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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2016-001247

Thomas Contreras, Claimant,..... Appellant,

v.

St. John's Fire District Commission, Employer, and State Accident Fund, Carrier, ... Respondents.

RECORD ON APPEAL

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STATE OF SOUTH CAROLINA COUNTY OF CHARLESTON	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
THOMAS CONTRERAS, Claimant, v. ST. JOHNS FIRE DISTRICT COMMISSION, Employer, STATE ACCIDENT FUND, Carrier.	W.C.C. FILE NO. 0822640 CONSENT ORDER

That this matter was set on Form 50/51 and Form 21. Prior to the hearing, the parties reached the following agreement:

1. That the Claimant has an admitted injury to his right shoulder and has been treated by Dr. DeMarco for his shoulder;

2. That the Claimant is not at maximum medical improvement;

3. That the Claimant is authorized to return to Dr. DeMarco for additional treatment and surgery;

4. That this file shall be returned to general files and shall be reset at the request of either party.

IT IS SO ORDERED.

C [signature] ation

Commission

Susan S. Barden

This March 19, 2012

WE SO MOVE:

CLAWSON & STAUBES, LLC

[signature]

Margaret M. Urbanic, Esquire
Attorney for Employer/Carrier

WE SO CONSENT:

HOWELL AND CHRISTMAS, LLC

[signature]

Gary Christmas, Esquire
Attorney for Claimant

CERTIFICATE OF SERVICE

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

By Kristi L. Love on March 19, 2012

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras, Claimant, vs. St. John's Fire District, Employer, and State Accident Fund, Carrier, Defendants.	)	**ORDER & AWARD**

HEARING:	Held on May 14, 2013, in Summerville, South Carolina, per notices timely and properly served upon all parties of interest.
APPEARANCES:	Gary Christmas, Esquire, Howell & Christmas, LLC, Charleston County, South Carolina, appearing on behalf of Claimant. Margaret M. Urbanic, Esquire, Clawson & Staubes, LLC, Charleston County, South Carolina, appearing on behalf of Defendants.
PURPOSE OF HEARING:	To determine issues pursuant to Forms 50 and 51.
DECISION & ORDER:	The Honorable Gene McCaskill
FILED:	August 27, 2013.

STIPULATIONS

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

2. Notice of the hearing was properly and timely served upon all parties in interest.

3. Venue, set in Charleston County, is proper as agreed by the parties.

4. The Claimant sustained admitted injuries to his right shoulder.

STATEMENT OF THE CASE

This matter is before the Commission pursuant to the Claimant's Form 50 and defendants' Form 51. Claimant contends that (1) he sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20 as a result of sustaining injuries to his right shoulder, right upper extremity, right bicep and right clavicle as a result of his October 8, 2008, accident at work; (2) he was dually employed at the time of his accident at work and therefore, is entitled to a higher average weekly wage of $1,174.20, with a corresponding compensation rate of $782.83, which equates to the maximum compensation rate for the year of 2008, in the amount of $661.29; (3) the injury to his right shoulder affects his right upper extremity and right bicep; (4) he is entitled to temporary partial wage loss from January 21, 2011, through May 15, 2011; (5) he is entitled to permanent partial wage loss from May 25, 2011, through May 10, 2013; (6) is seeking a lump sum payment of any award; (6) is seeking apportionment language under James vs. Anne's, Inc., 390 S.C. 188, 701 S.E.2d 730 to be placed in the Order of his case; (7) is entitled to lifetime medical care and treatment and is also seeking past and future medical care and treatment pursuant to 42-15-60 and/or *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999);

and finally, (8) he is entitled to reimbursement for travel to and from causally related medical treatment and he is entitled to reimbursement for any and all out of pocket expenses.

By defendants Form 51 – Employer's Answer to Request for Hearing, defendants only admit Claimant's injuries to his right shoulder and denied any and all other body parts to include, right upper extremity, right bicep and right clavicle. Defendants also deny that (1) Claimant suffers from wage loss pursuant to S.C. Code Ann. §42-9-20; and (2) that he is not entitled to his award in lump sum and should receive same in weekly benefits.

APA SUBMISSIONS AND EXHIBITS

Claimant by and through his counsel, provided Submissions as required by Regulation 67-612. The Submissions were entered into evidence pursuant to the Administrative Procedures Act and received without objection. The APA Submissions are as follows:

On Behalf of Claimant:

APA	NOTICE OF PHYSICIAN/OTHER	DATE OF REPORT	# OF PAGES
1	Jean Hutchinson, Vocational Evaluator	10/12/11	8 (1-8)
2	Dr. Charles Hughes, Hughes Orthopaedics	10/6/11	6 (9-14)
3	Dr. James DeMarco	10/24/12 - 8/6/10	39 (15-53)
4	Diagnostic Medical Reports	3/29/12 - 3/8/06	24 (54-73.8)
5	Dr. David Jaskwhich	5/5/10 - 12/19/08	11 (78-88)
6	Dr. James Spearman	12/3/08	1 (89)

7	Atlantic Occupational Health	11/19/08 - 10/14/08	3 (90-93)
8	Roper St. Francis	03/24/11 - 11/17/05	42 (94-135)
9	Physical Therapy	7/19/12 - 10/30/08	98 (136-224)

Exhibits

APA		DATE	# OF PAGES
10	State Budget and Control Board and Other Selected Documents From Claimant's Personnel File	2011 - 2008	40 (225-264)
11	Claimant's Wage Information	2012 - 2007	5 (265-269)
12	Claimant's Form 20, from His Second Employer, AMF Bowling Centers, Wherein at the Time of His Workers' Compensation Accident He Had an Average Weekly Wage of $1180.72, with a Corresponding Compensation Rate of $120.49	2008-2007	2 (269.5-271)
13	Claimant's Form 20 from His Second Employer, AMF Bowling Centers, Wherein Claimant Now Has an Average Weekly Wage of $60.65, with a Corresponding Compensation Rate of $40.44	2013-2012	2 (272-273)
14	Claimant's Analysis for His Combined Average Weekly Wage and Compensation Rate and Analysis for Back Due Temporary Partial and/or Permanent Partial Benefits	2013-2011	26 (274-299)

On Behalf of Defendants:

APA	NOTICE OF PHYSICIAN/OTHER	DATE OF REPORT	# OF PAGES
1	Dr. David Jaskwhich	12/12/08 – 10/28/09	00001-00010
2	Dr. James DeMarco	9/24/10 – 8/7/12	00011-00023
3	Charleston Physical Therapy	10/29/08 – 10/30/08	00024-00027
4	Roper Hospital	10/11/10	00028-00044
5	St. Francis Hospital	10/8/08	00045-00051
6	Dr. Donald Olofsson	8/26/09	00052-00054
7	Dr. James Taggart	1/20/09	00055
8	Dr. James DeMarco Physician's Statement14B	9/4/12	00056

Exhibits

APA		DATE	# OF PAGES
A	Claimant's Deposition 4/29/13	4/29/13	
B	Form 19	12/13/06	

EVIDENCE OF THE CASE

The record includes the testimony of Claimant, Thomas Contreras. Further, Claimant and defendants submitted medical records into evidence through APA Submissions and also submitted Exhibits.

Testimony of Claimant, Thomas Contreras:

Claimant was sworn in and testified that he is fifty-one (51) years of age, that he only has a high school diploma from 1979, that he does not have a four (4) year degree, does not have a two (2) year degree and does not have any technical college or training of any kind. Claimant testified that prior to his work accident that he has never worked in an office setting, has no computer training of any kind and has never been trained in Quickbooks, Excel, PowerPoint, Adobe or Outlook. Claimant testified that he has worked for employer for twenty-two (22) years and seven (7) months, that he has never had any write ups for dishonesty, that he has no criminal record and that he has no history of drug or alcohol abuse. Claimant testified that he has been married for twenty-eight (28) years and that he has two (2) children. Claimant testified that he was in the Army for four (4) years and three (3) months and that he was honorably discharged as a Class E-4.

Claimant testified that prior to working for the fire department as a firefighter that he worked for Domino's Pizza delivering pizzas and making pizzas, that he worked for Home Depot, that he worked at AMF Bowling Alley and that he also installed fireplaces. Claimant testified that all the jobs that he worked previously were physical jobs and required the use of both of his shoulders and arms. He testified that while installing fireplaces, he was required to place the fireplaces in the hole that was made for them and was also required to run pipes through the

chimney. With regard to Claimant's job at Domino's Pizza, he testified that he worked as a pizza delivery driver and that he also put the pizza boxes together. He testified that if he was helping to make pizza dough, that he would have to grab the dough, flatten the dough out and place cheese on same. Claimant testified that he does not think that he would be able to return to any of his previous jobs given the permanent work restrictions he has now which include no lifting more than twenty (20) pounds and no overhead use of the right arm. Claimant testified that he would not be able to perform any of his prior work because of the lifting requirements for said jobs, lifting overhead requirements and repetitive motion required for both of his arms.

Claimant testified that his job with the fire department as a Captain required him to perform the same type of work that every firefighter is required to perform, to include physical requirements. Claimant testified that his job as a Firefighter required him to meet physical standard NFPA, which includes policies regarding hearing, lifting and sight. Claimant testified that some of the physical requirements required by the NFPA require him to lift a one-hundred and sixty-five (165) pound dummy during physical fitness tests. Claimant testified that his job as a firefighter requires the ability to function and react quickly, calmly, and also requires physical demands that he is no longer able to perform since his work accident and injuries. With regard to Claimant's job as a Firefighter, he testified that he can no longer lift ladders, raise ladders or carry generators since his work accident. Claimant testified that he is right hand dominant.

Claimant testified that his job requires physical training and that on the day of his accident at work, he was bench pressing weights and heard a popping sound when he went upward causing injury to his right shoulder and right bicep. Claimant testified that on a pain scale of zero (0) to ten (10), zero (0) being no pain and ten (10) being the worst pain, that the pain in his right

shoulder is a seven (7), that on his worse day the pain is a seven (7), and that on his best day the pain feels like a five (5). Claimant testified that the pain in his right bicep is a seven (7), and on his best day it is a five (5). Claimant testified that he has pain and spasms in his right shoulder and that his shoulder gets very tight. Claimant testified that there is never a time that he does not feel pain into his right shoulder or right bicep and that it is always constant. Claimant testified that around the year of 2006, he injured his left shoulder at work when he was lifting weights. Claimant testified that prior to this work related accident he had no physical restrictions or limitation with regard to his ability to lift with his right shoulder and right arm.

Claimant testified that prior to this work-related accident he has never had any pain or symptoms to his right shoulder or right bicep. Claimant testified that prior to his work accident he had no problem with range of motion in his right shoulder, but that he does now because he cannot hold his shoulder in an upward position. Claimant testified that he has pain in the front and back of his right bicep and pointed to the front of his bicep near the bend of his elbow. Claimant testified that prior to his work-related accident he did not have any problems with strength in his right shoulder but that he does now because if he lifts his shoulder up same causes pain and his right bicep will spasm.

The Claimant testified that as a result of his work accident he had four (4) surgeries to his right shoulder and three (3) injections to his right shoulder. Claimant testified that he still experiences pain to his right shoulder after his four (4) surgeries and that the pain is permanent.

