Appeal from the Order of the South Carolina Workers' Compensation Commission filed July 2, 2010, upon the grounds as set forth in the Petitioner's Petition for Judicial Review, a copy of which is attached hereto and incorporated herein.

THE STEINBERG LAW FIRM LLP
61 Broad Street, P.O. Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 
Malcolm M. Crosland, Jr.
Attorney for Claimant

Charleston, South Carolina

July 27, 2010

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO. 10-CP-10-_____
WCC FILE NO.: 0031077

VIRGIL HOFF, Employee,

Claimant,

vs.

MEAD WESTVACO, Employer, and

Self-Insured Mead Westvaco, Carrier,

Defendants.

PETITION FOR JUDICIAL REVIEW
NON-JURY

TO: THE HONORABLE COURT OF COMMON PLEAS; AND KIRSTEN L. BARR,
Esquire, ATTORNEY FOR THE RESPONDENT

The Petitioner, Virgil Hoff, by and through his undersigned attorney, prays for review from the Order of the South Carolina Workers' Compensation Commission filed October 29, 2009, pursuant to the provisions of Section 1-23-380, South Carolina Code of Laws, 1976, as amended, commonly known as the Administrative Procedures Act, and Section 42-17-60, South Carolina Code of Laws, 1976, as amended, commonly known as the South Carolina Workers' Compensation Act, and would respectfully allege and show unto this Honorable Court as follows:

FIRST: The Petitioner is a citizen and resident of Cottageville, South Carolina. The Respondent/Employer is a corporation organized and existing under the laws of the State of South Carolina. The Respondent/Carrier is the Workers' Compensation Insurance Carrier for the Respondent/Employer.

SECOND: All were parties to the proceedings before the South Carolina Workers' Compensation Commission.

THIRD: The Petitioner claims entitlement to benefits under the South Carolina Workers' Compensation Act as a result of a compensable injury arising out of and in the course and scope of his employment with the Respondent/Employer, which injury occurred in Charleston, South Carolina.

FOURTH: A claim for benefits was duly filed with the South Carolina Workers' Compensation Commission.

FIFTH: A hearing was held on August 27, 2009 and an Order was issued by the Hearing Commissioner on October 29, 2009 which awarded the Claimant benefits under the Act. (Ex. A)

SIXTH: The Respondents timely filed a WCC Form No 30, Request for Review, to the Full Panel of the South Carolina Workers' Compensation Commission. The Full Commission reversed the Hearing Commissioner's decision by its Decision and Order dated July 2, 2010.

SEVENTH: The Petitioner requests review of the Workers' Compensation Commission's Order dated July 2, 2010 (Ex.B) upon the grounds, the findings, inferences, conclusions of law, and orders issued therein were in violation of statutory provisions, are affected by error of law, and are not supported by the substantial, reliable, and probative evidence in the record as provided in Section 1-23-380(g),(5) and was affected by error of law under Section 1-23-380(g)(4), South Carolina Code of Laws, 1976, as amended, in such cases made and provided on the following grounds and exceptions:

FIRST: The Hearing Commissioner erred in finding as fact "The Claimant does not allege and otherwise presented no evidence to suggest that his failure to file a claim prior to October 22, 2003 was due to any conduct on part of the Defendant that could have mislead or deceived him, so as to estop the Defendant from asserting the statute of limitations as a defense to this claim." The error being the Claimant presented substantial evidence in the record reflecting the Defendants conduct was misleading and led him to the conclusion his hearing loss reflected by the Employer's hearing tests was not related to his employment, but rather, was related to some other cause thereby

leading him to believe no part of his hearing loss was related to his lifetime employment with the Employer Westvaco.

