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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION

Susan S. Barden, Commissioner
Melody L. James, Commissioner
Aisha Taylor, Commissioner

Trial Court Case No. 1321387
Appellate Case Nos. 2016-001339

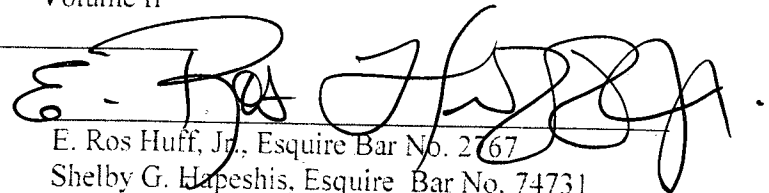
Martha Perez, Claimant, Respondent,

v.

Alice Manufacturing Company, Inc. Employer, and Great American Alliance Insurance
Company, Carrier, Appellants

RECORD ON APPEAL
Volume II

October 12, 2016



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Insurance Company

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INDEX
Volume I

Order of January 26, 2016.....	1
Order of May 24, 2016.....	25
Form 50	34
December 2, 2014 (alleged date of injury 8/8/13)	
Form 51	35
December 30, 2014 (alleged date of injury 8/8/13)	
Form 50	36
December 2, 2014 (alleged date of injury 5/19/14)	
Form 51.....	37
December 30, 2014 (alleged date of injury 5/9/14)	
Form 30	38
February 9, 2016.	
Transcript of Proceedings, May 20, 2015.....	40
Commissioner Gene S. McCaskill	
Witness Martha Perez:	
Direct Examination by Mr. Jordan.....	
Cross-Examination by Mr. Huff.....	58
Redirect Examination by Mr. Jordan.....	76
Recross-Examination by Mr. Huff.....	101
	104
Deposition of David Cooper, December 24, 2015.....	107
Direct Examination by Mr. Jordan.....	110

Volume II

Claimant's APA Evidence, May 6, 2015.....	137
Employer/Carrier's APA Evidence and Exhibits, May 5, 2015.....	230
Certificate of Counsel.....	312

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No.: 1322319, 1321387, 1407915, 1421002

Martha Perez Claimant, vs. Alice Manufacturing Co. Inc. Employer, and Great American Alliance Insurance Company Carrier, Defendants.	NOTICE OF WITNESSES AND WRITTEN REPORT (S) / PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF THE CLAIMANT
---	--

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

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

MEDICAL EVIDENCE

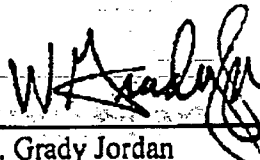
APA#	MEDICAL PROVIDER	ADDRESS	DATES	PAGES
1.	St. Francis Hospital	One St. Francis Dr., Greenville, SC 29601	4/10/2015	1-31
2.	Steadman Hawkins Clinic of the Carolinas	200 Patewood Dr., Suite C- 100, Greenville, SC 29615	7/24/14-3/25/14	32-60

3.	Easley Family Practice & Internal Medicine	106 John St. Easley, SC 29640	8/28/13-4/12/13	61-75
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OTHER ITEMS

TAB#	ITEM	PAGE#
4.	First Report of Injury provided by employer for DOI 8/8/13 and 5/19/14	76-83
5.	AWW & CR Calculation Wage Records Provided by Employer	84-91

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: Martha Perez, David Cooper (By Deposition)


 W. Grady Jordan
SMITH, JORDAN, & LAVERY, P.A.
 Attorneys for Claimant
 1810 East Main Street
 P.O. Box 1207
 Easley, SC 29641
 (864) 855-1661

Easley, South Carolina
 Dated: May 6, 2015

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB: 05/07/65
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Patient Demographics

Patient Name	HAR	Sex	DOB	Address	Phone
Perez, Martha	301510	Female	00357		864-324-6284 (Home)

Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	04/10/2015 4:02 PM	Admit Date/Time:	04/10/2015 4:02 PM	IP Adm. Date/Time:	None
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	None
Means of Arrival:	Car	Primary Service:	Emergency	Secondary Service:	None
Transfer Source:	None	Service Area:	Bon Secours Health System	Unit:	Sfd Emergency Dept
Admit Provider:	None	Attending Provider:	Daniel J Wetenhall, MD	Referring Provider:	None

Guarantor Information

Name:	SSN:
Address:	
City:	LIBERTY
State:	SC
Zip:	29657
Phone:	864-324-6284

Employer: NOT EMPLOYED

Address:	
City:	
State:	
Zip:	
Phone:	
Guar DOB:	05/07/65

Contact Information

Name	Relation	Home	Work	Mobile
Perez, Javier	Spouse	864-304-4299		

Visit Coverage

Payor	Plan	Sponsor Code	Group Number	Group Name
SELF PAY	BSHSI SELF PAY			

Visit Coverage Subscriber

Subscriber Name	Subscriber ID	Subscriber Address
PEREZ, MARTHA	250897102	202 FOREST DRIVE LIBERTY, SC 29657

Insurance Information

SELF PAY/BSHSI SELF PAY	Phone:	864-324-6284
Subscriber: Perez, Martha	Subscriber#:	250897102
Group#:	Precert#:	

PCP INFO

Primary Care Provider	Phone	Center
Naveen R Saxena, MD	864-233-2744	ST FRANCIS DOWNTOWN

CHIEF COMPLAINT

Back Pain

Diagnosis Information

Primary Visit Diagnosis:	Chronic low back pain
Principal Problem:	None found



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897107
DOE
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Diagnosis Information

Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
Chronic low back pain Chronic knee pain, left Chronic knee pain, right	None found	None found	None found

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
04/10/2015 8:13 PM	Home Or Self Care	None	None	Sfd Emergency Dept

Allergies as of 4/10/2015

No Known Allergies

Reviewed on: 4/10/2015

Immunizations as of 4/10/2015

No Immunizations on file.

Never Reviewed

Implants

First Recorded BMI

BMI (calculated): 35.7

ER RECORD

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
	4/10/2015 16:02	ESI 4	Car	Other	EMERGENCY	EMERGENCY

Arrival Complaint
back pain

ED Events

Date/Time	Event	User	Comments
04/10/15 1602	Patient arrived in ED	NIX, SANDRA B	
04/10/15 1627	Triage Started	BROWN, AMANDA M	
04/10/15 1629	Triage Completed	BROWN, AMANDA M	
04/10/15 1807	Patient roomed in ED	HIBBERT, AMA M	To room ER18
04/10/15 1807	Assign Midlevel or Attending	HIBBERT, AMA M	Patient Seen/Provider Contact
04/10/15 2003	Discharge Disposition Selected	MOREHOUSE-MOORE, SUSAN L	ED Disposition set to Discharged
04/10/15 2013	Patient discharged	HIBBERT, AMA M	

Tx Prior to Arrival

None

CLINICAL IMPRESSIONS

Diagnosis	Comment	Added By	Time Added	Team Role	Provider Specialty
Chronic low back pain		Susan L Morehouse-Moore,	4/10/2015 8:01 PM	Physician Assistant	Emergency Medicine



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOE
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

ER RECORD (continued)

CLINICAL IMPRESSIONS

Diagnosis	Comment	Added By	Time Added	Team Role	Provider Specialty
		PA			
Chronic knee pain, left		Susan L. Morehouse-Moore, PA	4/10/2015 8:01 PM	Physician Assistant	Emergency Medicine
Chronic knee pain, right		Susan L. Morehouse-Moore, PA	4/10/2015 8:01 PM	Physician Assistant	Emergency Medicine

ED Disposition

Discharged

Medical

as of 4/10/2015

Past Medical History	Date	Comments	Source
GERD (gastroesophageal reflux disease)		controlled with meds	Provider
Nausea & vomiting			Provider
Refusal of blood transfusions as patient is Jehovah's Witness		refuse all except albumin, immunoglobulins, clotting factors with interferones from no blood sources	Provider
Pertinent Negatives	Date	Comments	Source
CAD (coronary artery disease)	7/24/2012		Provider
Hypertension	7/24/2012		Provider
Heart failure (HCC)	7/24/2012		Provider
Stroke (HCC)	7/24/2012		Provider
Arrhythmia	7/24/2012		Provider
Aneurysm (HCC)	7/24/2012		Provider
Asthma	7/24/2012		Provider
COPD	7/24/2012		Provider
Unspecified sleep apnea	7/24/2012		Provider
Diabetes (HCC)	7/24/2012		Provider
Chronic kidney disease	7/24/2012		Provider
Liver disease	7/24/2012		Provider
Morbid obesity (HCC)	7/24/2012		Provider
PUD (peptic ulcer disease)	7/24/2012		Provider
Thyroid disease	7/24/2012		Provider
Cancer (HCC)	7/24/2012		Provider
Coagulation defects	7/24/2012		Provider
Psychiatric disorder	7/24/2012		Provider
Seizures (HCC)	7/24/2012		Provider
Arthritis	7/24/2012		Provider
Autoimmune disease (HCC)	7/24/2012		Provider
Chronic pain	7/24/2012		Provider
Thromboembolus (HCC)	7/24/2012		Provider
Difficult intubation	7/24/2012		Provider
Pseudocholinesterase deficiency	7/24/2012		Provider
Malignant hyperthermia due to anesthesia	7/24/2012		Provider

Surgical

as of 4/10/2015

Past Surgical History	Laterality	Date	Comments
HX BREAST REDUCTION			
HX ABDOMINOPLASTY			

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Page 3



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250807402
DOB: 04/10/1955
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

ER RECORD (continued)

	HX HYSTERECTOMY						
--	-----------------	--	--	--	--	--	--

Family as of 4/10/2015	Problem	Relation	Name	Age of Onset	Comments	Source
	Heart Disease	Mother				Provider
	Diabetes	Father				Provider

Family Status as of 4/10/2015	Relation	Name	Status	Death Age	Comments	Source
	Mother		Deceased			Provider
	Father		Deceased			Provider

Tobacco Use as of 4/10/2015	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Unknown	

Alcohol Use as of 4/10/2015	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	Yes	Provider			rate

Drug Use as of 4/10/2015	Drug Use	Source	Types	Frequency	Comments
	No	Provider		0.00	

Sexual Activity as of 4/10/2015	Sexually Active	Source	Birth Control	Partners	Comments
		Provider			

Social ADL as of 4/10/2015	ADL Question	Response	Comments	Source
	None			

Social Doc as of 4/10/2015	**None**
----------------------------	----------

Occupational as of 4/10/2015	**None**
------------------------------	----------

Socioeconomic as of 4/10/2015	Marital Status	Spouse Name	Num of Children	Years Education	Source
	MARRIED				
	Preferred Language	Ethnicity	Race		
	ENGLISH	HISPANIC	HISPANIC		

Birth	**None**
-------	----------

ED Notes

ED Notes by Ama M Hibbert, RN at 04/10/15 2012

Author: Ama M Hibbert, RN Service: EMERGENCY Author Type: Registered Nurse
Filed: 04/10/15 2012 Note Time: 04/10/15 2012 Status: Signed
Editor: Ama M Hibbert, RN (Registered Nurse)

Copy of discharge instructions given to patient. Denies any questions at this time.



RON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

ED Notes (continued)

Electronically signed by Ama M Hibbert, RN at 04/10/15 2012

ED Notes by Amanda M Brown, RN at 04/10/15 1631

Author: Amanda M Brown, RN Service: (none)
Filed: 04/10/15 1632 Note Time: 04/10/15 1631
Editor: Amanda M Brown, RN (Registered Nurse)

Author Type: Registered Nurse
Status: Signed

Pt reports she was hurt at work a little over a year ago. Pt reports she has had continued back pain, knee pain and some periods of right leg numbness for the past year. Pt reports she took a hydrocodone before taking a shower today.

Amanda M Brown, RN

Electronically signed by Amanda M Brown, RN at 04/10/15 1632

Physical Diagram

No physical diagram documentation exists for this encounter

ED Provider Notes

ED Provider Notes by Susan L Morehouse-Moore, PA at 04/10/15 2005

Author: Susan L Morehouse-Moore, PA Service: (none)
Filed: 04/10/15 2005 Note Time: 04/10/15 2005
Editor: Susan L Morehouse-Moore, PA (Physician Assistant)

Author Type: Physician Assistant
Status: Attested
Cosigner: Faith M Stauter, MD at 04/12/15 1900

Attestation signed by Faith M Stauter, MD at 04/12/15 1900

I was personally available for consultation in the emergency department. I have reviewed the chart and agree with the documentation recorded by the MLP, including the assessment, treatment plan, and disposition.

Faith M Stauter, MD

HPI Comments: Patient is here with chronic back pain that has gotten worse in the last two weeks. She states she stepped down off a loom at work and it has been hurting since then. She states she also hurt her knee's there pushing things. She was seeing Dr. Michelle for it who told her she had a disc problem in her back and needed an MRI but workman's comp denied that and cut her off. She does not have insurance and can't see Dr. Michelle for that. She did see a urologist today, Dr. Flannagan as she has a kidney stone but he told her that wasn't causing her back pain, it was coming from her back. She is not having any trouble with urination or bowel movements. No other complaints.

Patient is a 49 y.o. female presenting with back pain. The history is provided by the patient.

Back Pain

This is a chronic problem. Episode onset: "over a year ago" The problem has been gradually worsening. The



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250807102
DOB: 11/11/1950
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

ED Provider Notes (continued)

problem occurs constantly. The pain is associated with a remote injury. The pain is present in the lumbar spine. The quality of the pain is described as aching, similar to previous episodes and shooting. Radiates to: "down legs" The pain is at a severity of 10/10. The pain is severe.

Past Medical History

Diagnosis	Date
-----------	------

- GERD (gastroesophageal reflux disease)
controlled with meds
- Nausea & vomiting
- Refusal of blood transfusions as patient is Jehovah's Witness
refuse all except albumin, immunoglobulins, clotting factors with interferones from no blood sources.

Past Surgical History

Procedure	Laterality	Date
-----------	------------	------

- Hx breast reduction
- Hx abdominoplasty
- Hx hysterectomy

Family History

Problem	Relation	Age of Onset
---------	----------	--------------

- | | | |
|-----------------|--------|--|
| • Heart Disease | Mother | |
| • Diabetes | Father | |

History

Social History

- | | |
|-----------------------|---------|
| • Marital Status: | MARRIED |
| Spouse Name: | N/A |
| Number of Children: | N/A |
| • Years of Education: | N/A |

Occupational History

- Not on file.

Social History Main Topics

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Not on file |
| • Alcohol Use: | Yes |
| Comment: rare | |
| • Drug Use: | No |
| • Sexual Activity: | Not on file |

Other Topics	Concern
--------------	---------

- Not on file

Social History Narrative

- No narrative on file



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOI
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

ED Provider Notes (continued)

ALLERGIES: Review of patient's allergies indicates no known allergies.

Review of Systems

Constitutional: Negative.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Musculoskeletal: Positive for back pain.

Knee pain

Skin: Negative.

Neurological: Negative.

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

Filed Vitals:

	04/10/15 1828
BP:	158/85
Pulse:	73
Temp:	98.2 °F (36.8 °C)
Resp:	16
Height:	5' 2" (1.575 m)
Weight:	88.451 kg (195 lb)
SpO2:	97%

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal:

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Page 7



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
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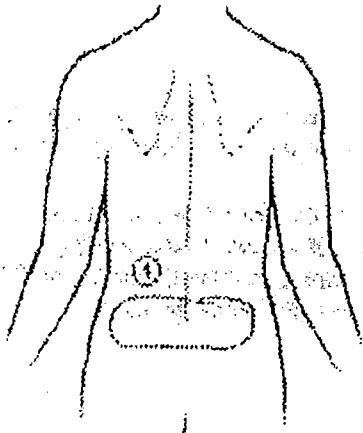
PEREZ, MARTHA
MRN: 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

ED Provider Notes (continued)

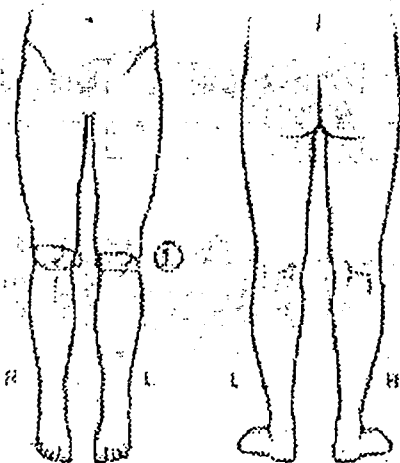
Right knee: She exhibits decreased range of motion. She exhibits no swelling. Tenderness found. Medial joint line and lateral joint line tenderness noted.

Lumbar back: She exhibits decreased range of motion, tenderness, pain and spasm. She exhibits no swelling, no edema, no deformity, no laceration and normal pulse.

Back:



1: Tenderness to palpation over lumbar paravertebral area. mild spasm to muscles, limited ROM due to pain. distally neurovascularly intact.



1: Tenderness to palpation over lateral aspect of knees, full ROM of knees, no ecchymosis or swelling.

Legs: distally neurovascularly intact.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal. Nursing note and vitals reviewed.

MDM

Procedures

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Page 8



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOE
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

ED Provider Notes (continued)

The patient was observed in the ED.

Results Reviewed:

XR lumbar spine: Impression:

1. Mild degenerative changes at the lower lumbar facet joints.
2. Possible right renal calculus.

XR knee right: NAD

XR knee left: NAD

Rest, ice, elevation to knee's, exercises multiple times a day. Warm, moist heat to low back, stretching multiple times a day, ED if worse. Referral to back specialist for recheck and follow back up with Dr. Michelle for follow up.

I discussed the results of all labs, procedures, radiographs, and treatments with the patient and available family. Treatment plan is agreed upon and the patient is ready for discharge. All voiced understanding of the discharge plan and medication instructions or changes as appropriate. Questions about treatment in the ED were answered. All were encouraged to return should symptoms worsen or new problems develop.

Electronically signed by Susan L Morehouse-Moore, PA at 04/10/15 2015

Electronically signed by Faith M Stauter, MD at 04/12/15 1900

AFTER VISIT SUMMARY

Admission Information

Provider	Pager	Service	Admission Date	Expected D/C Date
		EMERGENCY	4/10/2015	
Actual LOS	Patient Class			
0 days	EMERGENCY			

Discharge Instructions

Perez, Martha (MR # 250897102)

Date	Status	User	User Type	Discharge Note
04/10/15 2011	Signed	Ama M Hibbert, RN	Registered Nurse	Original
Note				

Ciática: Ejercicios

[Sciatica: Exercises]

Instrucciones de cuidado

Éstos son algunos ejemplos de ejercicios típicos de rehabilitación para su afección. Comience cada ejercicio lentamente. Reduzca la intensidad del ejercicio si empieza a sentir dolor.

Su médico o el fisioterapeuta le dirán cuándo puede comenzar con estos ejercicios y cuáles funcionarán mejor para usted.

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Page 9



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102

DOB:

Acct #: 30151000357

Arrival: 4/10/2015, D/C: 4/10/2015

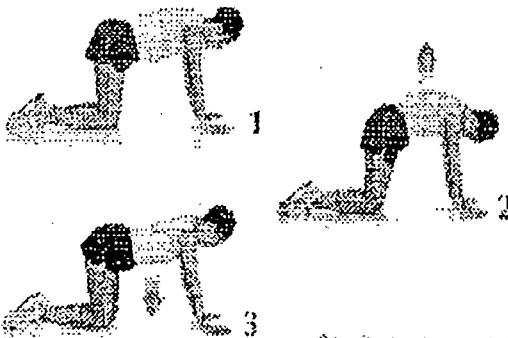
AFTER VISIT SUMMARY (continued)

Cuando no esté activo, encuentre una posición cómoda para descansar. Algunas personas se sienten cómodas en el piso o en una cama de firmeza media con una almohada pequeña debajo de la cabeza y otra debajo de sus rodillas. Otras personas prefieren acostarse de lado con una almohada entre las rodillas. No permanezca en una posición por demasiado tiempo.

Dé paseos cortos (10 a 20 minutos) cada 2 a 3 horas. Evite las pendientes, las colinas y las escaleras hasta que se sienta mejor. Sólo camine distancias que pueda manejar sin dolor, especialmente dolor en las piernas.

Cómo se hacen los ejercicios

Estiramientos de la espalda



© Healthwise, Incorporated

1. Apoye las manos y las rodillas en el piso.
2. Relaje la cabeza y déjela caer. Arquee la espalda hacia el techo, hasta que sienta que las partes alta, media y baja se estiran agradablemente. Mantenga este estiramiento durante el tiempo que se sienta cómodo, o de 15 a 30 segundos.
3. Vuelva a la posición inicial con la espalda plana mientras está apoyado de manos y rodillas.
4. Deje que su espalda se nivele empujando el estómago hacia el piso. Levante las nalgas (glúteos) hacia el techo.
5. Mantenga esta posición durante 15 a 30 segundos.
6. Repita de 2 a 4 veces.

La atención de seguimiento es una parte clave de su tratamiento y seguridad. Asegúrese de hacer y acudir a todas las citas, y llame a su médico si está teniendo problemas. También es una buena idea saber los resultados de los exámenes y mantener una lista de los medicamentos que toma.



¿Dónde puede encontrar más información en inglés?

Vaya a <http://www.healthwise.net/BonSecours>

Escriba L998 en la búsqueda para aprender más acerca de "Ciática: Ejercicios."

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Page 10



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

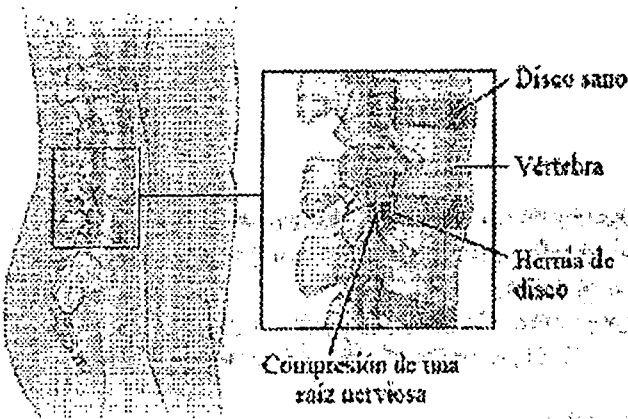
PEREZ, MARTHA
MRN: 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

AFTER VISIT SUMMARY (continued)

Secours (which disclaims liability or warranty for this information). Estas instrucciones de cuidado son para usarlas con su profesional clínico registrado. Si tiene preguntas acerca de una afección médica o de estas instrucciones, pregunte siempre a su profesional de la salud. Healthwise, Incorporated niega cualquier garantía o responsabilidad por su uso de esta información.

Versión del contenido: 10.4.390249; Revisado: 15 noviembre, 2013

Ciática: Después de la consulta [Sciatica: After Your Visit] Instrucciones de cuidado



La ciática es una irritación de uno de los nervios ciáticos, que salen de la médula espinal en la parte baja de la espalda. Los nervios ciáticos y sus ramificaciones se extienden hacia abajo por la nalga hasta el pie. La ciática puede desarrollarse cuando un disco lesionado en la espalda ejerce presión contra la raíz de un nervio espinal. Su síntoma principal es dolor; entumecimiento o debilidad que con frecuencia es peor en la pierna o el pie que en la espalda.

A menudo la ciática mejora y desaparece con el paso del tiempo. Un tratamiento temprano generalmente incluye medicamentos y ejercicios para aliviar el dolor.

La atención de seguimiento es una parte clave de su tratamiento y seguridad. Asegúrese de hacer y acudir a todas las citas, y llame a su médico si está teniendo problemas. También es una buena idea saber los resultados de los exámenes y mantener una lista de los medicamentos que toma.



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB:
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

AFTER VISIT SUMMARY (continued)

¿Cómo puede cuidarse en el hogar?

7. Tome los analgésicos (medicamentos para el dolor) exactamente como le fueron indicados.
 1. Si el médico le recetó un analgésico, tómelo según las indicaciones.
 2. Si no está tomando un analgésico recetado, pregúntele a su médico si puede tomar uno de venta libre.
8. Colóquese hielo o una compresa fría en el centro de la parte baja de la espalda de 10 a 20 minutos varias veces al día. Póngase un paño delgado entre el hielo y la piel.
9. Después de los primeros 2 o 3 días, use una compresa tibia o una almohadilla térmica durante 20 minutos cada vez. Las duchas calientes también ayudarán. Los baños calientes podrían ayudar, siempre que pueda acostarse o sentarse en una posición que no fuerce la espalda. También puede seguir usando hielo si ayuda.
10. Evite sentarse si es posible, a menos que se sienta mejor que de pie.
11. Alterne entre recostarse y dar caminatas cortas. Aumente la distancia que camina tanto como pueda sin empeorar los síntomas.
12. No haga nada que empeore los síntomas.

¿Cuándo debe pedir ayuda?

Llame al 911 en cualquier momento que considere que necesita atención de urgencia. Por ejemplo, llame si:

- Tiene debilitamiento o entumecimiento repentinos en ambas piernas.
- De repente no puede caminar o ponerse de pie.

Llame a su médico ahora mismo o busque atención médica inmediata si:

- Tiene una nueva pérdida de control de los intestinos o de la vejiga.
- Tiene debilitamiento en el tobillo o la pierna.
- Tiene nuevo dolor, entumecimiento, hormigueo o debilitamiento, sobre todo en las nalgas (glúteos), la zona genital o rectal, las piernas o los pies.
- Presenta síntomas de una infección urinaria. Por ejemplo:
 - ♦ Tiene sangre o pus en la orina.
 - ♦ Tiene dolor de espalda justo debajo de las costillas. Esto se llama dolor en el flanco.
 - ♦ Tiene fiebre, escalofríos o dolores por todo el cuerpo.
 - ♦ Siente dolor al orinar.
 - ♦ Tiene dolor en el abdomen o la ingle.

Preste especial atención a los cambios en su salud y asegúrese de comunicarse con su médico si:

- El dolor de espalda empeora o se hace más frecuente.
- El dolor de espalda no ha mejorado después de 1 semana de tratamiento en el hogar. Tal vez el dolor tarde más en desaparecer por completo, pero al menos debería sentirse un poco mejor.



¿Dónde puede encontrar más información en inglés?



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

AFTER VISIT SUMMARY (continued)

Vaya a <http://www.healthwise.net/BonSecours>

Escriba Z239 en la búsqueda para aprender más acerca de "Ciática Después de la consulta."

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Versión del contenido: 10.4.390249 Revisado: 14 noviembre, 2014

Electronically signed by Ama M Hibbert, RN at 04/10/15 2011

Follow-up Information

Follow up With	Details	Comments	Contact Info
DEMAINE CHIROPRACTIC AND REHAB CENTERS		As needed	500 Poinsett Highway Greenville South Carolina 29609 864-232-2292
Stephen H Keiser, MD		As needed	2 Innovation Drive Suite 250 Spine Triage Center Greenville SC 29607 864-400-3640
NEW HORIZON GREENVILLE		As needed	130 Mallard St Greenville South Carolina 29601 864-233-1534
GREENVILLE FREE CLINIC		As needed	600 Arlington Ave Greenville South Carolina 29601 864-232-1471

Current Immunizations

No immunizations on file.

Never Reviewed

To Patient: Please provide this summary of care documentation to your next provider.

Patient received a copy of the After Visit Summary.

End of After Visit Summary



RON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB:

Acct #: 30151000357

Arrival: 4/10/2015, D/C: 4/10/2015

All Orders (04/10/15 - 04/10/15)

XR SPINE LUMB 2 OR 3 V [236591288]

Completed

Ordering user:	Susan L Morehouse-Moore, PA 04/10/15 1844	Ordering provider:	Susan L Morehouse-Moore, PA
Authorized by:	Susan L Morehouse-Moore, PA	Ordering mode:	Standard
Frequency:	ONE TIME 04/10/15 1845 - 1 Occurrences		
Electronically signed by:	Susan L Morehouse-Moore, PA 04/10/15 1844		
Questions:	Transport Wheelchair Reason for Exam low back and bilateral knee pain Is Patient Pregnant? No		

This order may be acted on in another encounter.

XR SPINE LUMB 2 OR 3 V [236591293]

Completed

Ordering user:	Susan L Morehouse-Moore, PA 04/10/15 1844	Ordering provider:	Susan L Morehouse-Moore, PA
Authorized by:	Susan L Morehouse-Moore, PA	Ordering mode:	Standard
Electronically signed by:	Susan L Morehouse-Moore, PA 04/10/15 1844		
Questions:	Transport Wheelchair Reason for Exam low back and bilateral knee pain Is Patient Pregnant? No		

XR KNEE RT 3 V [236591289]

Completed

Ordering user:	Susan L Morehouse-Moore, PA 04/10/15 1844	Ordering provider:	Susan L Morehouse-Moore, PA
Authorized by:	Susan L Morehouse-Moore, PA	Ordering mode:	Standard
Frequency:	ONE TIME 04/10/15 1845 - 1 Occurrences		
Electronically signed by:	Susan L Morehouse-Moore, PA 04/10/15 1844		
Questions:	Transport Wheelchair Reason for Exam low back and bilateral knee pain Is Patient Pregnant? No		

This order may be acted on in another encounter.

XR KNEE RT 3 V [236591294]

Completed

Ordering user:	Susan L Morehouse-Moore, PA 04/10/15 1844	Ordering provider:	Susan L Morehouse-Moore, PA
Authorized by:	Susan L Morehouse-Moore, PA	Ordering mode:	Standard
Electronically signed by:	Susan L Morehouse-Moore, PA 04/10/15 1844		
Questions:	Transport Wheelchair Reason for Exam low back and bilateral knee pain Is Patient Pregnant? No		

XR KNEE LT 3 V [236591290]

Completed

Ordering user:	Susan L Morehouse-Moore, PA 04/10/15 1844	Ordering provider:	Susan L Morehouse-Moore, PA
Authorized by:	Susan L Morehouse-Moore, PA	Ordering mode:	Standard

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Page 14



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3956

PEREZ, MARTHA
MRN: 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

All Orders (04/10/15 - 04/10/15) (continued)

XR KNEE LT 3 V [236591290]

Completed

Frequency: ONE TIME 04/10/15 1845 - 1
Occurrences:
Electronically signed by: Susan L Morehouse-Moore, PA 04/10/15 1844
Questions: Transport Wheelchair
Reason for Exam low back and bilateral knee pain
Is Patient Pregnant? No

This order may be acted on in another encounter.

XR KNEE LT 3 V [236591295]

Completed

Ordering user: Susan L Morehouse-Moore, PA 04/10/15 1844
Authorized by: Susan L Morehouse-Moore, PA
Electronically signed by: Susan L Morehouse-Moore, PA 04/10/15 1844
Questions: Transport Wheelchair
Reason for Exam low back and bilateral knee pain
Is Patient Pregnant? No

POC URINE DIPSTICK [236594223]

Discontinued

Ordering user: Susan L Morehouse-Moore, PA 04/10/15 1932
Authorized by: Susan L Morehouse-Moore, PA
Frequency: ONE TIME 04/10/15 1945 - 1
Occurrences:
Electronically signed by: 1. Susan L Morehouse-Moore, PA 04/10/15 1932
2. Susan L Morehouse-Moore, PA 04/10/15 2016, for Discontinuing in Verbal with readback mode,
Communicator - Ama M Hibbert, RN
Discontinued by: Ama M Hibbert, RN 04/10/15 2008
[Cancelled by MD]

POC URINE DIPSTICK [236594227]

Discontinued

Ordering user: Susan L Morehouse-Moore, PA 04/10/15 1932
Authorized by: Susan L Morehouse-Moore, PA
Electronically signed by: 1. Susan L Morehouse-Moore, PA 04/10/15 1932
2. Susan L Morehouse-Moore, PA 04/10/15 2016, for Discontinuing in Verbal with readback mode,
Communicator - Ama M Hibbert, RN
Discontinued by: Ama M Hibbert, RN 04/10/15 2008
[Cancelled by MD]

dexamethasone (DECADRON) 2 mg tablet [236698086]

Active

Ordering user: Susan L Morehouse-Moore, PA 04/10/15 2004
Authorized by: Susan L Morehouse-Moore, PA
Frequency: 04/10/15 - Until Discontinued
Electronically signed by: Susan L Morehouse-Moore, PA 04/10/15 2004



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA

MRN: 250897102

DOB:

Acct #: 30151000357

Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

All Orders (04/10/15 - 04/10/15) (continued)

methocarbamol (ROBAXIN) 750 mg tablet [236596086]

Active

Ordering user: Susan L Morehouse-Moore, PA 04/10/15 2004
Authorized by: Susan L Morehouse-Moore, PA
Frequency: TID 04/10/15 - Until Discontinued
Electronically signed by: Susan L Morehouse-Moore, PA 04/10/15 2004
Ordering provider: Susan L Morehouse-Moore, PA
Ordering mode: Standard

tramadol (ULTRAM) 50 mg tablet [236596087]

Active

Ordering user: Susan L Morehouse-Moore, PA 04/10/15 2004
Authorized by: Susan L Morehouse-Moore, PA
Frequency: Q6H PRN 04/10/15 - Until Discontinued
Electronically signed by: Susan L Morehouse-Moore, PA 04/10/15 2004
Ordering provider: Susan L Morehouse-Moore, PA
Ordering mode: Standard
PRN Reasons: Pain

CLINICAL LAB RESULTS

Lab Results

Procedure	Component	Value	Ref Range	Lab	Date/Time
-----------	-----------	-------	-----------	-----	-----------

POC URINE DIPSTICK [236594227]

Order Status: Canceled

Radiology Results (04/10/15 - 04/10/15)

Resulted: 04/10/15 1926, Result Status: Final result

XR SPINE LUMB 2 OR 3 V [236591293]

Ordering provider: Susan L Morehouse-Moore, PA 04/10/15 1844
Performed: 04/10/15 1902 - 04/10/15 1922
Specimen: 04/10/15 1924
Narrative: Lumbar spine radiographs
Resulted by: David Edward Pelino, DO
Resulting Lab: GRNVL SFD RADIANT

History: Pain after injury.

AP and lateral views of the lumbar spine were obtained. No prior studies are available for comparison.

Findings: The vertebral body height and alignment are well-maintained. The disc space heights are well-preserved. There is no evidence of acute fracture or subluxation. There are mild degenerative changes at the L4-5 and L5-S1 facet joints. There is no bony destruction. There is a 3 mm calcific density overlying the right midabdomen which could represent a renal calculus. The patient is



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

Radiology Results (04/10/15 - 04/10/15) (continued)

XR SPINE LUMB 2 OR 3 V [236591293]

Resulted: 04/10/15 1926, Result Status: Final
result

status post cholecystectomy.

Impression:

Impression:

1. Mild degenerative changes at the lower lumbar facet joints.
2. Possible right renal calculus.

XR KNEE RT 3 V [236591294]

Resulted: 04/10/15 1927, Result Status: Final
result

Ordering provider: Susan L Morehouse-Moore, PA
04/10/15 1844

Resulted by: David Edward Pelino, DO

Performed: 04/10/15 1902 - 04/10/15 1922

Resulting Lab: GRNVL SFD RADIANT

Specimen: 04/10/15 1926

Narrative: Bilateral knee radiographs

History: Pain after injury.

3 views of each knee were obtained. No prior studies are available for comparison.

Left knee: There is no evidence of acute fracture or dislocation. The joint spaces are well-preserved. There is no joint effusion. There is no bony destruction.

Impression:

Impression: Unremarkable left knee radiographs.

Right knee: There is no evidence of acute fracture or dislocation. The joint spaces are well-preserved. There is no bony destruction. There is no joint effusion.

Impression: Unremarkable right knee radiographs.

Resulted: 04/10/15 1927, Result Status: Final
result

XR KNEE LT 3 V [236591295]

Ordering provider: Susan L Morehouse-Moore, PA
04/10/15 1844

Resulted by: David Edward Pelino, DO

Performed: 04/10/15 1902 - 04/10/15 1922

Resulting Lab: GRNVL SFD RADIANT

Specimen: 04/10/15 1926

Narrative: Bilateral knee radiographs

History: Pain after injury.