Claimant testified that at the time of his accident at work he was also working for AMF Bowling Alley and has worked there for about twelve (12) years. Claimant testified that after review of the Form 20 from St. John's (which reflects an average weekly wage of $993.49, and a

corresponding compensation rate of $662.36) and the Form 20 from AMF (which reflects an average weekly wage of $180.72, and a corresponding compensation rate of $120.49), that same is correct. The Claimant testified that he was terminated by St. John's on January 21, 2011. He testified that in January of 2013, his hours increased at the bowling alley from about four (4) hours to seventeen (17) hours per week and that he typically gets about fourteen (14) hours per week. He testified that he earned $1,610.08, while working at the bowling alley from January of 2013, through March of 2013. Claimant testified that he now earns about $9.18 an hour working for the bowling alley. He testified that when he retired as a Fire fighter he wanted to go into a manager position at the bowling alley. Claimant testified that when the managerial position opened up at the bowling alley that Claimant was not hired for same because the employer gave same to another manager who already lived in Charleston. Claimant testified that if the bowling alley would have tried to give him a chance to perform that job that he would have tried same. Claimant testified that at the time of his work accident he also operated snack machines which were located in fire stations. Claimant testified that he has performed this work since 1995 and is not claiming an additional average weekly wage or compensation rate. Claimant testified that he has not made any money on the snack machines and that he has actually lost money on same because of the injury to his shoulder. Claimant testified that he owns about six (6) snack machines that he takes care of which are located in fire stations and that he delivers the snacks to the fire stations and restocks the machines. Claimant testified that he has broken even on this business and has not incurred any type of monetary profit for same. He testified that he devotes about three (3) hours a week to his snack machine business and that there is a potential prospect for snack machines to be turned into a real income for him. Claimant also testified that he also

helps take care of his two (2) year old grand-daughter, while his daughter is in school, on an occasional basis when his daughter calls in.

Claimant testified that he is still trying to obtain full employment even though he is still working for the bowling alley. He testified that he has tried to obtain work at Wal-Mart and CarMax and that he also applied for two federal jobs but that no company has hired him. Claimant testified that with regards to his failed attempts to find work that he did not get the job at Wal-Mart because he took a test and did not pass same. Claimant testified that he was looking into a job with the Federal Government in the immigration department because he is fluent in Spanish and that said salary ranged from $58,000 to $90,000.00. Claimant testified that the other job for the Federal Government was a finance clerk position which had a salary of $39,000.00 to $$40,000.00 per year, and that he has not heard back with regards to either of those federal jobs. Claimant testified that the federal jobs would be sit down behind the desk type positions, and that he thinks that he can do that type of work sitting behind a desk. Claimant testified that he has done everything he knows to do in order to try and find work fulltime but that he has not been hired. Claimant testified that he is earning less money now than at the time of his work related accident. He testified that he has tried to obtain fulltime employment since being terminated from the fire department in January of 2011, but that hat he has not been hired.

Claimant testified that if he were physically able to work at the fire department that he would but that that he is not physically able to do so because he would not be able to pass the physical agility test due to his work restrictions and limitations. Claimant testified that if Wal-Mart, CarMax, or any Federal job became available and he was hired for any of them that he

would try his best to perform those jobs. Claimant testified that with regards to the jobs at Wal-Mart and CarMax that he is not sure if he would really be able to perform those jobs but that he does not know unless he tries. Claimant testified that if there is a job available that was within his permanent work restrictions that he would be working for same now but that no such job has been made available to him.

Claimant testified that prior to his work related accident he used to vacuum, dust, and clean windows at his home but that he cannot do same anymore because it causes pain in his right shoulder and bicep. Claimant testified that he does not have any problems dressing himself. Claimant testified that he is able to perform some yard work at his home such as raking leaves, washing the car and occasionally doing the dishes. He testified that he tried trimming and cutting the bushes in his yard but that he is was not able to finish same. Claimant testified that he is right hand dominant but that since his work accident he drives left handed and does not keep his right hand on the steering wheel anymore because moving it back and forth causes pain in his right shoulder and right bicep. Claimant testified that he would like to continue the treatment that authorized treating physician, Dr. DeMarco, has recommended for him, to include medications, pain management, injections, tens unit, repeat diagnostics, physical therapy and office visits.

Claimant testified that he has not been back in to see Dr. DeMarco since August of 2012, and that he is not taking any pain medication currently. Claimant testified that he signed up for a gym membership but that he has not gone for a long period of time. Claimant testified that he thought about going back to school to study in human resources but he has not been able to do so due to financial reasons. Claimant testified that he has never applied for Social Security Disability.

With regards to Claimant raking the leaves, he testified that prior to the accident at work, he never had any problems with pain in his shoulder while doing that. Claimant testified that prior to his work accident, he did not have any problems with doing the dishes, washing the car or yard work, but that he has problems doing those activities now, and that he cannot perform them pain free. Claimant testified now that when he rakes, his shoulder moves back and forth and it gets stiff and causes his bicep to hurt. He testified that when he rakes the leaves he has to take breaks, and he breaks every thirty (30) to forty-five (45) minutes. Claimant testifies that he does not have the money or ability to pay to go get educated in human resources and that even if he was able to obtain training for same, that he is not sure that he would be able to do it. Claimant testified that it was his plan to try and find a fulltime job, since he was terminated in January 2011, but that it has been two (2) years since he was terminated, and he has still not been able to find work fulltime.

During his employment with employer, Claimant testified that he received an award from employer for the most improved over a one year span and that he was also given a Citizens Award from Bank of America. He testified that he was promoted to Captain of the Fire Department.

Claimant testified that he is in charge of his own bank accounts, handles his own financial affairs and makes his own decisions for himself regarding food, clothing and shelter. He testified that he has never been deemed by any court to be incompetent.

Claimant testified that he injured his left shoulder at work in 2006, when he was lifting weights at the fire station, that he filed a workers' compensation claim for same, and that he received $19,000.00 for the injury to his left shoulder. Claimant testified that after his left

shoulder injury at work he was able to return to work fulltime and full duty and was able to perform all of job requirements.

REVIEW OF MEDICAL EVIDENCE

A review of the medical evidence reveals that the Claimant was evaluated by Jean Hutchinson on October 10, 2011. Vocational Specialist opines on October 12, 2011, that "[I]n considering these aforementioned factors, approaching advanced age, high school level of education with training through the Fire Department, past work experience as a fire department chief, bowling alley clerk, vending machine tender, and landscape laborer, and significant physical limitations and ongoing pain of more than three years' duration, I am of the opinion that [Claimant] is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual functional capacity. I am of the opinion that [Claimant] is able to continue working as a bowling alley clerk and he indicated that he earns approximately $8.00 per hour and is currently working five hours per week. He noted that he continues to work as a vending machine tender (vending machines in fire stations) once per month. [Claimant] continues to be employed on a part-time basis, limited basis despite his injury and subsequent physical limitations and restrictions. This continued employment is contingent upon accommodations by the current employer upon which [Claimant] cannot count on for which there is no contract. These accommodations may end at any time if the accommodated situation is not of benefit to the employer. [Claimant] cannot expect this type of accommodation or treatment by subsequent employers. I am of the opinion that he has therefore sustained a loss as to his competitiveness and access to the open job market when compared to

other non-injured job seekers. With the restrictions placed on him by his physicians, he is appropriate for selected work at the sedentary exertional level. [Claimant is fortunate to have an understanding employer who has tailored a job to meet his physical restrictions. Should this job cease, should his supervisor or job duties change, or should his physical problems become worse, I am of the opinion that [Claimant] would be in jeopardy with regard to locating suitable employment and would incur a loss of future earning capacity. [Claimant] continues to experience significant physical limitations and pain. Should these issues resolve to the point where he has more function and stamina, he may be appropriate for further job placement in sedentary positions. [Claimant] can expect to earn at or near minimum wage ($7.25 - $8.00 per hour) and would continue to experience a significant loss of earning capacity" (APA #1).

A review of the medical evidence reveals that the Claimant underwent an independent medical evaluation by Dr. Charles Hughes on October 6, 2011. Dr. Charles Hughes opined on October 6, 2011, that most probably and to a reasonable degree of medical certainty (1) Mr. Contreras' injury to his right shoulder, right upper extremity, right bicep, and clavicle, are caused by and/or aggravated by the injuries he sustained in his October 8, 2008 accident at work; (2) Claimant's injury to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and clavicle as a result of his October 8, 2008 accident at work; (3) Claimant has permanent physical work restrictions to his right shoulder, right upper extremity, right bicep and clavicle as a result of the injuries that he sustained at work on October 8, 2008, to include no climbing, no pushing, no horizontal lifting, no overhead activities, no pulling, and no lifting more than ten pounds with the right arm; (4) Claimant has permanent physical work restrictions to his right shoulder, right upper extremity and right bicep to include no more pushing

than one (1) minute at a time, no pulling for one (1) minute at a time, no horizontal lifting for one (1) minute at a time; and (5) That Claimant sustained a fourteen (14%) percent permanent impairment to his right shoulder and an additional ten (10%) percent permanent impairment to right upper extremity for his distal clavicle AC joint injury (APA #2).

A review of the medical evidence reveals Claimant was evaluated by authorized treating physician Dr. James DeMarco from August 6, 2010, through October 24, 2012. Via a 14B – Physician's Statement, dated September 4, 2012, and May 16, 2011, Dr. DeMarco opines that Claimant will not be able to return to his prior occupation as a result of the injuries he sustained at work on October 8, 2008. He further opines on September 4, 2012, that Claimant sustained a nine percent (9%) permanent impairment to his right upper extremity which converts to a fifteen percent (15%) permanent impairment to his right shoulder as a result of his October 8, 2008, accident at work. He opined on May 16, 2011, that Clamant sustained an eleven percent (11%) permanent impairment to his right shoulder as a result of this October 8, 2008 accident at work. He opined on October 24, 2012 and October 8, 2012 that most probably and to reasonable degree of medical certainty; (1) Claimant's injuries to his right shoulder and right upper extremity, (right bicep) are caused by and/or aggravated by the injuries that he sustained in his October 8, 2008 accident at work; (2) That Claimant's injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right bicep as a result of his October 8, 2008 accident at work; and (3) Claimant will need continued medical care and treatment to his right shoulder, right upper extremity, right bicep and clavicle to include medications, pain management clinic, injections, tens unit, repeat diagnostic, physical therapy, and follow up visits with his office which will tend to lessen Claimant's period of disability. On August 7, 2012,

Claimant was placed at maximum medical improvement. Dr. DeMarco opines on August 7, 2012, that Claimant has work restrictions to include no lifting more than 40 pounds with both hands, no lifting more than 20 pounds with the right arm overhead and no carrying or pushing more than 50 pounds with both hands. On August 7, 2012, he opines that Claimant sustained a nine percent (9%) permanent impairment to his right upper extremity (Dr. DeMarco opined that this breaks down to three percent (3%) for biceps atrophy, an additional three percent (3%) for loss of internal rotation; an additional two percent (2%) for loss of forward flexion and an additional one percent (1%) for pain and muscle spasm. He opines that Claimant may require future treatment consisting of repeat corticosteroid injections, anti-inflammatories and/or physical therapy if Claimant's condition regresses (APA #3).