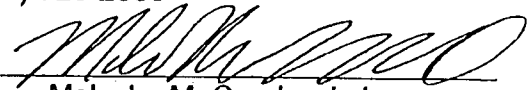
SECOND: The Commission erred in concluding as a matter of law "There is no evidence or allocation of misconduct on behalf of the Defendant that could have resulted in the Claimant's three year delay in filing his claim. Therefore, the claim is time-barred as a matter of law." The error being is the substantial evidence in the record reflecting the Employer mislead the Claimant by advising him that his hearing loss had not changed significantly over the years of hearing testing conducted by the Employer and that his hearing loss was not related to his employment therefore entitling the Claimant to toll the statute of limitations for the filing of his hearing loss claim under the equitable principle of waiver or estoppel set forth in Poole v. E.I. Du Pont Nemours & Co., 227 S.C. 232, 87 S.E.2d 640 (1955).

THIRD: The Commission erred in applying the statute of limitations holding in Schurlknight v. City of North Charleston, 352 S.C. 175, 574 S.E.2d 194 (2003). The error being the Commission failed to apply the holding of Mauldin v. Dyna-Color/Jackrabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992) and Bass v. Isochem, 365 S.C. 454, 617 S.E.2d 369 (Ct. App. 2005), which hold the statute of limitations for the filing of the Claimant's hearing loss claim for injury by accident does not begin to run until the Claimant knew or should have known of his compensable injury which began on October 4, 2003 when he was diagnosed with employment related hearing loss.

FOURTH: The Commission erred in failing to find the Claimant's hearing loss compensable under the South Carolina Workers' Compensation Act and affirm the benefits awarded by the Hearing Commission, the error being the Commission's Order was affected by error of law and was clearly erroneous in view of the reliable, probative and substantial evidence on the whole record.

WHEREFORE, the Petitioner prays this Honorable Court review the Workers' Compensation Commission's Order filed July 2, 2010, reverse the Order of the Commission, and remand the claim to the Workers' Compensation Commission for further proceedings consistent with the Order of this Court.

THE STEINBERG LAW FIRM LLP
61 Broad Street, P.O. Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 
Malcolm M. Crosland, Jr.
Attorney for Claimant

Charleston, South Carolina

July 26, 2010

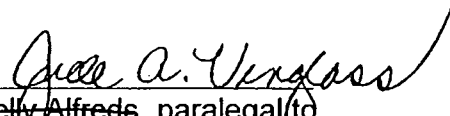
CERTIFICATE OF MAILING

I hereby certify that on July 27, 2010, I served the Respondents/Defendants in the foregoing matter, with a copy of the attached **NOTICE OF INTENT TO APPEAL** and **PETITION FOR JUDICIAL REVIEW** by mailing a copy of same via first class mail, postage pre-paid, and addressed as follows:

Kirsten L. Barr, Esquire
Trask & Howell LLC
763 Johnnie Dodds Boulevard
Post Office Box 2167
Mt. Pleasant, SC 29464

South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

By:


Kelly Alfreds, paralegal to
Malcolm M. Crosland, Jr.

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Virgil A. Hoff

Plaintiff(s)

vs.

MeadWestvaco and Safety National Insurance Co.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION COVERSHEET

13-CP-10-10723

(Please Print)

Submitted By: Kirsten L. Barr

Address: Trask & Howell, L.L.C.

P. O. Box 2167

Mt. Pleasant, SC 29465-2167

SC Bar #: 15525

Telephone #: 843-881-4228

Fax #: 843-881-8784

Other:

E-mail: kbarr@trask-howell.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☐ JURY TRIAL demanded in complaint. ☒ NON-JURY TRIAL demanded in complaint.
☐ This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