3 views of each knee were obtained. No prior studies are available for comparison.

Left knee: There is no evidence of acute fracture or dislocation. The joint



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA

MRN: 250897102

DOB:

Acct #: 30151000357

Arrival: 4/10/2015, D/C: 4/10/2015

Radiology Results (04/10/15 - 04/10/15) (continued)

Resulted: 04/10/15 1927, Result Status: Final

XR KNEE LT 3 V [238691285]

spaces are well-preserved. There is no joint effusion. There is no bony destruction.

Impression:

Impression: Unremarkable left knee radiographs.

Right knee: There is no evidence of acute fracture or dislocation. The joint

spaces are well-preserved. There is no bony destruction. There is no joint effusion.

Impression: Unremarkable right knee radiographs.

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
10 - Unknown		GRNVL SFD	SFD Lab Director	Unknown	01/15/13 1538 - Present
		RADIANT			

EEG/EMG RESULTS

EKG Results

None

Medications

Prior to Admission Medications Reviewed

Reviewed by Amanda M. Brown, RN (Registered Nurse) on 04/10/15 at 1629

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
HYDROcodone- acetaminophen (LORTAB) 7.5-500 mg per tablet	97653 660	No	Take 1 Tab by mouth every four (4) hours as needed for Pain.	K Benjamin Risinger, MD		Active
hydrocodone- acetaminophen 5-500 mg Cap	97210 746	No	Take by mouth as needed. Indications: PAIN	Historical Provider		Active
hyoscyamine SL (LEVSIN/SL) 0.125 mg SL tablet	71158 965	No	0.125 mg by SubLINGual route every four (4) hours as needed.	Historical Provider		Active
pantoprazole (PROTONIX) 20 mg tablet	97210 680	No	Take 40 mg by mouth daily.	Historical Provider		Active

Discharge Medication List

As of 4/10/2015 8:07 PM

Printed on 4/14/2015 10:23 AM

Page 18



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB: [REDACTED]
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

Discharge Medication List (continued)

START taking these medications

dexamethasone 2 mg tablet

Quantity: 20 Tab

Refills: 0

Commonly known as: DECADRON

One po qid x 5 days for back pain

methocarbamol 750 mg tablet

Quantity: 30 Tab

Refills: 0

Commonly known as: ROBAXIN

Take 1 Tab by mouth three (3) times daily.

traMADol 50 mg tablet

Quantity: 30 Tab

Refills: 0

Commonly known as: ULTRAM

Take 1 Tab by mouth every six (6) hours as needed for Pain. Max Daily Amount: 200 mg.

Unreviewed

*** HYDROcodone-acetaminophen 7.5-500 mg per tablet**

Quantity: 30 Tab

Refills: 0

Commonly known as: LORTAB

Take 1 Tab by mouth every four (4) hours as needed for Pain.

*** HYDROcodone-acetaminophen 5-500 mg Cap**

Refills: 0

Take by mouth as needed. Indications: PAIN

hyoscyamine SL 0.125 mg SL tablet

Refills: 0

Commonly known as: LEVSIN/SL

0.125 mg by SubLINGual route every four (4) hours as needed.

pantoprazole 20 mg tablet

Refills: 0

Commonly known as: PROTONIX

Take 40 mg by mouth daily.

*** Notice: This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Where to Get Your Medications

Information on where to get these meds is not yet available. Ask your nurse or doctor.

- dexamethasone 2 mg tablet

- methocarbamol 750 mg tablet

- traMADol 50 mg tablet

Multi-Disciplinary Problems (Active)

Care Plan

There are no active problems.



RON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

Care Plan (continued)

Multi-Disciplinary Problems (Resolved)

There are no resolved problems.

Patient Education

PATIENT EDUCATION

None

Education Notes

No notes present for this patient.

FLWSHEETS

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA

MRN: 250897100

DOB: ~~11/11/55~~ Sex: F

Acct #: 30151000357

Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Flowsheets (all recorded)

Vital Signs

	04/10/15 2012	04/10/15 1628
Vital Signs		
Level of Consciousness		Alert -AB
Temp	98.2 °F (36.8 °C) -AH	98.2 °F (36.8 °C) -AB
Temp Source		Oral -AB
Pulse	66 -AH	73 -AB
Resp	14 -AH	16 -AB
BP	(!) 122/94 mmHg -AH	158/85 mmHg -AB
MAP (Calculated)	103 -AH	109 -AB
MEWS Score		1 -AB
Recorded by	[AH] Ama M Hibbert, RN 04/10/15 2013	[AB] Amanda M Brown, RN 04/10/15 1629

Oxygen Therapy

SpO2	99 % -AH	97 % -AB
O2 Device		Room air -AB
Recorded by	[AH] Arna M Hibbert, RN 04/10/15 2013	[AB] Amanda M Brown, RN 04/10/15 1629

Pain 1

Pain Scale 1	Numeric (0 - 10) -
	AB
Pain Intensity 1 10 -AH	10 -AB
Patient Stated	0 -AB
Pain Goal	
Pain Location 1	Back -AB
Pain	Lower -AB
Orientation 1	
Recorded by [AH] Ama M Hibbert, RN 04/10/15 2013	[AB] Amanda M Brown, RN 04/10/15 1629

Height/Weight/Head Circumference

Height	5' 2" (1.575 m) - AB
Weight	88.451 kg (195 lb) -AB
Weight Source	Patient stated -AB
BSA (calculated - sq m)	1.97 sq meters - AB
BMI (calculated)	35.7 -AB
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1629

Screening Questions

[illegible]



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250807107
DOB: _____

RON SECOURS HEALTH SYSTEM

Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

FLWSHEETS (continued)

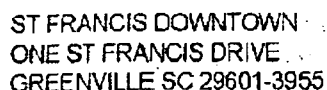
TB Screen	
Unplanned	No -AB
Weight Loss In	
Last 3 Months	
Exposure to TB	No -AB
Previous	No -AB
Positive PPD	
Test	
Persistent	No -AB
Cough Greater	
Than 2 Weeks	
Unexplained	No -AB
Fatigue	
Night Sweats	No -AB
Hemoptysis	No -AB
Patient in	No -AB
Airborne	
Isolation During	
This Admission	
Travel Outside	No -AB
of the U.S.	
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1631

Abuse/Neglect Screening	
Physical	Denies -AB
Abuse/Neglect	
Sexual Abuse	Denies -AB
Verbal Abuse	Denies -AB
Other	Denies -AB
Abuse/Issues	
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1631

Blood Refusal	
Patient Objects	No -AB
to Receiving	
Blood	
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1631

Triage Plan

	04/10/15 1629				
Triage Plan					
Patient Acuity	4 -AB				
ED Destination	Fast Track -AB				
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1629				



PEREZ, MARTHA
MRN: 250897102
DOB: [REDACTED]
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

Flowsheets (all recorded)

9	04/10/15 1627				
Triage Start					

Triage Start	Triage Start -AB
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1627

[illegible]

Immunizations	Yes -AB
Up-To-Date	
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1631

	04/10/15 1629			
Ebola Screening				

Have You Resided in or Traveled to a Country with Wide Spread Ebola Transmission in the 21 Days Before Illness Onset?	No -AB
Recorded by	[AB] Amanda M Brown, RN 04/10/15 1629



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DOB: [REDACTED]
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Flowsheets (all recorded)

Procedure Verification

04/10/15 1922
Procedure Verification
Patient ID Verbal and
Verified Armband -NS
Procedure Yes -NS
Verified
Laterality Yes -NS
Verified
Recorded by [NS] Nadine
Soota 04/10/15
1922

Suicide Assessment

04/10/15 1630
Suicide/Psychosocial Screening
Primary No -AB
Diagnosis or
Primary
Complaint of an
Emotional
Behavior
Disorder
Patient is No -AB
Currently
Experiencing
Depression
Suicidal No -AB
Ideation/Attemp
ts
Homicidal No -AB
Ideation/Attemp
ts
Alcohol/Drug No -AB
Intoxification
Hallucinations/ No -AB
Delusions
Pending, No -AB
Active, or
Temporary
Detention
Orders
Aggressive/Ina No -AB
ppropriate
Behavior
Recorded by [AB] Amanda M
Brown, RN
04/10/15 1631

ED Musculoskeletal Assessment

04/10/15 1816
Musculoskeletal
Musculoskeleta X



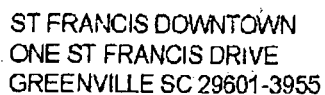
ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250207400
DOB: [REDACTED]
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

FLowsheets (continued)

I (WDL) chronic generalized
joint pain -AH
Recorded by [AH] Ama M
Hibbert, RN
04/10/15 1816



MRN: 250297107

DOB:

Acct #: 30151000357

Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Flowsheets (all recorded)

Adult GCS

04/10/15 1629

Glasgow Coma Scale

Eye Opening 4 -AB

Best Verbal 5 -AB

Response

Best Motor : 6 -AB

Response

Glasgow Coma 15 -AB

Scale Score

Recorded by [AB] Amanda M
Brown, RN
04/10/15 1629

(r) = User Recd., (t) = User Taken, (c) = User

Cosigned

User Key

Initials	Name
AH	Ama M Hibbert, RN
AB	Amanda M Brown, RN
NS	Nadine Scott



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897102
DO: [REDACTED]
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

Hospital Account-Level E-Signatures:

SC-Admission Consent Form - Received on 4/10/2015

BON SECOURS

admitting provider for patient encounter.

Admitting Provider: No

ST. FRANCIS HEALTH SYSTEM

Attending Provider:

One St. Francis Drive • Greenville, SC 29601 • (864) 255-1000 • Fax (864) 255-1034

Referring Provider:

GENERAL ADMISSIONS CONSENT FORM FOR BON SECOURS SAINT FRANCIS HEALTH SYSTEM

1. CONSENT TO MEDICAL AND/OR SURGICAL TREATMENT AND DIAGNOSTIC PROCEDURES: I, the undersigned patient, present myself for admission to St. Francis Health System. I have engaged the doctor whose name is imprinted above to administer to me certain medical treatment. I consent to and authorize the administration of such treatment to me at St. Francis Health System and any preliminary, further, or additional diagnostic procedures and medical or surgical treatment that may be, in the judgment of my doctor named above or whomsoever he may designate as his consult or assistant, necessary or advisable at the time the treatment is performed.

I acknowledge that the practice of medicine and surgery is not an exact science and that no guarantee or assurance has been made to me by my doctor or by any agent or employee of the health system regarding the results, outcome or effect of any treatment or procedure which may be given or performed. Any tissues, parts or fluids surgically or otherwise removed from me may be disposed of by the health system in accordance with its customary practices and any applicable laws and regulations.

2. HEALTH SYSTEM STAFF: I understand that many of the doctors on the staff of this health system, possibly including my attending doctor, are not employees or agents of St. Francis Health System but, rather, are independent contractors who have been granted the privilege of using its facilities for the care and treatment of patients. Further, I realize that among those who attend patients at the St. Francis Health System are medical, nursing, and other health care personnel in training who, unless requested otherwise, may be present during patient care as a part of their education.

3. AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION: I authorize St. Francis Health System to disclose all or any part of my medical record to any insurance company or other entity that may be concerned with the payment of the cost of my hospitalization or any medical treatment or procedure administered to me. I give this authority with full knowledge that such disclosure may contain information which may result in a denial of insurance benefits to me or which may be otherwise unfavorable to me. I authorize the release of this information to any agency which may be concerned with providing post-hospital care to me and to all health system personnel who might use this information for hospital or medical research, provided the release of information does not violate my rights to patient confidentiality.

In addition, I agree to hold and save St. Francis Health System, its officers, its employees, and any doctors who may have examined me harmless for any cost, loss or demand, or any liability resulting from such disclosure. I also agree if all or any part of any insurance benefits are denied me, I will be liable for all hospitalization charges.

4. ASSIGNMENT OF HOSPITAL INSURANCE BENEFITS: I assign to St. Francis Health System and authorize payment directly to the health system of any hospitalization insurance benefits and major medical benefits, including, but not limited to, benefits for hospital-based doctors, due me but cumulatively not exceeding the health system's regular charges for hospitalization, medical treatment and medical procedure charges not paid by insurance. I appoint St. Francis Health System as my attorney-in-fact in my behalf to collect the above-mentioned benefits and to give full and final receipts for me for all amounts collected and to endorse for me any checks payable to me for



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN: 250897107
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

RON SECOURS HEALTH SYSTEM

Hospital Account-Level E-Signatures:

benefits collected under this paragraph.

5. ASSIGNMENT OF DOCTOR INSURANCE BENEFITS: I assign to all doctors performing services to me or for me and authorize payment to all such persons directly any and all benefits, not exceeding the regular charges of such doctors, which may be due and payable under any insurance coverage that I may have. I understand that I am liable and responsible for any charges due any doctors performing services for me which are not covered by insurance.

6. MEDICARE AUTHORIZATION: I certify that the information given me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of any medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for a Medicare Claim related to me. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for hospital or doctor's services to the health system or doctors providing such services. I understand that I am liable for any health insurance deductibles and co-insurance. I agree that a photo static copy of this authorization shall be considered as effective and valid as the original.

7. CHAMPUS AUTHORIZATION: I request payment of authorized benefits to me or on my behalf for any services furnished me by St. Francis Health System, including doctor services. I authorize any holder of medical or other information about me to release all information needed to determine these benefits or benefits for related services.

8. DISCHARGE AGAINST MEDICAL ADVICE: I agree that if I leave the hospital before my doctor has discharged me, I will assume the full responsibility for this action and hold the St. Francis Health System, its officers, employees, agents and my doctor(s) separately and individually harmless from any liability in connection with my leaving the hospital and waive all rights or causes of action that I may now have or later acquire as a result of such discharge.

9. RELEASE AND RESPONSIBILITY FOR PERSONAL PROPERTY: I release St. Francis Health System and any of its hospitals, other facilities, officers, management, agents, representatives and employees and their successors and assigns from any and all claims, demands, damages and liability arising from the loss of or damage to any money or personal property that I take to my room and waive all rights, claims or causes of action that I or my representatives may now have or later acquire as a result of any such loss or damage. I understand that the health system cannot protect personal possessions, which are not delivered to the health system and placed in the hospital's or facility's vault. I waive any cause of action that I now have or may have in the future against St. Francis Health System, its officers, agents or employees arising from the loss or damage to any personal property that I fail to place in the hospital's or facility's vault. Such items may include but are not limited to jewelry, hearing aids, glasses, dentures and other dental work.

10. PATIENT INFORMATION: I have received a copy of St. Francis Health System's Patient Information packet which summarizes those health system policies that apply to me. I agree to comply with the policies and procedures set forth in this packet. I understand that this packet includes information on the St. Francis Health System's charity care program for which I may be eligible and that the packet enumerates the patient's rights which have been established in accord with St. Francis Health System's code of objectives, policies and its moral and religious beliefs.

11. FINANCIAL AGREEMENT: I agree to pay the St. Francis Health System for the services rendered to me or the patient. I understand and agree that the payment for these services, to the extent it is not paid by the insurance company or any organization or agency acceptable to the health system, is due and payable in full upon notification of balance due. Any information provided by the patient or responsible party specifically cell phone numbers, may be used by Saint Francis Hospital Inc., as well, as their agents and representatives in their attempts to collect any amount due as a result of services rendered to the patient. If this account is referred to any attorney for collection, I agree to pay court costs and reasonable attorney's fees.

If I am a friend, neighbor or relative of the patient who has not been appointed to assume the patient's powers of attorney or otherwise been charged with legal responsibility for the patient's debts, bills or other financial obligations, I am therefore exempted from personal responsibility for the health system and other medical bills of this patient, but I will assist the health system in making decisions concerning the medical treatment and care of the patient.



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN. 250897102
DOE, _____ / F
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Hospital Account-Level E-Signatures:

12. CONSENT TO AIDS & HEPATITIS TEST: I hereby give my permission to any health care professional designated by St. Francis Health System or my doctor to take a sample of my blood and test it for Hepatitis and the presence of antibodies indicating exposure to the AIDS virus. I understand that this procedure may be performed in accordance with South Carolina law in the event St. Francis Health System or my doctor has reason to believe that any person has been exposed to any of my blood products or bodily fluids.

13. PATIENT CONSENT AND SIGNATURE:

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND EACH PARAGRAPH OF THIS DOCUMENT, UNDERSTAND THAT I AM ENTITLED TO RECEIVE A SIGNED COPY OF THIS DOCUMENT, AND HAVE EXECUTED THIS DOCUMENT VOLUNTARILY.

Date: 4/10/2015 Time: 4:04:44 PM

Patient Name

Witness Signature

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING: This patient, whose name is written above, is a minor 49 years years of age, or is otherwise unable to consent to execute this document for the following reason:

I hereby execute this document on the patient's behalf. I have read and fully understand each paragraph of this document. I represent and verify that I am authorized to execute the document on behalf of the patient named above. I understand that I am entitled to receive a signed copy of the document.

Date: 4/10/2015 Time: 4:04:44 PM

Signature of Parent of Minor Patient, Custodial Parent (if applicable),

Relationship to Patient

Closest Relative or Legal Representative*

Witness Signature



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

PEREZ, MARTHA
MRN. 250897102
DOB: _____
Acct #: 30151000357
Arrival: 4/10/2015, D/C: 4/10/2015

BON SECOURS HEALTH SYSTEM

Hospital Account-Level E-Signatures:

*Legal Representative is defined as person named by the court as guardian, executor or administrator, or having power of attorney specifically set forth to authorize action.

Encounter-Level E-Signatures:

Discharge Instruction - Received on 4/10/2015

@DISCHARGEINST@

Physician's or RN's Signature and Date:	Patient or Representative's Signature and Date: 
---	---

DELETED NOTES

Deleted Notes

No notes of this type exist for this encounter.

END OF REPORT

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



GREENVILLE HEALTH SYSTEM

PEREZ, MARTHA J

49 Y old Female, DOB: 05/07/1965

Home: 864-508-0020

Guarantor: PEREZ, MARTHA J Insurance: SELF PAY

Payer ID: 0

PCP: . No PCP at this time External Visit ID: 198879637

Appointment Facility: Steadman Hawkins-Greenville

07/24/2014

Progress Note: Katarzyna Kocot, DO

Current Medications

Taking

- Ultram 50 mg tablet 1 tab(s) every 6 hours
- hydroxyzine 0.125 mg tablet 1 tab(s) PRN
- Tylenol 325 mg tablet 2 tab(s) PRN
- Hydrocodone 5 mg-60 mg/5 mL liquid 5 mL PRN
- Ultram 50 mg tablet 1 tab(s) every 6 hours as needed for pain
- Protonix 40 mg 1 tab BID
- Flonase nasal spray 50 mcg per spray 2 spray each nostril daily
- Topamax 25 mg tablet 1 tab(s) QHS
- tramadol 50 mg tablet, disintegrating 1 tab(s) 6 times a day
- protonix 40 mg 1 mbler Daily
- Medication List reviewed and reconciled with the patient

Past Medical History

Acid Reflux
Kidney stones

Surgical History

Breast reduction
Abdominal hysterectomy with ovarian conservation
Abdominoplasty, Dr. James Lewis
LSC, laparotomy, LSC, right salpingectomy, extensive adhesiolysis, cystotomy with repair, cystoscopy 4/09
cholecystectomy 7/12

Family History

Family: Stomach problems
Mother: Stomach Cancer, Heart Attack

Social History

Interpersonal/family relationships: Married.
Alcohol: women 18 yrs and older Assessment completed: today, Alcohol intake: patient sometimes drinks alcohol, Alcoholic drinks on one occasion < 3, Alcoholic drinks per week: < 7, Interpretation: < 3 drinks on one occasion or < 7 drinks per week = non risky alcohol usage.
Smoking Status: > 13 years old Are you a: Never smoker.

Reason for Appointment

1. SHT BRAIN
2. MRI of Brain results

History of Present Illness

Interim History:

Prior Assessment Headache and Facial Pain. Date of Injury: April 11, 13 Pt was loading a machine with an empty spool cart when the full spool cart rolled back and bit pt in lower part of her face..

Treatment to Date: 3.25.14 Lumbar xray, 6.18.14 lumbar xrays, topamax, MRI of brain. Response to treatment: patient states feeling worse since last visit. Pain: Severity: pain = 10.

Pain:

Pain Screening: Any pain at this time? Yes. Pain is chronic, Location of pain: head, Quality/Description of pain: sharp, stabbing, Pain Scale used: Number Scale 10/10, Is your pain satisfactorily controlled now? No.

HPI:

The patient is a very pleasant 49 year old female who return to clinic with persistent headaches in addition to facial and frontal type pain ever since a work related injury back in April, 2013.

She is continuing to experience frontal headaches in addition to jaw pain despite conservative treatment options. At this point, I have recently recommended Topamax for pain control. However, the patient was unable to obtain the medication. She has also had a recent MRI of the brain which did not reveal any hemorrhages, tumors, intracranial changes, or other significant abnormalities that could be concerning.

Vital Signs

HT 62, HI Cm 157.48, Wt lbs 182.4, Wt kg 82.74, BMI 33.36, BP 131/93, HR 76, Pain score 10.

Examination

General:

General Appearance: Well and in no acute distress, Patient is alert and oriented x 3, Mood is pleasant.

HEENT EOML

Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side.

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Progress Note: Katarzyna Kocot, DO 07/24/2014

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

Occupation: Employed Alice Mfg.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

see surgical ltr

Review of Systems

CONSTITUTIONAL:

Fever NO, NO. Weight Loss NO, NO.
Weight Gain NO, YES. Fatigue NO, YES.
Chills NO, NO. Night Sweats NO, NO.

EYES:

Decreased Vision NO, NO. Cataracts NO,
NO.

EENT:

Recent loss of hearing NO, NO.
Sinusitis NO, NO. Headache NO, YES.

CARDIOVASCULAR:

Chest Pain NO, NO. Irregular Heart
Beat NO, NO. Poor Circulation NO, NO.
Leg/feet swelling NO, NO. Leg/foot ulcer NO,
NO.

RESPIRATORY:

COPD NO, NO. Asthma NO, NO.
Persistent Cough NO, NO. Shortness of
Breath NO, NO. Wheezing NO, NO.
Pneumonia NO, NO.

GASTROINTESTINAL:

GERD NO, YES. PUD/C gastritis NO, NO.
Liver Problems NO, NO. Stomach Pain NO,
NO. Diarrhea NO, NO. Abdominal Pain NO,
NO. Nausea/Vomiting NO, NO. Black tur-
like or bloody stool NO, NO.

GENITOURINARY:

Blood in urine NO, NO. Pain in
urinating NO, NO. Unable to urinate NO,
NO. Bladder Infection NO, NO. Frequent
Urination NO, NO. Difficulty with
urination NO, NO.

MUSCULOSKELETAL:

Joint Swelling NO, NO. Muscle aches NO,
NO. Joint Pain NO, NO. Pain in multiple
joints NO, NO. Weakness NO, NO.

SKIN:

Rash or itching NO, NO. Dryness of
Skin NO, NO. Ulcer NO, NO. Cancer NO,
NO. Open sores NO, NO. New Moles NO,
NO. Poor wound healing NO, NO. Skin
Infection NO, NO.

NEUROLOGICAL:

Paralysis NO, NO. Frequent
Headaches NO, NO. Seizures NO, NO.
CVA/TIA NO, NO. Syncope NO, NO.

Lungs: Breathing easily.

Psychiatric: Well-oriented with a normal mood and affect.

Skin: No rashes, lesions, or ulcers.

The patient appears stated age. She does have tenderness to palpation over the right TMJ area. Her cranial nerves II-XII are intact. Extra-ocular muscles are intact. The patient follows commands without difficulties. Her strength is 5/5 in the bilateral upper extremities with negative Spurling's and negative Hoffman's, and normal reflexes bilaterally.

Assessments

1. Post concussion syndrome - 310.2 (Primary)
2. Headaches due to old head trauma - 339.20

The patient is a very pleasant 49 year old female who returns to clinic with chronic headaches and jaw pain ever since a work related injury in April of 2013. Once again, I do believe her headaches could be related to old head trauma in addition to expressing component of post-concussive syndrome.

Given that her MRI of the brain is completely unremarkable, I still recommend initiation of Topamax at bedtime and see me back in clinic in four weeks to review her progress.

In regards to her lumbar pain, please note MRI of the lumbar spine was not approved. However, that has been recommended, per Dr. Wilson. I had recommended a referral back to Dr. Wilson to discuss the rationale behind why the MRI was not approved.

KK/lg.

Treatment

1. Post concussion syndrome

Refill Topamax tablet, 25 mg, 1 tab(s), orally, QHS, 30 day(s), 60,
Refills 0

2. Others

Continue Ultram tablet, 50 mg, 1 tab(s), orally, every 6 hours
Continue hyoscyamine tablet, 0.125 mg, 1 tab(s), sublingually, PRN
Continue Tylenol tablet, 325 mg, 2 tab(s), orally, PRN
Continue Hydrocodone liquid, 5 mg-60 mg/5 mL, 5 mL, orally, PRN
Continue Ultram tablet, 50 mg, 1 tab(s), orally, every 6 hours as needed for pain
Continue Protonix, 40 mg, 1 tab, Oral, BID
Continue Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily

Continue tramadol tablet, disintegrating, 50 mg, 1 tab(s), orally, 6 times a day

Continue protonix, 40 mg, 1 tablet, orally, Daily

Notes: Patient is to continue all medications as directed by prescribing physicians. Continuations on today's visit are made based on the patient's report of current medications.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current
meds/immunizations reviewed, including purpose with pt. Med Recon

Patient: PEREZ, MARTHA J. DOB: 05/07/1965 Progress Note: Katarzyna Kocot, DO 07/24/2014

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

Anxiety/Depression NO, NO. Tremors NO,
NO. Speech Problems NO, NO. Feeling of
hopelessness NO, NO. Sleep disturbance NO,
yes. Vision Changes NO, NO.

PSYCHIATRIC

Depression NO, NO. Bipolar Disease NO,
NO.

HEMATOLOGY

Anemia NO, NO. Bleeding Problems NO,
NO. Blood Transfusion NO, NO. Bruises NO,
NO.

ENDOCRINE

Diabetes NO, NO. Thyroid disease NO,
NO. Heat intolerance NO, NO. Cold
intolerance NO, NO.

ALLERGIC/IMMUNOLOGIC

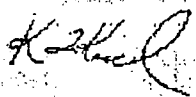
Seasonal NO, NO. Iodine NO, NO. Food
Allergies NO, NO.

ROS as per HPI, otherwise full ROS was
negative.

list given to pt/family. Pt advised to discard old med lists and provide
all providers with current list at each visit and carry list with them in
case of emergency.

Follow Up

4 weeks



Electronically signed by Katarzyna Kocol, DO on 08/24/2014
at 08:30 PM EDT

Sign off status: Completed

Steadman Hawkins-Greenville
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-8265

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Progress Note: Katarzyna Kocol, DO 07/24/2014

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

PATIENT RECHECK QUESTIONNAIRE

NAME: <u>Martha Perez</u>		DOB: _____	DATE: <u>7/24/14</u>
Referring Doctor: <u>Dr. Kocel</u>			
Since your last visit has there been any change in the following:			
Your health or medical history	☒ Yes	☐ No	If yes, please list: <u>Right knee is numb, more lower back pain.</u>
Your allergies	☐ Yes	☒ No	If yes, please list: _____
New Medications	☐ Yes	☒ No	If yes, please list: _____
Medications you no longer use	☐ Yes	☐ No	If yes, please list: _____
Have you had any surgery or hospitalizations since your last visit? ☐ Yes ☒ No			
What is the main reason for your visit today (chief complaint- where is your pain or area of concern):			
Left / Right	☐ Shoulder	☐ Arm/elbow	☐ Wrist
(please circle)	☐ Hand/fingers	☐ Hip	☐ Knee
	☐ Lower leg	☐ Ankle	☐ Foot/toes
	☒ Head	☐ Neck	☐ Back
	☐ Other: _____		
Circle the number that describes your pain <u>right now</u> ?			
No pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable pain			
Since your last visit do you feel better, worse or the same?			
<u>WORSE</u>			
My pain is ☒ Not satisfactorily controlled ☐ Satisfactorily controlled			
The pain feels (quality): ☒ Sharp ☒ Stabbing ☐ Dull ☐ Aching ☐ Burning ☐ Throbbing ☐ Other: _____			
The pain is (duration): ☐ Constant ☐ Comes and Goes (Intermittent)			
Please provide us with the name and phone number of your current pharmacy: <u>CVS Liberty, SC</u> <u>843-2726</u>			
Social History Review			
Smoking - Are you a: (please circle one of the following) <u>NEVER SMOKER</u> , CURRENT SMOKER, FORMER SMOKER			
Alcohol Use - ☐ No, I never drink alcoholic beverages			
☒ Yes, how many drinks on one occasion? <u>Everyone in Conga line</u> How many drinks per week? _____			
FOR OFFICE USE ONLY: HT _____, Wt _____, BP _____, HR _____, TEMP _____			

182.4 131/93 74

MD Initial: _____ Date: _____



GREENVILLE
HEALTH SYSTEM
Salem-Hawkins
Clinic of the Carolinas

ESTABLISHED PATIENT HEALTH HISTORY QUESTIONNAIRE

NAME: Martha Perez

DATE OF BIRTH: 1-1-1955

REVIEW OF SYSTEMS

Constitutional:

- ☐ Fever
☐ Weight Loss
☐ Weight Gain
☒ Fatigue
☒ Chills
☐ Night Sweats

Eyes:

- ☐ Decreased vision
☐ Cataracts

ENT:

- ☐ Recent loss of hearing
☒ Sinusitis
☒ Headache

Cardiovascular:

- ☐ Chest Pain
☐ Irregular Heart Beat
☐ Poor Circulation
☐ Leg/Foot Swelling
☐ Leg/Foot Ulcer

Respiratory:

- ☐ COPD
☐ Asthma
☐ Persistent Cough
☐ Shortness of Breath
☐ Wheezing
☐ Pneumonia

Gastrointestinal:

- ☐ GERD
☒ PUD/Gastritis
☐ Liver Problems
☐ Stomach Pain
☒ Diarrhea
☐ Abdominal Pain
☒ Nausea/Vomiting
☐ Black tar-like/bloody stool

Genitourinary:

- ☐ Blood in Urine
☒ Painful Urination
☒ Unable to Urinate
☐ Bladder Infection
☐ Difficulty Urinating
☒ Frequent Urination

Musculoskeletal:

- ☐ Joint Swelling
☒ Muscle Aches
☐ Joint Pain
☒ Pain in Multiple Joints
☒ Weakness

Skin:

- ☐ Rash/Itching
☐ Dryness of Skin
☐ Skin Ulcers
☐ Skin Cancer
☐ Open Sores
☐ New Moles
☐ Poor Wound Healing
☐ Skin Infection

Neurological:

- ☐ Paralysis
☒ Frequent Headaches
☐ Seizures
☐ Stroke/CVA/ITA
☐ Syncope
☐ Speech Problems
☒ Feelings of Hopelessness
☒ Sleep Disturbance
☐ Vision Changes

Psychiatric:

- ☒ Depression
☐ Anxiety
☐ Bipolar Disease

Heme/Lymph:

- ☐ Anemia
☐ Bleeding Problems
☐ Blood Transfusions
☐ Bruising

Endocrine:

- ☐ Diabetes
☐ Hypothyroidism
☐ Hyperthyroidism
☐ Heat Intolerance
☐ Cold Intolerance

Allergic/Immunologic:

- ☐ Seasonal
☐ Iodine
☐ Food Allergies (please list: _____)

Females Only:

- ☒ I have not gone through menopause
☐ I have already gone through menopause

Pain and problem questionnaire

What is the main reason for your visit today (chief complaint- where is your pain or area of concern):

Left / Right ☐ Shoulder ☐ Arm/elbow ☐ Wrist ☐ Hand/fingers ☐ Hip ☐ Knee ☐ Lower leg
(please circle)

4-11-13 ☐ Ankle ☐ Foot/toes ☒ Head ☐ Neck ☐ Back ☐ Other: _____

How did this begin? ☐ Gradually ☐ Suddenly ☐ After Injury ☐ No Known Mechanism of Injury ☒ Work-related/work Injury

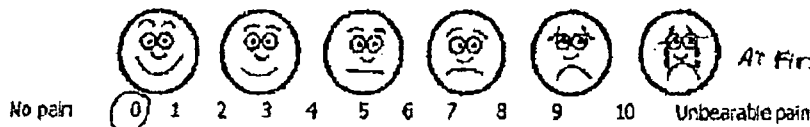
Date of Injury: May 2013 Or if not from injury, how long have symptoms been present? _____ Days _____ Weeks _____ Months _____ Years

Describe Injury: While loading meat machine with empty spool, cart with full spools rolled back and hit me in the lower back.

Have you had any previous tests/studies for this injury? ☐ X-ray ☐ MRI ☐ CT ☐ Other: NONE

Where were previous tests/studies performed? NONE When? NEVER

Circle the number that describes your pain right now: Head hurts a lot often, just not all the time.



My pain is ☒ Not satisfactorily controlled ☐ Satisfactorily controlled

The pain feels (quality): ☒ Sharp ☐ Stabbing ☒ Dull ☐ Aching ☐ Burning ☒ Throbbing ☐ Other: _____

The pain is (duration): ☒ Constant ☐ Comes and Goes (Intermittent)

122/81 95

ESTABLISHED PATIENT HEALTH HISTORY QUESTIONNAIRE - continued

[illegible]

MD Initial: _____ Date: _____

PATIENT RECHECK QUESTIONNAIRE

NAME: <u>Martina Perez</u>		DOB: <u> </u>	DATE: <u>06-18-14</u>
Referring Doctor: <u>Wilson</u>			
Since your last visit has there been any change in the following:			
Your health or medical history	☒ Yes	☐ No	If yes, please list. <u>Worse</u>
Your allergies	☐ Yes	☒ No	If yes, please list. <u> </u>
New Medications	☒ Yes	☐ No	If yes, please list. <u> </u>
Medications you no longer use	☐ Yes	☒ No	If yes, please list. <u>Pain medication</u>
Have you had any surgery or hospitalizations since your last visit? ☐ Yes ☒ No			
What is the main reason for your visit today (chief complaint- where is your pain or area of concern):			
Left / Right (please circle)	☐ Shoulder	☐ Arm/elbow	☐ Wrist
	☐ Hand/fingers	☐ Hip	☐ Knee
	☐ Lower leg	☐ Ankle	☐ Foot/toes
	☐ Head	☐ Neck	☒ Back
	☐ Other: <u> </u>		
Circle the number that describes your pain <u>right now</u> ?			
No pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable pain			
Since your last visit do you feel better, worse or the same?			
<u>The same on weeks</u>			
My pain is: ☒ Not satisfactorily controlled ☐ Satisfactorily controlled			
The pain feels (quality): ☐ Sharp ☒ Stabbing ☐ Dull ☐ Aching ☐ Burning ☐ Throbbing ☐ Other: <u> </u>			
The pain is (duration): ☒ Constant ☐ Comes and Goes (Intermittent)			
Please provide us with the name and phone number of your current pharmacy: <u>864-843-27-26 CVS</u>			
Social History Review			
Smoking - Are you a: (please circle one of the following) <u>NEVER SMOKER</u> , CURRENT SMOKER, FORMER SMOKER			
Alcohol Use - ☐ No, I never drink alcoholic beverages			
☒ Yes, how many drinks on one occasion? <u>very rare</u> How many drinks per week? <u> </u>			
FOR OFFICE USE ONLY: HT <u> </u> , WL <u>176.4</u> , BP <u>126/92</u> HR <u>78</u> TEMP <u> </u>			

MD Initial: Date:



GREENVILLE HEALTH SYSTEM

Steadman Hawkins
Clinic of the Carolinas

200 Patwood Drive, Suite C100
Greenville, SC 29615
864-454-7422 phone
864-454-8265 fax

WORK OR SCHOOL NOTE

Dr. Tim Anderson Dr. Brandon Broome Dr. Richard Braun

Dr. Brian Burchiel Dr. Brayton Shirley Dr. Brian Weatherby

Dr. Michelle Wilson Dr. Kasja Kocol

Today's appointment date:

6/18/14

5/7/05

This is to certify that Martina Perez is under my professional care.