A review of the medical evidence reveals that Claimant underwent four (4) surgeries to his right shoulder as a result of his accident at work. Claimant underwent Surgery 1 to his right shoulder January 29, 2009, for right shoulder pain and superior labral tear with bursitis, right shoulder superior labral tear, anterior-posterior consisting of right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone, and arthroscopic repair of superior labrum anterior-posterior tear. Claimant underwent Surgery 2 to his right shoulder October 1, 2009, for right shoulder pain and impingement status post labral repair consisting of right shoulder arthroscopy with extensive debridement of suture, labrum, bursa, and bone. Claimant underwent Surgery 3 on October 11, 2010, for right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament, right shoulder intra-articular synovitis, right shoulder type one (1) superior labrum anterior to posterior tear, right shoulder subacromial impingement syndrome and bursitis, and right shoulder acromioclavicular joint osteoarthrosis

consisting of right shoulder subacromial decompression and bursectomy, right shoulder acromioclavicular joint resection, and right shoulder major debridement of a superior labrum anterior to posterior tear, intrarticular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue. Claimant underwent Surgery 4 to his right shoulder on March 29, 2012, for right shoulder coracoid impingement, right shoulder intra-articular synovitis adhesions, right shoulder subacromial impingement with adhesions, right shoulder long headed biceps tendinopathy, consisting of right shoulder major debridement of intra-articular synovitis with coracoid decompression, right shoulder subacromial decompression and bursectomy, and right shoulder long head of the biceps tenodesis. An MRI of Claimant's right shoulder dated December 12, 2008 revealed supraspinatus tendinitis, probable superior labral tear, and moderate AC joint arthrosis. An MRI of Claimant's right shoulder dated August 26, 2009, revealed mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing, mild tendinopathy of the supraspinatus and infraspinatus tendons, irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear, mild tendinopathy of the intra-articular portion of the biceps tendon, mild to moderate osteoarthrosis of the acromioclavicular joint and mild osteoarthrosis of the glenohumeral joint, and posteroperative changes (APA #4).

A review of the medical evidence reveals that Claimant was evaluated by authorized treating physician, Dr. David Jaskwhich, from December 19, 2008, through May 5, 2010. On May 5, 2010, Dr. Jaskhwhich opines the Claimant has reached maximum medical improvement and sustained a ten percent (10%) permanent impairment rating to the right shoulder which was

based upon the fact Claimant has consistent pain, soreness, and weakness in the right shoulder. He opines that Claimant has permanent work restrictions of no lifting more than twenty-five (25) pounds, lifting overhead and occasional lifting fifty (50) pounds at waist level, and no more lifting than fifty (50) pounds in general. Dr. Jaskwhich opines that given those permanent work restrictions same would include Claimant from being able to pass his physical and agility test for work which requires him to be able to drag one hundred seventy-five (175) pounds (APA #5).

A review of the medical evidence reveals that Claimant was evaluated by Dr. James Spearman on December 3, 2008. Claimant present to Dr. Spearman on December 3, 2008 with right shoulder pain, and right shoulder weakness in abduction of supraspinatus, crepitus and pain on ROM. Dr. Spearman recommended that Claimant undergo an MRI and kept Claimant on light duty work restriction until his return (APA #6).

A review of the evidence reveals that Claimant was treated by Atlantic Occupational Health from October 14, 2008, through November 19, 2008. On November 9, 2008, Claimant was referred to an orthopaedic specialist for his right shoulder injuries. He was diagnosed with a right shoulder strain. On October 29, 2008, and on October 14, 2008, Claimant was referred for physical therapy (APA #7).

A review of the medical evidence reveals that Claimant was evaluated by Roper St. Francis Hospital from November 17, 2005, through March 24, 2011. On October 28, 2008, Claimant reported to the St. Francis Hospital emergency room with right shoulder pain which came from lifting weights while working. Claimant was diagnosed with a soft tissue injury to the posterior right shoulder and provided medications for same. Claimant was also diagnosed with bicipital tendonitis of the right shoulder (APA #8).

A review of the medical evidence reveals that Claimant underwent physical therapy from October 30, 2008, through July 19, 2012. Claimant treated at physical therapy for right shoulder supraspinatus and infraspinatus tendons. Claimant was released from physical therapy at Charleston Physical Therapy on July 9, 2012 after achieving all goals. Claimant also underwent physical therapy with Rehabilitation Centers of Charleston and was discharged on September 9, 2010 (APA #9).

REVIEW OF EXHIBITS

A review of the Exhibits submitted by Claimant are as follows: (1) State Budget and Control Board and Other Selected Documents From Claimant's Personnel File; (2) Claimant's Wage Information; (3) Claimant's Form 20, from His Second Employer, AMF Bowling Centers, Wherein at the Time of His Workers' Compensation Accident He Had an Average Weekly Wage of $1180.72, with a Corresponding Compensation Rate of $120.49; (4) Claimant's Form 20 from His Second Employer, AMF Bowling Centers, Wherein Claimant Now Has an Average Weekly Wage of $60.65, with a Corresponding Compensation Rate of $40.44; and (5) Claimant's Analysis for His Combined Average Weekly Wage and Compensation Rate and Analysis for Back Due Temporary Partial and/or Permanent Partial Benefits. A review of the Exhibits submitted by defendants are as follows: (1) Claimant Deposition 4/29/13; and (2) Form 19 12/13/06.

FINDINGS OF FACT

Based upon the greater weight of the evidence, including the testimony of Claimant, Thomas Contreras, the medical reports, restrictions, and other documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the Commission file

relative to this claim, and the credibility of all the evidence and testimony submitted, this Commissioner therefore makes the following findings of fact:

1. That, Claimant, Thomas Contreras, and employer, St. Johns Fire District Commission (hereinafter "St. Johns"), were subject to the South Carolina Workers' Compensation Act, at the time of the accidental injury.
2. That, the relationship of employer/employee existed between Claimant, Thomas Contreras, and employer, St. Johns, at the time of Claimant's work-related accident.
3. That, I find, that on or about October 8, 2008, Claimant suffered injury by accident, arising out of in the course and scope of employment, wherein he injured his right shoulder and right upper extremity (Authorized treating orthopedic surgeon Dr. James DeMarco APA #3, pp. 16-17; Orthopedic surgeon Dr. Charles Hughes APA #2, p. 9).
4. That, Defendants have provided the Claimant medical care and treatment for his injuries, including four (4) right shoulder surgeries.
5. That, authorized treating orthopaedic surgeon, Dr. James DeMarco, opines on his 14-B medical statements dated September 4, 2012, and May 16, 2011, that Clamant is unable to return to work at his past employment. (defendants' APA #8, p. 00056 and APA #3, p.15).
6. That, at the time of Claimant's work accident, he was working for two (2) employers; (a) St. Johns; and (b) AMF Bowling Centers (hereinafter "AMF") (APA #11, 12, and 13; and Hearing Tr. p. 25, ll. 20-22).

7. That I find that Claimant's combined earnings from his dual employment with St. Johns and AMF equates to an average weekly wage of one-thousand one hundred seventy four dollars and twenty cents ($1,174.20) and a corresponding compensation rate of six-hundred sixty one dollars and twenty nine cents ($661.29) (the maximum compensation rate for 2008 which is the year in which Claimant was injured on the job) (APA 11, pp. 265-269 and APA #12, pp. 269.5-271).
8. That, Claimant's job at the St. Johns fire department, which he held for over twenty-two (22) years, is physical by description (APA #10, pp. 228-230).
9. That, Claimant's last day of work with employer St. Johns was on January 21, 2011, after he was approved for early retirement due to his final physician's report stating that he was unable to return to work as a firefighter (APA #10, p. 231).
10. That, all of Claimant's jobs, prior to his work with the fire department, were also physical in nature (Hearing Tr. p. 17, l. 18-p. 18, l. 23).
11. That, since being unable to return to work with employer St. Johns, Claimant has continued to work as a desk clerk at the AMF bowling alley for fourteen (14) hours per week (Hearing Tr. p. 27, ll. 1-5 and p. 35, ll. 13-15).
12. That, since being unable to return to work with employer St. Johns, Claimant has actively searched for other employment. Claimant applied for a management position at the AMF bowling alley where he works when it became available; however, despite Claimant having worked at the bowling alley for twelve (12)

years, he did not get the job as manager of the bowling alley (Hearing Tr. p. 35, ll. 16-24 and p. 43, ll. 12-25).

13. That, Claimant also has looked for other employment, took a test at Wal-Mart and failed said test and that he applied at CarMax, but that he was not hired. Claimant also applied for "a couple" of Federal jobs, but that he has yet to get an answer from any of these job applications (Hearing Tr. p. 28, l. 14-p. 29, l. 11; p. 36, l. 3-p. 37, l. 11; p. 47, ll. 6-13; and p. 48, ll. 6-23).

14. That, Claimant also has a small vending machine route which he works once per month. Those machines are located in area fire houses. Claimant testified that he makes little or no income from this route (Hearing Tr. p. 27, l. 21-p. 28, l. 13 and p. 37, l. 18-p. 39, l. 1).

15. That, the Claimant was fifty-one (51) years old at the time of the hearing.

16. That, Claimant is a high school graduate (1979).

17. That, Claimant is married with two (2) children.

18. That, Claimant is a US Army veteran who was honorably discharged.

19. That, pursuant to the opinion of authorized treating orthopaedic surgeon, Dr. James DeMarco, Claimant cannot return to his employment with the employer St. Johns (APA #3, p. 15 and defendants APA #8, p. 00056). Authorized treating surgeon DeMarco's opinion that Claimant cannot return to his past employment is corroborated by the uncontroverted and only vocational assessment in the record provided by certified rehabilitation counselor, Jean R. Hutchinson (APA #1, pp. 7-8). Vocational expert, Hutchinson, is of the opinion that Claimant cannot return

to his past employment and that Claimant will now only be able to earn at or near minimum wage (APA #1, pp. 7-8). Furthermore, orthopaedic surgeon, Dr. Charles Hughes, also opines that Clamant can return to his prior employment (APA #2, p. 14).

20. That, defendants did not choose to submit a vocational evaluation in this case.

21. That, based on the record as a whole, the greater weight of the evidence, leads to the conclusion that Claimant cannot return to his previous employment with employer, St. Johns. Additionally, I find that Claimant, as he is today, cannot and will not find similar employment with another fire department.

22. That, given the Claimant's present physical condition, past work experience, age, education and skill set (he has no computer skills), I find that Claimant can only expect to earn minimum wage at his employment going forward.

23. That, based on the record as a whole, I conclude that the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. §42-9-20. Accordingly, I further find that Claimant is entitled to the compensation computation as allowed pursuant to the statute.

24. That, prior to Claimant's work accident and injuries, he was able to earn and had an average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21) per week. That, as a result of Claimants work related injuries, I find that Claimant is now only able to earn minimum wage ($7.25 x 40 hours per week) which equates to two-hundred and ninety dollars ($290) per week.

25. That, I find that, given Claimant's pre-accident average weekly wage and earning capacity was one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21), and given that I find that Claimant's post work accident earning capacity is only two-hundred and ninety ($290.00) dollars per week, I find that Claimant has suffered and will continue to suffer wage loss in the amount of eight hundred eighty eight dollars and twenty one cents ($884.21) per week (Claimant's Average Weekly Wage of $1,174.21 minus his new post accident wages of $290.00 per week).