Contracts ☐ Constructions (100) ☐ Debt Collection (110) ☐ Employment (120) ☐ General (130) ☐ Breach of Contract (140) ☐ Other (199)	Torts - Professional Malpractice ☐ Dental Malpractice (200) ☐ Legal Malpractice (210) ☐ Medical Malpractice (220) Previous Notice of Intent Case # 20-CP- ☐ Notice/ File Med Mal (230) ☐ Other (299)	Torts - Personal Injury ☐ Assault/Slander/Libel (300) ☐ Conversion (310) ☐ Motor Vehicle Accident (320) ☐ Premises Liability (330) ☐ Products Liability (340) ☐ Personal Injury (350) ☐ Wrongful Death (360) ☐ Other (399)	Real Property ☐ Claim & Delivery (400) ☐ Condemnation (410) ☐ Foreclosure (420) ☐ Mechanic's Lien (430) ☐ Partition (440) ☐ Possession (450) ☐ Building Code Violation (460) ☐ Other (499)
Inmate Petitions ☐ PCR (500) ☐ Mandamus (520) ☐ Habeas Corpus (530) ☐ Other (599)	Judgments/Settlements ☐ Death Settlement (700) ☐ Foreign Judgment (710) ☐ Magistrate's Judgment (720) ☐ Minor Settlement (730) ☐ Transcript Judgment (740) ☐ Lis Pendens (750) ☐ Transfer of Structured Settlement Payment Rights Application (760) ☐ Other (799)	Administrative Law/Relief ☐ Reinstate Driver's License (800) ☐ Judicial Review (810) ☐ Relief (820) ☐ Permanent Injunction (830) ☐ Forfeiture-Petition (840) ☐ Forfeiture-Consent Order (850) ☐ Other (899)	Appeals ☐ Arbitration (900) ☐ Magistrate-Civil (910) ☐ Magistrate-Criminal (920) ☐ Municipal (930) ☐ Probate Court (940) ☐ SCDOT (950) ☒ Worker's Comp (960) ☐ Zoning Board (970) ☐ Administrative Law Judge (980) ☐ Public Service Commission (990) ☐ Employment Security Comm (991) ☐ Other (999)
Special/Complex/Other ☐ Environmental (600) ☐ Automobile Arb. (610) ☐ Medical (620) ☐ Other (699)	☐ Pharmaceuticals (630) ☐ Unfair Trade Practices (640) ☐ Out-of State Depositions (650) ☐ Motion to Quash Subpoena in an Out-of-County Action (660) ☐ Sexual Predator (510)		

Submitting Party Signature:

Kirsten L. Barr

Date: November 12, 2013

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

FOR MANDATED ADR COUNTIES ONLY

Allendale, Anderson, Beaufort, Colleton, Florence, Greenville,
Hampton, Horry, Jasper, Lexington, Pickens (Family Court Only), and Richland

SUPREME COURT RULES REQUIRE THE SUBMISSION OF ALL CIVIL CASES TO AN ALTERNATIVE DISPUTE RESOLUTION PROCESS, UNLESS OTHERWISE EXEMPT.

You are required to take the following action(s):

1. The parties shall select a neutral and file a "Proof of ADR" form on or by the 210th day of the filing of this action. If the parties have not selected a neutral within 210 days, the Clerk of Court shall then appoint a primary and secondary mediator from the current roster on a rotating basis from among those mediators agreeing to accept cases in the county in which the action has been filed.
2. The initial ADR conference must be held within 300 days after the filing of the action.
3. Pre-suit medical malpractice mediations required by S.C. Code §15-79-125 shall be held not later than 120 days after all defendants are served with the "Notice of Intent to File Suit" or as the court directs. (Medical malpractice mediation is mandatory statewide.)
4. Cases are exempt from ADR only upon the following grounds:
 - a. Special proceeding, or actions seeking extraordinary relief such as mandamus, habeas corpus, or prohibition;
 - b. Requests for temporary relief;
 - c. Appeals
 - d. Post Conviction relief matters;
 - e. Contempt of Court proceedings;
 - f. Forfeiture proceedings brought by governmental entities;
 - g. Mortgage foreclosures; and
 - h. Cases that have been previously subjected to an ADR conference, unless otherwise required by Rule 3 or by statute.
5. In cases not subject to ADR, the Chief Judge for Administrative Purposes, upon the motion of the court or of any party, may order a case to mediation.
6. Motion of a party to be exempt from payment of neutral fees due to indigency should be filed with the Court within ten (10) days after the ADR conference has been concluded.