I The patient is now being released in return to work/school on

X The patient will be out of work/school due to a medical condition until

next appt (MRI) After

I The patient may return to work/school with the following restrictions:

I Sedentary Duty- Seated desk work w/ accommodations to elevate affected extremity & use assist device (crutches/walker/knee walker) Only mobilize for bathroom needs and meals

I Light Duty-

Work hours per shift

Limit standing & walking to hours per shift

MAY / MAY NOT climb ladder or step stool

Limit pushing, pulling, lifting to pounds

I Other:

Michelle Wilson MD
Physician Signature

6/18/14
Date

*If employer has no work available according to these restrictions, it is up to the employer to release the patient from work.



GREENVILLE HEALTH SYSTEM

PEREZ, MARTHA J

49 Y old Female, DOB: 05/07/1965

Home: 864-508-0020

Guarantor: PEREZ, MARTHA J Insurance: SELFPAY

PCP: No PCP at this time

Appointment Facility: Steadman Hawkins-Greenville

06/19/2014

Progress Note: Katarzyna Kocol, DO

Reason for Appointment

1. WCN: HEADACHE & FACIAL PAIN

History of Present Illness

History of Present Illness:

What: Headaches and chin pain. When: April 11 2013. How: Pt was loading a machine with an empty spool cart when the full spool cart rolled back and hit pt in lower part of her face..

Pain:

Pain Screening: Any pain at this time? Yes, Location of pain: head face, Quality/Description of pain: constant, dull, sharp, throbbing, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now?

No.

IIPI:

The patient is a very pleasant 49 year old female who presents to clinic with headaches in addition to facial pain ever since a work related injury that occurred on 4/11/2013. The patient was loading a machine with an empty spool cart when the full spool cart rolled back and hit the patient in the lower part of her face. Ever since that injury, the patient has experienced right-sided jaw pain in addition to pain that radiates into her right temporal and frontalis area. She notes that the symptoms are worse with chewing and does experience teeth hurting that exacerbates her headaches. The pain comes and goes and she describes it as achy and dull in nature. She denies any numbness, tingling, or weakness. She is also denying any visual or hearing changes associated with this condition. She is complaining of difficulties with swallowing when the headaches do occur, in addition to memory changes. She denies any weakness or bowel or bladder incontinence.

Current Medications

Taking

- Ultram 50 mg tablet 1 tab(s) every 6 hours
- hydroxyzine 0.125 mg tablet 1 tab(s) PRN
- Tylenol 325 mg tablet 2 tab(s) PRN
- Hydrocodone 5 mg-60 mg/5 mL liquid 5 mL PRN
- Ultram 50 mg tablet 1 tab(s) every 6 hours as needed for pain
- Protonix 40 mg 1 tab BID
- Flonase nasal spray 50mcg per spray 2 spray each nostril daily
- Medication List reviewed and reconciled with the patient

Past Medical History

Acid Reflux
Kidney stones

Surgical History

Breast reduction
Abdominal hysterectomy with ovarian conservation
Abdominoplasty, Dr. James Lewis
LSC, laparotomy, LSO, right salpingectomy, extensive adhesiolysis, cystotomy with repair, cystoscopy 4/09
cholecystectomy 7/12

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Progress Note: Katarzyna Kocol, DO 06/19/2014

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

Family History

Family: Stomach problems
Mother: Stomach Cancer, Heart Attack

Social History

Interpersonal/family relationships: Married.
Alcohol: women 18 yrs and older Assessment completed today, Alcohol intake: patient sometimes drinks alcohol, Alcoholic drinks on one occasion < 3, Alcoholic drinks per week < 7, Interpretation: < 3 drinks on one occasion or < 7 drinks per week non risky alcohol usage.
Smoking Status > 13 years old Are you a: Never smoker.
Occupation: Employed Alice Mfg.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see surgical hx

Review of Systems

CONSTITUTIONAL

Fever NO, NO. Weight Loss NO, NO. Weight Gain NO, YES. Fatigue NO, YES. Chills NO, NO. Night Sweats NO, NO.

EYES:

Decreased Vision NO, NO. Cataracts NO, NO.

ENT

Recent loss of hearing NO, NO. Sinusitis NO, NO. Headache NO, YES.

CARDIOVASCULAR

Chest Pain NO, NO. Irregular Heart Beat NO, NO. Poor Circulation NO, NO. Leg/feet swelling NO, NO. Leg/foot ulcer NO, NO.

RESPIRATORY

COPD NO, NO. Asthma NO, NO. Persistent Cough NO, NO. Shortness of Breath NO, NO. Wheezing NO, NO. Pneumonia NO, NO.

GASTROINTESTINAL

GERD NO, YES. PUD/Gastritis NO, NO. Liver Problems NO, NO. Stomach Pain NO, NO. Diarrhea NO, NO. Abdominal Pain NO, NO. Nausea/Vomiting NO, NO. Black tar-like or bloody stool NO, NO.

GENITOURINARY

Blood in urine NO, NO. Pain in urinating NO, NO. Unable to urinate NO, NO. Bladder Infection NO, NO. Frequent Urination NO, NO. Difficulty with urination NO, NO.

MUSCULOSKELETAL

Joint Swelling NO, NO. Muscle aches NO, NO. Joint Pain NO, NO. Pain in multiple joints NO, NO. Weakness NO, NO.

SKIN

Rash or itching NO, NO. Dryness of Skin NO, NO. Ulcer NO, NO. Cancer NO, NO. Open sores NO, NO. New Moles NO, NO. Poor wound healing NO, NO. Skin Infection NO, NO.

NEUROLOGICAL

Paralysis NO, NO. Frequent Headaches NO, NO. Seizures NO, NO. CVA/TIA NO, NO. Syncope NO, NO. Anxiety/Depression NO, NO. Tremors NO, NO. Speech Problems NO, NO. Feeling of hopelessness NO, NO. Sleep disturbance NO, YES. Vision Changes NO, NO.

PSYCHIATRIC

Depression NO, NO. Bipolar Disease NO, NO.

HEME/LYMP

Anemia NO, NO. Bleeding Problems NO, NO. Blood Transfusion NO, NO. Bruises NO, NO.

ENDOCRINE

Diabetes NO, NO. Thyroid disease NO, NO. Heat intolerance NO, NO. Cold intolerance NO, NO.

ALLERGIC/IMMUNOLOGIC

Seasonal NO, NO. Iodine NO, NO. Food Allergies NO, NO.
ROS as per HPI, otherwise full ROS was negative.

Vital Signs

Ht 62, Wt lbs 176, BMI 32.19, BP 122/81, HR 95, Pain score 0.

Examination

General:

General Appearance: Well and in no acute distress, Patient is alert and oriented x 3, Mood is pleasant.

Patient: PEREZ, MARTHA J DOB:

Physician Note: Katarzyna Kocot, DO 06/19/2014

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

DIFFERENTIAL

Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side.

Lungs: Breathing easily.

Psychiatric: Well-oriented with a normal mood and affect.

Skin: No rashes, lesions, or ulcers.

The patient appears stated age. She does have tenderness to palpation over the right TMJ area. Her cranial nerves II-XII are intact. Extra-ocular muscles are intact. The patient follows commands without difficulties. Her strength is 5/5 in the bilateral upper extremities with negative Spurling's and negative Hoffman's, and normal reflexes bilaterally.

Assessments

1. Headaches due to old head trauma - 339.20 (Primary)
2. Post concussion syndrome - 310.2

The patient is a very pleasant 49 year old female who presents to clinic with headaches and jaw pain ever since a work related injury back in April, 2013.

I do believe most of her headaches are headaches related to the old head trauma, in addition to a component of post-concussion syndrome.

At this point, I do recommend MRI of the brain to further delineate the etiology of her pain. I will also initiate her on Topamax 25 mg at bedtime and see her back in clinic to review her MRI of the brain finding.

Treatment

1. Headaches due to old head trauma

Start Topamax tablet, 25 mg, 1 tab(s), orally, QHS, 30 day(s), 60, Refills 0

Clinical Notes: 1. Start Topamax 25 mg at bedtime.

2. Obtain MRI of the brain.

3. Continue previous work restrictions, as per Dr. Wilson's recommendations.

KK/lg.

2. Others

Continue Ultram tablet, 50 mg, 1 tab(s), orally, every 6 hours, 40

Continue hydroxyzine tablet, 0.125 mg, 1 tab(s), sublingually, PRN

Continue Tylenol tablet, 325 mg, 2 tab(s), orally, PRN

Continue Hydrocodone liquid, 5 mg-60 mg/5 mL, 5 mL, orally, PRN

Continue Ultram tablet, 50 mg, 1 tab(s), orally, every 6 hours as needed for pain

Continue Protonix, 40 mg, 1 tab, Oral, BID

Continue Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily

Notes: Patient is to continue all medications as directed by prescribing physicians. Continuations on today's visit are made based on the patient's report of current medications.

Preventive Medicine

MED RECONCILIATION: Pt Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

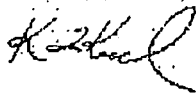
Follow Up

Post MRI brain

Patient: PEREZ, MARTHA J DOB: [REDACTED]

Phys Note: Katarzyna Kacol, DO 06/19/2014

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



Electronically signed by Katarzyna Kocol, DO on 07/02/2014 at 11:50 AM EDT

Sign off status: Completed

Steadman Hawkins-Greenville
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-8265

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Progress Note: Katarzyna Kocol, DO 06/19/2014

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



**GREENVILLE
HEALTH SYSTEM**

PEREZ, MARTHA J

49 Y old Female, DOB:

Home: 864-508-0020

Provider: Wilson, Michelle

**Telephone
Encounter**

Answered by Titano, Jacqueline

Date: 06/19/2014

Time: 02:26 PM

Caller Laura Lee nem

Reason mri lumbar

Message Jen pls advise Dr Wilson that at present the adjustor will not authorize the MRI lumbar spine (no explanation given) per the nem and also let her know that she saw Dr Kocol today and she is requesting an MRI brain for post concussion syndrome for the record...how does Dr Wilson want to handle it at this point please and thank you?

Action Taken Terlizzi, Jennifer 06/19/2014 04:45:19 PM EDT > Jessie, would Dr. Kocol want to order a brain MRI?
Terlizzi, Jennifer 06/19/2014 04:46:00 PM EDT > Dr. Wilson would like her to have an MRI LSPINE, her note is not back, maybe we can reevaluate after dictation is back. Zettler, Jessie 06/19/2014 05:01:33 PM EDT > Dr. Kocol ordered MRI of Brain at today's appointment Titano, Jacqueline 06/20/2014 09:00:13 AM EDT > for the record the MRI brain has been auth'd per Laura Lee nem /Steve Anthony adj and I am scheduling thru One Call

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Provider: Wilson, Michelle 06/19/2014

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



SOUTH CAROLINA DIAGNOSTIC IMAGING

Innervision Medical Imaging Grove
#1 Cannon Drive Greenville, SC 29605
p: (864) 242-2020 f: (864) 240-5776

PATIENT: PEREZ, MARTHA
DOB:
MRN: 996509
PHONE: 864-508-0020 Xbest(Mobile)
PHYSICIAN: KATARZYNA Z KOCOL, DO
EXAM DATE: 06/25/2014

EXAM: MR-Brain Without Contrast

REASON FOR EXAM: post concussion syndrome

TECHNIQUE: Multiplanar, multisequence imaging.

FINDINGS: Evaluation of the brain shows no mass, hemorrhage, or intracranial infarction. No indication of shear injury. Normal white matter tracts. Normal ventricular calibers.

Brain shows normal midline development with an unremarkable corpus callosum. No pineal or pituitary lesion. Normal flow voids in anterior and posterior circulations through the skull base.

IMPRESSION: Normal MRI brain.

William Perry Edenfield, MD

PE/kp

DD: 06/25/2014 02:21 P

DT: 06/25/2014 05:07 P

Accession#: 08-1866702 VS#: 11945167 CS#: 871940

CC:

Electronically Signed and Reviewed by William Perry Edenfield, MD 06/26/2014 08:03

A

Progress Note

Patient: PEREZ, MARTHA J
Account Number: 971445785
DOB: _____ Age: 49 Y Sex: Female
Phone: 864-508-0020
Address: 202 FOREST DRIVE, LIBERTY, SC-29657
Pcp: No PCP at this time

Provider: Michelle Wilson

Date: 06/18/2014

Subjective:

Chief Complaints:

1. ENP: WCR: BACK INJURY NEW PROBLEM.

HPI:

Interim History:

49 year old female presents with c/o Prior Assessment back pain, bilateral knee pain.

Date of Injury: patient is not sure but thinks August 2013, 5.19.14 NBW INJURY.

Treatment to Date: Basley Family Practice May or August 2013.

Response to treatment: patient states feeling the same since last visit, patient states feeling worse since last visit.

Pain: not satisfactorily controlled, stabbing, constant.

Pain:

Pain Screening:

Any pain at this time? Yes

Pain is *chronic*

Location of pain: *back*

Quality/Description of pain: *constant, stabbing*

Pain Scale used: *Number Scale 10*

Is your pain satisfactorily controlled now? *No*

SPINE:

Patient presents today to follow up her low back pain. She states she had another injury on May 19th where she fell when working on a loom at work, and she exacerbated her pain. She is still not having saddle paresthesias or incontinence of urine or stool. She still is not having any pain that radiates into her lower extremities but the pain in her lumbar spine is much worse. She did physical therapy prior which really did not help her much at all. No other concerns for her today.

ROS:

CONSTITUTIONAL:

Fever no, no. Weight Loss no, no. Weight Gain no, yes. Fatigue no, yes. Chills no, no. Night Sweats no, no.

EYES:

Decreased Vision no, no. Cataracts no, no.

ENT:

Recent loss of hearing no, no. Sinusitis no, no. Headache no, yes.

CARDIOVASCULAR:

Chest Pain no, no. Irregular Heart Beat no, no. Poor Circulation no, no. Leg/feet swelling no, no. Leg/foot ulcer no, no.

RESPIRATORY:

COPD no, no. Asthma no, no. Persistent Cough no, no. Shortness of Breath no, no. Wheezing no, no. Pneumonia no, no.

GASTROINTESTINAL:

GERD no, yes. PUD/Gastritis no, no. Liver Problems no, no. Stomach Pain no, no. Diarrhea no, no.

Abdominal Pain no, no. Nausea/Vomiting no, no. Black tar-like or bloody stool no, no.

GENITOURINARY:

Blood in urine no, no. Pain in urinating no, no. Unable to urinate no, no. Bladder Infection no, no.
Frequent Urination no, no. Difficulty with urination no, no.

MUSCULOSKELETAL:

Joint Swelling no, no. Muscle aches no, no. Joint Pain no, no. Pain in multiple joints no, no.
Weakness no, no.

SKIN:

Rash or itching no, no. Dryness of Skin no, no. Ulcer no, no. Cancer no, no. Open sores no, no. New
Moles no, no. Poor wound healing no, no. Skin Infection no, no.

NEUROLOGICAL:

Paralysis no, no. Frequent Headaches no, no. Seizures no, no. CVA/TIA no, no. Syncope no, no.
Anxiety/Depression no, no. Tremors no, no. Speech Problems no, no. Feeling of hopelessness no, no.
Sleep disturbance no, yes. Vision Changes no, no.

PSYCHIATRIC:

Depression no, no. Bipolar Disease no, no.

HEME/LYMP:

Anemia no, no. Bleeding Problems no, no. Blood Transfusion no, no. Bruises no, no.

ENDOCRINE:

Diabetes no, no. Thyroid disease no, no. Heat intolerance no, no. Cold intolerance no, no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no, no. Iodine no, no. Food Allergies no, no.

ROS as per HPI, otherwise full ROS was negative.

Medical History: Acid Reflux, Kidney stones.

Surgical History: Breast reduction, Abdominal hysterectomy with ovarian conservation,
Abdominoplasty, Dr. James Lovis, LSC, laparotomy, LSO, right salpingectomy, extensive
adhesiolysis, cystotomy with repair, cystoscopy 4/09, cholecystectomy 7/12.

Hospitalization/Major Diagnostic Procedure: see surgical hx.

Family History: Family: Stomach problems Mother: Stomach Cancer, Heart Attack

Social History:

Interpersonal/Family relationships: Married.

Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient sometimes
drinks alcohol, Alcoholic drinks on one occasion < 3, Alcoholic drinks per week: < 7, Interpretation: <
3 drinks on one occasion or < 7 drinks per week = non risky alcohol usage.

Smoking Status > 13 years old Are you a: Never smoker.

Occupation: Employed Alice Mfg.

Medications: Taking hydroxyamine 0.125 mg tablet 1 tab(s) PRN, Taking Tylenol 325 mg tablet 2 tab
(s) PRN, Taking Hydrocodone 5 mg-60 mg/5 mL liquid 5 mL PRN, Taking Ultram 50 mg tablet 1 tab
(s) every 6 hours as needed for pain, Taking Protonix 40 mg 1 tab BID, Taking Flonase nasal spray
50mcg per spray 2 spray each nostril daily, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 62, Ht Cm 157.48, Wt lbs 176.4, Wt kg 80.01, BMI 32.26, BP 126/92, HR 78, Pain score 10.

Examination:

General:

General Appearance: Well and in no acute distress.

Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning

varicosities on symptomatic side.

Lungs: Breathing easily.

Psychiatric: Well-oriented with a normal mood and affect.

Skin No rashes, lesions, or ulcers.

Imaging Studies:

Lumbar X-Ray: AP/lateral views: vertebral bodies well aligned, disc heights well maintained, no acute abnormalities.

Knee X-Ray: Left 4v and Right 3v knees (Bilateral Weight Bearing AP, Weight Bearing PA Flex, Sunrise, and flex lateral of left knee) show medial joint space narrowing, no fracture, and no acute abnormalities.

Left Knee/Leg:

Gait: Antalgic.

Inspection: No soft tissue swelling, scars, or deformities.

Alignment: Normal.

Range of Motion: Full, Symetric, A/P ROM.

Extensor Mechanism: intact, can perform straight leg raise.

Quad Muscle Mass: mild atrophy.

Tenderness: Medial Joint line, Medial patellar facet, Medial femoral condyle.

Patella: positive crepitus.

McMurrays: negative.

Ligament Testing: normal anterior posterior translation, normal varus/valgus stability.

Flexibility Not performed.

Right Knee/Leg Comparison exam performed revealed no relevant/abnormal findings.

Right Knee/Leg:

Gait: Antalgic.

Inspection: No soft tissue swelling, scars, or deformities.

Alignment: Normal.

Range of Motion: Full, Symetric, A/P ROM.

Extensor Mechanism: intact, can perform straight leg raise.

Quad Muscle Mass: mild atrophy.

Patella: positive crepitus.

Tenderness: Medial Joint line, Medial patellar facet, Medial femoral condyle.

McMurrays: negative.

Ligament Testing: normal anterior posterior translation, normal varus/valgus stability.

Flexibility Not performed.

Left Knee/Leg Comparison exam performed revealed no relevant/abnormal findings.

Standing Exam:

Deformity: normal thoracic kyphosis, normal lumbar lordosis, no scoliosis.

ROM: truncal flexion normal, truncal extension normal, B lateral flexion normal, , truncal flexion reduced, truncal flexion with increased pain, truncal extension with increased pain.

Toe Walk: able bilaterally.

Heel Walk able bilaterally.

Single leg stance Not performed.

Low back tenderness Tender on right paraspinous, Tender on left paraspinous in lumbar region.

sacroiliac joints non-tender bilaterally.

Greater trochanter palpation Nontender bilaterally.

Additional Testing Not performed.

Sitting Motor Examination:

Great Toe Extension Right 5.

Great Toe Extension Left 5.

Lying Exam:

Straight leg raise-Right Negative.

Straight Leg Raise - Left Negative.

Hip Range of Motion Full and Painless.
FABER Manuever Negative bilaterally.
Foot Pulses DP and PT present bilaterally.
Flexibility Not performed.
Piriformis Stress Test Normal on right, Normal on left.

Sitting Reflex Examination:

Right Patellar Reflex 2/4 (normoreflexic).
Left Patellar Reflex 2/4 (normoreflexic).
Right Ankle Clonus Normal (2 beats or less).
Left Ankle Clonus Normal (2 beats or less).

Sitting Sensory Examination:

Right anterior thigh 2.
Left anterior thigh 2.
Right medial knee 2.
Left medial knee 2.
Right medial ankle 2.
Left medial ankle 2.

Assessment:

Assessment:

1. Low back pain - 724.2 (Primary)

Plan:

1. Low back pain

Notes: The patient is still having significant pain of the lumbar spine. I recommended we further evaluate with an MRI. I would like to see her back after that has been completed to discuss the results. The patient expressed understanding and agreed with the plan. MW/bep.

2. Others

Continue Ultram tablet, 50 mg, 1 tab(s), orally, every 6 hours, 40 ; Continue hyoscyamine tablet, 0.125 mg, 1 tab(s), sublingually, PRN ; Continue Tylenol tablet, 325 mg, 2 tab(s), orally, PRN ; Continue Hydrocodone liquid, 5 mg-60 mg/5 mL, 5 mL, orally, PRN ; Continue Ultram tablet, 50 mg, 1 tab(s), orally, every 6 hours as needed for pain ; Continue Protonix, 40 mg, 1 tab, Oral, BID ; Continue Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily .

Notes: Patient is to continue all medications as directed by prescribing physicians. Continuations on today's visit are made based on the patient's report of current medications.

Imaging:

Imaging: Lumbar Spine, 2 or 3 views

Procedure Codes: 72100 LS SPINE (2-3 VIEW) X-RAY

Preventive:

MED RECONCILIATION:

Pt. Ed: *[illegible]*

Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency

Follow Up: P MRI

Provider: Michelle Wilson

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Date: 06/18/2014

Michelle Wilson

Electronically signed by Michelle Wilson on 06/30/2014 at 05:57 PM EDT

Sign off status: Completed



**GREENVILLE
HEALTH SYSTEM**

PEREZ, MARTHA J

48 Y old Female, DOB:

05/07/1965, SC 29657

Home: 864-508-0020

Provider: Wilson, Michelle

**Telephone
Encounter**

Answered by Clarady, Valerie

Date: 03/26/2014

Time: 04:30 PM

Caller Patient

Reason Rx

Message Patient was seen in office 3-25-14. Want to get a rx for pain medication.
Contact # 508-0020 Pharmacy # 843-2727

Action Taken Hopkins, ATC, Heather 03/27/2014 08:25:27 AM EDT > Per Dr Wilson ok to fill Ultram 50mg #40
Clarady, Valerie, LPN 03/27/2014 08:34:45 AM EDT > Rx sent via E-Rx with success and informed
patient. Clarady, Valeria, LPN 03/27/2014 08:35:56 AM EDT > Patient state she was unable to go to
work yesterday and is requesting to get an excuse. Will call back with pharmacy information.
Clarady, Valerie, LPN 03/27/2014 09:40:31 AM EDT > Correction will call back with fax number for
note.

Refills Start Ultram Tablet, 50 mg, orally, 40, 1 tab(s), every 6 hours as needed for pain, Refills=0

Patient: PEREZ, MARTHA J DOB: 05/07/1965 Provider: Wilson, Michelle 03/26/2014

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

HEALTH HISTORY QUESTIONNAIRE

NAME: Martina Perez

DATE OF BIRTH: _____

REVIEW OF SYSTEMS

Constitutional:

- ☐ Fever
☐ Weight Loss
☐ Weight Gain
☐ Fatigue
☐ Chills
☐ Night Sweats

Eyes:

- ☐ Decreased vision
☐ Cataracts

ENT:

- ☐ Recent loss of hearing
☐ Sinusitis
☒ Headache

Cardiovascular:

- ☐ Chest Pain
☐ Irregular Heart Beat
☐ Poor Circulation
☐ Leg/Foot Swelling
☐ Leg/Foot Ulcer

Respiratory:

- ☐ COPD
☐ Asthma
☐ Persistent Cough
☐ Shortness of Breath
☐ Wheezing
☐ Pneumonia

Gastrointestinal:

- ☒ GERD
☐ PUD/Gastritis
☐ Liver Problems
☐ Stomach Pain
☐ Diarrhea
☐ Abdominal Pain
☐ Nausea/Vomiting
☐ Black tar-like/bloody stool

Genitourinary:

- ☐ Blood in Urine
☐ Painful Urination
☐ Unable to Urinate
☐ Bladder Infection
☐ Difficulty Urinating
☐ Frequent Urination

Musculoskeletal:

- ☐ Joint Swelling
☐ Muscle Aches
☐ Joint Pain
☐ Pain in Multiple Joints
☐ Weakness

Skin:

- ☐ Rash/Itching
☐ Dryness of Skin
☐ Skin Ulcers
☐ Skin Cancer
☐ Open Sores
☐ New Moles
☐ Poor Wound Healing
☐ Skin Infection

Neurological:

- ☐ Paralysis
☐ Frequent Headaches
☐ Seizures
☐ Stroke/CVA/ITA
☐ Syncope
☐ Speech Problems
☐ Feelings of Hopelessness
☐ Sleep Disturbance
☐ Vision Changes

Psychiatric:

- ☐ Depression
☐ Anxiety
☐ Bipolar Disease

Heme/Lymph:

- ☐ Anemia
☐ Bleeding Problems
☐ Blood Transfusions
☐ Bruising

Endocrine:

- ☐ Diabetes
☐ Hypothyroidism
☐ Hyperthyroidism
☐ Heat Intolerance
☐ Cold Intolerance

Allergic/Immunologic:

- ☐ Seasonal
☐ Iodine
☐ Food Allergies (please list: _____)

Females Only:

- ☒ I have not gone through menopause
☐ I have already gone through menopause

Pain and problem questionnaire

What is the main reason for your visit today (chief complaint- where is your pain or area of concern): backLeft / Right
(please circle)

- ☐ Shoulder ☐ Arm/elbow ☐ Wrist ☐ Hand/fingers ☐ Hip ☒ Knee ☐ Lower leg
☐ Ankle ☐ Foot/toes ☐ Head ☐ Neck ☒ Back ☐ Other: _____

How did this begin? ☐ Gradually ☐ Suddenly ☐ After Injury ☐ No Known Mechanism of Injury ☒ Work-related/work injury
Date of Injury: 8/20/13 Or if not from injury, how long have symptoms been present? _____ Days _____ Weeks _____ Months _____ YearsDescribe injury: back gradually while weaving. Lift long metal tubes (heavy), add plastic while pushing roll (200 lbs) - heavy tubes, hurt back.
with my knee per supervisorHave you had any previous tests/studies for this injury? ☒ X-ray ☐ MRI ☐ CT ☐ Other _____Where were previous tests/studies performed? EASLEY FAMILY PRACTICE When? About May 2013
or Aug 2013Circle the number that describes your pain right now:

No pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable pain

0 1 2 3 4 5 6 7 8 9 10

My pain is ☐ Not satisfactorily controlled ☒ Satisfactorily controlledThe pain feels (quality): ☐ Sharp ☐ Stabbing ☐ Dull ☐ Aching ☐ Burning ☒ Throbbing ☐ Other: _____The pain is (duration): ☒ Constant ☐ Comes and Goes (Intermittent)

FOR OFFICE USE ONLY: HT _____ Wt _____ BP _____ HR _____ TEMP _____

MD Initial: _____ Date: _____



**GREENVILLE
HEALTH SYSTEM**

Steadman Hawkins
Clinic of the Carolinas

Steadman Hawkins Clinic of the Carolinas
200 Patewood Drive Suite C 100 Greenville, SC 29615
Phone: (864) 454-7422 • Fax: (864) 454-7435

Physical Therapy Prescription

Name: Martha Perez

DOB: 1/1/42

Date: 3/25/14

Diagnosis/Operative Procedure: Low back pain, Bil Knee

UPPER EXTREMITY PROGRAM

NON-OP PROGRAM

- ☐ Instability (Anterior)
- ☐ Instability (Posterior)
- ☐ General Shoulder Conditioning
- ☐ MDI
- ☐ Shoulder Impingement
- ☐ DJD/RA
- ☐ Adhesive Capsulitis
- ☐ Rotator Cuff Tear
- ☐ SLAP Tear
- ☐ AC Joint Arthropathy
- ☐ Trapezius muscle spasm

- ☐ Lateral Epicondylitis
- ☐ Medial Epicondylitis
- ☐ Wrist sprain
- ☐ Biceps tendonitis/strain
- ☐ DeQuervain's

PRECAUTIONS/ADDITIONAL NOTES:

- ☒ Eval and Treat
- ☒ Teach HEP

LOWER EXTREMITY PROGRAM

NON-OP/PRE-OP PROGRAM

- ☐ ACL Deficiency
- ☐ PCL Deficiency
- ☐ MCL Tear
- ☐ Plica Syndrome
- ☐ Patellofemoral Syndrome
- ☒ Knee DJD/RA
- ☐ Jumper's Knee/Chondromalacia
- ☐ Patellar Dislocation/Subluxation
- ☐ Patella fracture
- ☐ SI Dysfunction

- ☐ Ankle sprain
- ☐ High Ankle sprain
- ☐ Sever's Disease
- ☐ Plantar fasciitis
- ☐ Achilles tendinitis
- ☐ Trochanteric Bursitis
- ☐ Quadriceps Strain
- ☐ Hamstring Strain
- ☐ Hip OA

FREQUENCY: 2-3 per week. DURATION: 4-6 Weeks ☒ Eval and Treat

M.D. Signature: Michelle Wilson

Michelle Wilson, MD

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery • Total Joint Surgery



GREENVILLE HEALTH SYSTEM

Steadman Hawkins
Clinic of the Carolinas

200 Patewood Drive, Suite C100
Greenville, SC 29615
864-454-7422 phone
864-454-8265 fax

WORK OR SCHOOL NOTE

Dr. Tom Anderson Dr. Brandon Broome Dr. Richard Braun

Dr. Brian Burnikel Dr. Kraylon Shirley Dr. Brian Weatherby

X Dr. Michelle Wilson Dr. Kusia Kocol

Today's appointment date: 3/25/14

This is to certify that Martha Perez is under my professional care.

X The patient is now being released to return to work/school on 3/25/14 continue full duty

☐ The patient will be out of work/school due to a medical condition until _____.

☐ The patient may return to work/school with the following restrictions*:

Sedentary Duty- Seated desk work w/ accommodations to elevate affected extremity & use assist device (crutches/walker/knee walker). Only mobilize for bathroom needs and meals.

I Light Duty-

- I Work _____ hours per shift.
- I Limit standing & walking to _____ hours per shift
- I MAY / MAY NOT climb ladder or step stool.
- I Limit pushing, pulling, lifting to _____ pounds

I: Other: _____

Michelle Wilson MD
Physician Signature

3/25/14
Date

*If employer has no work available according to these restrictions, it is up to the employer to release the patient from work.

Progress Note

Patient: PEREZ, MARTHA J

Provider: Michelle Wilson

DOB: _____ **Age:** 48 Y **Sex:** Female

Date: 03/25/2014

Phone: 864-508-0070

Address: _____

Pcp: No PCP at this time

Subjective:

CC:

1. WCN: BACK & KNEE.

HPI:

Interim History:

48 year old female presents with c/o: Back pain, Bilateral Knee pain.

Date of Injury: patient is not sure but thinks August 2013. Treatment to Date: Easley Family Practice May or August 2013. Pain: satisfactorily controlled.

Pain:

Pain Screening: Any pain at this time? Yes, Pain is chronic. Quality/Description of pain: throbbing. Pain Scale used: Number Scale 6. Is your pain satisfactorily controlled now? Yes.

History of Present Illness:

Patient presents today for low back pain and bilateral knee pain. The back pain started when she was at work trying to move a roll and she noticed pain in her back. She was seen at Easley Family Practice. She was given medications. She did have x-rays done that she was told were negative for any type of fracture; and since then, she has had persistent pain. She is pointing to the lumbar spine as the site that is most painful. It does not radiate. It seems to be worst after activity or long periods of sitting. It does not radiate. No saddle paresthesias. No incontinence of urine or stool.

She still is having bilateral knee pain that has developed over the last two months, and she is pointing to the medial aspect of her knee as the site that is most painful, right worse than left. She notices on the left knee that she has more diffuse pain more lateral and medial. She does not have any popping, clicking or snapping, giving way episodes or locking up of either knee. She has been using anti-inflammatories that were given to her by her primary care physician for the pain which do seem to help a small amount.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain yes. Fatigue yes. Chills no. Night Sweats no.

EYES:

Decreased Vision no. Cataracts no.

ENT:

Recent loss of hearing no. Sinusitis no. Headache yes.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

RESPIRATORY:

COPD no. Asthma no. Persistent Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

GASTROINTESTINAL:

GERD yes. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

MUSCULOSKELETAL:

Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

SKIN:

Rash or itching no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/TIA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance yes. Vision Changes no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ENDOCRINE:

Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

ROS as per HPI, otherwise full ROS was negative.

Medical History: Acid Reflux, Kidney stones.

Surgical History: Breast reduction, Abdominal hysterectomy with ovarian conservation, Abdominoplasty, Dr. James Lovis, I.S.C, laparotomy, I.S.O, right salpingectomy, extensive adhesiolysis, cystotomy with repair, cystoscopy 4/09, cholecystectomy 7/12.

Hospitalization/Major Diagnostic Procedure: see surgical hx.

Family History: Family: Stomach problems Mother: Stomach Cancer, Heart Attack

Social History: Interpersonal/family relationships: Married. Alcohol women 18 yrs and older Assessment completed: today. Alcohol intake: patient sometimes drinks alcohol. Alcoholic drinks on one occasion < 3, Alcoholic drinks per week: < 7, Interpretation: < 3 drinks on one occasion or < 7 drinks per week – non risky alcohol usage. Smoking Status > 13 years old Are you a: Never smoker. Occupation: Employed Alice Mfg.

Medications: Amoxicillin 875 mg tablet 1 tab(s) 2 times a day, stop date 03/25/2014, Flonase nasal spray 50mcg per spray 2 spray each nostril daily, Protonix 40 mg 1 tab BID, hyoscyamine 0.125 mg tablet 1 tab(s) PRN, Tylenol 325 mg tablet 2 tab(s) PRN, Hydrocodone 5 mg-60 mg/5 mL liquid 5 mL PRN, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 62, Ht Cm 157.48, Wt lbs 176, Wt kg 79.83, BMI 32.19, Pain score 6.

Past Orders:

Examination:

General:

General Appearance: Well and in no acute distress. **Cardiovascular:** Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. **Lungs:** Breathing easily. **Psychiatric:** Well-oriented with a normal mood and affect. **Skin:** No rashes, lesions, or ulcers.

Imaging Studies:

Lumbar X-Ray: AP/lateral views: vertebral bodies well aligned, disc heights well maintained, no acute abnormalities. **Knee X-Ray:** Left 4v and Right 3v knees (Bilateral Weight Bearing AP, Weight Bearing PA Flex, Sunrise, and flex

lateral of left knee) show medial joint space narrowing, no fracture, and no acute abnormalities. Knee X-Ray: Left 4v and Right 3v knees (Bilateral Weight Bearing AP, Weight Bearing PA Flex, Sunrise, and flex lateral of left knee) show medial joint space narrowing, no fracture, and no acute abnormalities.

Left Knee/Leg:

Gait: Antalgic. Inspection: No soft tissue swelling, scars, or deformities. Alignment: Normal. Range of Motion: Full, Symetric, A/P ROM. Extensor Mechanism: intact, can perform straight leg raise. Quad Muscle Mass: mild atrophy. Tenderness: Medial Joint line, Medial patellar facet, Medial femoral condyle. Patella: positive crepitus. McMurrays: negative. Ligament Testing: normal anterior posterior translation, normal varus/valgus stability. Flexibility Not performed. Right Knee/Leg Comparison exam performed revealed no relevant/abnormal findings.