26. Accordingly, pursuant to S.C. Code Ann. §42-9-20, Claimant is entitled to, and defendants shall pay, an award of permanent partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of Claimant's eight-hundred eighty four dollars and twenty one cents ($884.21) loss of earning capacity per week which equates to five-hundred eighty nine dollars and forty seven cents ($589.47) per week (which equates to a total amount of $153,262.20). Furthermore, I find that Claimant is entitled to said five-hundred eighty nine dollars and forty seven cents ($589.47) per week for a total of two-hundred and sixty (260) weeks (Pursuant to S.C. Code Ann. §42-9-20 Claimant can receive 340 weeks of compensation for wage loss). By a separate finding in this Order, Claimant is entitled to eighty (80) weeks of Temporary Partial Wage Loss. Accordingly, Claimant has two-hundred and sixty (260) weeks of partial wage loss available to him under the statute for permanent partial wage loss (340 weeks minus 80 weeks). Accordingly, Claimant is entitled to, and defendants shall pay Claimant one-hundred fifty three thousand

two hundred sixty two dollars and twenty cents ($153,262.20 [wage loss of $589.47 times 260 weeks]) to Claimant for permanent total wage loss. Again, said benefits are not to be paid to Claimant in lump sum and shall be paid to Claimant in the amount of five-hundred eighty nine dollars and forty seven cents ($589.47) per week over a 260 week period.

27. That, Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.

28. That, furthermore, Claimant is entitled to, and that Defendants shall pay Claimant, temporary partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of his average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21) minus the actual amount of wages that he earned for each week worked as demonstrated by Claimant's Exhibit APA #13, p. 274-276 (average weekly wage minus actual earnings) for eighty (80) weeks for the period of January 21, 2011 through August 7, 2012. Based upon Claimant's pre-accident wages he should have earned ninety-three thousand nine hundred thirty six dollars and eighty cents ($93,936.80) during said eighty (80) weeks; however, his actual earnings were only two-thousand seven hundred and one dollar and one cent ($2,701.10) during said eighty (80) weeks. Accordingly, Claimant is entitled to, and defendants shall pay Claimant, sixty-thousand eight hundred twenty three dollars and eighty cents ($60,823.80) for his past temporary partial wage loss over eighty (80) weeks ($93,936.80 minus $2,701.10 = $91,235.70; two-thirds of $91,235.70 = $60,823.80).

29. That, with regard to Claimant's permanent partial wage loss award, the Claimant is only entitled to a lump sum payment of said award as it applies to the payment of Claimant's attorney's fees and case costs and the remaining benefits shall be paid to him in weekly installments. Accordingly, subject to Commission approval of Claimant's Form 61 and Form 61A, Claimant's attorney shall be entitled to $71,362.00 in attorney's fees (this is based upon 1/3 of Claimant's total award in the amount of $214,086.00 [Claimant's award of $153,262.20, for future wage loss, divided by three = attorney's fees of $51,087.40; plus Claimant's award of $60,823.80, for permanent partial wage loss, divided by three = attorney's fees of $20,274.60 = total attorney's fees of $71,362.00]), and $3,381.77, for case cost reimbursement.

30. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.

31. That, I find that authorized orthopedic surgeon, Dr. James DeMarco, opined on "check the box" forms dated October 8, 2012, and October 24, 2012, that Claimant is in need of future medical care and treatment in the form of medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical therapy and follow up office visits as a result of his August 8, 2008, accident at work. He further opined that said medical treatment would tend to lessen Claimant's period of disability. Dr. DeMarco, does not opine on his

14-B issued on May 16, 2011, that Claimant will need future medical care and treatment; however, he opines differently on his October 8, 2012, and October 24, 2012, check the box reports and I give more weight to the opinions given in said reports given that they were provided at a later date than the 14-B, were provided closer to Claimant's hearing date and more accurately reflect Claimant's current condition and need for future medical care and treatment.

32. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as I find that said medical treatment will tend to lessen Claimant's period of disability.

33. That Claimant reached maximum medical improvement as of August 7, 2012.

34. That I find that Claimant is entitled to the following allocation of his benefits of $214,086.00, pursuant to James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006):

    a. $78,518.43 in compromise of disputed future disability benefits at the rate of $55.10 per week commencing May 14, 2013, for a period of 27.40 years; representing Claimant's life expectancy pursuant to Section 19-1-150 of the S.C. Code of Laws and pursuant to Section 42-9-10 and 42-9-20 of the S.C. Code of Laws as interpreted by the S.C. Supreme Court decision of James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).

b. $71,362.00 as attorney's fees per written agreement between Claimant and attorney.

c. $3,381.77 in cost advances and expenses.

d. $0.00 towards the payment of future medical benefits.

e. $60,823.80, for past temporary partial wage loss.

CONCLUSIONS OF LAW

1. That this case is governed by the terms and provisions of the South Carolina Workers' Compensation Act.

2. That S.C. Code Ann. 42-1-40 is applicable in defining "average weekly wages."

3. That S.C. Code Ann. 42-1-100 is applicable in defining compensation.

4. That S.C. Code Ann. 42-1-120 is applicable in defining disability.

5. That S.C. Code Ann. 42-1-130 is applicable in defining employee.

6. That S.C. Code Ann. 42-1-140 is applicable in defining employer.

7. That S.C. Code Ann. 42-1-150 is applicable in defining employment.

8. That S.C. Code Ann. 42-1-160 is applicable in defining injury and personal injury.

9. That S.C. Code Ann. 42-9-10 is applicable in defining "the amount of compensation for total disability."

10. That S.C. Code Ann. 42-9-30 is applicable in determining "the amount of compensation and period of disability" for injuries.

11. That S.C. Code Ann. 42-15-60 is applicable in determining "medical, surgical, hospital and other treatment."

12. That S.C. Code Ann. 42-70-40 is applicable in "governing the conduct of hearing and rendering of awards."

ORDER

NOW, THEREFORE, IT IS ORDERED:

1. That, based on the record as a whole, I conclude that the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. §42-9-20. Accordingly, I further find that Claimant is entitled to the compensation computation as allowed pursuant to the statute.
2. Accordingly, pursuant to S.C. Code Ann. §42-9-20, Claimant is entitled to, and defendants shall pay, an award of permanent partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of Claimant's eight-hundred eighty four dollars and twenty one cents ($884.21) loss of earning capacity per week which equates to five-hundred eighty nine dollars and forty seven cents ($589.47) per week (which equates to a total amount of $153,262.20). Furthermore, I find that Claimant is entitled to said five-hundred eighty nine dollars and forty seven cents ($589.47) per week for a total of two-hundred and sixty (260) weeks (Pursuant to S.C. Code Ann. §42-9-20 Claimant can receive 340 weeks of compensation for wage loss). By a separate finding in this Order, Claimant is entitled to eighty (80) weeks of Temporary Partial Wage Loss. Accordingly, Claimant has two-hundred and sixty (260) weeks of partial wage loss available to him under the statute for permanent partial wage loss (340 weeks minus 80 weeks). Accordingly, Claimant is entitled to, and defendants shall pay Claimant one-hundred fifty three thousand

two hundred sixty two dollars and twenty cents ($153,262.20 [wage loss of $589.47 times 260 weeks]) to Claimant for permanent total wage loss. Again, said benefits are not to be paid to Claimant in lump sum and shall be paid to Claimant in the amount of five-hundred eighty nine dollars and forty seven cents ($589.47) per week over a 260 week period.

3. That, Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.

4. That, furthermore, Claimant is entitled to, and that Defendants shall pay Claimant, temporary partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of his average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21) minus the actual amount of wages that he earned for each week worked as demonstrated by Claimant's Exhibit APA #13, p. 274-276 (average weekly wage minus actual earnings) for eighty (80) weeks for the period of January 21, 2011 through August 7, 2012. Based upon Claimant's pre-accident wages he should have earned ninety-three thousand nine hundred thirty six dollars and eighty cents ($93,936.80) during said eighty (80) weeks; however, his actual earnings were only two-thousand seven hundred and one dollar and one cent ($2,701.10) during said eighty (80) weeks. Accordingly, Claimant is entitled to, and defendants shall pay Claimant, sixty-thousand eight hundred twenty three dollars and eighty cents ($60,823.80) for his past temporary partial wage loss over eighty (80) weeks ($93,936.80 minus $2,701.10 = $91,235.70; two-thirds of $91,235.70 = $60,823.80).

5. That, with regard to Claimant's permanent partial wage loss award, the Claimant is only entitled to a lump sum payment of said award as it applies to the payment of Claimant's attorney's fees and case costs and the remaining benefits shall be paid to him in weekly installments. Accordingly, subject to Commission approval of Claimant's Form 61 and Form 61A, Claimant's attorney shall be entitled to $71,362.00 in attorney's fees (this is based upon 1/3 of Claimant's total award in the amount of $214,086.00 [Claimant's award of $153,262.20, for future wage loss, divided by three = attorney's fees of $51,087.40; plus Claimant's award of $60,823.80, for permanent partial wage loss, divided by three = attorney's fees of $20,274.60 = total attorney's fees of $71,362.00]), and $3,381.77, for case cost reimbursement.

6. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.

7. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as I find that said medical treatment will tend to lessen Claimant's period of disability to include medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical

therapy and follow up office visits as recommended by authorized treating physician, Dr. James DeMarco.

8. That I find that Claimant is entitled to the following allocation of his benefits of $214,086.00, pursuant to James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006):

   a. $78,518.43 in compromise of disputed future disability benefits at the rate of $55.10 per week commencing May 14, 2013, for a period of 27.40 years; representing Claimant's life expectancy pursuant to Section 19-1-150 of the S.C. Code of Laws and pursuant to Section 42-9-10 and 42-9-20 of the S.C. Code of Laws as interpreted by the S.C. Supreme Court decision of James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).

   b. $71,362.00 as attorney's fees per written agreement between Claimant and attorney.

   c. $3,381.77 in cost advances and expenses.

   d. $0.00 towards the payment of future medical benefits.

   e. $60,823.80, for past temporary partial wage loss.

AND IT IS SO ORDERED.

Commissioner Gene McCaskill

APPELLATE PANEL DECISION AND ORDER

OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC NUMBER 0822640

THOMAS CONTRERAS

V.

ST. JOHN'S FIRE DISTRICT, EMPLOYER

STATE ACCIDENT FUND, CARRIER

HEARING:	DECEMBER 16, 2013
APPEARANCES:	RESPONDENT-CLAIMANTWAS REPRESENTED BY GARY CHRISTMAS APPELLANT-CARRIER WAS REPRESENTED BY MARGARET M. URBANIC

This case was originally heard back on May 14, 2013, on Forms 50/51. As a result of the hearing, the Single Commissioner made the following findings of fact:

1. That, Claimant, Thomas Contreras, and employer, St. Johns Fire District Commission (hereinafter "St. Johns"), were subject to the South Carolina Workers' Compensation Act, at the time of the accidental injury.
2. That, the relationship of employer/employee existed between Claimant, Thomas Contreras, and employer, St. Johns, at the time of Claimant's work-related accident.
3. That, I find, that on or about October 8, 2008, Claimant suffered injury by accident, arising out of in the course and scope of employment, wherein he injured his right shoulder and right upper extremity (Authorized treating orthopedic surgeon Dr. James DeMarco APA #3, pp. 16-17; Orthopedic surgeon Dr. Charles Hughes APA #2, p. 9).
4. That, Defendants have provided the Claimant medical care and treatment for his injuries, including four (4) right shoulder surgeries.
5. That, authorized treating orthopedic surgeon, Dr. James DeMarco, opines on his 14-B medical statements dated September 4, 2012, and May 16, 2011, that Clamant is unable to return to work at his past employment. (Defendants' APA #8, p. 00056 and APA #3, p.15).
6. That, at the time of Claimant's work accident, he was working for two (2) employers; (a) St. Johns; and (b) AMF Bowling Centers (hereinafter "AMF") (APA #11, 12, and 13; and Hearing Tr. p. 25, ll. 20-22).