Please Note: You must comply with the Supreme Court Rules regarding ADR.
Failure to do so may affect your case or may result in sanctions.

STATE OF SOUTH CAROLINA)
)
CHARLESTON COUNTY)
)
Virgil A. Hoff)
)
Plaintiff)
)
vs.)
)
MeadWestvaco and Safety National Insurance Co.)
)
Defendant)

IN THE CIRCUIT COURT FOR THE
NINTH JUDICIAL CIRCUIT

CERTIFICATE OF EXEMPTION
FROM MEDIATION

Docket No. _____

I certify that this action is exempt from mediation because:

- _____ this is a special proceeding or action seeking extraordinary relief such as
mandamus, habeas corpus or prohibition;
- X this action is appellate in nature;
- _____ this is a post-conviction relief matter;
- _____ this is a forfeiture proceeding brought by the State;
- _____ this is a contempt of court proceeding; or,
- _____ the parties submitted the case to voluntary mediation with a certified mediator
prior to the filing of this civil action.

Kirsten L. Barr
Defendant/Attorney(s) for Defendant
Trask & Howell, L.L.C. (Attorneys for Appellant)
By: Kirsten L. Barr
P. O. Box 2167, Mt. Pleasant, SC 29465-2167

Plaintiff/Attorney(s) for Plaintiff(s)

November 12, 2013
Date

STATE OF SOUTH CAROLINA)
)
 CHARLESTON COUNTY)
)
 Virgil A. Hoff)
 Plaintiff)
 vs.)
)
 MeadWestvaco and Safety National Insurance Co.)
 Defendant)

IN THE CIRCUIT COURT FOR THE
NINTH JUDICIAL CIRCUIT

CERTIFICATE OF
EXEMPTION/WITHDRAWAL
FROM ARBITRATION

Docket No. _____

I CERTIFY THAT THIS ACTION IS EXEMPT FROM ARBITRATION BECAUSE:

- _____ monetary relief requested in this case exceeds \$25,000;
- _____ this is a class action;
- _____ there is a substantial claim for injunction or declaratory relief requested in this case;
- _____ this case involves (*check one or more of the following*)
- _____ title to real estate;
- _____ wills, trusts and decedents' estates;
- _____ mortgage foreclosure;
- _____ partition;
- _____ this is a special proceeding or action seeking extraordinary relief such as mandamus, habeas corpus, or prohibition;
- _____ monetary relief requested in this case is unspecified but exceeds \$25,000;
- _____ this case is a companion or related to similar actions pending in other courts with which the action might be consolidated but for lack of jurisdiction or venue;
- X _____ this action is appellate in nature;
- _____ this is a post-conviction relief matter;
- _____ this is forfeiture proceeding brought by the State; or
- _____ this is a contempt of court proceeding.

Date: November 12, 2013

Kirsten L. Barr
Kirsten L. Barr
Attorney for Appellants

NOTE: Motion must be presented to the court, a hearing held, and a finding made for exemption or withdrawal from arbitration For "strong and compelling reason" sought pursuant to Rule 1(d), Rules of Circuit Court Arbitration.

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Virgil A. Hoff,

Employee/Respondent,

v.