Right Knee/Leg:

Gait: Antalgic. Inspection: No soft tissue swelling, scars, or deformities. Alignment: Normal. Range of Motion: Full, Symetric, A/P ROM. Extensor Mechanism: intact, can perform straight leg raise. Quad Muscle Mass: mild atrophy. Patella: positive crepitus. Tenderness: Medial Joint line, Medial patellar facet, Medial femoral condyle. McMurrays: negative. Ligament Testing: normal anterior posterior translation, normal varus/valgus stability. Flexibility Not performed. Left Knee/Leg Comparison exam performed revealed no relevant/abnormal findings.

Standing Exam:

Deformity: normal thoracic kyphosis, normal lumbar lordosis, no scoliosis. ROM: truncal flexion normal, truncal extension normal, B lateral flexion normal, , truncal flexion reduced, truncal flexion with increased pain, truncal extension with increased pain. Toe Walk: able bilaterally. Heel Walk able bilaterally. Single leg stance Not performed. Low back tenderness Tender on right paraspinous, Tender on left paraspinous in lumbar region. sacroiliac joints non-tender bilaterally. Greater trochanter palpation Nontender bilaterally. Additional Testing Not performed.

Sitting Motor Examination:

Great Toe Extension Right 5. Great Toe Extension Left 5.

Lying Exam:

Straight leg raise-Right Negative. Straight Leg Raise - Left Negative. Hip Range of Motion Full and Painless. FABER Manuever Negative bilaterally. Foot Pulses DP and PT present bilaterally. Flexibility Not performed. Piriformis Stress Test Normal on right, Normal on left.

Sitting Reflex Examination:

Right Patellar Reflex 2/4 (normoreflexic). Left Patellar Reflex 2/4 (normoreflexic). Right Ankle Clonus Normal (2 beats or less). Left Ankle Clonus Normal (2 beats or less).

Sitting Sensory Examination:

Right anterior thigh 2. Left anterior thigh 2. Right medial knee 2. Left medial knee 2. Right medial ankle 2. Left medial ankle 2.

Assessment:

Assessment:

1. Low back pain - 724.2 (Primary)
2. Knee pain - 719.46
3. DJD Knee - 715.96

Plan:

1. Low back pain

The patient does have low back pain. She has not had any physical therapy for it so she is going to go ahead and start that. She will use over-the-counter anti-inflammatories as needed for pain. I will re-evaluate her back in six weeks. If she is not having improvement I will likely send her for an MRI.

2. knee pain

For her bilateral knee pain, she does have bilateral degenerative joint disease that may be getting

irritated from the type of work that she does. She is going to do physical therapy for this. She was fitted with lateral wedges today, and I will re-evaluate her knees in six weeks. The patient expressed understanding and agreed with the plan. MW/bep.

3. Others Continue Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily ; Continue Protonix, 40 mg, 1 tab, Oral, BID ; Continue hyoscyamine tablet, 0.125 mg, 1 tab(s), sublingually, PRN ; Continue Tylenol tablet, 325 mg, 2 tab(s), orally, PRN ; Continue Hydrocodone liquid, 5 mg-60 mg/5 mL, 5 mL, orally, PRN .

Immunizations:

Therapeutic Injections:

Diagnostic Imaging: Knee, 4+ views, bilateral (No overreads), Lumbar Spine, 2 or 3 views

Labs:

Procedure Codes: 72100 LS SPINE (2-3 VIEW) X-RAY, 73564 KNEE (4 OR MORE VIEW) X-RAY

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up: 4 Weeks

Provider: Michelle Wilson

Patient: PEREZ, MARTHA J **DOB:** 05/07/1965 **Date:** 03/25/2014

Michelle Wilson

Electronically signed by Michelle Wilson on 04/18/2014 at 09:17 AM EDT

Sign off status: Completed

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Facility Description: Easley Family Practice and Internal Medicine

Office Note

Date Dictation Received: 8-29-2013

Date of Visit: 8-28-2013

Name: Perez, Martha

Office Note

Dob:

SS#

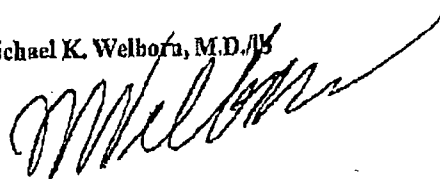
Workman's comp - Alice Mfg

S: In for follow-up on pain in the back and legs. She missed work last Monday and wants a note. As mentioned last time the real problem is the fact that she is short and has to step up and down on a step all day long weaving which is probably a little hard on her. Her back feels better but her knees still bother her some but they're better since she's not been doing that for the past few days.

P: I wrote a note asking if she could just have a different job which I think would take care of her problem. This is more of a repetitive motion type problem rather than an injury. In the meantime she is just taking Tylenol. Continue modified duty of no repetitive step climbing, no stairs. Come back only if needed.

Office Note

Michael K. Welborn, M.D./J




EASLEY

Easley Family Practice and Internal Medicine

106 John Street

Easley, SC 29640

Phone: (864) 859-2220 Fax: (864) 859-5744

Date: 8/28/2013

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Martina Perez has been under the care of Michael K. Welborn, MD from 8/26/2013 and is able to return to school/work.

Limitations/Remarks: _

Michael K. Welborn, MD

Charted Date: August 28, 2013 3:34 PM EDT

Subject / Title: WORK

Performed By: Clark POA, Amanda on August 28, 2013 3:35 PM EDT

Electronically Signed By: Clark POA, Amanda on August 28, 2013 3:35 PM EDT

Visit Information: B2013082803038, Easley Family Practice/Internal Medicine, Outpatient, 8/28/2013 - 8/30/2013

Printed by: Roper, Lisha
Printed on: 8/22/2014 2:59 PM EDT

Page 1 of 1
(End of Report)

Easley Family Practice & Internal Medicine
106 John Street

106 John Street Easley, SC 29640
(864) 859-2220 Fax (864) 859-5744

Martha Perez (Name) (864) 859-2270 Fax (864) 859-5744
508-0020 (Home Phone) (SSN) (DOB)

(Home Address) _____ (City) LA (State) _____ (Zip) _____
has reported that he/she was injured in our employ on 8-13-13 at 7:00 pm
Employer: Alice M. [Signature] (date) _____ (time) _____

Employer: Alice Mfg (date) 10/12/01 at 1:00 pm (time)
Phone 306-2136 Fax 850-7631

Employer's Address _____
(street) _____
Worker's Comp Claim Address _____
(PO box) _____ (city-state) _____
Worker's Comp Telephone _____ (zip) _____

Worker's Comp Claim Address _____
Worker's Comp Telephone _____

Worker's Comp Telephone _____ (city-state) _____ (zip) 30029

Today's Date 8-28-13 Medical Treatment authorized by: Stam

Brief Description of Accident (complete for initial visit only) while trying new job strained back
Request Drug Screen: Yes ☒ No

Request Drug Screen. Yes ☒ No ☐

RETURN TO WORK (TO BE COMPLETED BY PHYSICIAN AFTER EXAMINATION)
Diagnosis: Tendinitis

Diagnosis: Tendonitis Knee Low back strain
Treatment: _____ Date _____ Recheck _____ Physical Therapy
RX: NSAID

RX: _____ Date: _____ Recheck: _____ Physical Therapy: _____
Work Status: _____ *Fleas*

Work Status: Unemployed
 Unable to work until 12/1/88

Unable to work until _____ 24 hours _____ until referral/next visit on _____

Regular duty on _____ 24 hours _____ until referral/next visit on _____
Return to modified duty with the following restrictions: _____
No lifting _____

Return to modified duty with the following restrictions:

☐ No lifting ☐ Avoid stooping & bending

Light lifting (lifting 10 lbs maximum) ☐ Avoid stooping & bending
Medium lifting (Lifting 20 lbs maximum) ☐ No ladder or repetitive stair climbing

Medium lifting (Lifting 20 lbs maximum) ☐ No ladder or repetitive stair climbing *have*
Medium-heavy lifting (lifting 30 lbs maximum) ☐ No overhead work

Medium-heavy lifting (lifting 50 lbs maximum) ☐ No overhead work ☒
 Sit down activity only ☒ No over-shoulder level work ☒

☐ Sit down activity only
☐ No sitting greater than _____ minutes per hour

☐ No over-shoulder level work
☐ No outstretched reaching

and the

☐ No sitting greater than _____ minutes per hour
☐ No standing greater than _____ minutes per hour
☐ No outstretched reaching
☐ No pushing/pulling over _____ lbs

No standing greater than _____ minutes per hour
 without the opportunity to sit _____ minutes per hour

No pushing/pulling over _____ lbs
 Must wear splint/brace/crutches at work

without the opportunity to sit _____ minutes per hour
Prescription may cause drowsiness _____
_____ Must wear splint/brace/crutches at work
_____ No repetitive activity with _____

Prescription may cause drowsiness
 No driving while on medication

Limit shifts to _____ per 24 hours

Limit shifts to ___ per 24 hours
Work day should not exceed ___ hours

Work day should not exceed hours

FOLLOW UP: _____

FOLLOW UP:
Easley Family Practice & Internal Medicine Date _____ Time *up* *h*

Easley Family Practice & Internal Medicine Date _____ Time 1:15
 Referred to Dr. _____

Referred to Dr. _____
Location _____

Date _____ Time down _____

Location _____
Discharged _____

Discharged W. J. Hall a new job

[illegible]

11/11/13 8/25/13

(Signature of Physician) 8/28/13 (Date) (Time)

HUB - Palmetto Health Easley

Person: **PEREZ, MARTHA M**

MRN: **60800; 868003**

DOB/Age/Sex: **49 years / Female**

CMRN: **1106700**

Address: **202**

Home Phone: **(864) 508-0020**

Language: **English**

Mobile Phone:

Ethnicity: **Hispanic or Latino**

Work Phone: **8049999980**

Email:

PCP:

Visit Date: **8/14/2013**

FIN/Visit#:

Rad - Interfaced

General Radiography Report

**AP AND LATERAL AND BILATERAL OBLIQUE VIEWS OF THE LEFT KNEE: 08/14/13
AT 04:21 PM.**

FINDINGS: There is no evidence for a fracture. No evidence for malalignment. No evidence for any effusion. No abnormalities are identified.

IMPRESSION: NORMAL EXAM.

General Radiography Report

RIGHT KNEE (AP, LATERAL AND BOTH OBLIQUE VIEWS) 08/14/13.

INDICATION FOR STUDY: Pain.

FINDINGS: No fractures or dislocations are present. The joint spaces are normal. Articular surfaces are smooth.

IMPRESSION: NORMAL RIGHT KNEE.

General Radiography Report

AP AND LATERAL VIEWS OF THE LUMBAR SPINE, CONE DOWN LATERAL VIEW OF THE LUMBOSACRAL JUNCTION:

FINDINGS: Disk space loss is present at L5-S1. Otherwise, disk spaces are preserved. There is no evidence for malalignment. The sacrum and sacroiliac joints are unremarkable. Postsurgical change is noted in the pelvis. There are surgical clips present in the right upper quadrant of the abdomen. A 2 mm calcification overlies the right kidney in a frontal view, it is difficult to determine whether it was actually within the right kidney because of the overlying gas and stool in the transverse colon.

IMPRESSION:

DISK SPACE LOSS AT L5-S1. NO EVIDENCE FOR ACUTE ABNORMALITY OF THE LUMBAR SPINE. LUMBAR SPINE IS OTHERWISE UNREMARKABLE.

Print Date/Time: 8/22/2014 13:54 CDT

Page 1 of 2

Request ID: 13625537

Person: PEREZ, MARTHA M

Visit Date: 8/14/2013

Sex: Female

DOB: MRN: 68880; 989903

Rad - Interfaced

General Radiography Report

**2 MM DENSITY OVERLIES THE RIGHT KIDNEY IN THE FRONTAL LOBE, ITS
LOCATION UNCERTAIN AND POSSIBLY REPRESENTS AN INTRARENAL CALCULUS.**

Print Date/Time: 8/22/2014 13:54 CDT

Page 2 of 2

Request ID: 13625537

Date Dictation Received: 8-22-2013

Date of Visit: 8-21-2013

Name: Perez, Martha

Office Note

Dob:

SS#

Worker's comp - Alico Mfg.

S: In for follow-up knee pain and back pain. Actually I think she had two separate problems. She did have low back strain which she states is doing some better. This was from straining her back when lifting. She also complains of pain in her knees that hurts all the time and does not have any certain start date as to when it started.

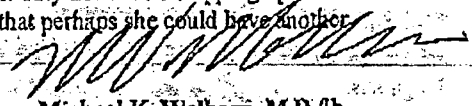
We x-rayed her last time and the knees and low back area were all interpreted as normal by the radiologist. She was extremely upset about this and thought there was something wrong that was not found and requested to go to her family doctor.

I advised her that she was filing this on worker's comp.

I then explained to her that I thought she had some tendinitis in the knees, which I do, and it's probably due to her having to step up and down from a box in the weave room continuously all day. After I explained this I think she understood it. She is not very tall and this is a big step for her to go all day long not lifting things. She states the Ultracet that we gave her made her dizzy.

P: I placed her on Fioricet for pain 1 q 4-6 hours, wrote a light duty note of no stepping up and down, no lifting over 10 pounds, no stooping or bending and that perhaps she could have another job. Follow-up here in one week.

Office Note


Michael K. Welborn, M.D./b

INDUSTRIAL MEDICINE PROGRAM
Easley Family Practice & Internal Medicine

106 John Street Easley, SC 29640
(864) 859-2220 Fax (864) 859-5744

Martha Perez
(Name)

508-0020
(Home Phone)

(SSN)

(DOB)

(Home Address)

(City)

(State)

(Zip)

has reported that he/she was injured in our employ on 8-13-13 at 7:00 pm
(date) (time)

Employer Alice Mfg

Phone 306-2136 Fax 850-7631

Employer's Address PO Box 369 Easley SC 29641
(street) (PO box) (city-state) (zip)

Worker's Comp Claim Address Strategic Comp PO Box 1445 Alpharetta Ga
(PO box) (city-state) (zip) 30009

Worker's Comp Telephone

Today's Date 8-21-13 Medical Treatment authorized by: Stan

Brief Description of Accident (complete for initial visit only) strained back
while trying new job

Request Drug Screen Yes ☒ No ☐

RETURN TO WORK (TO BE COMPLETED BY PHYSICIAN AFTER EXAMINATION)

Diagnosis: Low back strain Date 8/21/13 Recheck Physical Therapy

RX: Flexeril Feet oil 5 times

Work Status: Unable to work until 24 hours until referral/next visit on 8/27/13

Return to modified duty with the following restrictions:

- ☒ No lifting
- ☒ Light lifting (lifting 10 lbs maximum)
- ☐ Medium lifting (Lifting 20 lbs maximum)
- ☐ Medium-heavy lifting (lifting 50 lbs maximum)
- ☐ Sit down activity only
- ☐ No sitting greater than ___ minutes per hour
- ☐ No standing greater than ___ minutes per hour
- ☐ without the opportunity to sit ___ minutes per hour
- ☐ Prescription may cause drowsiness
- ☐ No driving while on medication
- ☐ Limit shifts to ___ per 24 hours
- ☐ Work day should not exceed ___ hours
- ☒ Avoid stooping & bending
- ☒ No ladder or repetitive stair climbing
- ☐ No overhead work
- ☐ No over-shoulder level work
- ☐ No outstretched reaching
- ☐ No pushing/pulling over ___ lbs
- ☐ Must wear splint/brace/crutches at work
- ☒ No repetitive activity with steps
- ☐ No use of right/left
- ☐ Keep wound dry and clean
- ☐ Recommend no food handling
- ☐ No direct patient care until

FOLLOW UP: 1 week

Easley Family Practice & Internal Medicine

Referred to Dr. Stan

Location

Discharged

Date 8/28/13 Time 2:30 pm

Date

Time

Stan 8/21/13 3:00 pm
(Signature of Physician) (Date) (Time)

Facility Description: Easley Family Practice and Internal Medicine

Office Note

Date Dictation Received: 8-15-2013

Date of Visit: 8-14-2013

Name: Perez, Martha

Office Note

Dob:

SS#

Workman's comp - Alice Mfg

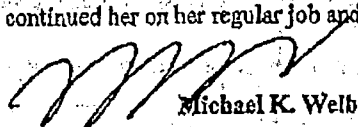
S: Apparently she weaves and has to go up and down a step and lift. She has strained her back in the last few days and she states her knees hurt a lot.

O: She has vague lumbar muscle spasm. Exam of both knees clinically is completely normal with no tenderness, no instability on flexion or any correction. X-rays of both knees were normal to my interpretation. Also, x-rays of the LS spine looked normal.

A: I think she has low back strain and maybe just has some overuse syndrome with her knees from going up and down the step all day.

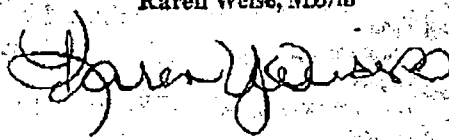
P: She is placed on Mobic 15 mg one daily, placed on Ultracet 50 two q6 hours if needed for pain. She states she can do her regular job so I continued her on her regular job and she's to return in one week.

Office Note


Michael K. Welborn, M.D./lb

ADDENDUM: Due to the initial quantity not on the prescription for Ultracet, Dr. Weise reviewed and approved #30. Patient will return to the office on 8-21-13.

Karen Weise, MD/lb




INDUSTRIAL MEDICINE PROGRAM
Easley Family Practice & Internal Medicine
106 John Street Easley, SC 29640
(864) 859-2220 Fax (864) 859-5744

Martha Perez 508-0020
(Name) (Home Phone) (DOB)

(Home Address) (City) (State) (Zip)
has reported that he/she was injured in our employ on 8-13-13 at 2:00 pm
(date) (time)

Employer Alice Mfg Phone 306-2136 Fax 850-7631

Employer's Address PO Box 369 Easley, SC 29641
(street) (PO box) (city-state) (zip)

Worker's Comp Claim Address Strategic Comp PO Box 1445 Alpharetta Ga
(PO box) (city-state) (zip) 30009

Worker's Comp Telephone

Today's Date 8-14-13 Medical Treatment authorized by: Stan

Brief Description of Accident (complete for initial visit only) strained back -
while trying new job

Request Drug Screen: ☒ Yes ☐ No

RETURN TO WORK (TO BE COMPLETED BY PHYSICIAN AFTER EXAMINATION)

Diagnosis: low back pain

Treatment: 8/14/13 Date Stan Recheck Physical Therapy

RX: Ultracel or Mobic

Work Status: ☐ Unable to work until 24 hours ☐ until referral/next visit on

☒ Regular duty on

Return to modified duty with the following restrictions:

- | | |
|--|---|
| ☐ No lifting | ☐ Avoid stooping & bending |
| ☐ Light lifting (lifting 10 lbs maximum) | ☐ No ladder or repetitive stair climbing |
| ☐ Medium lifting (Lifting 20 lbs maximum) | ☐ No overhead work |
| ☐ Medium-heavy lifting (lifting 30 lbs maximum) | ☐ No over-shoulder level work |
| ☐ Sit down activity only | ☐ No outstretched reaching |
| ☐ No sitting greater than <u>15</u> minutes per hour | ☐ No pushing/pulling |
| ☐ No standing greater than <u>15</u> minutes per hour | ☐ Must wear spine brace |
| ☐ without the opportunity to sit <u>15</u> minutes per hour | ☐ No repetitive activity |
| ☐ Prescription may cause drowsiness | ☐ No use of right/left |
| ☐ No driving while on medication | ☐ Keep wound dry and clean |
| ☐ Limit shifts to <u>8</u> per 24 hours | ☐ Recommend no food handling |
| ☐ Work day should not exceed <u>8</u> hours | ☐ No direct patient care until |

FOLLOW UP:

Easley Family Practice & Internal Medicine

Date Aug 21 Time 3:00

Referred to Dr. West

Date Time

Location

Discharged

M. C. Williams 8/14/13 4 PM
(Signature of Physician) (Date) (Time)

Facility Description: Easley Family Practice and Internal Medicine

Office Note

Date Dictation Received: 4-24-2013

Date of Visit: 4-23-2013

Name: Perez, Martha

Office Note

Dob:

S:

S: This is a recheck from an Alice mfg workman's comp injury. The patient returns stating that she has been having headaches. She states lights bother her eyes. She states her eyes are tingling and are sometimes painful. She also states she'll get off and on sharp pain in her right ear. She did not mention this in the past. She denies any trouble with chewing or with her teeth. She states her gums are sore. She states her right shoulder still feels sore. She never picked up the Tramadol, states she never had the money for it. She tried some Tylenol and Aleve which she had at home.

O: Weight is 168, temperature 97.4, blood pressure 108/76, pulse 76 and regular. Pupils are equal and reactive to light. Discs are flat. TM's are clear with minimal ceruminosis noted on the right. Nasal mucosa is moist, no oral lesions noted. No lesions or swelling noted over the gums. She has a slight scar noted on the right lower mandible but there's no ecchymosis, no palpable tenderness noted over the facial region of the frontal, maxillary, or the mandibular region. There's no TMJ discomfort. There's full range of motion of the neck without any discomfort. Cardiovascular - regular rate and rhythm. Lungs - clear to auscultation. Right shoulder - Again shows full range of motion.

A: Healed ecchymosis and superficial laceration of the right lower mandible. Persistent headaches, now otalgia and eye complaints.

P: I told the patient that I'm going to set her up with a neurologist for any further evaluation of this. I cannot correlate her right ear pain nor her visual complaints with the contusion to her jaw. We will contact Stanley Brooks at Alice Mfg and set this up with Jerry Surell, Neurologist for further evaluation.

Office Note

Bruce Schober, D.O./Ab

BRJ 4/25/13

INDUSTRIAL MEDICINE PROGRAM
Easley Family Practice & Internal Medicine

106 John Street Easley, SC 29640
 (864) 859-2220 Fax (864) 859-5744

Martha Perez
 (Name)

(864) 404-7511
 (Home Phone)

(SS#)

(DOB)

(Home Address)

(City)

(State)

(Zip)

has reported that he/she was injured in our employ on _____ at _____

(date)

(time)

Employer Alice Manufacturing

Phone 800-2136

Fax 800-7631

Employer's Address _____

P.O. Box 369

Easley SC

29641

Worker's Comp Claim Address _____

Strategic Comp

P.O. Box 1445

Alpharetta GA

30009

Worker's Comp Telephone _____

Judy Bowers @ 770-225-3551

Today's Date 4/23/13

Medical Treatment authorized by: Man Braks

Brief Description of Accident (complete for initial visit only) _____

Request Drug Screen: _____

Yes

☒ No

RETURN TO WORK (TO BE COMPLETED BY PHYSICIAN AFTER EXAMINATION)

Diagnosis: Resolved Contusion / Superficial Laceration (2) Mandible

Treatment: Painkillers / Headache

Recheck _____

Physical Therapy _____

RX: _____

Eye Pain / Irritation

1 R4 Ocular off c. eye

Work Status: _____

Unable to work until _____

24 hours

until referral/next visit on _____

☒ Regular duty on 4/23/13

Return to modified duty with the following restrictions:

___ No lifting

___ Light lifting (lifting 10 lbs maximum)

___ Medium lifting (Lifting 20 lbs maximum)

___ Medium-heavy lifting (lifting 40 lbs maximum)

___ Sit down activity only

___ No sitting greater than _____ minutes per hour

___ No standing greater than _____ minutes per hour

___ without the opportunity to sit _____ minutes per hour

___ Prescription may cause drowsiness

___ No driving while on medication

___ Limit shifts to _____ per 24 hours

___ Work day should not exceed _____ hours

___ Avoid stooping & bending

___ No ladder or repetitive stair climbing

___ No overhead work

___ No over-shoulder level work

___ No outstretched reaching

___ No pushing/pulling over _____ lbs

___ Must wear splint/brace/crutches at work

___ No repetitive activity with _____

___ No use of right/left _____

___ Keep wound dry and clean

___ Recommend no food handling

___ No direct patient care until _____

FOLLOW UP:

Easley Family Practice & Internal Medicine

Date _____

Time _____

Referred to Dr. _____

Date _____

Time _____

Location _____

Discharged _____

Schder

00

4/23/13

15:00

(Signature of Physician)

(Date)

(Time)

508-0000 MSJOE

INDUSTRIAL MEDICINE PROGRAM
Easley Family Practice & Internal Medicine
106 John Street Easley, SC 29640
(864) 859-2220 Fax (864) 859-5744

MARTHA PEREZ

(864) 404-7511

(Name)

(DOB)

(Home Address)

(City)

(State)

(Zip)

has reported that he/she was injured in our employ on _____ at _____

Employer

Alice Manufacturing

Phone

800-2136

Fax

800-7631

Employer's Address

P.O. Box 369

Easley, SC

29640

Worker's Comp Claim Address

(Street)

(PO box)

(city-state)

(zip)

(Street)

(PO box)

(city-state)

(zip)

Worker's Comp Telephone

1-800-275-3551

Today's Date

4/23/13

Medical Treatment authorized by:

Alan Brooks

Brief Description of Accident (complete for initial visit only)

Request Drug Screen:

Yes

No

RETURN TO WORK (TO BE COMPLETED BY PHYSICIAN AFTER EXAMINATION)

Diagnosis:

Resolved Cervical / Superficial Laceration (R) Mandible

Treatment:

Resistant headache

Recheck

Physical Therapy

RX:

Eye Analgesic / 1st Aid Kit / 1st Aid Kit

Work Status:

Unable to work until

24 hours

until referral/next visit on

Regular duty on

4/23/13

Return to modified duty with the following restrictions:

No lifting

Light lifting (lifting 10 lbs maximum)

Medium lifting (lifting 20 lbs maximum)

Medium-heavy lifting (lifting 50 lbs maximum)

Sit down activity only

No sitting greater than _____ minutes per hour

No standing greater than _____ minutes per hour

without the opportunity to sit _____ minutes per hour

Prescription may cause drowsiness

No driving while on medication

Limit shifts to _____ per 24 hours

Work day should not exceed _____ hours

Avoid stooping & bending

No ladder or repetitive stair climbing

No overhead work

No over-shoulder level work

No outstretched reaching

No pushing/pulling over _____ lbs

Must wear splint/brace/crutches at work

No repetitive activity with _____

No use of right/left _____

Keep wound dry and clean

Recommend no food handling

No direct patient care until _____

FOLLOW UP:

Easley Family Practice & Internal Medicine

Date

Time

Referred to Dr.

Date

Time

Location

Discharged

Schuler DO

(Signature of Physician)

4/23/13

(Date)

15:10

(Time)

Facility Description: Easley Family Practice and Internal Medicine
Date Dictation Received: 4-16-2013
Name: Perez, Martha

Office Note
Date of Visit: 4-12-2013

Office Note

Dob: _____ SS#: _____
Alice Mfg - worker's comp

S: Martha was pushing a buggy which she states is a steel cart loaded with yarn yesterday. She states there was a blow on which kind of pushed the cart back toward her and she ran into it striking her right mandible area. She sustained a very superficial laceration on this. She was able to stop the bleeding, clean the area and took some Advil for the pain. She states she's having pain in her jaw and mouth at this time. She states she has a headache. She also complains about some right shoulder pain and thinks she may have bruised her anterior high sternum area. She sees an internal medicine physician in Greenville. Allergies - She says Excedrin makes her feel funny. Past medical history includes cystitis, GERD, irritable bowel syndrome, vertigo and hypoglycemia. Past surgeries include hysterectomy, separate oophorectomy and cholecystectomy and bladder tuck. She denies tobacco, alcohol, or social drugs. She states she's been working today and she has all next week off.

O: The patient is pleasant and cooperative. Weight is 165, blood pressure 136/84, pulse 68 and regular. Pupils were equal and reactive to light. TMs were clear. Negative bowel sounds. Nasal mucosa is moist with mild middle turbinate congestion. There were no loose teeth noted. There was slight malocclusion noted of the right lower incisor. There is no bruising of the lips or the gums. No other oral lesions noted. The patient has an ecchymosis noted at the right mandible area with an approximately 1cm, very superficial, clean partial laceration. Neck was supple with full range of motion. Carotid upstrokes are brisk. Thyroid non-hypertrophied. Cardiovascular was regular rate and rhythm. Lungs were clear to auscultation. There was no anterior chest wall bruising. No shoulder bruising. She has full range of motion of the right shoulder.

A: Contusion with very superficial laceration as noted above. Headache, sore mouth.

P: I've given her some Tramadol #40 one q6 h P.R.N. for pain. She can start this after working today and she can take some Advil now. I recommended she use ice for 15 minutes four times a day to the affected area for two more days then switch over to moist heat. I'll recheck her in about 10 days. I told her I don't anticipate any long term sequelae from this. I'll also update her today on her Tdap.

Office Note

Bruce Schober, D.O./Ab

ers 4/16/13

INDUSTRIAL MEDICINE PROGRAM

Easley Family Practice & Internal Medicine

105 John Street Easley, SC 29640

(864) 859-2220 Fax (864) 859-5744

Martha Perez (864) 404-7516

(Name)

(Home Phone)

(SSN)

(DOB)

(Home Address)

(City)

(State)

(Zip)

has reported that he/she was injured in our employ on 4/11/13 at 1:00 pm

Employer Alice Manufacturing Phone 864-236-2366 Fax 864-7631

Employer's Address P.O. Box 369 Easley, SC 29641

Worker's Comp Claim Address Strategic Corp P.O. Box 1445 Alpharetta, GA 30009

Worker's Comp Telephone Wally Power @ 770-223-3551

Today's Date 4/12/13 Medical Treatment authorized by: Utan Brooks

Brief Description of Accident (complete for initial visit only) Struck on chin by mobile rack; jaw hurting bad this morning

Request Drug Screen: ☒ Yes ☐ No

RETURN TO WORK (TO BE COMPLETED BY PHYSICIAN AFTER EXAMINATION)

Diagnosis: Contusion / Superficial Laceration @ Mouth

Treatment: Date 4/12/13 Recheck today Physical Therapy

RX: Tramadol 50mg 7 q 6 hrs pain

Work Status: Ice to affected area 15 mins. Headache
Unable to work until 4/12/13 24 hours until referral/next visit on 4/12/13 for 2 days -
Regular duty on then switch over moist heat

Return to modified duty with the following restrictions:

- ☐ No lifting
- ☐ Light lifting (lifting 10 lbs maximum)
- ☐ Medium lifting (Lifting 20 lbs maximum)
- ☐ Medium-heavy lifting (lifting 50 lbs maximum)
- ☐ Sit down activity only
- ☐ No sitting greater than minutes
- ☐ No standing greater than minutes
- ☐ without the opportunity to sit minutes
- ☐ Prescription may cause drowsiness
- ☐ No driving while on medication
- ☐ Limit shifts to per 24 hours
- ☐ Work day should not exceed hours

FOLLOW UP:

Easley Family Practice & Internal Medicine

Date 4/23/13 Time 2:30 pm

Referred to Dr.

Date Time

Location

Discharged

Schuber

(Signature of Physician)

4/12/13

(Date)

11:49

(Time)

FAXED

KMR

This image is a large, rectangular area filled with a dense, chaotic pattern of black and white pixels. The pattern is highly irregular, with no discernible shapes, text, or figures. It resembles a heavily textured surface, a high-contrast photograph of a noisy material, or a digital noise floor. The overall effect is one of extreme visual complexity and randomness.

S.C. WORKERS' COMPENSATION COMMISSION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) ALICE MANUFACTURING CO., INC. - WC 6172098 08 04 P.O. BOX 369 EASLEY SC 29841		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
INDUSTRY CODE 2259		EMPLOYER FEIN 570516864	JURISDICTION SC	JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		
LOCATION # WC 6172098 08 04		PHONE #		
CARRIER/CLAIMS ADMINISTRATOR				
CARRIER (NAME, ADDRESS, & PHONE #) GREAT AMERICAN ALLIANCE INS		POLICY PERIOD 11/01/2012 TO 11/01/2013		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
CHECK IF APPROPRIATE ☐ SELF INSURANCE				
CARRIER FEIN		POLICY/SELF-INSURED NUMBER WC 61720980804		ADMINISTRATOR FEIN 36-3365500
AGENT NAME & CODE NUMBER				
EMPLOYEE/WAGE				
NAME (LAST, FIRST, MIDDLE) PEREZ, MARTHA		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED 08/11/2011 SC
ADDRESS (INCL ZIP) REST DRIVE EY, SC 29657 - USA		SEX ☐ Male ☒ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE WEAVER-AIRJET LOOM
PHONE (864)508-0020		# OF DEPENDENTS 0	EMPLOYMENT STATUS ACTIVE	
RATE PER: \$12.65 ☐ DAY ☐ MONTH ☒ WEEK ☒ OTHER: HOURLY		DAYS WORKED/WEEK 5	FULL PAY FOR DAY OF INJURY? ☒ YES ☐ NO	
			DID SALARY CONTINUE? ☒ YES ☐ NO	
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK 03:00 ☐ AM ☒ PM	DATE OF INJURY/ILLNESS 08/08/2013	TIME OF OCCURRENCE (☐ CANNOT BE DETERMINED ☒ PM 07:30	LAST WORK DATE 08/08/2013	DATE EMPLOYER NOTIFIED 08/09/2013
CONTACT NAME/PHONE NUMBER STAN BROOKS (864)306-2136	TYPE OF INJURY/ILLNESS SPECIFIC INJURY - STRAIN		PART OF BODY AFFECTED TRUNK - LOWER BACK AREA	
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO	TYPE OF INJURY/ILLNESS CODE 52		PART OF BODY AFFECTED CODE 42	
VENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED ON PLANT - 1859 DACUSVILLE HWY - EASLEY - SC		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED plastic sleeve metal tube		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Sliding plastic sleeve onto metal tube		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Sliding plastic sleeve onto metal tube		
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 Associate strained lower back while sliding plastic sleeves onto metal cloth tube.				CAUSE OF INJURY CODE 57
DATE RETURN(ED) TO WORK 08/09/2013	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) EASLEY FAMILY PRACTICE 106 JOHN ST. EASLEY SC 29640		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS) INITIAL TREATMENT 0 ☐ No Medical Treatment 1 ☐ MINOR: BY EMPLOYER 2 ☒ MINOR CLINIC/HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL LOST TIME ANTICIPATED		
OTHER				
WITNESSES (NAME & PHONE #)				
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED 08/18/2013	PREPARER'S NAME & TITLE STAN BROOKS via Internet (DIRECTOR HUMAN RESOURCES)	
WCC FORM 12A REV. DATE 04/06		SEE INSTRUCTIONS FOR IMPORTANT INFORMATION		PHONE NUMBER (864)306-2136

REPRINTED WITH PERMISSION OF IAABC

116463476 08/19/2013

Alice Manufacturing Company, INC
Accident/Illness/Incident Investigation Report
(OSHA 301-First report of injury)

Case Log Number:

For use by Medical
Department Only

This form should be completed and sent to the Medical Department immediately after a recordable event

Ellison Weaver 2nd 8/13/13
Plant Dept Shift Date this report completed

Employee Martha Perez Job Title Weaver
Address _____ DOB _____ Date Hired 8/11/11
Male ☐ Female ☒ Emp. # 26226

Date of Accident 8/8/13 Day of week Thursday
Time of accident 7:30 AM ☐ PM ☒ Time employee began work: _____ 3 AM ☐ PM ☒
if employee died, when did death occur? Date _____ Time _____ AM ☐ PM ☐

Date Reported: _____ Witness to accident: _____
Location details: _____

What was employee doing just before the incident occurred? Describe the activity well as the tools, equipment or
material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer",
"daily computer key-entry", "sliding plastic sleeves back on metal cloth tube"

After she had doffed cloth at warp

What happened? (Detailed description of accident / incident) Tell us how the injury occurred. Examples: "When ladder slipped
on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over
time."

Hurt Lower Back while sliding plastic sleeve on cloth tubes

What was the apparent injury, illness, or property damage? Tell us the part of the body that was affected and how it was
affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back", "chemical burn, hand", "mashed toe."