7. That I find that Claimant's combined earnings from his dual employment with St. Johns and AMF equates to an average weekly wage of one-thousand one hundred seventy four dollars and twenty cents ($1,174.20) and a corresponding compensation rate of six-hundred sixty one dollars and twenty nine cents ($661.29) (the maximum compensation rate for 2008 which is the year in which Claimant was injured on the job) (APA 11, pp. 265-269 and APA #12, pp. 269.5-271).
8. That, Claimant's job at the St. Johns fire department, which he held for over twenty-two (22) years, is physical by description (APA #10, pp. 228-230).
9. That, Claimant's last day of work with employer St. Johns was on January 21, 2011, after he was approved for early retirement due to his final physician's report stating that he was unable to return to work as a firefighter (APA #10, p. 231).
10. That, all of Claimant's jobs, prior to his work with the fire department, were also physical in nature (Hearing Tr. p. 17, l. 18-p. 18, l. 23).
11. That, since being unable to return to work with employer St. Johns, Claimant has continued to work as a desk clerk at the AMF bowling alley for fourteen (14) hours per week (Hearing Tr. p. 27, ll. 1-5 and p. 35, ll. 13-15).
12. That, since being unable to return to work with employer St. Johns, Claimant has actively searched for other employment. Claimant applied for a management position at the AMF bowling alley where he works when it became available; however, despite Claimant having worked at the bowling alley for twelve (12) years, he did not get the job as manager of the bowling alley (Hearing Tr. p. 35, ll. 16-24 and p. 43, ll. 12-25).

13. That, Claimant also has looked for other employment, took a test at Wal-Mart and failed said test and that he applied at CarMax, but that he was not hired. Claimant also applied for "a couple" of Federal jobs, but that he has yet to get an answer from any of these job applications (Hearing Tr. p. 28, l. 14-p. 29, l. 11; p. 36, l. 3-p. 37, l. 11; p. 47, ll. 6-13; and p. 48, ll. 6-23).

14. That, Claimant also has a small vending machine route which he works once per month. Those machines are located in area fire houses. Claimant testified that he makes little or no income from this route (Hearing Tr. p. 27, l. 21-p. 28, l. 13 and p. 37, l. 18-p. 39, l. 1).

15. That, the Claimant was fifty-one (51) years old at the time of the hearing.

16. That, Claimant is a high school graduate (1979).

17. That, Claimant is married with two (2) children.

18. That, Claimant is a US Army veteran who was honorably discharged.

19. That, pursuant to the opinion of authorized treating orthopedic surgeon, Dr. James DeMarco, Claimant cannot return to his employment with the employer St. Johns (APA #3, p. 15 and defendants APA #8, p. 00056). Authorized treating surgeon DeMarco's opinion that Claimant cannot return to his past employment is corroborated by the uncontroverted and only vocational assessment in the record provided by certified rehabilitation counselor, Jean R. Hutchinson (APA #1, pp. 7-8). Vocational expert, Hutchinson, is of the opinion that Claimant cannot return to his past employment and that Claimant will now only be able to earn at or near minimum wage (APA #1, pp. 7-8). Furthermore, orthopedic surgeon, Dr. Charles

Hughes, also opines that Clamant can return to his prior employment (APA #2, p. 14).

20. That, defendants did not choose to submit a vocational evaluation in this case.

21. That, based on the record as a whole, the greater weight of the evidence, leads to the conclusion that Claimant cannot return to his previous employment with employer, St. Johns. Additionally, I find that Claimant, as he is today, cannot and will not find similar employment with another fire department.

22. That, given the Claimant's present physical condition, past work experience, age, education and skill set (he has no computer skills), I find that Claimant can only expect to earn minimum wage at his employment going forward.

23. That, based on the record as a whole, I conclude that the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. §42-9-20. Accordingly, I further find that Claimant is entitled to the compensation computation as allowed pursuant to the statute.

24. That, prior to Claimant's work accident and injuries, he was able to earn and had an average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21) per week. That, as a result of Claimants work related injuries, I find that Claimant is now only able to earn minimum wage ($7.25 x 40 hours per week) which equates to two-hundred and ninety dollars ($290) per week.

25. That, I find that, given Claimant's pre-accident average weekly wage and earning capacity was one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21), and given that I find that Claimant's post work accident earning

capacity is only two-hundred and ninety ($290.00) dollars per week, I find that Claimant has suffered and will continue to suffer wage loss in the amount of eight hundred eighty eight dollars and twenty one cents ($884.21) per week (Claimant's Average Weekly Wage of $1,174.21 minus his new post accident wages of $290.00 per week).

26. Accordingly, pursuant to S.C. Code Ann. §42-9-20, Claimant is entitled to, and defendants shall pay, an award of permanent partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of Claimant's eight-hundred eighty four dollars and twenty one cents ($884.21) loss of earning capacity per week which equates to five-hundred eighty nine dollars and forty seven cents ($589.47) per week (which equates to a total amount of $153,262.20). Furthermore, I find that Claimant is entitled to said five-hundred eighty nine dollars and forty seven cents ($589.47) per week for a total of two-hundred and sixty (260) weeks (Pursuant to S.C. Code Ann. §42-9-20 Claimant can receive 340 weeks of compensation for wage loss). By a separate finding in this Order, Claimant is entitled to eighty (80) weeks of Temporary Partial Wage Loss. Accordingly, Claimant has two-hundred and sixty (260) weeks of partial wage loss available to him under the statute for permanent partial wage loss (340 weeks minus 80 weeks). Accordingly, Claimant is entitled to, and defendants shall pay Claimant one-hundred fifty three thousand two hundred sixty two dollars and twenty cents ($153,262.20 [wage loss of $589.47 times 260 weeks]) to Claimant for permanent total wage loss. Again, said benefits are not to be paid to Claimant in lump sum

and shall be paid to Claimant in the amount of five-hundred eighty nine dollars and forty seven cents ($589.47) per week over a 260 week period.

27. That, Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.

28. That, furthermore, Claimant is entitled to, and that Defendants shall pay Claimant, temporary partial wage loss in the amount of sixty-six and two-thirds percent (66 2/3%) of his average weekly wage of one-thousand one hundred seventy four dollars and twenty one cents ($1,174.21) minus the actual amount of wages that he earned for each week worked as demonstrated by Claimant's Exhibit APA #13, p. 274-276 (average weekly wage minus actual earnings) for eighty (80) weeks for the period of January 21, 2011 through August 7, 2012. Based upon Claimant's pre-accident wages he should have earned ninety-three thousand nine hundred thirty six dollars and eighty cents ($93,936.80) during said eighty (80) weeks; however, his actual earnings were only two-thousand seven hundred and one dollar and one cent ($2,701.10) during said eighty (80) weeks. Accordingly, Claimant is entitled to, and defendants shall pay Claimant, sixty-thousand eight hundred twenty three dollars and eighty cents ($60,823.80) for his past temporary partial wage loss over eighty (80) weeks ($93,936.80 minus $2,701.10 = $91,235.70; two-thirds of $91,235.70 = $60,823.80).

29. That, with regard to Claimant's permanent partial wage loss award, the Claimant is only entitled to a lump sum payment of said award as it applies to the payment of Claimant's attorney's fees and case costs and the remaining benefits shall be paid to him in weekly installments. Accordingly, subject to Commission approval

of Claimant's Form 61 and Form 61A, Claimant's attorney shall be entitled to $71,362.00 in attorney's fees (this is based upon 1/3 of Claimant's total award in the amount of $214,086.00 [Claimant's award of $153,262.20, for future wage loss, divided by three = attorney's fees of $51,087.40; plus Claimant's award of $60,823.80, for permanent partial wage loss, divided by three = attorney's fees of $20,274.60 = total attorney's fees of $71,362.00]), and $3,381.77, for case cost reimbursement.

30. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.

31. That, I find that authorized orthopedic surgeon, Dr. James DeMarco, opined on "check the box" forms dated October 8, 2012, and October 24, 2012, that Claimant is in need of future medical care and treatment in the form of medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical therapy and follow up office visits as a result of his August 8, 2008, accident at work. He further opined that said medical treatment would tend to lessen Claimant's period of disability. Dr. DeMarco, does not opine on his 14-B issued on May 16, 2011, that Claimant will need future medical care and treatment; however, he opines differently on his October 8, 2012, and October 24, 2012, check the box reports and I give more weight to the opinions given in said reports given that they were provided at a later date than the 14-B, were provided

closer to Claimant's hearing date and more accurately reflect Claimant's current condition and need for future medical care and treatment.

32. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as I find that said medical treatment will tend to lessen Claimant's period of disability.

33. That Claimant reached maximum medical improvement as of August 7, 2012.

34. That I find that Claimant is entitled to the following allocation of his benefits of $214,086.00, pursuant to James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006):

    a. $78,518.43 in compromise of disputed future disability benefits at the rate of $55.10 per week commencing May 14, 2013, for a period of 27.40 years; representing Claimant's life expectancy pursuant to Section 19-1-150 of the S.C. Code of Laws and pursuant to Section 42-9-10 and 42-9-20 of the S.C. Code of Laws as interpreted by the S.C. Supreme Court decision of James vs. Anne's 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills vs. Orr 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).

    b. $71,362.00 as attorney's fees per written agreement between Claimant and attorney.

    c. $3,381.77 in cost advances and expenses.

    d. $0.00 towards the payment of future medical benefits.

    e. $60,823.80, for past temporary partial wage loss.

The Employer/Carrier timely filed a Form 30 raising the following issues:

Whether the Single Commissioner erred in Finding of Fact #9 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #19 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #21 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #22 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #23 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #24 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #25 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #26 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in Finding of Fact #28 as it is not supported by substantial evidence;

Whether the Single Commissioner erred in ordering that the Claimant suffered a permanent partial wage loss;

Whether the Single Commissioner erred in ordering the calculation of the permanent partial wage loss;

Whether the Single Commissioner erred in ordering temporary partial wage loss as a form 17 has been signed and filed with the Commission;

Whether the Single Commissioner erred in the calculation of temporary total wage loss

In an appellate review, the Panel shall, pursuant to 42-17-50, review the Decision and Order weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and Conclusions of Law consistent with or inconsistent with those of the Single Commissioner. After careful review of the case including the Commission's file and arguments and briefs of counsel, the Appellate panel by unanimous decision Affirms in part, Reverses in Part and Remands the Decision and Order of the Hearing Commissioner. The Appellate Panel makes the following Findings of Fact:

1. That the South Carolina Workers' Compensation Commission has jurisdiction over this matter.
2. That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act and that jurisdiction and venue are proper.
3. That an employer/ employee relationship existed between the Claimant and employer, St. John's Fire District at the time of the accident.
4. Claimant suffered an injury to his right shoulder on October 8, 2008 in the course and scope of his employment.
5. That, authorized treating orthopedic, Dr. DeMarco opines on his 14-B medical statements dated September 4, 2012 and May 16, 2011, that Claimant is unable to return to work at his past employment.
6. That, the Defendants have provided the Claimant with medical care and treatment for his

injuries, including four right shoulder surgeries.