MeadWestvaco,

Self-Insured Employer,

-and-

Safety National Insurance,

Carrier,

Appellants.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO. _____

NOTICE OF INTENT TO APPEAL

FILED
2013 NOV 13 PM 4:18
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

TO: The South Carolina Workers' Compensation Commission and Malcolm M. Crosland, Jr.,
Esq., attorney for the Claimant:

YOU WILL PLEASE TAKE NOTICE that the Appellants, MeadWestvaco and Safety National Insurance, by and through their undersigned attorneys, file this Notice of Intent to Appeal to the Court of Common Pleas, Charleston, South Carolina, to appeal the final decision of the South Carolina Workers' Compensation Commission issued and received on October 11, 2013, as well as the interlocutory remand order of The Honorable J.C. Nicholson, Jr., dated January 14, 2013, pursuant to the provisions of S. C. Code Ann. § 1-23-380, commonly known as the Administrative Procedures Act, and S. C. Code Ann. § 42-17-60, commonly known as the South Carolina Workers' Compensation Act, upon the grounds stated in the attached Petition for Judicial Review as if fully stated herein.

Respectfully submitted,

By Kirsten L. Barr

Kirsten L. Barr

TRASK & HOWELL, L.L.C.

P. O. Box 2167

Mt. Pleasant, SC 29465-2167

Attorneys for Appellants

MeadWestvaco and Safety National Insurance

Date: November 11, 2013.

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

Virgil A. Hoff,
Employee/Respondent,

v.

MeadWestvaco,
Self-Insured Employer,

-and-

Safety National Insurance ,
Carrier,
Appellants.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO. _____

PETITION FOR JUDICIAL REVIEW
OF SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

2013 NOV 13 PM 4:18
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

FILED

MeadWestvaco and Matrix Absence Management (hereinafter "the Appellants"), by and through their undersigned attorneys, pray for review from the final decision of the South Carolina Workers' Compensation Commission, dated October 11, 2013, and from the Order of the Court of Common Pleas dated January 14, 2013, pursuant to the provisions of S. C. Code Ann. § 1-23-380, commonly known as the Administrative Procedures Act, and S. C. Code Ann. § 42-17-60, commonly known as the South Carolina Workers' Compensation Act, and would respectfully allege and show unto this Honorable Court the grounds of errors as follows.

The Appellants request judicial review of the Decision and Order of the South Carolina Workers' Compensation Commission on the grounds that the administrative findings, inferences and conclusions, and the decision issued therein are in violation of statutory provisions, affected by error of law, and are clearly erroneous in view of the reliable, probative and substantial evidence on

the whole record as provided in S. C. Code Ann. § 1-23-380(6) (a) – (f) and in such cases made and provided on the following grounds and exceptions:

1. The Commission erred in finding that the Claimant's deer hunting "was not at a level to contribute to his hearing loss," as this finding is arbitrary, capricious, unsupported by substantial evidence, and otherwise evinces the bias of the Commission.
2. The Commission erred in finding that the expert opinions of Dr. Robert Sataloff and Dr. Joseph Sataloff should be discounted because they did not physically examine the Claimant. This finding is entirely arbitrary and capricious and otherwise unsupported by substantial evidence, as the Claimant's alleged injury is sensorineural hearing loss and no doctor examined the hair cells of his inner ear where such injury occurred, as the same would require surgically opening his skull.
3. The Commission erred in finding that Dr. Kitch actually physically examined the Claimant's inner ear and "treated" the Claimant, as this finding is arbitrary, capricious, and otherwise unsupported by substantial evidence in the record.
4. The Commission erred in finding that the Claimant's diabetes did not have any relationship to his hearing loss, as this finding is arbitrary, capricious, unsupported by substantial evidence in the record, and otherwise evinces the bias of Commission.
5. The Commission erred in finding and concluding that the Claimant sustained "a compensable repetitive trauma injury on or before October 24, 2004," as this finding and conclusion is arbitrary, capricious, impermissibly vague, unsupported by substantial evidence in the record, and is otherwise contrary to the applicable law.
6. The Commission erred in finding and concluding that the Claimant's "hearing loss in both ears was caused by excessive noise exposure on his job," as this finding and conclusion is arbitrary, capricious and otherwise unsupported by substantial evidence in the record.