Lower Back Pain

Describe treatment given: "Transport to ER, 5 stitches", "sent to company nurse", "doctor placed on light duty, one week"
NONE AT TIME OF INCIDENT BECAUSE MARTHA REPORTED IT ON FRIDAY 8/9/13 & SAID SHE
WAS BEING FINED. MARTHA STATED SHE HURT HER BACK PRIOR TO BEING EMPLOYED
AT ALICE MANUFACTURING

What machine, tool, substance, condition or object directly harmed the employee? Examples: "concrete floor",
"chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.

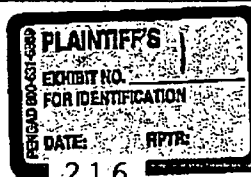
Explain:

How can similar accident be prevented?

Personal Protective Equipment Provided? yes

Was injured employee using protective equipment? yes

Form # 120 (Revised 01/08)



Page 1 of 2

Claimant's Brief 78

Notice of blood or body fluids at scene of injury: Yes ☐ No ☒

Facility location details (fluids): NA

Cleaning procedures: NA

Name of person performing cleanup: NA

Waste disposal method: NA

Was there any contact with blood or other body fluids? Yes ☐ No ☒

If an exposure to blood or fluids occurs while rendering First-Aid treatment, the Shift Manager must notify the company Nurse as soon as possible

Name of Physician: Dr. Welborn Date returned to work: 8/14/13

Easley Family Practice ☒ Palmetto Health Baptist Easley ER ☐ Hospitalized Yes ☐ No ☒

1000 John St.
Easley, SC 29640

200 Fleetwood Dr.
Easley, SC 29640

Other facility and address _____

Name of Shift Manager David Cooper

Form completed by: David Cooper Title: Manager and Shift

Follow up Investigation

Date: _____ Department Manager _____

Comments: _____

Date: 8/15/13 Plant Manager [Signature]

Comments: _____

Date: _____ Nurse _____

Comments: _____

Date: _____ Safety Director _____

Comments: _____

S.C. WORKERS' COMPENSATION COMMISSION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) ALICE MANUFACTURING CO., INC. - WC 6172098 P.O. BOX 369 EASLEY SC 29641		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
		JURISDICTION SC	JURISDICTION CLAIM NUMBER	
		INSURED REPORT NUMBER		
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # WC 6172098 PHONE #
INDUSTRY CODE 2259	EMPLOYER FEIN 570518864			
CARRIER/CLAIMS ADMINISTRATOR				
CARRIER (NAME, ADDRESS, & PHONE #) GREAT AMERICAN ALLIANCE INS		POLICY PERIOD 11/01/2013 TO 11/01/2014		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
		CHECK IF APPROPRIATE ☐ SELF INSURANCE		
CARRIER FEIN	POLICY/SELF-INSURED NUMBER WC 61720980904		ADMINISTRATOR FEIN 36-3365500	
AGENT NAME & CODE NUMBER				
EMPLOYEE/WAGE				
NAME (LAST, FIRST, MIDDLE) PEREZ, MARTHA		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED 08/11/2011 SC
ADDRESS (INCL ZIP) DREST DRIVE EARTY, SC 29657 USA		SEX ☐ Male ☒ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE WEAVER-AIRJET LOOM
PHONE (864)608-0020		# OF DEPENDENTS 0	EMPLOYMENT STATUS ACTIVE	
		NCCI CLASS CODE		
RATE PER: \$12.66	☐ DAY ☐ MONTH ☐ WEEK ☒ OTHER: HOURLY	DAYS WORKED/WEEK 5	FULL PAY FOR DAY OF INJURY? ☒ YES ☐ NO DID SALARY CONTINUE? ☒ YES ☐ NO	
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK 03:00	☐ AM ☒ PM	DATE OF INJURY/ILLNESS 05/19/2014	TIME OF OCCURRENCE () CANNOT BE DETERMINED 05:30	LAST WORK DATE 05/19/2014
CONTACT NAME/PHONE NUMBER STAN BROOKS (864)308-2136		TYPE OF INJURY/ILLNESS SPECIFIC INJURY - STRAIN		DATE EMPLOYER NOTIFIED 05/19/2014 DATE DISABILITY BEGAN 05/20/2014
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☒ YES ☐ NO		TYPE OF INJURY/ILLNESS CODE 52		PART OF BODY AFFECTED TRUNK - LOWER BACK AREA PART OF BODY AFFECTED CODE 42
MENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED LILSON PLANT - 1859 DACUSVILLE HWY - EASLEY - SC		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Weaving machine		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Restarting machine		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Restarting machine		
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. After correcting issue on top of machine, associate hopped down from weaving machine and felt pain in lower back.				CAUSE OF INJURY CODE 54
DATE RETURNED TO WORK 05/20/2014	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO WERE THEY USED? ☐ YES ☐ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT 0 ☐ No Medical Treatment 1 ☐ MINOR BY EMPLOYER 2 ☐ MINOR CLINIC/HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
OTHER				
WITNESSES (NAME & PHONE #)				
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED 05/20/2014	PREPARER'S NAME & TITLE STAN BROOKS via Internet (DIRECTOR HUMAN RESOURCES)		PHONE NUMBER (864)308-2136

WCC FORM 12A
REV. DATE 04/08

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

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119723671 05/20/2014

MARTHA PEREZ

5/19/14

Martha came to me at 9 pm and reported she reinjured her back at 5:30 pm Monday 5/19/14 hopping down off of loom 243. Martha Perez Stated to me (David Cooper) that she had a prior back injury before coming to work at Alice manufacturing. Martha also stated that she injured her back when she was on the 1st shift and Reported it to Kim when it happened and stated that Kim didn't write it up.

Alice Manufacturing Company, INC
Accident/Illness/Incident Investigation Report
(OSHA 301---First report of injury)

Case Log Number:

For use by Medical
Department Only

This form should be completed and sent to the Medical Department immediately after a recordable event

Elliason	Weave Room	2nd	5/19/2014
Plant	Dept	Shift	Date this report completed
Employee	Martha Perez		Job Title
Address			Weaver # 17
	DOB		Date Hired
	Male ☐ Female ☒		Emp. # 25226
Date of Accident	5/19/2014		Day of week
Time of accident	5:30 AM ☐ PM ☒		Monday
if employee died, when did death occur?	Date	Time	AM ☐ PM ☐
Date Reported:	5/19/2014		Witness to accident:
Location details:	Cloth Side of loom 243		
What was employee doing just before the incident occurred? Describe the activity well as the tools, equipment or materials the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "computer key- entry." <u>Martha climbed on loom 243 to cut a mat up out.</u>			
What happened? (Detailed description of accident / incident) Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time." <u>After cutting a mat up on loom 243 Martha hopped down from front side of loom to the step and said she injured her back again.</u>			
What was the apparent injury, illness, or property damage? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "mashed toe." <u>Pain in her back</u>			
Describe treatment given: "Transport to ER, 5 stitches", "sent to company nurse", "doctor placed on light duty, one week" <u>Sent Martha to see company DR.</u>			
What machine, tool, substance, condition or object directly harmed the employee? Examples: "concrete floor"; "radial arm saw." If this question does not apply to the incident, leave it blank. <u>Martha hopped down off the front of loom 243 after cutting a mat up out and reinjured her back.</u>			
Explain: _____ _____			
How can similar accident be prevented? <u>Don't hop down off looms</u>			
Personal Protective Equipment Provided?		Yes	
Was injured employee using protective equipment?		Yes	

Form # 120 (Revised 01/06)

Page 1 of 2



Notice of blood or body fluids at scene of injury: Yes ☐ No ☒

Facility location details (fluids): NA

Cleaning procedures: NA

Name of person performing cleanup: NA

Waste disposal method: NA

Was there any contact with blood or other body fluids? Yes ☐ No ☒

If an exposure to blood or fluids occurs while rendering First-Aid treatment, the Shift Manager must notify the company Nurse as soon as possible

Name of Physician: _____ Date returned to work: _____

Easley Family Practice ☒ Palmetto Health Baptist Easley ER ☐ Hospitalized Yes ☐ No ☐

106 1st St.

200 Fleetwood Dr.

Easley, SC 29640

Easley, SC 29640

Other facility and address _____

Name of Shift Manager David Cooper

Form completed by: David Cooper Title: 2nd Shift Supervisor

Follow up Investigation

Date: 5-20-14 Department Manager David Buss

Comments: _____

Date: 5/20/14 Plant Manager [Signature]

Comments: _____

Date: _____ Nurse _____

Comments: _____

Date: _____ Safety Director _____

Comments: _____

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Martha Perez v. Alice Manufacturing Company, Inc.

W.C.C. #1321387

Page 1 of 2

Quarter 1		
Weeks	Check Date	Gross Amount
1	4/4/2013	\$ 378.88
2	4/11/2013	\$ 468.00
3	4/18/2013	\$ 428.34
4	5/2/2013	\$ 470.54
5	5/9/2013	\$ 630.24
	5/9/2013	\$ 18.56
6	5/16/2013	\$ 494.00
7	5/23/2013	\$ 496.40
8	5/30/2013	\$ 652.03
9	6/6/2013	\$ 685.76
10	6/13/2013	\$ 707.72
11	6/20/2013	\$ 487.04
	6/21/2013	\$ 446.41
12	6/27/2013	\$ 613.60
Total		\$ 6,977.52

Quarter 2		
Weeks	Check Date	Gross Amount
13	7/3/2013	\$ 451.88
14	7/25/2013	\$ 478.80
15	8/1/2013	\$ 643.76
16	8/8/2013	\$ 481.77
17	8/15/2013	\$ 564.56
18	8/22/2013	\$ 626.60
19	8/29/2013	\$ 396.16
20	9/5/2013	\$ 396.62
21	9/12/2013	\$ 571.00
22	9/19/2013	\$ 496.12
23	9/26/2014	\$ 504.72
Total		\$ 5,611.99

Martha Perez v. Alice Manufacturing Company, Inc.

W.C.C. #1321387

Page 2 of 2

Quarter 4			
Weeks	Check Date	Gross Amount	
24	10/3/2013	\$	513.60
25	10/10/2013	\$	506.00
26	10/17/2013	\$	626.08
27	10/31/2013	\$	305.04
28	11/7/2013	\$	695.77
29	11/14/2013	\$	731.91
30	11/21/2013	\$	667.51
31	11/27/2013	\$	708.24
32	12/5/2013	\$	511.20
33	12/12/2013	\$	636.18
34	12/19/2013	\$	725.92
35	12/26/2013	\$	715.52
Total		\$	7,342.97

Quarter 3			
Weeks	Check Date	Gross Amount	
37	1/2/2014	\$	687.44
37	1/9/2014	\$	787.96
38	1/16/2014	\$	712.23
39	1/23/2014	\$	723.84
40	1/30/2014	\$	530.27
41	2/6/2014	\$	641.25
42	2/13/2014	\$	522.40
43	2/20/2014	\$	462.96
44	2/27/2014	\$	505.40
45	3/6/2014	\$	671.32
46	3/13/2014	\$	515.60
47	3/20/2014	\$	668.20
48	3/27/2014	\$	673.40
Total		\$	8,102.27

Total Wages Paid	\$ 28,034.75
Number of weeks	48
AWW	\$ 584.06
C.R.	\$ 389.39

Employee Check Detail Information

Date Range 1/1/2001 to 9/5/2014

Report Date 9/5/2014

WLH - Alice Manufacturing Company, Inc.										
Name	Clock #	Pay Period	Check Date	Check No	Current Hours	Gross Pay	Taxable Wages	Current Taxes	Deductions	Net Pay
Perez, Martha	026226	2013020	1/10/2013	A70360	48.00	631.44	626.32	139.83	0.00	486.49
Perez, Martha	026226	2013030	1/17/2013	A70617	23.50	289.75	284.63	48.81	0.00	235.82
Perez, Martha	026226	2013040	1/24/2013	A70875	40.00	478.64	473.52	95.00	0.00	378.52
Perez, Martha	026226	2013050	1/31/2013	A71132	32.00	381.79	376.67	71.13	0.00	305.54
Perez, Martha	026226	2013060	2/7/2013	A71390	40.00	484.65	479.53	96.47	0.00	383.06
Perez, Martha	026226	2013070	2/14/2013	A71647	40.00	531.20	526.08	109.11	0.00	416.97
Perez, Martha	026226	2013080	2/21/2013	A71898	40.00	486.56	481.44	96.94	0.00	384.50
Perez, Martha	026226	2013090	2/28/2013	A72153	40.00	546.40	541.28	113.62	0.00	427.66
Perez, Martha	026226	2013100	3/7/2013	A72409	40.00	491.60	486.48	98.18	0.00	388.30
Perez, Martha	026226	2013110	3/14/2013	A72662	40.00	493.20	488.08	98.60	0.00	389.48
Perez, Martha	026226	2013120	3/21/2013	A72915	24.00	282.36	277.24	46.60	0.00	230.64
Perez, Martha	026226	2013130	3/28/2013	A73171	40.00	475.60	470.48	94.24	0.00	376.24
Perez, Martha	026226	2013140	4/4/2013	A73435	32.00	378.88	373.76	70.40	0.00	303.36
Perez, Martha	026226	2013150	4/11/2013	A73699	40.00	468.00	462.88	92.37	10.80	359.71
Perez, Martha	026226	2013160	4/18/2013	A73963	44.00	428.34	423.22	82.60	10.80	329.82
Perez, Martha	026226	2013180	5/2/2013	A74484	39.00	470.54	460.30	91.73	21.60	348.97
Perez, Martha	026226	2013190	5/9/2013	A74748	48.00	630.24	625.12	138.47	10.80	475.85

Employee Check Detail Information

Date Range 1/1/2001 to 9/5/2014

Report Date 9/5/2014

WLH - Alice Manufacturing Company, Inc.

Name	Clock #	Pay Period	Check Date	Check No	Current Hours	Gross Pay	Taxable Wages	Current Taxes	Deductions	Net Pay
Perez, Martha	026226	2013200	5/8/2013	ADV	1.00	18.56	18.56	1.79	0.00	16.77
Perez, Martha	026226	2013200	5/16/2013	A75012	40.00	494.00	488.88	98.78	10.80	379.30
Perez, Martha	026226	2013210	5/23/2013	A75277	40.00	496.40	491.28	99.37	10.80	381.11
Perez, Martha	026226	2013220	5/30/2013	A75538	48.50	652.03	646.91	144.93	10.80	491.18
Perez, Martha	026226	2013230	6/6/2013	A75803	48.00	685.76	680.84	154.94	10.80	514.90
Perez, Martha	026228	2013240	6/13/2013	A76064	48.00	707.72	702.60	161.44	10.80	530.38
Perez, Martha	026226	2013250	6/20/2013	A76325	40.00	487.04	481.92	97.07	10.80	374.05
Perez, Martha	026228	2013251	6/21/2013	33104322	0.00	448.41	448.41	88.31	0.00	358.10
Perez, Martha	026226	2013260	6/27/2013	A76588	48.00	613.60	608.48	133.53	10.80	464.15
Perez, Martha	026226	2013270	7/3/2013	A76850	39.50	451.88	448.78	88.39	10.80	347.57
Perez, Martha	026226	2013300	7/25/2013	A77405	40.00	478.80	468.56	93.78	21.60	353.20
Perez, Martha	026226	2013310	8/1/2013	A77667	48.00	643.78	633.52	140.97	21.60	470.95
Perez, Martha	026226	2013320	8/8/2013	A77928	39.75	481.77	476.65	95.76	10.80	370.09
Perez, Martha	026228	2013330	8/15/2013	A78188	44.00	564.56	559.44	119.00	10.80	429.54
Perez, Martha	026226	2013340	8/22/2013	A78446	48.00	626.60	621.48	137.40	10.80	473.28
Perez, Martha	026228	2013350	8/29/2013	A78703	32.00	398.16	391.04	74.66	10.80	305.58
Perez, Martha	028226	2013360	9/5/2013	A78963	31.50	398.62	391.50	74.77	10.80	305.93

Employee Check Detail Information

Date Range 1/1/2001 to 9/5/2014

Report Date 9/5/2014

WLH - Alice Manufacturing Company, Inc.										
Name	Clock #	Pay Period	Check Date	Check No.	Current Hours	Gross Pay	Taxable Wages	Current Taxes	Deductions	Net Pay
Perez, Martha	026226	2013370	9/12/2013	A79223	45.50	571.00	565.88	120.91	10.80	434.17
Perez, Martha	026226	2013380	9/19/2013	A79482	39.50	496.12	491.00	99.31	10.80	380.89
Perez, Martha	026226	2013390	9/26/2013	A79738	40.00	504.72	499.60	101.41	10.80	387.39
Perez, Martha	026226	2013400	10/3/2013	A79992	40.00	513.60	508.48	103.89	10.80	393.79
Perez, Martha	026226	2013410	10/10/2013	A80248	40.00	506.00	500.88	101.74	10.80	388.34
Perez, Martha	026226	2013420	10/17/2013	A80504	48.00	626.08	620.96	137.24	10.80	472.92
Perez, Martha	026226	2013440	10/31/2013	A81026	24.00	305.04	294.80	50.95	21.60	222.25
Perez, Martha	026226	2013450	11/7/2013	A81292	48.50	695.77	690.65	157.90	10.80	521.95
Perez, Martha	026226	2013460	11/14/2013	A81554	49.00	731.91	726.79	168.62	10.80	547.37
Perez, Martha	026226	2013470	11/21/2013	A81819	47.75	667.51	662.39	149.52	10.80	502.07
Perez, Martha	026226	2013480	11/27/2013	A82083	48.00	708.24	703.12	161.60	10.80	530.72
Perez, Martha	026226	2013490	12/5/2013	A82347	39.50	511.20	506.08	103.19	10.80	392.09
Perez, Martha	026226	2013500	12/12/2013	A82613	44.00	636.18	631.06	140.23	10.80	480.03
Perez, Martha	026226	2013510	12/19/2013	A82880	48.00	725.92	720.80	166.84	10.80	543.16
Perez, Martha	026226	2013520	12/26/2013	A83146	48.00	715.52	710.40	163.76	10.80	535.84
Perez, Martha	026226	2014010	1/2/2014	A83407	48.00	687.44	682.14	154.65	19.51	507.98
Perez, Martha	026226	2014020	1/9/2014	A83672	56.00	787.96	782.68	184.47	19.51	578.88

Employee Check Detail Information

Date Range 1/1/2001 to 9/5/2014

Report Date 9/5/2014

WLH - Alice Manufacturing Company, Inc.

Name	Clock #	Pay Period	Check Date	Check No	Current Hours	Gross Pay	Taxable Wages	Current Taxes	Deductions	Net Pay
Perez, Martha	026226	2014030	1/16/2014	A83941	48.50	712.23	708.93	162.01	19.51	525.41
Perez, Martha	026228	2014040	1/23/2014	A84212	48.00	723.84	718.54	165.45	19.51	533.58
Perez, Martha	026226	2014050	1/30/2014	A84481	39.75	530.27	524.97	108.05	19.51	397.41
Perez, Martha	026226	2014060	2/6/2014	A84751	43.50	641.25	635.95	140.97	19.51	475.47
Perez, Martha	026226	2014070	2/13/2014	A85023	40.00	522.40	517.10	105.73	19.51	391.86
Perez, Martha	026226	2014080	2/20/2014	A85291	32.00	462.96	457.66	90.81	19.51	347.34
Perez, Martha	026228	2014090	2/27/2014	A85558	38.00	505.40	500.10	101.26	19.51	379.33
Perez, Martha	026226	2014100	3/6/2014	A85823	48.00	671.32	666.02	149.88	19.51	496.63
Perez, Martha	026226	2014110	3/13/2014	A86088	40.00	515.60	510.30	103.76	19.51	387.03
Perez, Martha	026226	2014120	3/20/2014	A86355	48.00	688.20	682.90	148.96	19.51	494.43
Perez, Martha	026226	2014130	3/27/2014	A86618	48.00	673.40	668.10	150.49	19.51	498.10
Perez, Martha	026226	2014140	4/3/2014	A86878	29.50	395.60	390.30	74.19	19.51	296.60
Perez, Martha	026226	2014150	4/10/2014	A87139	52.00	764.28	758.98	177.44	19.51	562.03
Perez, Martha	026228	2014160	4/17/2014	A87398	32.00	416.64	411.34	79.37	19.51	312.46
Perez, Martha	026228	2014170	4/24/2014	A87654	32.00	450.56	445.26	87.74	19.51	338.01
Perez, Martha	026226	2014180	5/1/2014	A87917	48.00	715.52	710.22	163.00	19.51	527.71
Perez, Martha	026226	2014190	5/8/2014	A88177	40.00	560.40	555.10	116.89	19.51	418.60

Employee Check Detail Information

Date Range 1/1/2001 to 9/5/2014

Report Date 9/5/2014

WLM - Alice Manufacturing Company, Inc.

Name	Clock #	Pay Period	Check Date	Check No	Current Hours	Gross Pay	Taxable Wages	Current Taxes	Deductions	Net Pay
Perez, Martha	026226	2014200	5/15/2014	A88436	48.00	723.84	718.54	165.45	19.51	533.58
Perez, Martha	026226	2014210	5/22/2014	A88692	48.00	716.56	711.26	163.29	19.51	528.46
Perez, Martha	026226	2014220	5/29/2014	A88952	11.00	149.71	144.41	15.95	19.51	108.95
Perez, Martha	026226	2014251	6/20/2014	33106923	0.00	551.77	551.77	116.00	0.00	435.77
					5,434.50	70,958.47	70,307.39	14,090.13	839.62	55,377.64

Page

9

(c) Cerdian Corporation

Martha Perez v. Alice Manufacturing
WCC File No. 1321387, 1322319,
1407915, 1421002
Defendant's APA Exhibits

APA	Medical Provider	Date	Page No.
4	Innervision Medical Imaging Grove	06/25/14	92
5	Steadman Hawkins Clinic	03/25/14-10/14/13	93-96
6	Advanced Cosmetic Surgery	01/14/14-06/28/13	97-104
7	Palmetto Baptist Medical Center Easley	08/14/13	105-108

Exhibits	Description	Page No.
A	Claimant's Deposition for Impeachment Purposes	109-167

APA 4

Innervision Medical Imaging Grove

6/25/14

Page No. 92



SOUTH CAROLINA DIAGNOSTIC IMAGING

Innervision Medical Imaging Grove
#1 Cannon Drive Greenville, SC 29605
p: (864) 242-2020 f: (864) 240-5776

PATIENT: PEREZ, MADRERA
DOB: _____
MRN: 996509
PHONE: 864-508-0020 Xbest (Mobile)
PHYSICIAN: KATARZYNA Z KOCOL, DO
EXAM DATE: 06/25/2014

EXAM: MR-Brain Without Contrast

REASON FOR EXAM: post concussion syndrome

TECHNIQUE: Multiplanar, multisequence imaging.

FINDINGS: Evaluation of the brain shows no mass, hemorrhage, or intracranial infarction. No indication of shear injury. Normal white matter tracts. Normal ventricular calibers.

Brain shows normal midline development with an unremarkable corpus callosum. No pineal or pituitary lesion. Normal flow voids in anterior and posterior circulations through the skull base.

IMPRESSION: Normal MRI brain.

William Perry Edenfield, MD

PE/kp

DD: 06/25/2014 02:21 P

DT: 06/25/2014 05:07 P

Accession#: 08-1866702 VS#: 11945167 CS#: 871940

cc:

Electronically Signed and Reviewed by William Perry Edenfield, MD 06/26/2014 08:03
A

APA 5

Steadman Hawkins Clinic

3/25/14 – 10/14/13

Page No. 93-96

**GREENVILLE
HEALTH SYSTEM****Steadman Hawkins
Clinic of the Carolinas**200 Patawood Drive, Suite C100
Greenville, SC 29615
864-454-7422 phone
864-454-8265 fax**WORK OR SCHOOL NOTE**

Dr. Tom Anderson Dr. Brandon Broome Dr. Richard Braun

Dr. Brian Burnikel Dr. Braylon Shirley Dr. Brian Weatherby

☒ Dr. Michelle Wilson Dr. Kasia KocolToday's appointment date: 3/25/14This is to certify that Martina Perez is under my professional care.☒ The patient is now being released to return to work/school on 5/7/15 3/25/14 continue full duty☐ The patient will be out of work/school due to a medical condition until _____☐ The patient may return to work/school with the following restrictions*:

☐ **Sedentary Duty-** Seated desk work w/ accommodations to elevate affected extremity & use assist device (crutches/walker/knee walker). Only mobilize for bathroom needs and meals.

☐ **Light Duty-**

- ☐ Work _____ hours per shift.
- ☐ Limit standing & walking to _____ hours per shift.
- ☐ MAY / MAY NOT climb ladder or step stool.
- ☐ Limit pushing, pulling, lifting to _____ pounds.

☐ **Other:** _____Marta MD

Physician Signature

3/25/14

Date

*If employer has no work available according to these restrictions, it is up to the employer to release the patient from work.



GREENVILLE HEALTH SYSTEM

Department of Surgery Regional Urology

11 Park Creek Drive
Greenville, SC 29605

Phone: 864-797-7450 Fax: 864-797-7460

RETURN TO WORK STATUS

MARIA MARTHA J PEREZ was cleared for work as of today.

☒ May return to work on Tuesday, October 22, 2013 with no restrictions.

☐ May return to work with RESTRICTIONS from _ to _.

☐ Unable to work from _ to _.

- ☐ Limit standing to no more than _ hr/day.
- ☐ Limit sitting to no more than _ hr/day.
- ☐ Limit walking to no more than _ hr/day.
- ☐ No lifting over _ pounds.
- ☐ No climbing of stairs/ladders.
- ☐ No reaching above shoulder level.
- ☐ No squatting.
- ☐ No bending or stooping.
- ☐ No use of R / L / Both hands.
- ☐ Other restrictions:

Follow up appointment date:

Michaela B. French
Physician's Signature

October 21, 2013

William F. Flanagan, MD
Kelly E. Maloney, MD
Charles G. Marguet, MD
J. Erik Busby, MD

Lawrence K. Hill, MD
W. Patrick Springhart, MD
Michaela B. French, APRN-BC



**GREENVILLE
HEALTH SYSTEM**

Department of Surgery
Regional Urology

ghs.org

RETURN TO WORK STATEMENT

DATE: 10/15/13

PATIENT: Maria Perez

Eugene M. Langan, III, MD, Chairman
J. Erik Busby, MD
R. Douglas DeVore, MD, FACS
William F. Flanagan, MD
Lawrence K. Hill, MD
Kelly E. Maloney, MD
Charles G. Marguet, MD
W. Patrick Springhart, MD
Norris W. Whitlock, MD, FACS
Michaela B. French, NP

Cross Creek
11 Park Creek Drive
Greenville, SC 29605
(864) 797-7450
(864) 241-9266 Fax

15 Park Creek Drive
Greenville, SC 29605
(864) 797-7450
(864) 241-9265 Fax

Parkway
420 The Parkway, Building C
Greer, SC 29650
(864) 879-7481
(864) 241-9259 Fax

Verdae
1025 Verdae Blvd., Suite C
Greenville SC 29607
(864) 286-7570
(864) 241-9267 Fax

Danny L. Satterfield
Director, Finance GH5 Surgery/IVH
(864) 455-5722

Cindy B. Coffey
Director, Operations
GH5 Surgery
(864) 455-1337

WORK STATUS:

PLEASE EXCUSE FROM 10/17/13 TO 10/23/13

RETURN TO NORMAL DUTIES AS OF: _____

RETURN TO LIGHT DUTIES AS OF: _____

OUT OF WORK UNTIL RETURN VISIT ON: _____

OTHER: _____

IF THERE ARE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL THE
OFFICE.

Lelana Putman RMA FOR

W. PATRICK SPRINGHART, MD

LAWRENCE K. HILL, MD

WILLIAM F. FLANAGAN, MD

J. ERIK BUSBY, MD

KIMBERLY L. BURGESS, MD

Michaela French NP



Name: Perez, Maria Martha J
Age: 48Y DOB: May 07, 1965
Gender: F Wt:
MedRec: 971445785
AcctNum: 08018848139
Attending: AMC2
Primary RN: JCF
Bed: ED CHF 03

GMMC WORK RELEASE

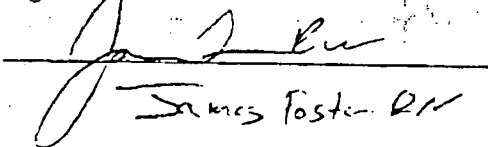
EMPLOYER: Alice Manufacturing

RESTRICTIONS: Patient may return to work without restriction on 10/17/13

DIAGNOSIS:

ADDITIONAL INSTRUCTIONS: please excuse patient from work on 10/14/13-10/16/13

Signature:


James Foster RN

APA 6

Advanced Cosmetic Surgery

1/14/14-6/28/13

Page No. 97-104

South Carolina Workers' Compensation Comm.
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.WCC-SC.gov



Physician's Statement

Claimant's Name: Michael P. Pacy
Physician's Name: Therese M. Fadden
Practice/Clinic: _____
Preparer's Name: _____
Phone: () _____

Employer's Name: Alvira Mfg.
Insurance Carrier: Strategic Comp
SCWCC File No: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness:

Date of first office visit: 6/28/13 Date of last visit: 1/14/14

Diagnosis or nature of injury or illness: Laceration right chin

Body part(s) injured: right chin Body part(s) affected: _____

Date of Maximum Medical Improvement: 1/14/14

Based on the AMA Guidelines, the claimant has sustained a 0 % medical impairment to injured body part(s) and a 0 % medical impairment to No other apparent affected other affected body part(s).

The claimant is able to return to work without restriction.

The claimant is able to return to work with the following restrictions:

The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

[Signature]
Treating Physician

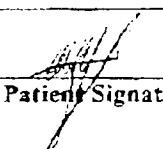
1/14/14
Date

OFFICE NOTES

PATIENT _____

PATIENT NUMBER _____

6/28/13	48 YOF int in scar improvement. \$ Cut
	R chin c metal rack, Had ↑ head pain.
	Felt like she lost teeth (did not). Returned
	on 5/10/13. Saw doctor next day - no
	specific closure to wd. Began using vit. E (Palmer's coconut
	serum once wd closed (~3 wks later). butter formula)
	Dec'd wait 6+ mos and let scar heal.
	May not need any revision. FU ~ 5 mos.
	TH.
1/14/14	Wd healed beautifully on chin. % some
	swelling below but no palpable mass or
	step-off. % tooth pain. FU per. TH.

Patient Name (verify & update) 11 Martha Perez		Marital Status Married		Separated ☐ Widowed ☐ Divorced ☐ Married ☒ Single ☐	
SSN 12	Sex F	Date of Birth	Age 48		
Refill Mailing Address:					
Home Phone: None		Work Phone:		Cell Phone:	
Email Address:		959		508	
Referring Physician:			Primary Care Physician:		
Employer Name: Alce Manufacturing			Employer Phone Number: 959-6323		
Financial Responsible Party Information (If patient is under 18 or under the care of a legal guardian)					
Responsible Party Name:		Date of Birth:		SSN	
Relationship to patient:		Home phone:		Work phone:	
Responsible Party Full Address:					
Emergency Contact Information					
Emergency Contact Name: Jaime Perez		Home Phone # 864-5086477		Work or Cell # 304-49-99	
How did you hear about Advanced Cosmetic Surgery? Workers Comp					
Is insurance to be filed for this service?			Reason for consultation with Advanced Cosmetic Surgery		
Insurance Information - Primary Insurance					
Primary Insurance Name Workers Comp			Primary ID Number		
Insured's Name			Group #		
Employer Name			Employment Status of Insured None COBRA coverage Retired Part time Full time		
Policy Holder Date of Birth			Relationship to patient		
Insurance Information - Secondary Insurance					
Secondary Insurance Name			Secondary ID Number		
Insured's Name			Group #		
Employer Name			Employment Status of Insured None COBRA coverage Retired Part time Full time		
Policy Holder Date of Birth			Relationship to patient		
1. I understand that I am responsible for charges not covered or reimbursed by the above agents. I agree, in the event of non-payment, to assume ALL COSTS INCLUDING THE COSTS OF INTEREST COLLECTION AND LEGAL ACTION (IF REQUIRED). 2. I authorize my insurance carrier to release information regarding my coverage in Advanced Cosmetic Surgery (ACS). I also authorize agents of any hospital, treatment center or previous physicians to furnish ACS copies of any records of my medical history, services or treatments. I also authorize the release of any credit information and/or reports related to any treatment to any federal, state, or accreditation agency, or any physician or insurance carrier as needed. I also agree to review of my records for purposes of internal audits, research and quality assurance reviews within ACS. 3. My right to payment for all pharmaceuticals, procedures, tests, medical equipment rental, supplies and nursing / physician services including major medical benefits are hereby assigned to ACS. This assignment covers any and all benefits under Medicare, other government sponsored programs, private insurance and any other health plans. I acknowledge this document as a legally binding assignment to collect my benefits as payment of claims or services. In the event my insurance carrier does not accept Assignment of Benefits, or if payments are made directly to me or my representative, I will endorse such payments to ACS. 4. I understand that any patient information arising out of my medical treatment by my physician and this medical practice (without identifying me or any other patient by name or address, unless otherwise permitted by law) may also be shared with interested third parties. These third parties include (a) managed care companies, insurance companies and other payors, (b) governmental bodies (such as the Food and Drug Administration and the Health Care Financing Administration), (c) representative and agents of any health benefit plan, (d) persons conducting quality or peer review or patient satisfaction surveys, and (e) other clinical and non-clinical parties that have a contractual relationship with Advanced Cosmetic Surgery. 5. Any and all proceeds, whether by settlement or otherwise, from any lawsuit or claim by the undersigned against any third party who is, or may be liable or responsible for the injuries for which treatment is being provided are assigned to Advanced Cosmetic Surgery for payment of any or all services. 6. Any and all Personal Injury Protection (PIP) benefits, underinsured motorist benefits, uninsured motorist benefits, or similar insurance benefits payable with respect to the treatment or services provided by Advanced Cosmetic Surgery are assigned to Advanced Cosmetic Surgery for payment of any or all services.					
THIS AGREEMENT / CONSENT WILL REMAIN IN EFFECT UNLESS REVOKED BY ME IN WRITING. I have read the above statements and accept the terms. A duplicate of the statement is considered the same as original.					
Patient Signature 		Date 06-28-13		Responsible Party Signature	
				Date	

Patient Health Questionnaire - Please answer all:

Name: Maria Perez Age: 48 Ht: 5'2 Wt: 185 Date: 66-28-13
 When was your last chest x-ray? 30 ago When was your last electrocardiogram? 30 ago
 When was your last physical exam? 30 ago Physician's Name: Dawn Schol
 Address of physician: EMERY Phone # for Physician: 864 455 2455
 Emergency Contact Name: Javier Perez Address: 202 Forest Dr Phone: 508 6472
 Are you under a doctor's care? Yes If yes, for what condition(s)? GERD

List any operations or serious illnesses: hysterectomy Date: 2000
breast reduction Date: 2005
tummy tuck Date: 2005 +/-
gall bladder Date: 2012 / after hysterectomy
incontinence

Daily Consumption of Tobacco

Have a history of the following:

Heart attack, Stroke, rheumatic fever, high/low blood pressure, chest pain, other cardiac related ☐ Yes ☒ No
 Do your ankles swell? ☐ Yes ☒ No
 Do you get short of breath when lying down, or use extra pillows when sleeping? ☐ Yes ☒ No
 Asthma ☐ Yes ☒ No
 Hives, rashes, or skin disease? ☐ Yes ☒ No
 Fainting spells or seizures? ☐ Yes ☒ No
 Diabetes? ☐ Yes ☒ No
 Hepatitis, jaundice, cirrhosis ☐ Yes ☒ No
 Stomach ulcers ☐ Yes ☒ No
 Arthritis, rheumatism ☐ Yes ☒ No
 Kidney problems ☐ Yes ☒ No
 Tuberculosis ☐ Yes ☒ No
 Persistent cough ☐ Yes ☒ No
 Cough up blood ☐ Yes ☒ No
 Venereal disease ☐ Yes ☒ No
 Emotional illness ☐ Yes ☒ No
 Abnormal bleeding associated with tooth extractions or surgery ☐ Yes ☒ No
 Blood disorders, such as anemia ☐ Yes ☒ No
 Treatment for a tumor or growth of the nose, throat, or mouth ☐ Yes ☒ No

If yes to ANY of the above, please elaborate:

Daily Consumption of Alcohol

Are you taking any:

Antibiotics ☐ Yes ☒ No
 Blood Thinners ☐ Yes ☒ No
 Diet Pills ☐ Yes ☒ No
 Medicine for High Blood Pressure ☐ Yes ☒ No
 Cortisone (steroids) ☐ Yes ☒ No
 Aspirin occasional ☒ Yes ☐ No
 Tranquilizers ☐ Yes ☒ No
 Anti Depressant ☐ Yes ☒ No
 Nitroglycerin ☐ Yes ☒ No
 Digitalis, Lanoxin, or other heart medication ☐ Yes ☒ No
 Insulin, orinase or similar ☐ Yes ☒ No
 Hormones ☐ Yes ☒ No
 Any other medications ☐ Yes ☒ No

IF YES to ANY of the above, give

Name of drug	Dose	How often?
aspirin	regular	as needed
pantoprazol	daily	Acid Reflux daily
hyoscyamine	0.125	as needed
hydrocodone		as needed for pain

An Allergy Sensitivity to:

Local Anesthetics? ☐ Yes ☒ No
 General Anesthetics? ☒ Yes ☐ No
 Penicillin or other antibiotics ☐ Yes ☒ No
 Iodine or adhesive tape tape? ☒ Yes ☒ No
 Morphine, codeine, Demerol ☒ Yes ☐ No
 Other ☐ Yes ☒ No

If YES to ANY of the above GIVE NAME OF DRUG(S)
band-aids on breast reduction
lot of morphine after one surgery

Family History	Age	State of Health	List any medical problems	Age at Death	Cause
Father:			diabetes	48 +/-	murder
Mother			heart	62 +/-	major heart attack
Sisters			diabetes, high cholesterol,		
Brothers			high blood pressure		
Children					

Consent for Photographs / Films / Video

I authorize **Thomas C. McFadden, M.D.** of **Advanced Cosmetic Surgery** and associates or assistants of his choice, to take photographs/ films / video of the treatment site for purposes as listed below on .