7. That Dr. DeMarco, the authorized treating orthopedic surgeon, issued a rating on August 7, 2012. Dr. DeMarco found that the Claimant had a 9% permanent partial impairment to the shoulder and that this included 3% biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. There is no separate rating to the upper extremity.
8. Dr. Hughes, an orthopedist, performed an IME at the Claimant's request and issued a 14% permanent impairment rating to the Claimant's right shoulder and a 10% rating for the Claimant's clavicle injury.
9. That, Claimant's last day of work with the employer was January 21, 2011, after he was approved for early retirement due to his final physician's report stating that he was unable to return to work as a firefighter. (APA #10, p. 231).
10. That the Single Commissioner did not find the clavicle compensable and that issue was not appealed.
11. That, at the time of Claimant's work accident, he was working for two (2) employers; (a) St. Johns; and (b) AMF Bowling Centers (hereinafter "AMF") (APA #11, 12, and 13; and Hearing Tr. p. 25, ll. 20-22).
12. That we find that Claimant's combined earnings from his dual employment with St. Johns and AMF equates to an average weekly wage of one-thousand one hundred seventy four dollars and twenty cents ($1,174.20) and a corresponding compensation rate of six-hundred sixty one dollars and twenty nine cents ($661.29) (the maximum compensation rate for 2008 which is the year in which Claimant was injured on the job) (APA 11, pp. 265-269 and APA #12, pp. 269.5-271).

13. That, Claimant's job at the St. Johns fire department, which he held for over twenty-two (22) years, is physical by description (APA #10, pp. 228-230).

14. That, all of Claimant's jobs, prior to his work with the fire department, were also physical in nature (Hearing Tr. p. 17, l. 18-p. 18, l. 23).

15. That, since being unable to return to work with employer St. Johns, Claimant has continued to work as a desk clerk at the AMF bowling alley for fourteen (14) hours per week (Hearing Tr. p. 27, ll. 1-5 and p. 35, ll. 13-15).

16. That, since being unable to return to work with employer St. Johns, Claimant has actively searched for other employment. Claimant applied for a management position at the AMF bowling alley where he works when it became available; however, despite Claimant having worked at the bowling alley for twelve (12) years, he did not get the job as manager of the bowling alley (Hearing Tr. p. 35, ll. 16-24 and p. 43, ll. 12-25).

17. That, Claimant also has looked for other employment, took a test at Wal-Mart and failed said test and that he applied at CarMax, but that he was not hired. Claimant also applied for several Federal jobs, but that he has yet to get an answer from any of these job applications (Hearing Tr. p. 28, l. 14-p. 29, l. 11; p. 36, l. 3- p. 37, l. 11; p. 47, ll. 6-13; and p. 48, ll. 6-23).

18. That, Claimant also has a small vending machine route which he works once per month. Those machines are located in area fire houses. Claimant testified that he makes little or no income from this route (Hearing Tr. p. 27, l. 21-p. 28, l. 13 and p. 37, l. 18-p. 39, l. 1).

19. That, pursuant to the opinion of the authorized treating orthopedic surgeon, Dr. DeMarco, Claimant cannot return to his employment with the employer, St. John's. (APA #3, p. 15 and Defendants' APA #8, p. 56). Dr. DeMarco's opinion that Claimant cannot return to

his past employment is corroborated by the uncontroverted and only vocational assessment in the record provided by certified rehabilitation counselor, Jean Hutchinson. (APA #1, pp. 7-8). Vocational expert, Hutchinson, is of the opinion that Claimant cannot return to his past employment as a firefighter.

20. That, based on the record as a whole, the greater weight of the evidence, leads to the conclusion that Claimant cannot return to his previous employment with employer, St. John's Fire District. Additionally, Claimant cannot and will not find similar employment with another fire department.

21. That, the Claimant was fifty-one (51) years old at the time of the hearing.

22. That, Claimant is a high school graduate (1979).

23. That, Claimant is married with two (2) children.

24. That, Claimant is a US Army veteran who was honorably discharged.

25. That, the Claimant was paid temporary total benefits from October 18, 2010 through September 25, 2011. Temporary total benefits were suspended as a signed Form 17 was filed on September 30, 2011.

26. No credit was requested by the Defendants and that issue was not raised before the Single Commissioner.

27. Claimant is entitled to a lump sum payment for any and all past due temporary partial disability benefits due.

28. That, Claimant shall be entitled, and Defendants shall pay, for Claimant's past causally related medical care and treatment. Medical payment shall be made by the Defendants to the medical provider, the Claimant, or his insurance carrier, or to Medicare/Medicaid, if those expenses have been previously paid by them.

29. That, we find that authorized orthopedic surgeon, Dr. James DeMarco, opined on "check the box" forms dated October 8, 2012, and October 24, 2012, that Claimant is in need of future medical care and treatment in the form of medications, pain management clinic, injections, tens unit, repeat diagnostic imaging, physical therapy and follow up office visits as a result of his August 8, 2008, accident at work. He further opined that said medical treatment would tend to lessen Claimant's period of disability. Dr. DeMarco, does not opine on his 14-B issued on May 16, 2011, that Claimant will need future medical care and treatment; however, he opines differently on his October 8, 2012, and October 24, 2012, check the box reports and we give more weight to the opinions given in said reports given that they were provided at a later date than the 14-B, were provided closer to Claimant's hearing date and more accurately reflect Claimant's current condition and need for future medical care and treatment.

30. That Claimant is entitled to, and Defendants shall pay, for all causally related future medical care and treatment for Claimant pursuant to S.C. Code Ann. §42-15-60, *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999) and any other authority under the Act as we find that said medical treatment will tend to lessen Claimant's period of disability.

31. That Claimant reached maximum medical improvement as of August 7, 2012.

32. That the Claimant's injury is limited to the right shoulder.

33. Claimant is entitled to an award under 42-9-30 for the right shoulder.

34. That Claimant is entitled to allocation language pursuant to James v. Anne's, 390 S.C. 188, 701 S.E.2d 730 and Utica Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E.2d 589 (Ct. App. 2006).

That the Appellate Panel makes the following Conclusions of Law:

S.C. Code Ann. Section 42-1-40 defines average weekly wage in this state and Section 42-1-50 defines for the preceding year.

S.C. Code Ann. Section 42-1-120 defines disability.

S.C. Code Ann. Section 42-1-130 defines Employee.

S.C. Code Ann. Section 42-1-140 defines Employer.

S.C. Code Ann. Section 42-1-150 defines Employment.

S.C. Code Ann. Section 42-1-160 defines an injury by accident arising out of and in the course and scope of employment.

S.C. Code Ann. Section 42-9-30 governs the amount of compensation paid for specific disability.

S.C. Code Ann. Section 42-15-20 governs timely notice to the Employer.

S.C. Code Ann. Section 42-9-10 determines benefits when the incapacity to work is total.

S.C. Code Ann. Section 42-15-60 defines medical treatment to be furnished including lifetime medical benefits for a prosthetic device.

S.C. Code Ann. Section 42-1-400 defines "work which is a part of the owner's trade, business or occupation."

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

The order of the Single Commissioner is hereby affirmed in part, reversed in part and remanded by this Appellate Panel. This case shall be remanded to the Jurisdictional Commissioner for a determination of an award to the Claimant's right shoulder under 42-9-30.

IT IS SO ORDERED this 5th day of May, 2014, at Columbia, South Carolina.

SOUTH CAROLINA WORKER'S

By: _____
Commissioner Scott Beck, Chair

By: _____
Commissioner Susan Barden

By: _____
Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

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

By Kim Falls on May 5, 2014

The South Carolina Court of Appeals

Thomas Contreras, Appellant,

v.

St. John's Fire District, Employer, and State Accident Fund, Carrier, Respondents.

Appellate Case No. 2014-001217

ORDER

Respondents have filed a motion to dismiss, alleging the order of the appellate panel of the South Carolina Workers' Compensation Commission is not a final decision and not immediately appealable. After careful consideration, we dismiss Appellant's appeal. *See* S.C. Code Ann. § 1-23-380 (Supp. 2014) (limiting appeals of the commission to those from a "final decision"); *Price v. Peachtree Elec. Servs., Inc.*, 405 S.C. 455, 457, 748 S.E.2d 229, 230 (2013) ("An agency decision that does not decide the merits of a contested case is not a final agency decision subject to judicial review."); *Bone v. U.S. Food Serv.*, 404 S.C. 67, 73, 744 S.E.2d 552, 556 (2013) (same); *see also Charlotte-Mecklenburg Hosp. Auth. v. S.C. Dep't of Health & Envtl. Control*, 387 S.C. 265, 692 S.E.2d 894 (2010) (reiterating that appeals from administrative agencies may be sought only from final decisions, explaining the general appealability statute, section 14-3-330 of the South Carolina Code (1976 & Supp. 2014), does not apply to appeals from administrative agencies, and overruling this court's opinion in *Canteen v. McLeod Regional Medical Center*, 384 S.C. 617, 682 S.E.2d 504 (Ct. App. 2009), to the extent it relied on section 14-3-330 to permit the appeal of interlocutory orders of the administrative law court or an administrative agency).

FOR THE COURT

FILED
4/3/15

Columbia, South Carolina

cc:
Gary Christmas, Esquire
Margaret Mary Urbanic, Esquire
Ellen H. Goodwin, Esquire
Stephen Benjamin Samuels, Esquire

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 0822640

Thomas Contreras,

Claimant,

v.
St. John's Fire District,

Employer,

and

State Accident Fund,

Carrier.

DECISION & ORDER

This matter came before the Single Commissioner on a remand from the Full Commission. This case was originally in front of the Single Commissioner on May 14, 2013. At the May 2013 hearing, both parties submitted APA Submissions and the Claimant testified on his own behalf. In the original order of the Single Commissioner, dated August 27, 2013, Claimant was found to have suffered a wage loss under § 42-9-20. Defendants filed a Form 30 and the Full Commission found that the Single Commissioner erred in finding that the Claimant suffered a wage loss and that the case should be remanded for a determination under §42-9-30, as Claimant suffered only an injury to his right shoulder. Claimant appealed this decision to the Court of Appeals. The Court of Appeals dismissed the appeal as the order being appealed was not a final decision. This case was then remanded to the Commission for a determination under §42-9-30. As this matter is a remand from the Full Commission for a determination under § 42-9-30, a hearing was not held. All previously submitted APA Submissions and the Commission's file have been

made part of the record. Both parties submitted briefs in support of their respective positions and both of those briefs have been made part of the record.

Claimant alleges an injury by accident to his right shoulder on October 8, 2008. Defendants admit an injury to the right shoulder but deny the nature and extent of the injury.