7. The Commission erred in finding and concluding that the Claimant gave timely notice of his claim, as this finding and conclusion is arbitrary, capricious, unsupported by substantial evidence in the record, and otherwise contrary to the applicable law.
8. The Commission erred in finding and concluding that the Claimant timely filed his claim, as this finding and conclusion is arbitrary, capricious, unsupported by substantial evidence in the record, and is otherwise contrary to the applicable law.
9. The Commission erred in finding that the Claimant exercised "reasonable diligence" as this finding is arbitrary, capricious, unsupported by substantial evidence in the record, and is otherwise contrary to the applicable law.
10. The Commission erred in finding and concluding that the Claimant sustained a 30% binaural hearing loss as a result of his "workplace exposures," as this finding is arbitrary, capricious, unsupported by substantial evidence in the record, and is otherwise contrary to the applicable law.
11. The Commission erred in awarding the Claimant future medical treatment, as this finding and conclusion is arbitrary, capricious, unsupported by substantial evidence in the record, and is otherwise contrary to the applicable law.
12. The Commission erred as a matter of law in concluding that the Claimant sustained a compensable injury by accident arising out of and in the course of his employment on October 14, 2003 when he was first notified that his binaural hearing loss was causally related to his employment. This conclusion is arbitrary, capricious, unsupported by substantial evidence in the record, and is otherwise contrary to the applicable law.
13. The Commission erred as a matter of law in concluding that an employee does not need to provide notice of an accident until he is aware it is "job related."
14. The Commission erred as a matter of law in concluding that the requirements of § 42-15-20 should be "liberally construed" in favor of the Claimant.

15. The Commission erred as a matter of law in concluding that S.C. Code Ann. § 42-15-40 "requires the filing of a claim within two years of the date Hoff discovered the causal connection between his injury and his employment.
16. The Commission erred as a matter of law in failing to find and conclude that the Claimant failed to file a claim within two years of his last alleged exposure to noise at MeadWestvaco and that, therefore, the claim was barred by S.C. Code Ann. § 42-15-40 and Schuriknight v. City of North Charleston.
17. The Commission erred in failing to find that the Claimant failed to prove that he was exposed to injurious levels or durations of noise at anytime while employed by MeadWestvaco based upon the greater weight of the evidence in the record and the applicable law.
18. The Commission erred in failing to find that the Claimant's hearing loss is not causally-related to his employment at MeadWestvaco based upon the greater weight of the evidence in the record and the applicable law.
19. The Commission erred in failing to find that the Claimant was aware of problems with his hearing long before he retired from MeadWestvaco in 2000 based upon the greater weight of the evidence in the record and the applicable law.
20. The Circuit Court erred as a matter of law in reversing the Workers' Compensation Commission's Appellate Panel's final finding and conclusion that Hoff's claim is barred by S.C. Code Ann. § 42-15-40 in accordance with the Administrative Procedures Act.
21. The Circuit Court erred as a matter of law in making its own findings of fact and conclusions of law regarding Hoff's untimely equitable argument in the absence of statutory authority or subject matter jurisdiction, especially considering that these findings and conclusions were without evidentiary support, are contrary to the applicable law, were not properly before the Circuit Court, constitute an abuse of discretion, and otherwise constitute an impermissible usurpation of the power and authority of the South Carolina Workers' Compensation Commission.

22. The Circuit Court erred as a matter of law in reinstating the award of the Hearing Commissioner and in impliedly finding that Hoff sustained a compensable injury and is entitled to medical and compensation benefits in the absence of statutory authority or subject matter jurisdiction, especially considering that these findings and conclusions were without evidentiary support, are contrary to the applicable law, were not properly before the Circuit Court, constitute an abuse of discretion, and otherwise constitute an impermissible usurpation of the power and authority of the South Carolina Workers' Compensation Commission.

WHEREFORE, the Appellants, MeadWestvaco and Matrix Absence Management, pray that this Honorable Court review the Workers' Compensation Commission's Appellate Panel Decision and Order dated [Date] and reverse this Order [in its entirety - or - and find that.....]