I understand that the photos /films / videos, if taken, are the property of **Advanced Cosmetic Surgery (Thomas C. McFadden, Jr., M.D.)** I may obtain a copy of any photographs taken upon my request with a consent to release medical records on file (as per Health and Insurance Portability and Accountability Act).

Please initial next to each statement, either agreeing to have photographs / films / video taken for each purpose or opting to disagree and not allow photographs / films / video to be taken for that purpose.

Photographs are sometimes taken in some cases for insurance purposes (some procedures would require records and photographs to be sent to the insurance company in order for medical necessity to be established).

Patient / Legal Guardian's

Initials

MP YES, photographs / films / video may be taken for insurance purposes.

NO, photographs / films / video may not be taken for insurance purposes. I understand that my insurance company may not certify certain procedures as medically necessary without this information.

Photographs / films / video are sometimes taken in certain cases for teaching purposes. This would include showing photographs to other patients that may need the same or similar procedures. Your name and any identifying information would not be disclosed.

Patient / Legal Guardian's

Initials

MP YES, photographs / films / video may be taken for teaching purposes.

NO, photographs / films / video may not be taken for teaching purposes.

Photographs / films / video are sometimes taken to use in advertising for **Advanced Cosmetic Surgery (Thomas C. McFadden)**. Your name and identifying information would not be disclosed.

Patient / Legal Guardian's

Initials

MP YES, photographs / films / video may be taken for advertising purposes for **Advanced Cosmetic Surgery (Thomas C. McFadden, Jr., M.D.)**.

NO, photographs / films / video may not be taken for advertising purposes.

Photographs / films / video are sometimes taken to use on **Advanced Cosmetic Surgery's (Thomas C. McFadden, Jr., M.D.)** website. Your name and any identifying information would not be disclosed.

Patient / Legal Guardian's

Initials

MP YES, photographs / films / video may be taken for use on the website for **Advanced Cosmetic Surgery (Thomas C. McFadden, Jr., M.D.)**.

NO NO, photographs / films / video may not be taken for use on the website for **Advanced Cosmetic Surgery (Thomas C. McFadden, Jr., M.D.)**.

I understand each statement above and have answered YES or NO to each statement. I understand that if I do not understand why a photograph / film / video is being taken I DO have the opportunity and right to ask what purpose that photo / film / video will be used for and may decline to have photograph / film / video taken at that time, even if I have consented on this form.

[Signature]
SIGNATURE Patient / Legal Guardian

10-28-13
Date

Relationship to patient (self, parent, legal guardian)

PRINT patient / Legal Guardian name

Witness Signature and Date

HIPAA Notification Form

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Patient Name:

Patient Signature:

Date

Martina Perez



06-28-13

COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate uses of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implanted a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.

FOR EMPLOYEE USE ONLY

A good faith effort was made to give our HIPAA Privacy Notification to the patient named above but it was refused. No signature on file.

Print Employee Name:

Employee Signature:

Date

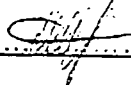
Martina Perez



06-28-13



The *Brilliant Distinctions*® Points Program rewards you with points each time you receive a BOTOX® Cosmetic or JUVEDERM treatment. These points turn into coupons that you can use on your next Botox or Juvederm treatment. You can also use them on Latisse! As a new patient, we will sign you up so you can take advantage of this great program. All we need is your e-mail address. However, Allergan and the Brilliant Distinction program respect your privacy and does NOT use this information for marketing purposes.

Signature: 

E-Mail Address: _____

Date: 06-28-13

NO SHOW/LATE CANCELLATION FEE

Due to the high costs of operating a practice and the increase in patients failing to show for confirmed appointments and cancelling their appointments within short times of their planned arrivals, we have had to adopt a no-show/late cancellation fee as part of our office policy. The fee is \$50.00 for a missed or same day cancelled appointment and \$75.00 for new patient consults.

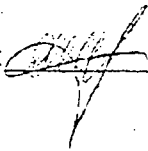
While there may be a variety of reasons why patients may not be able to keep their appointments, the operating costs of the practice do not change. In an effort to apply this policy fairly to all of our patients, please do not ask us to make any exceptions in this policy.

We look forward to seeing all of our patients and providing the care that they need.

We hope not to have to assess anyone this fee.

The Staff at Advanced Cosmetic Surgery.

Patient Signature: _____



Date: 06-28-13

APA 7

Palmetto Baptist Medical
Center Easley

8/14/13

Page No. 105-108

BAPTIST EASLEY HOSPITAL
200 FLEETWOOD DRIVE, EASLEY, S.C. 29641 864-442-7694
Meri C. Guerry, M.D., Director of Laboratory

NAME: PEREZ, MARTHA, M

DOB: _____

AGE: 48Y

SEX: F

LOC: EA2

MR#: EA2-00001087

ACCT: _____

DR: _____

Alice mfg

W17527 Collect Date/Time: 08/14/2013 15:30

DR: WELBORN, MICHAEL

DRUG SCR, INDUSTRIAL 5

AMPHETAMINE	NEGATIVE
COCAINE	NEGATIVE
OPIATES	NEGATIVE
PHENCYCLIDINE	NEGATIVE
THC	NEGATIVE
DRUG SCREEN RESULT	NEGATIVE

DRUG SCREEN COMMENT 2

VALID PLEASE BE ADVISED:

THE SPECIMEN INTEGRITY CHECKS PERFORMED ON
THE URINE SUBMITTED TO THE LABORATORY
ARE CONSISTENT WITH AN UNADULTERATED SPECIMEN.
ALL POSITIVE RESULTS ARE CONFIRMED
BY AN ALTERNATE METHODOLOGY.

DETECTION LIMIT FOR AMPHETAMINES 500 ng/mL.

DETECTION LIMIT FOR COCAINE IS 150 ng/mL.

DETECTION LIMIT FOR OPIATE IS 2000 ng/mL.

DETECTION LIMIT FOR PHENCYCLIDINE IS 25 ng/mL.

DETECTION LIMIT FOR THC IS 50 ng/mL.

*** DUE TO A SAMHSA REVISION, THE CUTOFF
OF AMPH & COC WAS ADJUSTED. ***

COPY

DATE RECEIVED
DATE REVIEWED
PT NOTIFIED

8-15-13

(vm) EB called Stan Brooks voice mail
at 1835 8-15-13

END OF REPORT

PEREZ, MARTHA M

int Date/Time: 08/15/2013 07:41

Page: 1

PETTO BAPTIST MEDICAL CENTER EY
200 FLEETWOOD DRIVE, EASLEY, S.C. 29541 864-552-7694
Meri Guerry, M.D., Director of Laboratory

NAME: PEREZ, MARTHA
AGE: 36Y SEX: F
MR# : 000069890
ACCT: 0131100192

LOCATION: AMFG
ROOM/BED:

----- URINE DRUG SCREEN -----

11/07 * 1410 DRUG SCR, INDUSTRIAL

AMPHETAMINE	NEGATIVE
BARBITURATES	NEGATIVE
COCAINE	NEGATIVE
OPIATES	NEGATIVE
BENZODIAZEPINES	NEGATIVE
PHENCYCLIDINE	NEGATIVE
THC	NEGATIVE
DRUG SCREEN RESULT	NEGATIVE
DRUG SCREEN COMMENT	

VALID PLEASE BE ADVISED:

THE SPECIMEN INTEGRITY CHECKS PERFORMED ON THE SAMPLE SUBMITTED
TO THE LABORATORY ARE CONSISTENT WITH AN UNADULTERATED URINE
SPECIMEN.

ALL POSITIVE RESULTS ARE CONFIRMED BY AN ALTERNATE METHODOLOGY.
DETECTION LIMIT FOR AMPHETAMINES IS 1000 ng/ml.
DETECTION LIMIT FOR BARBITURATES, BENZODIAZEPINES, COCAINE,
METHAQUALONE, AND PROPOXYPHENE IS 300 ng/ml.
DETECTION LIMIT FOR OPIATE IS 2000 ng/ml.
DETECTION LIMIT FOR PHENCYCLIDINE IS 25 ng/ml.
DETECTION LIMIT FOR THC IS 50 ng/ml.

HUB - Palmetto Health Easley

Person: PEREZ, MARTHA M

MRN: 69890; 969903

DOB/Age/Sex: / 49 years / Female

CMRN: 1106700

Address: 202 FOREST DRIVE
LIBERTY, SC 29657-

Home Phone: (864) 508-0020

Language: English

Mobile Phone:

Ethnicity: Hispanic or Latino

Work Phone: 8649999999CO

Email:

PCP:

Visit Date: 8/14/2013

FIN/Visit#:

Rad - Interfaced

General Radiography Report

AP AND LATERAL AND BILATERAL OBLIQUE VIEWS OF THE LEFT KNEE: 08/14/13
AT 04:21 PM.

FINDINGS: There is no evidence for a fracture. No evidence for malalignment. No evidence for any effusion. No abnormalities are identified.

IMPRESSION: NORMAL EXAM.

General Radiography Report

RIGHT KNEE (AP, LATERAL AND BOTH OBLIQUE VIEWS) 08/14/13.

INDICATION FOR STUDY: Pain.

FINDINGS: No fractures or dislocations are present. The joint spaces are normal. Articular surfaces are smooth.

IMPRESSION: NORMAL RIGHT KNEE.

General Radiography Report

AP AND LATERAL VIEWS OF THE LUMBAR SPINE, CONE DOWN LATERAL VIEW OF THE LUMBOSACRAL JUNCTION:

FINDINGS: Disk space loss is present at L5-S1. Otherwise, disk spaces are preserved. There is no evidence for malalignment. The sacrum and sacroiliac joints are unremarkable. Postsurgical change is noted in the pelvis. There are surgical clips present in the right upper quadrant of the abdomen. A 2 mm calcification overlies the right kidney in a frontal view, it is difficult to determine whether it was actually within the right kidney because of the overlying gas and stool in the transverse colon.

IMPRESSION:

DISK SPACE LOSS AT L5-S1. NO EVIDENCE FOR ACUTE ABNORMALITY OF THE LUMBAR SPINE. LUMBAR SPINE IS OTHERWISE UNREMARKABLE.

Person: PEREZ, MARTHA M

Visit Date: 8/14/2013

Sex: Female

DOB:

MRN: 69890; 969903

Rad - Interfaced

General Radiography Report

2 MM DENSITY OVERLIES THE RIGHT KIDNEY IN THE FRONTAL LOBE, ITS
LOCATION UNCERTAIN AND POSSIBLY REPRESENTS AN INTRARENAL CALCULUS.

Exhibit A

Claimant's Deposition for Impeachment Purposes

Page No. 109-167

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 1321387

MARTHA PEREZ,	)	
	)	
CLAIMANT,	)	DEPOSITION
	)	
VS.	)	OF
	)	
ALICE MANUFACTURING,	)	MARTHA PEREZ
	)	
EMPLOYER,	)	
	)	
GREAT AMERICAN ALLIANCE	)	
INSURANCE COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	
	)	

Deposition of Martha Perez, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 2:08 p.m., Monday, January 26, 2015, at the law offices of Smith, Jordan, Lavery & Lee, PA, 1810 E. Main Street, Easley, South Carolina.

COPY

Reported by

Barbara P. Scott, CVR-M

SCOTT REPORTING SERVICE
P.O. Box 290482, Columbia, SC 29229 ♦ (803) 736-2408
www.scottreporting.com ♦ bscott@scottreporting.com

Appearances

For the Claimant: W. Grady Jordan, Esquire
Smith, Jordan, Lavery & Lee, PA
1810 East Main Street
P.O. Box 1207
Easley, SC 29641

For the Employer/
Carrier: E. Ros Huff, Jr., Esquire
Huff Law Firm, LLC
7244 Woodrow Street
P.O. Box 1935
Irmo, SC 29063

Reported By: Barbara P. Scott, CVR-M

Interpreted By: Emily Alfonso

Also Present: Stan Brooks

Index

Stipulations	3
Examination by Mr. Huff	4
Certificate	54

Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number, if present, has been partially or fully redacted or blacked out. Some questions were asked in the third person; however, to preserve the integrity of the transcript, the examination was kept in Q and A format.

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Emily Alfonso swore/affirmed that she is not related to any party in this matter, that she has no interest in the outcome of this matter, and that the translation she provides in this matter will be as spoken by all parties to the best of her ability.

The Court Reporter: State your name for the record.

Interpreter: Emily Ortiz Alfonso.

Whereupon,

Martha Perez, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: My name is Martha Perez.

Mr. Huff: Prior to going on the record, there was discussion between the parties about reading and signing, and reading and signing

1 has been waived.

2 Examination

3 By Mr. Huff:

4 Q Ms. Perez, my name is Ros Huff. I represent the
5 employer, Alice Manufacturing. I have known your
6 attorney for many, many years. I highly respect
7 his ability, and we get along very well, and this
8 is not a hostile situation. Today we're doing a
9 deposition. Have you ever done a deposition
10 before?

11 A No.

12 Q It's not hard. All we're going to do is I'm going
13 to ask you questions and you're going to give me
14 answers, and it's no harder than that.

15 A That's fine.

16 Q Do you speak any English at all?

17 A Yes.

18 Q All right. Do you feel better doing it in English,
19 or do you feel better doing it in Spanish?

20 A To make sure that you understand, even though I
21 understand English, I'd rather say it in Spanish.

22 Q No problem. Today are you a hundred percent of
23 clear mind?

24 A Yes, sir.

25 Q Okay. If at any time today I ask you a question

- 1 that you do not understand, do not answer, okay?
- 2 A All right. That's fine.
- 3 Q And you're doing very well right now because when I
- 4 ask you a question, I do need you to say yes or no,
- 5 not uh-huh or uh-uh because they sound so much
- 6 alike.
- 7 A That's fine, sir.
- 8 Q Good. Can you tell me your full name, middle name,
- 9 all names. I need your full name.
- 10 A Martha Perez.
- 11 Q Any middle name or anything like that?
- 12 A No.
- 13 Q Are you married?
- 14 A Yes.
- 15 Q How long?
- 16 A Thirty-three.
- 17 Q That part I understood.
- 18 A Thirty-three.
- 19 Q What is your husband's name?
- 20 A Javier Perez.
- 21 Q Could you spell that.
- 22 A J-a-v-i-e-r. Sorry.
- 23 Q All right. What's your address?
- 24 A 202 Forest Drive, Liberty, South Carolina 29657.
- 25 Q Is that a house, an apartment, condo, mobile home?

1 What is that?

2 A It's a house.

3 Q All right. Is it in a neighborhood or is it on

4 acreage?

5 A Neighborhood.

6 Q Who lives at that address?

7 A My husband; myself; and one of my children.

8 Q How old is your child?

9 A Thirty-three.

10 Q Could I have the name of the child, please.

11 A It's the same as my husband, Javier Perez.

12 Q Does your child work?

13 A Yes.

14 Q Where?

15 A In Georgia. He's a computer engineer.

16 Q And your husband works?

17 A Yes, sir.

18 Q At Alice?

19 A No.

20 Q Where?

21 A Parker Sewer & Fire.

22 Q How long?

23 A About 15 years, I suppose.

24 Q Okay.

25 A I don't recall exactly.

- 1 Q I hate to do this to a woman, but I got to know the
2 height and weight.
- 3 A Well, my height is five-foot-two, and my weight is
4 180 since I haven't been working and I've gone up.
- 5 Q All right.
- 6 A I'm embarrassed.
- 7 Q Where were you born?
- 8 A In Mexico.
- 9 Q When did you first come to the United States?
- 10 A March 18 in '85.
- 11 Q I didn't ask, how long has she been married?
- 12 A Going on 34 years.
- 13 Q That's right. I see it right there.
- 14 A In September it'll be 34 years.
- 15 Q What is her Social Security number?
- 16 A XXX-XX-XXXX.
- 17 Q Is she in the United States legally or illegally?
- 18 A Legally. I am now a citizen.
- 19 Q Great. Thank you.
- 20 A You, too.
- 21 Q I did not tell her at the beginning, but if at any
22 time, like her attorney said, if she is
23 uncomfortable and needs to stand up or take a break
24 for any reason, just let us know, and we'll do it.
- 25 A Thank you.

- 1 Q Where is the last place you worked?
- 2 A At Alice.
- 3 Q How many times have you been employed by Alice?
- 4 A Two times. That's what I recall.
- 5 Q Okay. When was the last time that she came to work
- 6 for Alice?
- 7 A Honestly, I don't recall. I think it's been about
- 8 three years.
- 9 Q All right. If it's four, it's no big deal. And
- 10 the first time that she worked at Alice, does she
- 11 know when she started and when she ended?
- 12 A No. Sorry.
- 13 Q Does she know -- If she doesn't know when she
- 14 began the first time at Alice, does she know when
- 15 she left that employment? I've got the records.
- 16 I'm just verifying.
- 17 A I don't remember that, sir.
- 18 Q No problem. Does she remember where she worked
- 19 before she came back to Alice the last time?
- 20 A There was a time that I wasn't working, but, more
- 21 recently, at Oconee Memorial Hospital.
- 22 Q How long was she unemployed and not working?
- 23 A About two years, more -- I don't recall, but two
- 24 years, more or less.
- 25 Q Why was she not working for those two years?

- 1 A Because I was doing full-time ministry work in the
2 congregation I was attending.
- 3 Q What denomination?
- 4 A Jehovah's Witnesses.
- 5 Q Where is it located?
- 6 A In Norris. 105 South Norris, I think.
- 7 Q In what city?
- 8 A Norris, South Carolina.
- 9 Q All right. Please do not take this as being
10 disrespectful, but I ask this of every person.
11 Have you ever been arrested?
- 12 A No.
- 13 Q Have you ever been in the military?
- 14 A No.
- 15 Q Are you currently working?
- 16 A No.
- 17 Q You're doing great so far. How many times has she
18 been married?
- 19 A Once.
- 20 Q Is once enough?
- 21 A Yes.
- 22 Q How many children does she have?
- 23 A Four.
- 24 Q Could she give me the ages.
- 25 A Thirty-three; twenty-eight; thirty-two; twenty-

1 seven, if I remember. I could tell you the years.
2 Q Okay. That's close enough. Do you have any
3 grandchildren?
4 A Thank God, one.
5 Q How old?
6 A Three years old.
7 Q And where does that child live?
8 A He lives -- I don't remember the address, but I
9 believe it's in Westminster.
10 Q Okay. Does she keep the child, like daycare, at
11 all?
12 A Sometimes. My son has custody -- I'm sorry. The
13 child's mother has custody, but when my son has his
14 -- has his child, since he lives at home, I see,
15 him.
16 Q How often is that?
17 A It changes weekly, depending on the judge's orders.
18 Like, my son doesn't work on Wednesday because he
19 works in Georgia, so, then, that's when she lets my
20 son see him.
21 Q And how long will she have the grandson at their
22 house?
23 A Two days he has him. The most, three. Sometimes
24 two and a half. When he's going back to Georgia,
25 then he takes the son back.

1 Q Okay.

2 A Yeah.

3 Q Can you tell me, please, how far you have gone in
4 school. I want to know about your education.

5 A I didn't finish high school. I started, but I
6 didn't complete it.

7 Q And high school was in Mexico?

8 A Mm-hmm.

9 Interpreter: Yes.

10 Q Can I have her say yes for me?

11 A Yes.

12 Q Thank you. Appreciate it. Have you gone to any
13 schools after high school, like any tech schools or
14 any job training schools?

15 A Yes. Basic computers.

16 Q How long ago was that?

17 A It was -- Oh, it was when the Twin Towers fell.
18 When was that?

19 Q '91.

20 A No.

21 Q Oh. Excuse me. 2001.

22 A Okay. That's it. I remember because -- that's
23 when it happened because I was in school when we
24 saw the news.

25 Q Okay. I'm going to try to go into her work history

- 1 now.
- 2 A That's fine.
- 3 Q What I'd like to know is, when you first came to
4 America, where did you go, what city and state?
- 5 A Chicago, Illinois.
- 6 Q A little bit colder up there, isn't it?
- 7 A Yeah, but I liked it.
- 8 Q Oh, I lived there myself. I liked it, too. How
9 long were you in Chicago, Illinois?
- 10 A Unfortunately, just four and a half years. I'd
11 like to go back there again.
- 12 Q Good food.
- 13 A Yes.
- 14 Q What did you -- Who did you work for in Chicago?
- 15 A It was a cleaning department for a building.
- 16 Q How long did she have that job?
- 17 A I don't remember. Two and a half, I think.
- 18 Q And would that be months or years?
- 19 A Years.
- 20 Q All right. Do you remember the name of that
21 employer?
- 22 A No, not for nothing.
- 23 Q Any work-related injuries while working in the
24 cleaning department for that building for two and a
25 half years?

- 1 A No, never.
- 2 Q All right. Did you work for more than one employer
- 3 while in Chicago?
- 4 A Yes.
- 5 Q Do you remember what other jobs you had while in
- 6 Chicago?
- 7 A Yes. It was a Mexican restaurant.
- 8 Q And how long did she work there?
- 9 A I don't remember.
- 10 Q Do you think it was more than or less than six
- 11 months?
- 12 A More.
- 13 Q What did you do there?
- 14 A Waitress.
- 15 Q While working there, did she ever have any work-
- 16 related injuries?
- 17 A No, never.
- 18 Q Can she think of any other place that she worked
- 19 while in Chicago?
- 20 A No.
- 21 Q Why did she come to -- Well, let me rephrase that.
- 22 Where did you go next to live?
- 23 A Greenville, South Carolina.
- 24 Q Why did she choose Greenville, South Carolina?
- 25 A My husband made me.

- 1 Q Did he come to work here and she followed?
- 2 A Sure.
- 3 Q All right. Does she know when she came to the
- 4 Greenville, South Carolina area?
- 5 A Yes. I'm not exactly sure, but it was around June
- 6 '89.
- 7 Q All right. When she first came here in June of
- 8 '89, I would like her to tell me where she went to
- 9 work.
- 10 A I didn't start working immediately.
- 11 Q All right.
- 12 A But afterward, I worked for Shoney's.
- 13 Q How long was she unemployed when she came to South
- 14 Carolina?
- 15 A I don't remember.
- 16 Q Was it more or less than a year?
- 17 A I don't remember. I don't remember.
- 18 Q Okay. When she went to work for Shoney's, how long
- 19 was she there?
- 20 A I don't remember that either. My memory is not
- 21 good. I do things, and I don't think about
- 22 remembering them.
- 23 Q Where is Shoney's located?
- 24 A It was on Laurens Road. It's not there anymore.
- 25 Q What city?

1 A In Greenville, South Carolina.

2 Q While working there, what were her job duties?

3 A To prepare and serve the food in the buffet.

4 Q While working for Shoney's, did she ever have any
5 work-related injuries?

6 A No, never.

7 Q Where did she work after Shoney's?

8 A Well, what happened was, while I was working for
9 Shoney's, I was also working at a Chinese
10 restaurant, and on the weekends I worked at a
11 Mexican restaurant. So, it was like I had two
12 part-time and one full-time. But I don't remember
13 the dates.

14 Q So, Shoney's, Chinese restaurant and Mexican
15 restaurant, all at the same time?

16 A Yes.

17 Q Of those three jobs, Chinese, Mexican and Shoney's,
18 which one did she hold last before she moved to
19 another job?

20 A I don't recall, but I seem to think it was
21 Shoney's.

22 Q While working at those three restaurants, would she
23 be serving food, -- is that her job -- or was she
24 in dishwashing, or what was she doing?

25 A No. My job was to prepare the food and then to

- 1 take it to the bar.
- 2 Q While working at these three locations, -- I'm
- 3 going to go through them -- Shoney's, Chinese
- 4 restaurant and Mexican restaurant, during that
- 5 period of time, did she have any work-related
- 6 injuries?
- 7 A Never.
- 8 Q When she finally left those three restaurants,
- 9 where did she go to work next?
- 10 A What I'm going to tell you next, I'm not really
- 11 sure, but I worked at Big Company. That's what it
- 12 was called. Then I went to work at another
- 13 factory, but I don't remember the name of it, and
- 14 it still exists. I just don't remember.
- 15 Q What did she do at Big Company?
- 16 A I worked there as a spool attender. That's what it
- 17 was called, something like that. And then they
- 18 trained me to do -- to be a weaver.
- 19 Q How long was she at that company?
- 20 A I don't remember. There I did work longer, but I
- 21 don't remember.
- 22 Q Do you think it was more than or less than one
- 23 year?
- 24 A More. More.
- 25 Q While working at that company, did you ever have

1 any work-related injuries?

2 A Never.

3 Q When she left there and went to another company,
4 was it manufacturing? What type of business was
5 it?

6 A It was -- It was manufacturing, all of them.

7 Q Do you know what it was manufacturing?

8 A Yes.

9 Q What?

10 A One was auto carpets. The other one was for
11 textiles, which was called American House Spinning.
12 After that, I went to Belmont Mills. I don't know
13 how to spell it. Belmont Mills, something like
14 that.

15 Q Where is that located, what city?

16 A I'm sorry. Pendleton, South Carolina, if I'm not
17 mistaken.

18 Q Where else did she go after those?

19 A I think it was then that I went to work at Alice.
20 I could be wrong, but that's what I think.

21 Q All right. At these other places she worked, --
22 I'm looking at the other companies, manufacturing
23 auto carpet, textile mill, American House Spinning,
24 Belmont Mills. At any of these other places, did
25 she ever have any work-related injuries?

- 1 A Never.
- 2 Q All right. When you went to Alice Manufacturing,
3 that would be your first time that you went there?
- 4 A Yes, in Foster.
- 5 Q How long were you employed for the first time at
6 Alice?
- 7 A I don't recall, but it could have been between two
8 and two and a half years.
- 9 Q What was your job title or duties there at that
10 time?
- 11 A Weaver.
- 12 Q While working there the first time, do you remember
13 who your supervisor was?
- 14 A No.
- 15 Q All right. Why did you leave Alice Manufacturing?
- 16 A I didn't feel right because there was a man who was
17 harassing me all the time, something I did mention
18 to them.
- 19 Q While working there the first time, did she have
20 any work-related injuries?
- 21 A Never.
- 22 Q Where did she go to work after Alice, when she left
23 there?
- 24 A I don't remember.
- 25 Q Do you know how many years ago it may have been

- 1 that you left Alice the first time?
- 2 A I don't remember. Maybe two.
- 3 Q What did she do when she left there? Did she go
- 4 and stay at home and raise children, or did she
- 5 seek other employment?
- 6 A I think -- After that, I think that's when I went
- 7 to Ocone, to the hospital.
- 8 Q How long did she work for Ocone Hospital?
- 9 A I have no idea.
- 10 Q What was the position there, job duties?
- 11 A I worked in cleaning, and I also did voluntary
- 12 interpreting.
- 13 Q How long was she at the hospital?
- 14 A I don't know.
- 15 Q Was it more or less than a year?
- 16 A More.
- 17 Q Why did you leave the hospital?
- 18 A My husband didn't want me to go because I was
- 19 missing services because I had to work one weekend
- 20 yes and one weekend no, so I couldn't go to my
- 21 church, so he didn't want me to go, and I had
- 22 agreed because I didn't want to miss.
- 23 Q Missing services at your church?
- 24 A Yes, and it's very important for us.
- 25 Q While working at the hospital, any work-related

- 1 injuries?
- 2 A No.
- 3 Q Where did she go to work after leaving the
- 4 hospital?
- 5 A That was when I had stopped working for a while,
- 6 and then I went back to Alice.
- 7 Q So, the next job that she had after the hospital,
- 8 then, would be Alice?
- 9 A Yes. If my memory is not mistaken, yes.
- 10 Q All right. Let's hope it's not. While working for
- 11 Alice Manufacturing the second time, -- You're not
- 12 working with them now, correct?
- 13 A No, because they didn't let me, the doctor.
- 14 Q They didn't what?
- 15 Interpreter: They didn't let me, the
- 16 doctor.
- 17 Q At the church that she attends, what's the name of
- 18 the church?
- 19 A It's Kingdom Hall of Jehovah's Witnesses.
- 20 Q Where is it located?
- 21 A 105 South Norris. I don't recall the exact
- 22 address, but that sounds like it to me.
- 23 Q Does anybody in her family work at the church and
- 24 get paid?
- 25 A At my church, no one is paid.

- 1 Q How often, on a weekly basis, does she attend
2 church?
- 3 A Wednesday and Sunday.
- 4 Q Does she hold any offices within the church? And
5 that could be teacher, counselor, any type of
6 office within the church.
- 7 A I teach the Bible to people.
- 8 Q Does she teach a class?
- 9 A Yes, but they're personal, individualized classes.
- 10 Q Like one-on-one or a small group?
- 11 A Complete families or just an individual.
- 12 Q The teaching of the classes, is that in addition to
13 the Wednesday and Sunday attendance?
- 14 A Oh, yes.
- 15 Q Where does she teach?
- 16 A At people's homes.
- 17 Q How often does she do that?
- 18 A It depends on the person's time.
- 19 Q How many classes does she average teaching a week?
- 20 A Let's say three, if I'm not feeling bad.
- 21 Q All right. How long do they last?
- 22 A An average of an hour unless they have some other
23 questions, and then it might go longer.
- 24 Q Okay. How does she get to the classes?
- 25 A I have my car.

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- 1 Q Does she drive?
- 2 A Sometimes I do. Sometimes my husband.
- 3 Q Okay. What were the job duties at Alice?
- 4 A I was a weaver, but during the process of the
5 accident, I had applied for a different job.
- 6 Q Did she get the different job?
- 7 A They didn't want to give it to me -- Well, they
8 had given it to me, but then they took it back.
- 9 Q All right.
- 10 A The other one, that was when I had hurt my back,
11 and my knee got messed up, and I didn't go back. I
12 didn't keep doing it.
- 13 Mr. Huff: Grady, we gave you a Form 20,
14 did we not? Is that going to be an issue, you
15 think?
- 16 Mr. Jordan: I cannot answer that
17 question. I just don't know. I haven't
18 looked yet.
- 19 Mr. Huff: Okay. Just let me know if you
20 need any documentation because we don't want
21 that to be an issue.
- 22 Mr. Jordan: Okay. I will.
- 23 Q When was the last day you worked for Alice?
- 24 A May 19, 2014.
- 25 Q Are you alleging that you got hurt that day?

- 1 A Yes.
- 2 Q Are you currently receiving money from any source?
- 3 A No.
- 4 Q Are you receiving any type of workers' compensation
- 5 weekly check?
- 6 A No, but I forgot to tell Grady Jordan that I had
- 7 received a check from compensation for 46-and-
- 8 something for the mileage.
- 9 Q All right.
- 10 A I'd forgotten to tell him.
- 11 Q That's no problem. So, you got a mileage check but
- 12 not a weekly check?
- 13 A No. I'm broke. I have had to reduce some of my
- 14 services because of that.
- 15 Q Has she received any unemployment after she quit
- 16 working?
- 17 A No. The gentleman who is present said that I
- 18 couldn't.
- 19 Q Are you receiving any Social Security payment?
- 20 A No.
- 21 Q Does she have any type of insurance policy that
- 22 will pay her disability when she's not working?
- 23 A I did have long-term and short-term disability, but
- 24 Mr. Brooks said I could not do that either because
- 25 workers' comp was responsible. And I also have

1 insurance for my knees.

2 Q Insurance for her knees?

3 A Yes. The insurance for my knees in case I would

4 need an operation, that it would cover or give me

5 \$10,000, if I'm not mistaken.

6 Q Okay. Is that through her employment?

7 A From the company.

8 Q Does she have any private insurance that pays her a

9 weekly check if she's not capable of working?

10 A No.

11 Q Has she filed for Social Security?

12 A No. Sorry. No.

13 Q Has she filed for unemployment compensation?

14 A No, because Mr. Brooks said that I couldn't do

15 that. That I do remember.

16 Q Does she have any vehicles at her home address?

17 A Yes.

18 Q How many vehicles are at the home address?

19 A Two.

20 Q Who owns them?

21 A My husband.

22 Q All right. Can she tell me the year of the cars?

23 A I don't remember, but I think one is a Murano,

24 2006. The other, it's a pickup truck, 2013, but --

25 I'm not sure of the year.

- 1 Q All right. The 2006, what color?
- 2 A It's gray.
- 3 Q And the pickup truck, what color is it?
- 4 A Red.
- 5 Q I knew what that was. I know very little, but I
- 6 know a few words. Any other vehicles at the
- 7 premises?
- 8 A My son's car.
- 9 Q What type of car is the son's?
- 10 A I don't know. I'm sure you think that's stupid,
- 11 but I don't know.
- 12 Q That's okay. Do you have any type of motorcycles,
- 13 four-wheeler, two-wheelers, motor scooters,
- 14 anything like that?
- 15 A No.
- 16 Q Do you have any boats?
- 17 A That either.
- 18 Q Do you have any animals?
- 19 A Yes.
- 20 Q What type of animals do you have?
- 21 A I have dogs.
- 22 Q How many?
- 23 A Two.
- 24 Q Big or little?
- 25 A One that's big and a couple of little ones.

- 1 They're my sons, but they're there.
- 2 Q All right. Can you tell me, at Alice
- 3 Manufacturing, how many work-related injuries have
- 4 you had?
- 5 A Three.
- 6 Q All right.
- 7 A If I'm not mistaken, but I think that's it.
- 8 Q Okay. We're going to go through them right now.
- 9 When was the very first accident that you had at
- 10 Alice?
- 11 A Honestly, I don't remember the exact dates.
- 12 Q Do you know what body part was injured?
- 13 A I'm not sure which one was the first and which one
- 14 was the second, but you can confirm it with the
- 15 lawyer.
- 16 Q All right. What does she remember?
- 17 A I remember that I hurt my back, my knee, and this
- 18 part here, -- oh, what's it called -- my chin -- my
- 19 chin.
- 20 Q All right. For your information, your chin was
- 21 April 11th of 2013. Does that sound about right?
- 22 A Yes.
- 23 Q So, almost two years ago, not quite but almost. Is
- 24 that correct?
- 25 A Yes.