A review of the testimony from the May 2013 hearing indicates the following:

Claimant testified that he was 51 years old at the time of the hearing and a high school graduate. Claimant worked for the fire department for 22 years. Claimant had risen to the rank of captain. Claimant had a total of four surgeries to his shoulder. Claimant also worked at a bowling alley. Claimant also had a snack route stocking vending machines. Claimant has worked at the bowling alley for approximately 12 years. Claimant is fluent in Spanish and applied for a job as translator with the federal government. Claimant is able to rake leaves and wash his car. Claimant also spends time taking his mother to various doctors' appointments and looks after his grandchild at times.

A review of the medical evidence shows that Claimant was initially went to the ER with complaints to the right shoulder. (Defendants' APA Submissions, p. 45). The first orthopedist to see the Claimant was Dr. Spearman. The initial complaint was that of right shoulder pain. (Claimant's APA Submissions, p. 89). Claimant's care was then taken over by Dr. Jaskwhich on December 19, 2008. Dr. Jaskwhich noted that Claimant was suffering from popping and catching in his right shoulder. A MRI showed a superior labral tear. (Claimant's APA Submissions, p. 87). Dr. Jaskwhich performed a right shoulder arthroscopic repair of superior labrum anterior-posterior (SLAP) tear on

January 29, 2009. (Claimant's APA's p. 60). In the follow up notes, Dr. Jaskwhich only discusses problems with the Claimant's shoulder. Dr. Spearman performed the second arthroscopic procedure on Claimant's right shoulder in October of 2009. (Claimant's APA Submissions, p. 78). Dr. Jaskwhich then took over the Claimant's follow up care post surgery. Dr. Jaskwhich noted in May of 2010 that Claimant's chief complaint was for right shoulder pain. (Claimant's APA Submissions, p. 76). Dr. Jaskwhich did not recommend additional surgery. On July 14, 2010, Dr. Jaskwhich noted that although the Claimant still had right shoulder pain, he was at maximum medical improvement. (Claimant's APA Submissions, p. 74). Dr. Jaskwhich assigned a 10% rating to the right shoulder based on his persistent pain, soreness and weakness in his right shoulder.

Claimant's care was then transferred to Dr. DeMarco. On the new patient information form, Claimant indicated the location of his pain was the right shoulder. (Claimant's APA Submissions, p. 50). Dr. DeMarco first saw the Claimant on August 6, 2010. The chief complaint listed was a right shoulder injury. On October 11, 2010, Dr. DeMarco performed the third surgery on Claimant's shoulder, a sub-acromial decompression and excision of glenohumeral ligament with previous SLAP repair and debridement. (Claimant's APA Submissions, p. 38).

Claimant's last surgery was on March 29, 2012. Surgery was performed on March 29, 2012. The preoperative diagnosis was right shoulder coracoid impingement, right shoulder intra-articular synovitis and adhesions, right shoulder subacronial impingement with adhesions and right shoulder long head of biceps tendinopathy. The post operative diagnosis was right shoulder coracoid impingement, right shoulder intra-articular synovitis and adhesions, right shoulder subacronial impingement with

adhesions and right shoulder long head of biceps tendinopathy. (Claimant's APA Submissions, p. 54).

August 7, 2012 was the last time Claimant was seen by Dr. DeMarco. Under history of present illness, the right shoulder was listed. The examination was to the Claimant's right shoulder. Shoulder pain was listed under the assessment section and treatment section. Dr. DeMarco also stated that:

> At this point the patient is at MMI and has permanent partial restrictions of less than 40 pounds of overhead lifting with both hands and no more than 20 pounds with his right arm overhead. Less than 50 pounds of two handed carrying and pushing and pulling. He can do a medium level job. He has a permanent partial impairment of 9%. 3% for biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain muscles spasm. I do not predict any further surgical intervention in the next year however if he regresses with his pain he may need repeat corticosteroid injections, anti-inflammatories and/or physical therapy.

(Claimant's APA Submissions, pp. 19-20).

FINDINGS OF FACT

After reviewing the briefs and the WCC file including the previously submitted APA Submissions, I make the following Findings of Fact:

1. That the South Carolina Worker's Compensation Commission has jurisdiction over this matter.
2. That jurisdiction and venue are proper.
3. That the Defendants have only admitted an injury to the right shoulder.
4. Claimant suffered an admitted injury to his right shoulder on October 8, 2008 while in the course and scope of his employment at St. John's Fire District.
5. That the Claimant has an average weekly wage of $1,174.20 making for a compensation rate of $661.29, the maximum compensation rate for 2008.
6. The above cited case was heard by the undersigned on 05/14/13.

7. A Decision and Order was issued on 08/27/13.

8. Defendants filed a Form 30 (Notice of Appeal) on 09/03/13.

9. The Appellate Panel heard oral arguments on 12/16/13.

10. The Appellate Panel issued a Decision and Order on 05/05/14.

11. The Appellate Panel affirmed in part, reversed in part and remanded to the jurisdictional commissioner for a determination of an award to the Claimant's right shoulder under §42-9-30.

12. The Judicial Department assigned the case per its usual practice. As such, the case was assigned to this office as the undersigned was the jurisdictional commissioner at the time of assignment.

13. Given that I had heard the case and issued the Order affirmed in part, reversed in part, the parties were contacted by email to inquire if either or both wished me to recuse myself from ruling on the case per the directive of the Appellate Panel.

14. Neither party asked for a recusal.

15. As such, I asked the parties to brief the case consistent with the ruling of the Appellate Panel. Those briefs have been provided and have been made part of the record.

16. The Order of the Appellate Panel reads, "IT IS THEREFORE ORDERED AND, ADJUDGED AND DECREED that: The order of the single Commissioner is hereby affirmed in part, reversed in part and remanded by this Appellate Panel. This case shall be remanded to the Jurisdictional Commissioner for a determination of an award to the Claimant's right shoulder under § 42-9-30." That is the sole issue

before me. As a matter of review, I made the following applicable findings of fact following the hearing on 12/16/13:

17. The Claimant suffered an injury by accident to his right shoulder on 09/04/12 arising out of and within the course and scope of his employment.

18. The Defendants have provided the Claimant with medical care and treatment for this injury including four shoulder surgeries.

19. Dr. James DeMarco, the authorized treating physician, states on the Form 14B dated 05/16/11 that the Claimant is unable to return to work at his current employment.

20. The Claimant was 51 years old at the time of the 2013 hearing.

21. The Claimant is a high school graduate (1979).

22. The Claimant is a US Army veteran who was honorably discharged.

23. All of the Claimant's jobs prior to his work at the fire department were physical in nature.

24. The Claimant's job at the fire department which he held for over twenty-two years is physical by description.

25. As noted in Finding #19, the Claimant per Dr. DeMarco cannot return to his employment with the St. Johns Fire District Commission.

26. That finding is corroborated by Jean R. Hutchinson, M.Ed., who is a certified rehabilitation counselor and is certified in vocational evaluation. Dr. Charles Hughes also opines that he does not think the Claimant can return to his prior employment.

27. The Defendants did not choose to submit a vocational evaluation.

28. The Claimant was at MMI as of 08/07/12.

29. In addition to those findings to make a determination consistent with the directive from the Full Commission, I must consider the most recent impairment ratings in this case.

30. Dr. James DeMarco, who was the authorized treating physician, opined on 09/04/12, that the Claimant sustained a 9% permanent impairment to his right upper extremity which converts to a 15% permanent impairment of his right shoulder as a result of his work-related accident on 10/08/08.

31. Dr. Charles Hughes, who performed an IME, opined on 10/06/11 that the Claimant had suffered 14% permanent impairment to his right shoulder.

32. It is important to note that my directive from the Full Commission is very specific. I am to determine an award to the Claimant's right shoulder pursuant to §42-9-30.

33. While both parties make additional arguments in their briefs, this issue and this issue alone was before me in this remand.

34. Thus, when the evidence relevant to such a determination is considered, the Claimant has suffered 35% permanent partial disability to the right shoulder.

CONCLUSIONS OF LAW

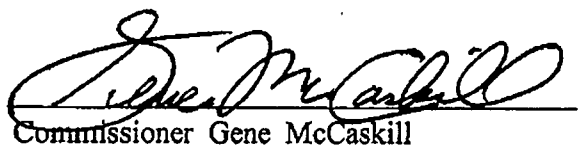
The following sections of the South Carolina Code of Law give the appropriate definition of divisions of the South Carolina Workers' Compensation Act as applicable to this case:

1. Under South Carolina Code Section 42-1-160, Claimant failed to prove that she sustained an injury in the course and scope of her employment.
2. South Carolina Code Section 42-1-40 defines average weekly wage.

3. South Carolina Code Section 42-9-30 governs the amount of compensation paid for specific disabilities.
4. South Carolina Code Section 42-15-60 defines medical treatment to be furnished including lifetime medical benefits.

ORDER

Therefore, it is ORDERED, ADJUDGED AND DECREED that the Claimant has suffered a 35% permanent partial disability to his right shoulder. No hearing costs are assessed in this matter.



Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

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

October 22, 2015

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 0822640

Thomas Contreras,

Claimant,

v.

St. John's Fire District Commission,

Employer,

and

State Accident Fund,

Carrier.

FULL COMMISSION ORDER

This matter came before the Full Commission on the Claimant's Form 30. As oral arguments were not requested by the Appellant, this case was decided on the briefs of the parties and a review of the record. This review arises out of an order issued October 22, 2015 by the Single Commissioner.

The Single Commissioner made the following findings of fact:

1. That the South Carolina Worker's Compensation Commission has jurisdiction over this matter.
2. That jurisdiction and venue are proper.
3. That the Defendants have only admitted an injury to the right shoulder.
4. Claimant suffered an admitted injury to his right shoulder on October 8, 2008 while in the course and scope of his employment at St. John's Fire District.
5. That the Claimant has an average weekly wage of $1,174.20 making for a compensation rate of $661.29, the maximum compensation rate for 2008.

6. The above cited case was heard by the undersigned on 05/14/13.

7. A Decision and Order was issued on 08/27/13.

8. Defendants filed a Form 30 (Notice of Appeal) on 09/03/13.

9. The Appellate Panel heard oral arguments on 12/16/13.

10. The Appellate Panel issued a Decision and Order on 05/05/14.

11. The Appellate Panel affirmed in part, reversed in part and remanded to the jurisdictional commissioner for a determination of an award to the Claimant's right shoulder under §42-9-30.

12. The Judicial Department assigned the case per its usual practice. As such, the case was assigned to this office as the undersigned was the jurisdictional commissioner at the time of assignment.

13. Given that I had heard the case and issued the Order affirmed in part, reversed in part, the parties were contacted by email to inquire if either or both wished me to recuse myself from ruling on the case per the directive of the Appellate Panel.

14. Neither party asked for a recusal.

15. As such, I asked the parties to brief the case consistent with the ruling of the Appellate Panel. Those briefs have been provided and have been made part of the record.

16. The Order of the Appellate Panel reads, "IT IS THEREFORE ORDERED AND, ADJUDGED AND DECREED that: The order of the single Commissioner is hereby affirmed in part, reversed in part and remanded by this Appellate Panel. This case shall be remanded to the Jurisdictional Commissioner for a determination of an award to the Claimant's right shoulder under § 42-9-30." That is the sole issue

before me. As a matter of review, I made the following applicable findings of fact following the hearing on 12/16/13:

17. The Claimant suffered an injury by accident to his right shoulder on 09/04/12 arising out of and within the course and scope of his employment.

18. The Defendants have provided the Claimant with medical care and treatment for this injury including four shoulder surgeries.