Respectfully submitted,

By Kirsten L. Barr

Kirsten L. Barr

TRASK & HOWELL, L.L.C.

P. O. Box 2167

Mt. Pleasant, SC 29465-2167

Attorneys for Appellants

MeadWestvaco and Safety National Insurance

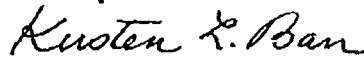
Date: November 11, 2013.

PROOF OF SERVICE

I hereby certify that on this 12th day of November 2013 I have caused a true and correct copy of the Notice of Intent to Appeal and Petition for Judicial Review to be mailed postage prepaid to all counsel of record and the S. C. Workers' Compensation Commission as follows:

Malcolm M. Crosland, Jr., Esq.
P.O. Box 9
Charleston, SC 29402

Ms. Virginia Crocker
Judicial Director
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715



Kirsten L. Barr
TRASK & HOWELL, L.L.C.
Attorneys for Defendants
MeadWestvaco and
Safety National Insurance

4530923\ Circuit Court Appeal

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Virgil A. Hoff,

Employee/Respondent,

v.

MeadWestvaco,

Self-Insured Employer,

-and-

Safety National Insurance,

Carrier,

Appellants.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO. 13-CP-10-6723

MOTION FOR HEARING

FILED
2014 JUN -9 PM 3:48
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

TO: The Court of Common Pleas and Malcolm M. Crosland, Jr., Esq., attorney for the Respondent:

YOU WILL PLEASE TAKE NOTICE that the Appellants, MeadWestvaco and Safety National Insurance, by and through their undersigned attorneys, respectfully request that a hearing be scheduled before the Court of Common Pleas pursuant to S.C. Code Ann. § 42-17-60 (Supp. 1990) and S.C. Code Ann. § 1-23-380 (Supp. 1994) based upon the following:

1. The Appellants filed a Notice of Appeal and Petition for Judicial Review on November 12, 2013, seeking review and reversal of the amended decision of the South Carolina Workers' Compensation Commission issued and received on October 11, 2013, as well as the interlocutory remand order of The Honorable J.C. Nicholson, Jr., dated January 14, 2013, pursuant to the provisions of S. C. Code Ann. § 1-23-380 (Supp. 1994) and S. C. Code Ann.

§ 42-17-60 (Supp. 1990) upon the grounds and exceptions stated in the Petition for Judicial Review.

2. Pursuant to S.C. Code Ann. § 1-23-380(A)(5) (Supp.1994), the Appellants are entitled to a hearing and the "review shall be conducted by the court without a jury."
3. To date, no hearing or review has been conducted by the Court of Common Pleas as required by S.C. Code Ann. § 1-23-380(A)(5).

THEREFORE, the Appellants respectfully request that the Court of Common Pleas schedule this matter for review by the Court without a jury as soon as practicable.

Respectfully submitted,

By Kirsten L. Barr
Kirsten L. Barr
TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465-2167
Attorneys for Appellants
MeadWestvaco and Safety National Insurance

Date: June 3, 2014

PROOF OF SERVICE

I hereby certify that on this 3rd day of June 2014 I have caused a true and correct copy of the Notice of Intent to Appeal and Petition for Judicial Review to be mailed postage prepaid to counsel of record as follows:

Malcolm M. Crosland, Jr., Esq.
P.O. Box 9
Charleston, SC 29402

Kirsten L. Barr

Kirsten L. Barr
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Attorneys for Appellants
MeadWestvaco and
Safety National Insurance

4530\923\ Circuit Court Motion for Hearing

FILED
2014 JUN -9 PM 3:48
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

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. The undersigned further certifies that the Record on Appeal complies with Rule 210, SCACR and Supreme Court Order 2014-04-15-02, dated April 15, 2014, requiring redaction of personal data identifiers.

November 4
October____, 2015

Kirsten Leslie Barr

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