1 Q All right. Tell me what happened to your chin.

2 A That week, I was training on filling the weavers.
3 That was a new job. And then I was pushing a cart
4 that had thread, and then I was pushing the cart
5 that was in front of me for considerable distance.
6 Then I was placing the thread under the weaving
7 machines, and I was fixing those that were mis- --
8 placed incorrectly. So, when I was putting the
9 machine, I didn't realize that -- There was a
10 blower, and I didn't realize that it had moved the
11 cart toward me. So, when I was getting up to turn
12 around, then I got hit in the chin, and I felt like
13 I was going to lose consciousness, but I grabbed
14 onto the cart, and then I grabbed my side because I
15 felt the pain shoot from my teeth, going up, and I
16 thought, oh, my goodness, I've knocked out my
17 teeth. And I felt that it was hot, and when I
18 moved my hand, I saw there was blood. Once I --
19 Once I felt that I had recovered a bit, I went to
20 the bathroom to clean the blood.

21 Q What did she do next?

22 A Since my head hurt a lot, I told my supervisor, and
23 I was bleeding.

24 Q What was the supervisor's name?

25 A Kim.

1 Q What did she say to Kim, if anything?

2 A She said, "What are you going to do?"

3 Q What did you tell her?

4 A My head wasn't really clear to respond to her. The
5 only thing I said to her was, "I don't know,"
6 because I thought she was going to do something.

7 Q Did you ever tell anybody else or talk to anybody
8 else other than Kim?

9 A Well, there was a guy at the machine in that area,
10 and he saw me, and after it happened, he said, "Oh,
11 did you hurt yourself?" but he didn't offer to help
12 me or anything. People observed that I headed to
13 the bathroom bleeding, but no one had offered to
14 help.

15 Q Did you ever tell anybody else, like Stan Brooks or
16 anybody else in management or a supervisor?

17 A That day, the supervisor had me work normally, and
18 she just gave me some pills that she obtained from
19 another worker for the pain. I went home. I
20 wasn't able to sleep that night because of the
21 pain, and my husband said, "You're hurting too
22 much. You have to go and tell them tomorrow you
23 need to see a doctor or something." The next day,
24 I went in, and I told Kim, "I need to see a
25 doctor." Then she said, "Let me speak with Stan

1 Brooks." Then, later on, they decided to send me
2 to a doctor at the family practice in Easley.

3 Q Did you get treatment at the family practice in
4 Easley?

5 A Yes, but I was not happy with the treatment.

6 Q Why not?

7 A Because they didn't take any x-rays to see if there
8 had been damage to my teeth or -- or my head.

9 Q Was that Dr. Welborn or Dr. Weise?

10 A I don't remember who was who, but, after a while, I
11 was sent to the surgeon. I told them I was putting
12 on a cream, cocoa butter for the scar, and I was
13 treating it at home and rubbing and massaging it
14 because there had been a bump and a bruise and open
15 cut. So, once I went to the surgeon, I told them I
16 need the inside examined, not the outside.

17 Q Was that Dr. Thomas McFadden that you saw?

18 A I believe so.

19 Q Was any surgery done to her chin?

20 A No. It closed on its own. I did take some
21 pictures, but, unfortunately, they were on my son's
22 laptop, and it's not working now. He ordered the
23 part, and he's waiting for it to arrive.

24 Q Do you know how many times she may have seen Dr.
25 McFadden, the plastic surgeon?

1 A More or less, from what I remember, twice.

2 Q That's what I'm showing. Okay. I'm showing the
3 first time you saw Dr. McFadden was in June of
4 2013, approximately a couple of months after the
5 blow to the chin. Does that sound about right,
6 about within two months?

7 A It seems correct.

8 Q Then I'm showing that you went back a year ago,
9 January 14th of 2014, to see Dr. McFadden for a
10 follow-up. Does that sound right?

11 A Yes. I think so. You've got the papers. Because
12 my head --

13 Q All right. Can you tell me, as a result of the
14 April 11, 2013 injury, when you hit your chin and
15 saw the doctors, -- I think the family doctors and
16 the specialist, the plastic surgeon -- are you
17 currently having any further problems with the chin
18 or any problems at all as a result of that accident
19 of April 11, 2013?

20 A I didn't understand that well.

21 Q We'll start it over because I want you to
22 understand. As a result of the April 11th, '13
23 accident when you hit your chin on the blower, are
24 you currently, now, having any further problems
25 from that injury? And if not, we'll move to the

- 1 next injury. So, tell me what it is.
- 2 A Yes. Headaches.
- 3 Q How often does she have headaches?
- 4 A Frequently.
- 5 Q And, again, with all due respect, what is
- 6 frequently to you may be different than what is
- 7 frequently to me. How often do you have them a
- 8 week?
- 9 A Let's say that in a month, about four times. Right
- 10 now, it's hurting.
- 11 Q When she has the headaches, where are the headaches
- 12 located?
- 13 A Over here on this part (indicating).
- 14 Q What is this part over here? Could you describe
- 15 it? Is that bottom, right, left?
- 16 A The upper part here (indicating).
- 17 Q What is here? Someone that reads this -- You've
- 18 got to tell me where.
- 19 A Let's say on the right side, here on top
- 20 (indicating).
- 21 Q Is it above the ear, in front of the ear, behind
- 22 the ear? Get as specific as you can tell me.
- 23 A No. Up here (indicating) in the head.
- 24 Q All right. And, again, I'm not trying to belabor
- 25 the point, but someone's going to read this. When

1 you say up here on the head, since they're not here
2 to see it, they don't know where, so you need to
3 tell me. See, you've got the ear, you've above the
4 ear, you've got in the middle above the ear, then
5 you've got the top above the ear. You've got in
6 front -- See what I'm saying? Tell me as best you
7 can, describe -- so if someone reads this, they'll
8 know where it is.

9 Mr. Jordan: And I'd like to say for the
10 record, she has been showing with her hand
11 with a motion, and perhaps the attorneys could
12 agree to what area she's motioning with her
13 hand.

14 Mr. Huff: All right.

15 Q Show us again, and we'll try to agree. I'm easy to
16 get along with. Show me where.

17 A So, up here on my head, on this part of my head
18 (indicating).

19 Mr. Huff: What I'm showing, Grady, --
20 and you can chime in, too -- she put her hand
21 pretty much above her ear. So, it's from the
22 ear up to the top of the head.

23 Mr. Jordan: Yeah. I would agree. She's
24 putting her hand on the --

25 Mr. Huff: Right side.

1 Mr. Jordan: She's put her hand on the
2 right side of her head, above her ear.

3 Mr. Huff: Okay. I can agree with that.

4 Mr. Jordan: But I would just ask if we
5 could ask her to make sure what we said is
6 correct.

7 The Deponent: Yes. That's correct.

8 Q Okay. When you have the headaches, how long do
9 they last?

10 A For hours. Let's say four to five hours.

11 Q Does she take medication?

12 A Yes.

13 Q What does she take?

14 A Tylenol. I take Tylenol, but if it's -- if it's
15 bad, I'll take hydrocodone, if it's really bad, but
16 I only take that from time to time.

17 Q Who is she getting treatment from for her
18 headaches?

19 A Oh. Now, that reminds me. I forgot to mention
20 that Dr. Koko had given me some medicine for the
21 headache, but I don't remember what it is.

22 Q When did he give you the medication?

23 A It was the last time that I saw Dr. Koko, but I
24 don't remember the date.

25 Q All right.

1 A But since they didn't want to pay for the doctor
2 visits, the medication ran out.

3 Q Are you currently seeing any doctor for the
4 headaches?

5 A No.

6 Q When is the last time you saw a doctor for
7 treatment for the headaches?

8 A My attorney has it on file, because I don't
9 remember. There were some pills for which I had to
10 pay because workers' comp didn't want to pay it,
11 the last one. But since I needed them, I had to
12 pay for it.

13 Q All right. After the accident on April 11, 2013,
14 did she have another accident, and when?

15 A Besides the accident with my chin, I had an
16 accident with my back.

17 Q All right. Do you know when that was?

18 A I don't recall.

19 Q Do you know what year it was?

20 A I think it was 2013, but I don't remember. I don't
21 remember.

22 Q Do you know whether it was -- This may help some.
23 Was it in the winter, the spring, the summer or the
24 fall?

25 A In the summer.

1 Q Okay. If our records would show August of 2013,
2 would you agree that August is the summer?

3 A Yes.

4 Q All right. Can you tell me how you were hurt?

5 A For what?

6 Q The accident to your back. That's what we're
7 talking about right now.

8 A Well, I was working on a machine, a weaving
9 machine, and when I was done, I got down, and
10 that's when I felt the pain. It's higher up, so I
11 had to come down and jump. That's all.

12 Q So, you jumped?

13 A It was high up. I did have to --

14 Q What were you doing up on the machine?

15 A Well, I was working on top because when the thread
16 becomes undone or tangled, I have to climb up to
17 get to it because I can't reach.

18 Q You think that happened in August of 2013?

19 A I have trouble remembering dates, but you have the
20 records.

21 Q Do you think it was in '13 or '14 that that
22 happened?

23 Mr. Huff: (to the deponent) You can't
24 ask your attorney.

25 A I don't remember.

- 1 Q All right. More than a year ago or less than a
2 year ago?
- 3 A I think it was more than a year ago.
- 4 Q And you said you had to jump down, or hop down you
5 said?
- 6 A A lot of times during the day. That's my job.
- 7 Q So, when you're up on the machine, you hop down, or
8 did you jump down? Try to use -- I don't want to
9 put any words -- because I used a word I don't
10 think she used. Tell me how you got hurt coming
11 off the machine. Use your own words.
- 12 A The machines are high up, and, because of my
13 height, when I get down, I have to jump, and below
14 is the spool, and I can't touch that because then
15 it'll start turning, so, then, I have to jump down.
16 And, in addition, we weren't permitted to get on
17 that -- on that roll. We had to not touch it when
18 we got down.
- 19 Q Do you know -- Does this machine have a number or
20 was it in a certain location in the plant? Can you
21 tell me that?
- 22 A I do remember the machine, but I don't remember its
23 number.
- 24 Q Do you know where it's located in the plant?
- 25 A How would that be? Okay. Well, there were some

1 machines against the wall at the back where the
2 employees enter, and then there was a line, and,
3 following right after, there was another line. So,
4 over in the second line, there's a corner -- I
5 don't remember, but there was a machine, and it was
6 near the monitor, the computer that monitors
7 production. And, so, in the second line, over --
8 that's where the machine was, by the wall, and
9 there's men's and women's restrooms there. I don't
10 remember.

11 Q Okay. When this accident occurred, did you tell
12 any supervisor?

13 A Yes.

14 Q Who did you tell?

15 A Mr. David Cooper.

16 Q What did David Cooper say or do, if anything?

17 A He said, "Do you want me to take you to the
18 doctor?" and I said, "Yes, because it hurts
19 terribly." Well, he said to go into work -- how do
20 you say it -- to do light duty, to -- to unroll the
21 thread. He said he was going to make a telephone
22 call and then take me to the doctor. And then he
23 called me and said, "Are you sure you want to go to
24 the doctor?" and I told him, "Yes," and then he
25 told me, "I'll see what I can do." So, he called

1 me into the office, and he said, "Martha, there's
2 two things I can do for you. You can go back and
3 do your normal job, or you can go home without pay.
4 Tomorrow, at 8:30, you come and see Stan Brooks,
5 and then he'll send you to the doctor." I said,
6 "Mr. Cooper, I can't work. The pain is really
7 great," and someone else was doing my job. So, Mr.
8 Cooper said, "You see that person in red? If you
9 were there, it would have to be higher -- up higher
10 than 93. I need you to work." He said, "You can
11 go home," Mr. Cooper said, "don't work, and then
12 come back because they're not going to let me send
13 you to the doctor. It's late, and they're not
14 letting me. I'm sorry." And I told him, "Mr.
15 Cooper, I've seen you take other people to the
16 doctor later than that," and he said, "I'm sorry,
17 Martha. I -- I can't do it." I told him, "Well,
18 I'm going to have to call my husband to get me
19 because I can't work like this." So, I said I
20 would just call my husband to come and get me
21 because I can't work like this and then tomorrow
22 I'll come and see Stan Brooks.

23 Q How late was it that this happened?

24 A Let's say like nine or something, like 8:30.

25 Q Is that PM or AM?

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1 A PM.

2 Q Okay.

3 A So, the next day, I went in at 8:30 to Stan Brooks'

4 office, but he wasn't there. He arrived at 9:30.

5 He was a little bothered, and he said he would

6 contact workers' comp because it was other

7 accidents that had happened. So, -- So, they --

8 you know, they didn't take care of me. And, now,

9 something I had forgotten to say is that David

10 Cooper had said, "You'll see the doctor tomorrow,"

11 but then they didn't want to see me. They said

12 "No. They have to make the appointment for you."

13 That's what the doctor said. So, after I saw Stan

14 Brooks, I went home, waiting for them to call me so

15 I could see the doctor, but -- but I didn't -- but

16 I didn't get a phone call, and I was worried

17 because I had to work the second shift and I hadn't

18 received a response from either of them and the

19 supervisor had required that I be present at work,

20 but I told him, "I can't work with this pain." So,

21 that's what I remember.

22 Q Thank you.

23 A You're welcome.

24 Q From this accident that you had, -- What injuries

25 did you have from this accident? To what body

1 parts were you injured?

2 A This one that I'm telling you about, --

3 Q Yeah.

4 A -- it was the last one I had.

5 Q What did you injure?

6 A The lower part of my back.

7 Q All right. In the lower back, you've got the left

8 low back, the middle low back, and the right low

9 back. Which of those three parts of the low back

10 did she injure?

11 A In the middle.

12 Q Did you injure anything else other than the middle

13 low back?

14 A No, not unless the doctor says different because I

15 didn't see the x-rays.

16 Q Are you still having problems with the middle low

17 back?

18 A Yes. A lot.

19 Q Tell me what problems you're having.

20 A I clean my house, but it's a lot of work for me.

21 It's difficult to do. I can't do the things that I

22 used to.

23 Q Such as?

24 A Move my furniture so I can sweep in the back -- I

25 can't move them -- or mop. Yes.

1 Q Let's see if I got this right. We have an accident
2 in April of 2013 to your chin, correct?

3 A Well, I don't remember. I mean, you've got it
4 written down on the record.

5 Q Well, I'm asking you because it's your testimony.

6 A I just -- Like I said, I don't remember the dates
7 very well, but, like, I told you what had happened.

8 Q You had that injury to your chin, and it affected
9 your head and gave you headaches. That's when you
10 were -- hit your head on a -- hit your face on a
11 blower; is that correct?

12 A Yes, sir.

13 Q All right. And then you told me about the second
14 accident, which is an injury to your back?

15 A Yes, sir. But, like I said, I don't remember which
16 one happened first and which one happened second.

17 Q Well, I didn't ask that. With respect, -- Let's
18 keep going here. But that accident to your back is
19 when you were jumping down from the machine and you
20 couldn't get the -- the roll, so you jumped and you
21 hurt your back; is that correct?

22 A Yes, I was coming down.

23 Q Okay. We got those two. Have you had any other
24 work-related injuries while working for Alice
25 Manufacturing?

1 A Yes.

2 Q Tell me about the next one, then. When did it
3 happen?

4 A I don't remember the date, but it was around when
5 they were going to give me that other position.

6 Q Do you know what year it was?

7 A It was '14, but I don't remember the date. I had
8 -- I had applied for that job because it was open
9 and I didn't want to miss my church meetings on
10 Wednesdays. The first shift supervisor, she did
11 not want me. So, then the doctor -- I'm sorry --
12 Mr. Cooper had said, "This is what we're going to
13 do. We're going to let you try the job, and if you
14 can do it, then you'll go and train during first
15 shift. Now, if you can't do it, because it's
16 heavy, then you won't get it." So, he said, you
17 know, "I don't know if you can do it because it's
18 heavy work." I told him, "Well, let me see. You
19 know, if I can see it, then I can tell if it's too
20 heavy," but he said, "No. No, you can't do that.
21 You have to -- You have to try it and see if you
22 can do it."

23 Mr. Jordan: Wait a minute. I have a
24 request that the translator instruct the
25 witness to break her testimony down into

1 smaller portions because I'm having a hard
2 remembering what her testimony has been. I
3 think it's almost impossible for the
4 translator to translate the length of
5 testimony of the witness.

6 Mr. Huff: No objection.

7 Mr. Jordan: Could you please instruct
8 the witness that.

9 Interpreter: (Complies.)

10 The Deponent: Okay.

11 Mr. Jordan: Does she understand what you
12 told her?

13 The Deponent: Speak less.

14 Mr. Jordan: Break up her testimony into
15 smaller portions.

16 The Deponent: Okay, sir.

17 Q We'll start right now, then. Tell me, when this
18 accident occurred, how did you get hurt? This new
19 accident we're talking about now, how did you get
20 hurt?

21 Mr. Huff: Let's stop there.

22 Mr. Jordan: I think the interpreter is
23 going to have to hold her hand up --

24 Interpreter: Okay.

25 Mr. Jordan: -- because I don't think --

1 Interpreter: Okay.

2 A There was -- At the machine, there was a roll. It
3 was a heavy metal, and I had to lift it into the
4 air.

5 Q All right.

6 A And I had to sustain it above, and, at the same
7 time, place a plastic -- There's like a plastic
8 cup that goes on the roll. And it's very heavy.
9 It was even difficult for the men to do it. And
10 they were watching me, but the supervisor would not
11 let them help me at any time. He said I had to do
12 it alone. And that's when I felt the pressure in
13 the lower part.

14 Q The lower part of what?

15 A From the middle of the back.

16 Q Did this accident here occur when she was trying to
17 apply for that other job?

18 A Yes. But I put the blame on him for having me do
19 the job instead of just letting me see.

20 Q Who was the supervisor?

21 A David Cooper.

22 Q All right. Continue if there's anything else you
23 want to say.

24 A I just have to add that I don't feel that I was
25 given the attention that I needed.

1 Q What body part was hurt?

2 A The low part of the back in the middle. I feel
3 like there was a knife to my lower back, like I was
4 stabbed.

5 Q Have you had any other accidents?

6 A Well, my knees.

7 Q Both right and left knee?

8 A Yes. More on the right.

9 Q When did this occur, what year?

10 A It was gradual. At first it was gradual. The
11 doctor had recommended that my job position be
12 changed, and they never wanted to do it.

13 Q When did this happen, what year?

14 A 2014. I don't remember. I think you have it.

15 Mr. Jordan: I don't think a claim has
16 been filed on that.

17 Mr. Huff: Thank you, Grady. So, which
18 claim, Grady, do you think we have, because I
19 -- I may want to bypass that because there's
20 no hearing coming up.

21 Mr. Jordan: I can talk to you outside of
22 her presence to sort of -- if you want to. It
23 might help you with that. I just don't want
24 you to think I'm --

25 Mr. Huff: I don't think that. We work

1 well --

2 Mr. Jordan: There's not been a claim
3 filed for any repetitive injury of the knee,
4 but there will be, but I can tell you the
5 prehearing brief that I think we have, which I
6 think you have. We have 11/2013.

7 Mr. Huff: That's the chin.

8 Mr. Jordan: Yeah, that's the chin.

9 Mr. Huff: We've got too many people
10 talking because we don't know what y'all are
11 saying, and --

12 Mr. Jordan: She's translating what we're
13 saying.

14 Mr. Huff: Oh. Okay. I got you. Excuse
15 me. Go ahead.

16 Mr. Jordan: And then we have the August
17 2013, which was the -- the back. That's where
18 she picked up the roll.

19 Mr. Huff: You have filed that one.

20 Mr. Jordan: Yes, we've filed that one.
21 The one I said we haven't filed is the knee.

22 Mr. Huff: It says knee here. You've got
23 one that says August of 2013 --

24 Mr. Jordan: You're right, but it's not a
25 repetitive motion.

1 Mr. Huff: It says repetitive motion.

2 Mr. Jordan: Oh.

3 Mr. Huff: I'll show it to you.

4 Mr. Jordan: Maybe I just got confused
5 about asking for a hearing.

6 Mr. Huff: Here. Let me show it to you.

7 Mr. Jordan: You're right. Okay.

8 Mr. Huff: You also claim it to be an
9 injury by accident, too.

10 Mr. Jordan: Well, -- That's right.

11 Mr. Huff: Which one do you think it is?

12 Mr. Jordan: Are we on the record?

13 Mr. Huff: You want to go off the record
14 and step outside?

15 Mr. Jordan: Yes.

16 [Off the record at 4:01 p.m.;
17 back on the record at 4:07
18 p.m.]

19 Mr. Huff: We're back on the record.

20 There was a period of time that the attorneys
21 went out to discuss -- because there's
22 multiple accidents and multiple ways that
23 she's gotten hurt, with multiple body parts.
24 What the attorneys have agreed to do -- It
25 seems that it's boiled down to two questions,

1 number one, that the claimant is asserting
2 that she is still having headaches from the
3 blow to her head and that she wants some
4 further medical treatment. So, that issue's
5 got to be addressed by me to my client. And
6 the second issue, are we going to accept a
7 repetitive trauma to the legs from climbing up
8 and down on these small steps. This was going
9 to be based upon the deposition of David
10 Cooper that was taken on December 11th of
11 2014. So, since we just got into the leg part
12 of this case, I'm going to ask some questions
13 about her legs. We're then going to adjourn
14 the deposition for me to communicate with the
15 employer and the insurance carrier about these
16 two issues, the legs and the head, and -- to
17 do for the hearing. If we're going to have to
18 go to a hearing, then we'll reconvene the
19 deposition. Is that correct, Grady?

20 Mr. Jordan: That's correct.

21 Mr. Huff: All right. Now, with that
22 being said, --

23 Examination Continues

24 By Mr. Huff:

25 Q Tell me -- You said it was gradual, and you're

1 having problems with your right and left leg?

2 A A lot of pain in the knees, not the legs.

3 Q All right. That's what I wanted to know. So, it's
4 just the knees, correct, right and left knee?

5 A Yes, the right and the left.

6 Q And you believe that's from what? What caused that
7 on the job?

8 A It's repetitive injury, but, also, when I was
9 training to do the heavy job, David Cooper had told
10 me to push the roll with my knees. I said, "Well,
11 I can push it with my hands," but he said, "No. Do
12 it with your knees." So, when I did that, then I
13 felt the pain in my knees.

14 Q Tell me, what was the injury to your knees? What
15 does it prohibit you from doing?

16 Mr. Huff: Hold your hand up. Let's stop
17 it. Don't let it get too long.

18 A What does it prevent me from doing? Walking;
19 standing too long; sitting too long. Also bending
20 my foot like you sometimes do when you're sitting
21 down on the couch. And sometimes even when I'm
22 sleeping, I can't sleep because of the pain.

23 Q Has it affected the type of shoes you can wear?

24 A Well, the high-heel shoes, the ones that have the
25 skinny heel, I can't use those. And it does affect

1 me more with high heels than it does with flats.

2 Q What type of shoes do you wear?

3 A Well, the boots that I have on, I mean, I was
4 forced to wear them because of the cold, but those
5 are the only ones. As soon as -- I just use them
6 to go out, and then, as soon as I get home, I take
7 those off.

8 Q I haven't seen the boots. Can she --

9 A Since I don't have money to get anything new, --

10 Q What size heel do they have? I didn't --

11 A Well, it's a nine and a half.

12 Q Inch heel?

13 A Oh. No. That's the shoe size.

14 Q What size heel?

15 A I don't know. It's not too high.

16 Mr. Jordan: Well, let him see them.

17 Stand up and come over here.

18 The Deponent: (Complies.)

19 Mr. Huff: All right. Grady, what I'm
20 seeing is it's about maybe a two-inch heel, a
21 flat -- fat heel --

22 Mr. Jordan: I agree with that. That's
23 right.

24 Mr. Huff: -- fat heel.

25 Mr. Jordan: That's right.

1 Mr. Huff: All right. Fat, two-inch
2 heel.

3 A Apparently I could use the thick heel instead of
4 the skinny heel, but if I had money, I'd buy one
5 that didn't have a heel.

6 Q Does she wear stiletto heels? I've heard that
7 word.

8 A What's that?

9 Q All right. I don't know either. What would be the
10 highest heel she would wear, then?

11 A The one I have on.

12 Q About two inches?

13 A Yes, or less. I have some smaller heels, low
14 heels, that I use to go to the Kingdom Hall, but
15 since I'm just sitting, I just wear it to go, and
16 then, as soon as I get home, I take them off,
17 because I'm short and I'm fat.

18 Q All right. The heels that she wears to church,
19 then, they would be two inches or less?

20 A I'm not sure what two inches are.

21 Mr. Jordan: Just like the heels you have
22 on now.

23 Q The heels you have on now.

24 A Less. Less. Yes, because I can't stand when I
25 have heels. I have to support myself on something,

1 like the seat in front of me.

2 Q How far can you walk?

3 A How far I can walk? Maybe a mile with sneakers,
4 but it hurts.

5 Q When you go to church, what time does it begin and
6 what time do you go home?

7 A It starts at 7:30 Wednesday nights, and it finishes
8 at 9:15 or 9:20.

9 Q All right. What about on Sundays?

10 A On Sunday it starts at one in the afternoon and
11 finishes at three.

12 Q Do your legs -- Excuse me. Your knees, do they
13 prevent you from lifting anything?

14 A My back.

15 Q All right. The back limits you. Okay.

16 A Yes.

17 Q All right. Let's talk about knees now because
18 we're going to finish up.

19 A Uh-huh.

20 Mr. Huff: All right. What we discussed
21 earlier was that we're going to adjourn the
22 deposition in order for me to have this
23 portion typed up, and, at the request of
24 Grady, when we had a private conference with
25 the attorneys, he has said that the issues

1 seem to be whether or not we're going to
2 provide medical treatment for the blow to the
3 head because of the need for headache
4 treatment that she says she hasn't had enough
5 of. And the other issue is the issue of the
6 -- of the knees and the causation and need for
7 medical treatment. If I have a negative
8 response, then we will reconvene the
9 deposition as soon as possible so we can go
10 forward with the hearing in the latter part of
11 next month. Does that sound correct to you,
12 Grady?

13 Mr. Jordan: Yeah. And I would state on
14 the record that if we don't resolve the issues
15 and we have to reconvene, that Mr. Huff is not
16 prejudiced in any way and he can ask any
17 question he wants to at the reconvening so
18 this deposition will continue until he
19 finishes it.

20 Mr. Huff: Thank you very much, Grady.
21 We'll stop right here.

22 (Whereupon the deposition was adjourned at
23 4:20 p.m.)

24 (Deponent has waived reading and signing.)

State of South Carolina)
) Certificate
County of Richland)

Be it known that the foregoing deposition of Martha Perez was taken before me;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

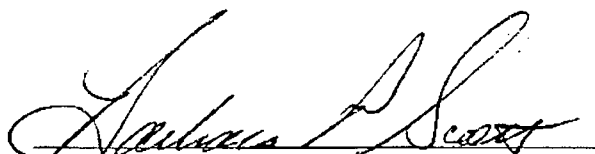
That by virtue thereof I was duly authorized to administer an oath;

That the witness was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 53 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Signed this 7th day of February 2015.


Barbara P. Scott

Notary Public for South Carolina
My commission expires April 9, 2017.

Note: Recordings are retained for twelve (12) months from date of certification.

PEREZ_MARTHA.WPD

Word	Page:Line	Word	Page:Line	Word	Page:Line	Word	Page:Line
46-and(1) 23:4		anything(8) 5:8 25:9 28:1 28:8 37:13		boiled(1) 47:17		climbing(1) 48:7	
ability(3) 3:9 4:5 54:18		40:8 50:7 52:8		boots(1) 50:2		closed(1) 29:14	
able(1) 28:14				bothered(1) 39:4		cocoa(1) 29:8	
about(16) 3:17 8:15 11:3 14:13 26:14		apartment(1) 5:15		bottom(1) 31:10		cold(1) 50:3	
30:4 30:5 35:5 41:9 43:14 47:3 48:13		appearances(1) 2:1		box(1) 2:7		colder(1) 12:4	
48:15 50:13 51:8 52:10		applied(2) 22:3 42:5		break(3) 7:13 42:21 43:10		color(2) 25:1 25:2	
		apply(1) 44:13		brief(1) 46:4		come(8) 13:13 14:1 35:8 38:4 38:12	
above(6) 32:3 32:4 32:5 32:17 33:2		appointment(1) 39:11		brooks(7) 2:11 23:13 29:1 38:4 38:22		38:20 38:22 50:11	
accept(1) 48:6		appreciate(1) 11:7		39:2 39:13			
accident(14) 22:3 26:6 30:14 30:18		approximately(1) 30:3		bruise(1) 29:10		coming(2) 36:8 45:13	
34:10 34:11 35:4 39:22 41:1 41:10		april(5) 26:14 30:10 30:15 30:17 41:2		buffet(1) 15:2		commencing(1) 1:15	
41:12 43:13 43:14 47:5		area(2) 14:3 32:11		building(2) 12:9 12:14		commission(1) 1:2	
		around(1) 27:11		bump(1) 29:10		communicate(1) 48:14	
accidents(2) 39:6 47:14		arrested(1) 9:7		business(1) 17:3		comp(3) 23:14 34:7 39:5	
accurate(1) 54:15		arrive(1) 29:17		butter(1) 29:8		companies(1) 17:15	
acreage(1) 6:3		arrived(1) 39:3		buy(1) 51:3		company(4) 16:8 16:18 17:2 24:5	
act(1) 1:15		ask(9) 4:10 4:17 5:3 9:6 33:3 33:4		by:barbara(1) 2:9		compensation(3) 1:2 23:4 24:8	
action(1) 54:22		35:16 48:12 53:15		by:emily(1) 2:10		complete(2) 11:4 54:16	
addition(2) 21:8 36:13				bypass(1) 45:12		computer(1) 37:6	
address(3) 5:14 6:4 20:13		asked(1) 2:28		call(5) 37:18 38:18 38:20 39:13 39:15		concerning(1) 54:13	
addressed(1) 48:5		asking(1) 47:3		called(6) 16:9 16:13 17:7 26:12 37:19		condo(1) 5:15	
adjoin(2) 48:13 52:13		asserting(1) 48:1		37:21		conference(1) 52:16	
administer(1) 54:10		attend(1) 21:1				confirm(1) 26:9	
administrative(1) 1:15		attendance(1) 21:9				congregation(1) 9:2	
affect(1) 49:18		attender(1) 16:12		came(5) 8:3 8:13 12:2 14:2 14:8		consciousness(1) 27:12	
aforsaid(2) 54:13 54:17		attending(1) 9:2		can't(14) 35:12 36:11 38:6 38:17 38:19		considerable(1) 27:4	
after(10) 11:8 15:4 17:8 18:13 20:2		attention(1) 44:17		38:21 39:19 40:13 40:16 42:12 42:17		contact(1) 39:5	
28:6 29:6 30:3 37:3 39:12		attorney(4) 4:4 7:12 35:16 54:21		49:16 49:18 51:16		contain(1) 2:21	
		attorneys(4) 32:10 47:12 47:16 52:17				continue(1) 53:17	
afternoon(1) 52:6		august(3) 35:1 35:2 46:15		capable(1) 24:6		controversy(1) 54:13	
again(4) 12:7 31:3 31:15 32:13		authorized(1) 54:9		car(2) 21:15 25:6		cooper(10) 37:13 38:6 38:8 38:11	
against(1) 37:1		auto(1) 17:16		care(1) 39:7		38:15 39:9 42:9 44:15 48:10 49:6	
ages(1) 9:14		average(1) 21:12		carolina(11) 1:2 1:14 1:18 9:5 13:15			
ago(6) 11:10 18:15 26:15 30:6 36:1		back(31) 8:13 10:15 10:16 12:7 20:4		14:3 14:9 15:1 17:11 54:2 54:30		copy(1) 1:20	
agree(3) 32:11 32:13 35:2		22:5 22:6 22:7 26:11 30:6 34:11 35:4				corner(1) 37:4	
agreed(2) 19:15 47:16		37:1 38:2 38:12 40:4 40:5 40:5 40:6		carolina-at-large(1) 54:8		correct(9) 20:8 26:16 33:5 41:2 41:8	
ahead(1) 46:10		40:6 40:9 40:11 40:15 41:10 41:12		carpet(1) 17:16		41:15 48:19 49:3 53:11	
air(1) 44:3		41:15 44:12 45:2 46:11 47:10 52:9		carrier(1) 48:15			
alfonso(2) 2:10 3:4				cart(4) 27:2 27:3 27:10 27:13		couch(1) 49:15	
alice(19) 4:3 6:10 8:2 8:4 8:6 8:9 8:13		bad(2) 33:10 33:10		case(2) 24:2 48:12		couldn't(3) 19:13 23:10 41:14	
17:13 18:4 18:9 18:13 19:1 20:4 20:5		bar(1) 16:1		causation(1) 53:6		counsel(2) 3:2 54:21	
20:7 22:2 22:15 26:7 41:17		based(1) 48:9		caused(1) 49:4		counselor(1) 21:4	
		basis(1) 21:1		certain(1) 36:16		county(1) 54:3	
alike(1) 5:5		bathroom(2) 27:19 28:9		certificate(54) 1:216		couple(1) 30:3	
all(34) 3:8 4:9 4:12 4:13 5:7 5:14 6:2		because(43) 5:2 5:4 9:1 10:11 11:13		changed(1) 45:8		court(1) 2:21	
10:6 14:2 14:7 15:10 18:9 18:10 20:6		11:14 19:11 19:12 19:15 22:13 23:8		changes(1) 10:10		cover(1) 24:3	
21:13 25:1 26:4 27:1 30:14 31:3 31:15		23:13 27:13 28:4 28:14 29:10 30:16		check(4) 23:3 23:4 23:7 24:6		cream(1) 29:8	
35:3 35:8 36:1 40:4 41:9 48:20 49:2		34:7 35:10 35:12 36:7 36:11 37:14		chicago(4) 12:6 13:2 13:4 13:12		cup(1) 44:6	
50:12 51:1 51:6 52:9 52:10 52:12		38:12 38:19 38:21 39:5 39:16 42:5		child(5) 6:5 6:6 6:7 10:4 10:8			
		42:12 42:14 43:1 43:18 45:11 45:12		child's(1) 10:7		currently(3) 9:9 30:13 30:19	
alleging(1) 22:16		46:7 47:13 49:16 50:3 51:12 51:16		children(2) 9:13 19:3		custody(1) 10:7	
alliance(1) 1:9		52:10 53:3		chime(1) 32:16		cut(1) 29:11	
almost(3) 26:15 26:15 43:3				chin(10) 26:12 26:13 27:1 27:11 30:4		cvr-m(1) 2:9	
alone(1) 44:10		becomes(1) 35:11		30:10 30:13 30:18 41:2 46:6		damage(1) 29:5	
along(2) 4:5 32:14		before(4) 4:8 8:13 15:12 54:6				date(2) 33:16 42:4	
also(5) 2:11 15:5 19:7 23:14 49:13		began(1) 8:9		chinese(3) 15:5 15:11 16:2		dates(3) 15:9 35:13 41:4	
america(1) 12:3		belabor(1) 31:15		choose(1) 13:15		david(5) 37:13 39:8 44:15 48:9 49:6	
american(3) 1:9 17:7 17:16		believe(3) 10:5 29:13 49:4		church(6) 19:14 20:11 21:2 21:3 21:5		day(5) 22:15 22:16 28:17 39:2 54:23	
animals(2) 25:11 25:12		belmont(3) 17:8 17:9 17:17		42:6		december(1) 48:10	
another(6) 15:13 16:9 17:2 28:13		below(1) 36:10				decided(1) 29:1	
34:10 37:3		bending(1) 49:13		citizen(1) 7:10		denote(1) 2:23	
		best(3) 3:9 32:6 54:17		city(1) 12:3		denotes(2) 2:25 2:26	
answer(1) 5:1		better(2) 4:13 4:14		civil(1) 1:14		department(2) 12:9 12:14	
answers(1) 4:11		between(1) 3:17		claim(1) 45:11		depending(1) 10:10	
any(34) 3:5 4:12 4:17 5:8 7:14 11:7		big(2) 16:8 25:14		claimant(2) 1:5 48:1		deponent(2) 3:2 43:8	
11:8 11:9 12:13 13:9 13:11 16:4 17:1		bit(2) 12:4 27:18		claimant:w(1) 2:2		deposed(1) 3:13	
17:17 17:18 18:12 21:3 21:4 22:13		black(1) 2:27		class(1) 21:6		deposition(11) 1:5 1:13 4:7 4:7 48:9	
5:4 25:10 25:11 30:13 30:14 30:19		bleeding(2) 27:21 28:9		classes(2) 21:8 21:12		48:14 48:19 52:14 53:9 53:17 54:5	
6:7 37:11 41:16 44:9 46:2 53:15		blood(2) 27:17 27:19		clean(1) 27:19			
53:15 54:20 54:21		blow(3) 30:4 48:3 53:2		cleaning(3) 12:9 12:14 19:7		describe(2) 31:9 32:7 163	
		blower(3) 27:9 30:18 41:8		clear(1) 4:16			
anybody(1) 28:11		boats(1) 25:10		client(1) 48:5			
anymore(1) 14:15							

PEREZ MARTHA.WPD

Word	Page:Line	Word	Page:Line	Word	Page:Line	Word	Page:Line
didn't(20) 11:4 19:11 19:14 19:15 20:9 22:4 22:7 22:8 27:8 27:9 28:7 34:1 34:7 39:7 39:10 39:14 39:15 40:10 2:6 51:4		far(3) 9:10 11:2 52:2 fat(3) 50:14 51:1 51:12 february(1) 54:23 feel(2) 4:13 4:14 felt(7) 27:11 27:14 27:16 27:18 35:7 44:10 49:10 few(1) 25:4 filed(6) 24:7 24:8 45:10 46:2 46:13 46:14 finally(1) 16:6 finish(1) 52:11 finishes(2) 52:7 53:18 firm(1) 2:6 first(14) 8:6 8:9 12:2 18:2 18:3 18:7 19:1 26:6 30:2 41:11 42:7 42:11 45:6 54:11 fixing(1) 27:6 flat(1) 50:14 flats(1) 50:1 follow-up(1) 30:8 followed(1) 14:1 following(1) 37:3 follows(1) 3:14 food(2) 15:2 15:15 foot(1) 49:14 forced(1) 50:3 foregoing(2) 54:5 54:14 forgotten(2) 23:6 39:8 format(1) 2:30 forward(1) 53:10 four-wheeler(1) 25:8 frequently(2) 31:4 31:5 front(3) 27:4 32:6 52:1 full(2) 5:6 5:7 full-time(2) 9:1 15:8 fully(1) 2:27 furniture(1) 40:15 further(3) 30:13 30:19 48:4 gave(2) 28:12 41:6 georgia(2) 10:12 10:15 get(18) 4:5 20:14 31:14 32:14 35:12 36:10 36:13 38:18 38:20 39:15 41:14 42:13 43:13 43:14 49:12 50:5 50:7 51:11 getting(1) 27:10 give(5) 4:10 9:14 22:4 24:3 42:3 given(4) 22:5 33:13 44:17 54:16 goes(1) 44:6 going(29) 3:16 4:9 4:9 4:10 7:7 10:15 16:2 22:9 26:5 27:12 27:14 28:4 31:16 37:17 38:12 38:18 41:12 42:3 42:9 42:10 43:17 48:6 48:8 48:12 48:13 48:17 52:11 52:13 53:1 gone(3) 7:3 11:2 11:7 good(2) 5:6 14:13 goodness(1) 27:15 got(18) 7:1 8:10 22:7 22:16 27:11 31:12 32:3 32:4 32:5 32:5 35:6 36:8 36:15 40:4 41:1 41:16 48:5 48:11 gotten(1) 47:15 grabbed(2) 27:12 27:13 gradual(2) 45:6 45:6 grady(6) 2:2 45:11 48:19 50:12 52:16 53:12 grandchildren(1) 10:2 great(3) 1:9 9:10 38:7 greenville(3) 13:15 14:3 15:1 grocery(1) 21:7		hadn't(1) 39:16 half(5) 10:15 12:10 12:15 18:5 50:8 hall(1) 51:9 hand(7) 27:17 32:9 32:12 32:16 32:19 33:1 43:17 hands(1) 49:8 happen(1) 42:2 happened(8) 11:14 27:1 28:6 35:15 39:6 41:5 41:11 41:11 harassing(1) 18:10 hard(2) 4:9 43:1 harder(1) 4:11 hasn't(1) 53:4 hate(1) 7:1 haven't(3) 7:3 22:11 46:14 having(6) 30:13 30:19 40:12 43:1 48:2 49:1 he'll(1) 38:5 he's(2) 10:15 29:17 head(11) 27:20 29:5 30:9 32:1 32:18 33:2 41:6 41:7 48:3 48:16 53:3 headache(2) 33:14 53:3 headaches(7) 31:2 33:6 33:12 34:3 34:5 41:6 48:2 headed(1) 28:8 hearing(5) 45:13 47:3 48:17 48:18 heavy(6) 42:13 42:15 42:17 44:2 44:6 49:6 heel(7) 49:18 50:13 50:14 51:2 51:3 51:4 51:7 heels(4) 50:1 51:9 51:14 51:17 height(2) 7:2 36:10 help(4) 28:7 28:10 44:9 45:15 her(25) 3:9 7:12 11:6 14:5 15:15 23:12 28:2 28:3 32:9 32:11 32:16 32:17 32:19 33:1 33:2 33:2 33:4 42:21 43:2 43:9 43:10 43:17 45:14 48:3 48:13 hereto(2) 54:20 54:21 high(4) 11:8 35:9 50:1 50:10 high-heel(1) 49:17 higher(3) 35:7 38:9 38:9 highest(1) 51:7 highly(1) 4:4 him(8) 10:9 10:13 23:6 37:20 38:14 38:17 39:19 42:15 his(3) 4:5 10:7 10:8 hit(5) 27:11 30:10 30:18 41:7 41:7 hold(3) 15:12 21:3 43:17 home(11) 5:15 10:8 19:3 28:13 29:9 38:3 38:11 39:13 50:5 51:11 52:4 hop(2) 36:3 36:5 hope(1) 20:6 hospital(3) 8:14 19:5 20:3 hostile(1) 4:6 hot(1) 27:16 bour(1) 1:15 house(4) 5:15 10:14 17:7 17:16 however(1) 2:29 huff(13) 2:6 3:16 4:2 47:1 47:2 47:6 47:7 48:20 48:22 50:12 51:1 52:12 53:14 huff4(1) 2:15		hurt(12) 22:6 22:16 26:11 27:20 28:7 35:5 36:8 41:15 43:13 43:15 45:1 47:15 hurting(2) 28:15 31:7 hurts(2) 37:14 52:3 husband(6) 6:9 19:11 24:12 28:15 38:18 38:20 husband's(1) 5:12 hydrocodone(1) 33:10 hyphens(1) 2:23 i'd(4) 4:15 12:2 23:6 51:3 i'll(4) 33:10 37:21 38:22 47:2 i'm(24) 4:9 7:4 8:11 17:11 17:11 17:15 24:4 24:15 30:6 31:15 32:6 32:13 38:14 38:16 38:18 42:8 43:1 45:16 48:12 49:15 50:12 51:10 51:12 51:12 i've(4) 7:3 8:10 27:15 38:15 idea(1) 19:6 illinois(1) 12:6 important(1) 19:16 impossible(1) 43:3 inches(2) 51:8 51:13 incomplete(1) 2:24 incorrectly(1) 27:7 index(1) 2:13 indicating(2) 31:13 32:15 injure(3) 40:3 40:7 40:8 injured(2) 26:8 40:1 injuries(10) 12:13 13:10 15:3 16:5 17:1 17:18 18:12 20:1 26:2 41:17 injury(6) 30:10 30:20 31:1 41:10 46:2 47:5 inside(1) 29:12 instead(1) 44:14 instruct(2) 42:20 43:6 insurance(3) 24:1 24:2 48:15 integrity(1) 2:29 interest(1) 3:6 interested(1) 54:22 interpreted(1) 2:10 interpreter(2) 43:16 44:1 interpreting(1) 19:8 interruption(1) 2:24 into(6) 37:15 38:1 42:21 43:10 44:2 48:11 isn't(1) 12:4 issue(5) 22:9 22:14 48:6 53:5 53:5 issue's(1) 48:4 issues(3) 48:16 52:17 53:13 it'll(2) 7:8 36:12 it's(24) 4:9 4:11 10:5 14:15 19:16 20:6 24:14 29:16 31:7 32:17 33:10 35:7 38:13 40:13 42:12 42:14 42:16 43:3 44:6 47:17 49:2 50:8 50:10 50:13 january(2) 1:16 30:7 jehovah's(1) 9:3 job(15) 11:9 15:13 15:15 22:2 22:3 27:2 38:3 38:7 42:5 42:10 44:13 44:14 45:7 49:5 49:6 jobs(2) 13:3 15:11 jordan(13) 1:17 2:2 33:1 33:3 43:6 43:10 43:16 43:18 46:6 46:13 47:4 50:16 51:14 164 judge's(1) 10:10 jump(5) 35:8 36:3 36:6 36:10 36:12 lumped(1) 41:14	

PEREZ_MARTHA.WPD

Word	Page:Line	Word	Page:Line	Word	Page:Line	Word	Page:Line
june(1) 30:2		long(13) 5:10 6:12 11:10 12:6 13:5		motor(1) 25:8		outside(2) 29:12 47:8	
just(16) 7:14 8:11 16:11 22:11 28:12		14:8 14:11 18:3 21:13 33:6 49:12		move(3) 30:20 40:15 40:16		over(5) 30:16 31:9 37:4 37:7 50:11	
33:3 38:20 41:4 44:14 45:15 48:11		49:13 49:13		moved(3) 15:12 27:9 27:17		own(2) 29:14 36:9	
9:3 50:4 51:10 51:10 51:14		longer(2) 16:15 21:14		much(3) 5:4 28:16 32:17		p.m.(4) 1:16 47:9 47:11 53:20	
keep(2) 22:8 41:12		looked(1) 22:12		multiple(3) 47:14 47:14 47:15		p.o.(1) 2:7	
kept(1) 2:30		looking(1) 17:15		murano(1) 24:13		pages(1) 54:15	
kim(4) 27:22 28:1 28:5 28:18		lose(1) 27:12		myself(2) 12:5 51:17		paid(1) 20:14	
kingdom(1) 51:9		lot(1) 27:20		name(7) 5:6 5:6 5:7 5:8 5:12 6:6 16:10		pain(8) 27:14 28:13 28:15 35:7 38:6	
knee(5) 22:7 26:11 46:2 46:14 49:3		low(5) 40:5 40:5 40:5 40:6 40:9		names(1) 5:7		39:19 49:10 49:16	
knees(9) 24:1 24:2 45:4 49:3 49:7 49:9		lower(3) 40:4 44:11 45:2		near(1) 37:6		part(9) 5:11 26:8 26:12 29:17 31:9	
49:10 52:10 53:6		machine(7) 27:8 35:6 36:5 36:9 37:5		need(11) 5:3 5:7 22:13 24:3 28:17		44:11 45:1 48:11 53:10	
knew(1) 25:3		37:8 41:13		28:18 29:12 32:2 38:10 53:3 53:6			
knife(1) 45:2		machines(2) 27:6 37:1		needed(2) 34:8 44:17		part-time(1) 15:8	
knocked(1) 27:15		main(2) 1:17 2:3		needs(1) 7:13		partially(1) 2:27	
know(29) 7:1 7:14 8:7 8:8 8:8 8:9		make(3) 33:4 37:17 39:11		negative(1) 53:7		parties(5) 3:3 3:8 3:17 54:20 54:21	
11:3 12:2 14:2 17:5 17:8 18:15 19:9		management(1) 28:11		neighborhood(1) 6:2		parts(3) 40:1 40:6 47:15	
22:11 25:3 25:4 25:7 26:8 28:3 32:2		manufacturing(9) 1:7 4:3 17:3 17:5		never(3) 13:1 18:1 45:8		party(1) 3:5	
32:8 39:7 42:14 42:14 42:16 46:7 49:2		17:15 18:9 20:7 26:2 41:18		new(3) 27:2 43:13 50:7		pay(6) 23:12 34:1 34:7 34:7 34:9 38:3	
50:10 51:6		many(9) 4:4 4:4 8:2 9:10 9:13 18:15		news(1) 11:15		pendleton(1) 17:11	
known(2) 4:3 54:5		21:12 25:13 26:2		next(6) 13:14 16:7 28:17 31:1 39:2		people(2) 28:8 38:15	
koko(2) 33:13 33:15		march(1) 7:6		53:11		perez(4) 1:4 1:7 1:13 54:6	
laptop(1) 29:16		marked(1) 2:19		night(1) 28:14		perhaps(1) 32:10	
last(10) 8:1 8:3 8:13 15:12 21:13 22:15		married(2) 5:9 9:11		nine(2) 38:23 50:8		period(2) 16:4 47:12	
33:7 33:15 34:4 34:8		martha(6) 1:4 1:7 1:13 38:1 38:17 54:6		nor(3) 54:19 54:20 54:22		permitted(1) 36:13	
late(1) 38:13		massaging(1) 29:9		normal(1) 38:3		person(3) 2:28 9:6 38:8	
later(2) 29:1 38:16		material(2) 2:22 2:22		norris(3) 9:4 9:4 9:5		phone(1) 39:15	
latter(1) 53:10		matter(4) 3:5 3:6 3:8 54:13		notary(2) 54:7 54:30		phonetically(1) 2:25	
laurens(1) 14:15		maybe(2) 50:13 52:2		note(2) 2:21 54:33		picked(1) 46:12	
lavery(1) 1:17		mcfadden(3) 29:18 30:2 30:7		nothing(2) 3:13 54:12		pickup(2) 24:14 25:2	
law(2) 1:16 2:6		mean(1) 50:2		now(16) 5:2 7:10 12:1 20:8 26:5 29:16		pictures(1) 29:15	
lawyer(1) 26:10		medical(3) 48:4 53:2 53:7		30:19 31:7 35:5 39:7 42:12 43:12		pills(2) 28:12 34:6	
lave(1) 18:9		medication(2) 33:8 34:2		43:14 48:20 51:15 52:10		place(4) 8:1 13:11 44:5 54:17	
leaving(1) 20:2		medicine(1) 33:13		number(3) 2:26 36:18 48:1		placed(1) 27:7	
lee(1) 1:17		meetings(1) 42:6		oath(1) 54:10		places(1) 17:17	
left(10) 8:10 16:6 17:2 18:13 19:1 19:2		memorial(1) 8:14		observed(1) 28:8		placing(1) 27:5	
31:10 40:4 49:1 49:3		men(1) 44:7		obtained(1) 28:12		plant(1) 36:16	
leg(2) 48:11 49:1		men's(1) 37:9		occurred(1) 43:13		plastic(4) 29:18 30:12 44:5 44:5	
legally(1) 7:10		mention(1) 18:10		oconee(2) 8:14 19:5		please(3) 6:6 11:2 43:6	
legs(3) 48:7 48:13 48:16		messed(1) 22:7		off(6) 2:25 36:9 47:7 47:9 50:6 51:11		point(1) 31:16	
length(1) 43:4		metal(1) 44:2		offer(1) 28:7		portion(1) 52:15	
less(8) 8:16 13:6 14:10 30:1 36:1 51:13		mexican(3) 15:7 15:11 16:3		offered(1) 28:9		portions(2) 43:1 43:11	
51:16 51:16		mexico(1) 7:5		office(3) 21:5 38:1 39:3		position(2) 42:3 45:7	
let(8) 7:14 13:13 28:19 38:12 42:10		middle(6) 5:6 5:8 32:4 40:5 40:8 44:12		offices(2) 1:16 21:3		possible(1) 53:9	
42:15 44:9 49:12		might(2) 21:14 45:15		often(4) 21:1 21:11 31:2 31:5		practice(1) 29:2	
let's(4) 20:6 38:23 41:1 52:10		mile(1) 52:2		okay(17) 4:17 5:1 6:13 8:3 11:1 11:13		prehearing(1) 46:4	
lets(1) 10:12		mileage(1) 23:5		14:11 22:2 26:5 33:6 35:1 36:19 41:16		prejudiced(1) 53:15	
letting(2) 38:14 44:14		military(1) 9:8		43:8 44:1 47:4 52:9		premises(1) 25:5	
lice(1) 1:7		mill(1) 17:16		old(2) 6:5 10:3		prepare(1) 15:2	
lift(1) 44:2		mills(3) 17:8 17:9 17:17		once(4) 9:12 27:17 27:18 29:11		presence(1) 45:14	
lifting(1) 52:8		mind(1) 4:16		one(17) 15:8 15:12 19:12 19:13 22:6		present(2) 2:27 39:18	
light(1) 37:16		ministry(1) 9:1		24:13 28:9 34:8 41:11 41:11 46:13		present:stan(1) 2:11	
like(26) 5:8 7:12 10:11 11:8 12:2 12:7		mis(1) 27:6		46:14 46:15 47:6 48:1 51:3 52:6		preserve(1) 2:29	
14:5 15:7 16:13 17:9 20:13 21:7 25:9		miss(2) 19:15 42:6		one-on-one(1) 21:7		pressure(1) 44:10	
27:11 38:19 38:21 38:23 38:23 41:4		missing(1) 19:12		ones(2) 49:17 50:4		pretty(1) 32:17	
41:5 44:5 45:2 45:2 49:14 51:14 52:1		mistaken(2) 17:12 24:4		only(3) 28:3 33:11 50:4		prevent(1) 52:8	
liked(1) 12:5		mm-hmm(1) 11:5		onto(1) 27:13		prior(1) 3:16	
limits(1) 52:9		mobile(1) 5:15		open(2) 29:10 42:5		private(1) 52:16	
line(4) 37:2 37:3 37:4 37:7		monday(1) 1:16		operation(1) 24:3		problem(1) 8:12	
little(4) 12:4 25:3 25:14 39:4		money(2) 50:7 51:3		order(1) 52:14		problems(5) 30:13 30:14 30:19 40:12	
live(2) 10:4 13:14		monitor(1) 37:6		ordered(1) 29:16		49:1	
lived(1) 12:5		monitors(1) 37:6		orders(1) 10:10		procedure(1) 1:14	
lives(2) 6:4 10:8		month(1) 53:11		other(16) 13:3 13:11 17:15 17:17 19:4		procedures(1) 1:15	
llic(1) 2:6		months(4) 13:7 30:3 30:5 54:33		22:6 24:14 25:4 28:5 38:15 39:5 40:8		production(1) 37:7	
located(2) 20:12 31:8		mop(1) 40:16		41:16 42:3 44:13 53:5		prohibit(1) 49:11	
location(1) 36:16		more(9) 8:15 8:16 13:6 14:10 19:10		our(1) 35:1		provide(1) 53:2	
		30:1 36:1 45:5 50:1		out(5) 2:28 27:15 34:2 47:13 50:5		provides(1) 3:7	
		mother(1) 10:7				public(2) 54:7 54:30 165	
		motion(3) 32:10 46:16 47:1				pursuant(1) 1:13	

PEREZ_MARTHA.WPD

Word	Page:Line	Word	Page:Line	Word	Page:Line	Word	Page:Line
putting(3) 27:7 29:7 32:19		said(34) 7:12 23:13 28:3 28:6 28:15		something(9) 16:13 17:9 18:10 23:5		tell(21) 5:6 10:1 11:2 14:5 23:6 27:1	
question(4) 4:17 5:3 22:11 53:16		28:19 33:4 36:3 36:4 37:14 37:15		28:4 28:17 38:23 39:8 51:17		28:2 28:16 31:1 31:12 31:14 32:3 32:6	
questions(5) 2:28 4:10 21:14 47:17		37:17 37:19 38:1 38:5 38:8 38:10		sometimes(2) 49:14 49:15		35:3 36:8 36:17 37:12 40:12 42:16	
48:12		38:11 38:16 38:19 39:4 39:9 39:10		son(4) 10:7 10:11 10:13 10:16		43:12 46:3	
quite(1) 26:15		39:12 41:4 42:9 42:13 42:17 44:9		son's(2) 25:6 29:15		terribly(1) 37:15	
quoted(2) 2:22 2:23		46:14 48:21 49:7 49:8 52:17		sons(1) 26:1		testified(1) 3:13	
raise(1) 19:3		same(2) 15:10 44:4		soon(4) 50:4 50:5 51:11 53:9		testify(1) 54:12	
ran(1) 34:2		say(10) 4:15 5:3 11:6 28:1 32:1 37:13		sorry(4) 17:11 38:14 38:16 42:8		testimony(5) 42:21 43:2 43:5 43:10	
rather(1) 4:15		37:16 38:23 39:8 44:16		sort(1) 45:14		54:16	
reach(1) 35:12		saying(3) 32:6 46:8 46:9		sound(5) 5:4 26:14 30:4 30:8 53:11		textile(1) 17:16	
read(2) 2:22 31:16		says(3) 46:15 47:1 53:4		sounds(1) 20:13		textiles(1) 17:7	
reading(2) 3:18 3:18		scar(1) 29:8		south(13) 1:2 1:14 1:18 9:4 9:5 13:15		than(12) 4:11 13:6 13:6 14:10 28:5	
reads(2) 31:11 32:7		school(3) 11:3 11:8 11:14		14:3 14:8 15:1 17:11 54:2 54:8 54:30		31:4 36:1 36:1 38:10 38:16 40:8 50:1	
realize(2) 27:8 27:9		schools(3) 11:8 11:8 11:9		spanish(2) 4:14 4:15		thank(1) 11:7	
really(2) 33:10 38:6		scooters(1) 25:8		speak(3) 3:12 4:12 28:19		that's(20) 10:12 11:13 11:13 16:8	
reason(1) 7:14		scott(1) 2:9		speaker(1) 2:23		16:12 17:14 35:4 35:7 35:8 37:8 39:12	
recall(2) 8:15 34:12		seat(1) 52:1		specialist(1) 30:12		39:20 41:6 44:10 46:6 46:11 49:2 49:4	
received(2) 23:4 39:17		second(8) 20:7 26:9 37:4 37:7 39:16		specific(1) 31:14		50:9 50:16	
recently(1) 8:14		41:9 41:11 48:6		speech(1) 2:24		there's(6) 37:4 37:9 38:1 44:5 45:12	
recommended(1) 45:7		security(2) 2:26 24:7		spell(2) 5:13 17:9		47:13	
reconvene(3) 48:18 53:8 53:14		seeing(1) 50:13		spinning(2) 17:7 17:16		thereof(1) 54:9	
reconvening(1) 53:16		seek(1) 19:4		spoken(2) 2:26 3:8		they'll(1) 32:7	
record(9) 3:10 3:15 3:16 32:9 41:3		seem(1) 53:1		spool(2) 16:12 36:11		they're(5) 26:1 26:1 32:1 38:12 38:13	
47:7 47:9 47:10 53:13		seems(1) 47:17		spring(1) 34:15		thing(1) 28:3	
recordings(1) 54:33		send(3) 29:1 38:5 38:12		stabbed(1) 45:3		things(3) 14:13 38:2 40:13	
records(3) 8:10 35:1 35:14		sent(1) 29:7		stan(5) 28:19 38:4 38:22 39:2 39:12		think(21) 9:4 12:10 13:6 13:11 14:13	
recovered(1) 27:18		sentence/phrase(1) 2:24		stand(3) 7:13 50:11 51:16		17:13 17:14 22:10 24:13 30:11 34:13	
red(1) 38:8		september(1) 7:8		standing(1) 49:13		36:8 43:3 43:16 43:18 45:9 45:11	
redacted(1) 2:27		serve(1) 15:2		start(3) 30:16 36:12 43:12		45:16 46:4 46:5 47:6	
related(3) 3:5 13:10 54:19		services(2) 19:12 23:8		started(1) 8:7		third(1) 2:28	
relative(1) 54:20		serving(1) 15:15		starts(1) 52:6		thought(2) 27:15 28:4	
remember(27) 8:12 10:1 11:13 12:10		seven(1) 10:1		state(3) 12:3 54:2 54:8		thread(4) 27:3 27:5 35:10 37:17	
13:3 15:8 16:10 16:11 16:15 16:16		she's(5) 23:12 24:6 32:11 33:1 47:15		stay(1) 19:3		three(5) 8:5 15:11 16:6 40:6 52:7	
8:7 24:9 24:13 26:11 29:6 30:1 33:14		shift(3) 39:16 42:7 42:12		step(1) 47:8		through(2) 16:2 26:5	
33:16 34:6 34:13 34:14 37:5 37:10		shoe(1) 50:9		steps(1) 48:8		time(25) 4:17 7:12 8:3 8:6 8:9 8:13	
39:20 41:4 42:4 45:9		shoes(1) 49:17		still(2) 16:11 48:2		15:10 16:4 18:2 18:3 18:6 18:7 18:10	
remembering(3) 14:14 35:13 43:2		shoney's(6) 14:11 15:4 15:5 15:11		stipulations(1) 3:1		19:1 20:7 30:2 33:11 33:11 33:15 34:4	
repetitive(4) 46:2 46:16 47:1 48:7		15:14 16:2		stipulations(3) 1:2 14		44:5 44:9 47:12 52:4 54:17	
rephrase(1) 13:13		shoot(1) 27:14		stop(1) 53:19		times(2) 8:2 9:10	
reported(2) 1:23 2:9		short(1) 51:12		street(2) 1:17 2:3		today(2) 4:6 4:17	
reporter's(1) 2:21		show(4) 32:13 32:14 35:1 47:2		such(1) 2:22		told(14) 27:20 28:18 29:7 29:11 37:20	
represents(1) 54:15		showing(2) 30:6 32:9		summer(2) 34:15 35:2		37:21 38:14 38:17 39:19 41:5 41:9	
reproduced(1) 2:22		sic(1) 2:25		sunday(2) 21:9 52:6		42:15 43:9 49:6	
request(2) 42:20 52:15		side(2) 27:13 33:2		supervisor(7) 18:8 27:20 28:11 37:11		tomorrow(4) 28:16 38:4 38:21 39:9	
required(1) 39:18		signed(1) 54:23		39:18 42:7 44:8		took(1) 22:5	
resolve(1) 53:13		signing(2) 3:18 3:18		support(1) 51:17		top(3) 32:5 32:18 35:10	
respect(2) 4:4 31:3		since(9) 7:3 10:8 27:20 32:1 34:1 34:8		sure(4) 16:8 24:15 33:4 37:19		touch(2) 36:11 36:14	
respective(1) 3:3		48:11 50:7 51:10		surgeon(4) 29:7 29:11 29:18 30:12		toward(1) 27:10	
response(2) 39:17 53:8		sitting(3) 49:13 49:14 51:10		sustain(1) 44:4		trailing(1) 2:25	
responsible(1) 23:14		situation(1) 4:6		sweep(1) 40:15		train(1) 42:11	
restaurant(5) 15:6 15:7 15:10 16:3 16:3		six(1) 13:6		swore/affirmed(1) 3:4		trained(1) 16:14	
restaurants(1) 16:6		size(1) 50:9		sworn(1) 54:11		training(2) 11:9 49:6	
restrooms(1) 37:9		skill(1) 54:17		take(12) 7:13 16:1 29:14 33:8 33:9		transcript(3) 2:21 2:29 54:14	
result(2) 30:14 30:17		skinny(2) 49:18 51:3		33:10 33:11 37:18 38:15 39:7 50:5		transcription(1) 54:16	
retained(1) 54:33		sleep(2) 28:14 49:16		51:11		translate(1) 43:4	
richland(1) 54:3		sleeping(1) 49:16		taken(3) 1:13 48:10 54:6		translation(1) 3:7	
right(43) 4:13 5:2 5:14 6:2 14:2 14:7		small(2) 21:7 48:8		takes(1) 10:16		translator(2) 42:20 43:4	
18:9 20:6 21:13 25:1 26:4 26:5 26:14		smaller(2) 43:1 43:11		talk(1) 52:10		trauma(1) 48:7	
27:1 30:4 30:8 31:10 31:15 33:2 35:3		smith(1) 1:17		talking(3) 35:5 43:14 46:7		treating(1) 29:9	
35:5 36:1 37:3 40:4 40:5 41:1 41:9		sneakers(1) 52:2		tangled(1) 35:11		treatment(5) 34:5 48:4 53:2 53:4 53:7	
43:12 45:5 47:4 48:20 49:1 49:2 49:3		social(2) 2:26 24:7		teach(2) 21:6 21:10		trouble(1) 35:13	
50:12 50:15 50:16 51:1 51:6 52:9		some(8) 2:28 28:12 29:14 33:13 34:6		teacher(1) 21:4		truck(2) 24:14 25:2	
52:10 52:12 53:19		36:19 48:3 48:12		teaching(2) 21:8 21:12		true(1) 54:15	
load(1) 14:15		someone(3) 31:11 32:7 38:7		tech(1) 11:8		166	
roll(5) 36:14 41:14 44:6 46:12 49:7		someone's(1) 31:16		teeth(3) 27:14 27:16 29:5		truth(6) 3:12 3:12 3:13 54:12 54:12	
rubbing(1) 29:9				telephone(1) 37:17		54:13	
rules(1) 1:14							

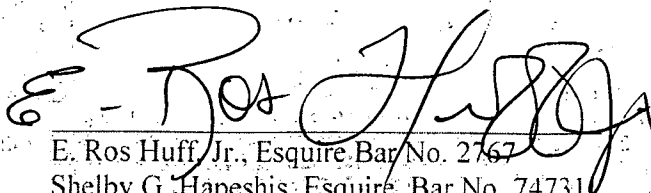
PEREZ_MARTHA.WPD

Word	Page:Line	Word	Page:Line	Word	Page:Line
trying(1) 31:15		went(16) 14:5 14:11 16:9 17:2 17:8		years(12) 4:4 7:7 7:8 8:5 8:15 8:16	
turn(1) 27:10		17:13 18:2 20:4 27:18 28:13 28:18		10:1 12:11 12:15 18:5 18:15 26:15	
turning(1) 36:12		29:11 30:6 39:2 39:13 47:13			
twelve(1) 54:33				yet(1) 22:12	
twice(1) 30:1		were(15) 2:28 12:6 18:3 22:2 27:6		you'll(2) 39:9 42:11	
two(16) 8:15 8:15 10:15 12:10 12:14		29:15 34:6 35:3 36:19 38:9 40:1 41:7		you're(10) 4:10 5:2 9:10 20:7 28:15	
15:7 18:5 24:11 26:15 30:5 38:2 41:16		41:13 42:3 44:8		36:5 39:21 40:12 47:4 49:14	
47:17 48:16 51:8 51:13				you've(7) 31:11 32:3 32:3 32:4 32:5	
two-inch(2) 50:13 51:1		weren't(1) 36:13		32:5 40:4	
two-wheelers(1) 25:8		westminster(1) 10:5			
type(4) 17:3 21:4 25:6 25:12		what(57) 5:12 6:1 12:2 12:3 13:3 13:8		yourself(1) 28:7	
typed(1) 52:15		15:16 16:8 16:12 17:3 17:5 17:6 17:14			
typewritten(1) 54:15		19:2 20:9 22:2 25:1 25:2 25:3 25:6			
uh-huh(1) 5:4		25:12 26:8 27:1 28:1 28:2 30:1 31:1			
uh-uh(1) 5:4		31:3 31:4 31:9 31:11 32:6 32:11 33:4			
uncomfortable(1) 7:13		33:9 33:14 35:4 37:13 37:21 39:12			
under(1) 27:5		39:20 39:22 40:3 40:12 41:5 42:9 43:2			
understand(3) 4:15 5:1 30:17		45:1 46:7 47:16 49:2 49:4 49:4 50:12			
understood(1) 5:11		51:6 52:4 52:12			
undone(1) 35:11					
unemployed(1) 14:8		what's(2) 5:14 26:12			
unemployment(1) 24:8		whereupon(1) 3:11			
unfortunately(1) 29:15		whether(1) 53:1			
unroll(1) 37:16		while(10) 12:13 13:2 13:3 13:9 13:12			
until(1) 53:17		16:18 18:7 20:6 29:6 41:17			
upon(1) 48:9					
use(5) 36:6 36:9 49:18 50:4 51:9		who(5) 6:4 18:8 29:6 29:6 37:12			
used(3) 36:7 36:8 40:14		whole(2) 3:12 54:12			
vehicles(1) 25:4		why(4) 13:13 13:15 18:9 29:4			
verifying(1) 8:11		will(5) 3:8 23:12 46:3 53:8 53:17			
virtue(1) 54:9		winter(1) 34:15			
visits(1) 34:2		within(3) 21:3 21:5 30:5			
voluntary(1) 19:7		without(1) 38:3			
waiting(2) 29:17 39:13		witness(4) 42:21 43:5 43:7 54:11			
valued(2) 3:2 4:1		witnesses(1) 9:3			
walk(1) 52:2		woman(1) 7:1			
wall(2) 37:1 37:8		women's(1) 37:9			
want(19) 11:3 19:11 19:14 19:15 22:4		won't(1) 42:13			
22:13 30:16 34:1 34:7 36:6 37:19		word(2) 36:7 51:5			
39:10 42:6 42:8 44:16 45:12 45:14		words(3) 25:4 36:7 36:9			
45:15 47:7		work(27) 6:7 8:3 9:1 10:11 13:5 13:9			
		14:1 14:6 14:11 15:4 16:7 16:9 16:15			
wanted(2) 45:8 49:2		17:13 18:13 19:12 20:2 37:15 38:6			
wants(2) 48:3 53:16		38:10 38:11 38:19 38:21 39:16 39:18			
wasn't(2) 28:14 39:3		39:19 42:15			
watching(1) 44:8		work-related(8) 12:13 15:3 16:4 17:1			
way(1) 53:15		17:18 18:12 26:2 41:17			
ways(1) 47:14					
we'll(7) 7:14 30:16 30:20 32:13 43:12		worked(9) 8:1 8:6 8:12 13:11 15:6			
48:18 53:19		16:8 16:12 19:7 22:15			
we're(12) 4:6 4:9 26:5 35:4 42:9 42:10		worker(1) 28:13			
43:14 48:13 48:17 52:11 52:13 53:1		workers(4) 1:2 23:14 34:7 39:5			
		working(15) 7:3 9:9 12:13 13:9 15:5			
we've(1) 46:13		16:18 18:7 20:6 20:8 23:9 23:12 24:6			
wear(3) 50:3 51:7 51:10		29:16 35:10 41:17			
weaver(1) 16:14					
weaving(1) 27:5		works(2) 6:9 10:12			
wednesday(2) 10:11 21:9		worried(1) 39:15			
wednesdays(1) 42:7		would(16) 14:5 18:2 20:5 24:2 24:3			
week(2) 21:12 31:6		33:3 35:1 35:2 36:19 38:9 38:20 39:4			
weekend(2) 19:12 19:13		44:8 51:6 51:7 51:13			
weekends(1) 15:6					
weedy(5) 10:10 21:1 23:3 23:7 24:6		written(3) 2:25 2:26 41:3			
wright(1) 7:2		wrong(1) 17:14			
welcome(1) 39:21		x-rays(1) 40:10			
well(16) 4:5 5:2 13:13 22:4 35:10		xxx-xx-xxx(1) 7:9			
36:19 37:15 38:17 41:5 42:15 45:4		y'all(1) 46:7			
46:1 49:7 49:17 50:2 50:8		yeah(2) 40:2 46:6			
		year(6) 14:10 16:17 24:15 30:6 36:1311			
		36:2			

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 no any other material.

October 12, 2016



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