19. Dr. James DeMarco, the authorized treating physician, states on the Form 14B dated 05/16/11 that the Claimant is unable to return to work at his current employment.

20. The Claimant was 51 years old at the time of the 2013 hearing.

21. The Claimant is a high school graduate (1979).

22. The Claimant is a US Army veteran who was honorably discharged.

23. All of the Claimant's jobs prior to his work at the fire department were physical in nature.

24. The Claimant's job at the fire department which he held for over twenty-two years is physical by description.

25. As noted in Finding #19, the Claimant per Dr. DeMarco cannot return to his employment with the St. Johns Fire District Commission.

26. That finding is corroborated by Jean R. Hutchinson, M.Ed., who is a certified rehabilitation counselor and is certified in vocational evaluation. Dr. Charles Hughes also opines that he does not think the Claimant can return to his prior employment.

27. The Defendants did not choose to submit a vocational evaluation.

28. The Claimant was at MMI as of 08/07/12.

29. In addition to those findings to make a determination consistent with the directive from the Full Commission, I must consider the most recent impairment ratings in this case.

30. Dr. James DeMarco, who was the authorized treating physician, opined on 09/04/12, that the Claimant sustained a 9% permanent impairment to his right upper extremity which converts to a 15% permanent impairment of his right shoulder as a result of his work-related accident on 10/08/08.

31. Dr. Charles Hughes, who performed an IME, opined on 10/06/11 that the Claimant had suffered 14% permanent impairment to his right shoulder.

32. It is important to note that my directive from the Full Commission is very specific. I am to determine an award to the Claimant's right shoulder pursuant to §42-9-30.

33. While both parties make additional arguments in their briefs, this issue and this issue alone was before me in this remand.

34. Thus, when the evidence relevant to such a determination is considered, the Claimant has suffered 35% permanent partial disability to the right shoulder.

Claimant timely filed a Form 30 with the following grounds for appeal:

1. Whether the Single Commissioner on remand erred as a matter of fact and law in finding that the instructions on remand limited his findings to a permanent partial disability award under § 42-9-30 when the vacating of the previous Order required additional findings to be made regarding temporary partial disability and temporary total disability?

2. Whether the Single Commissioner on remand erred as a matter of fact and law in failing to include, affirm or otherwise determine the amount of temporary partial disability compensation due?

3. Whether the Single Commissioner on remanded erred as a matter of act and law making a disability award which was unsupported by the evidence and failed to

take into account Claimant's actual loss of earnings capacity?

4. Whether the Single Commissioner on remand erred as a matter of fact and law in determining Claimant reached MMI on September 4, 2012?

5. Whether the Single Commissioner on remand erred as a matter of fact and law in failing to make specific and detailed findings of fact sufficient for appellate review?

After reviewing the briefs submitted by the parties and the record in its entirety, this Appellate Panel makes the following findings:

FINDINGS OF FACT

1. That the South Carolina Worker's Compensation Commission has jurisdiction over this matter.
2. That jurisdiction and venue are proper.
3. That the Defendants have only admitted an injury to the right shoulder.
4. Claimant suffered an admitted injury to his right shoulder on October 8, 2008 while in the course and scope of his employment at St. John's Fire District.
5. That the Claimant has an average weekly wage of $1,174.20 making for a compensation rate of $661.29, the maximum compensation rate for 2008.
6. The above cited case was heard by the Single Commissioner on 05/14/13.
7. A Decision and Order was issued on 08/27/13.
8. Defendants filed a Form 30 (Notice of Appeal) on 09/03/13.
9. The Appellate Panel heard oral arguments on 12/16/13.
10. The Appellate Panel issued a Decision and Order on 05/05/14.

11. The Appellate Panel affirmed in part, reversed in part and remanded to the jurisdictional commissioner for a determination of an award to the Claimant's right shoulder under §42-9-30.

12. The Judicial Department assigned the case per its usual practice. As such, the case was assigned to the same Single Commissioner that heard the case on May 14, 2013.

14. The Single Commissioner asked the parties to brief the case consistent with the ruling of the Appellate Panel. Those briefs have been provided and have been made part of the record.

15. The Order of the Appellate Panel of May 5, 2015 reads, "IT IS THEREFORE ORDERED AND, ADJUDGED AND DECREED that: The order of the single Commissioner is hereby affirmed in part, reversed in part and remanded by this Appellate Panel. This case shall be remanded to the Jurisdictional Commissioner for a determination of an award to the Claimant's right shoulder under § 42-9-30." That was the sole issue before the Commission. As a matter of review, the following applicable findings of fact were made following the hearing on 12/16/13:

16. The Claimant suffered an injury by accident to his right shoulder on 09/04/12 arising out of and within the course and scope of his employment.

17. The Defendants have provided the Claimant with medical care and treatment for this injury including four shoulder surgeries.

18. Dr. James DeMarco, the authorized treating physician, states on the Form 14B dated 05/16/11 that the Claimant is unable to return to work at his current employment.

19. The Claimant was 51 years old at the time of the 2013 hearing.

20. The Claimant is a high school graduate (1979).

21. The Claimant is a US Army veteran who was honorably discharged.

22. All of the Claimant's jobs prior to his work at the fire department were physical in nature.

23. The Claimant's job at the fire department which he held for over twenty-two years is physical by description.

24. As noted in Finding #19, the Claimant per Dr. DeMarco cannot return to his employment with the St. Johns Fire District Commission.

25. That finding is corroborated by Jean R. Hutchinson, M.Ed., who is a certified rehabilitation counselor and is certified in vocational evaluation. Dr. Charles Hughes also opines that he does not think the Claimant can return to his prior employment.

26. The Defendants did not choose to submit a vocational evaluation.

27. The Claimant was at MMI as of 08/07/12.

28. In addition to those findings to make a determination consistent with the directive from the Full Commission, we must consider the most recent impairment ratings in this case.

30. Dr. James DeMarco, who was the authorized treating physician, opined on 09/04/12, that the Claimant sustained a 9% permanent impairment to his right upper extremity which converts to a 15% permanent impairment of his right shoulder as a result of his work-related accident on 10/08/08.

31. Dr. Charles Hughes, who performed an IME, opined on 10/06/11 that the Claimant had suffered 14% permanent impairment to his right shoulder.

32. It is important to note that the directive from the Full Commission Order of May 5, 2014 is very specific. We are to determine an award to the Claimant's right shoulder pursuant to §42-9-30.

33. While both parties make additional arguments in their briefs, this issue and this issue alone was before the Commission on this remand.

34. Thus, when the evidence relevant to such a determination is considered, the Claimant has suffered 35% permanent partial disability to his right shoulder.

35. Appellant also raised issues from the prior Appellate Panel order dated May 5, 2014. We find that the Appellant cannot challenge the order from the Full Commission dated May 5, 2014 and that the only issues from the order of October 22, 2015 are properly before this review panel.

36. The Single Commissioner Order of October 22, 2015 is affirmed in its entirety.

CONCLUSIONS OF LAW

The following sections of the South Carolina Code of Law give the appropriate definition of divisions of the South Carolina Workers' Compensation Act as applicable to this case:

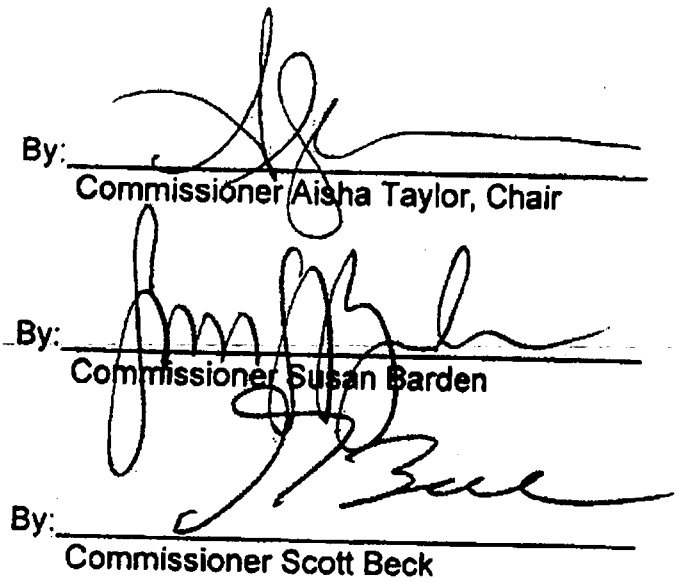
1. South Carolina Code Section 42-9-30 governs schedule of period of disability and compensation.

2. South Carolina Code Section 42-17-50 governs review and rehearing by the Commission.

ORDER

Therefore, the Order of the Single Commissioner is **affirmed** in its entirety.

IT IS SO ORDERED!



By: _____
Commissioner Aisha Taylor, Chair

By: _____
Commissioner Susan Barden

By: _____
Commissioner Scott Beck

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on May 27, 2016

B7

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

WCC File # 0822610
Carrier File # 2008 004604
Carrier Code # 500 · 3F
Employer FEIN 576C08015

Thomas Contreras 117-58-7473
368 Lantana Drive, Charleston, SC 29407

(843) 524-5387 (home) (843) 769-4429 (work)

ST JOHNS FIRE DIST COMM
P.O. Box 56, Johns Island, SC 29457

Preparer's name: Fay Jennings (803) 896-5853 State Accident Fund, Insurance Carrier

Date of injury: 10/08/2008

1. Temporary Compensation Paid:

	Number of Weeks	From	To	Amount
TT	46.00	18-OCT-10	04-SEP-11	$0,419.34

More on page two...

2. The claimant returned to work on CLAIMANT REACHED MMI ON 5-31-2011
   ( ) With restrictions but at a salary not less than before the injury
   ( ) Without restrictions.

3. The claimant agrees he or she was able to return to work on

I agree that I was disabled for the period(s) indicated and I was paid compensation as shown above. I UNDERSTAND THAT MY WEEKLY TEMPORARY COMPENSATION CHECKS WILL STOP; HOWEVER, I GIVE UP NO RIGHTS TO COMPENSATION FOR FUTURE DISABILITY, FOR PERMANENT DISABILITY, DISFIGUREMENT, OR MEDICAL CARE. The effect of this form has been fully explained to me, and I have received a copy of it. I understand that I should not sign this form until 15 days after I have returned to work or agree I was able to return to work.

Claimant's Signature

☐ Witness ☐ Claimant's Attorney

Employer's Representative Signature

Date Agreement Signed

File this form with the Claims Department no later than 31 days from the date the claimant returned to work to terminate temporary compensation after the first 150 days after employer's notice of the injury according to R.67-505. Within the 150 day period, obtain a Form 17 to document that claimant agrees he or she is able to return to work.

WCC FORM # 17 REV. DATE 3/97 **17** **RECEIPT OF COMPENSATION**

SOUTH CAROLINA WORKERS' COMPE[illegible]TION COMMISSION
P. O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

WC[illegible]#: 0822640
[illegible]ier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mr. Thomas Contreras SSN: [illegible]-7473
Address: [illegible]
City: Charleston State: SC Zip 29407
Home Phone: (843) 324-5387 Work Phone: ( )
Preparer's Name: James G. Christmas Law Firm: Howell & Christmas, LLC.

Employer's Name: St Johns Fire Dist Comm
Address: PO Box 56
City: Johns Island State: SC Zip: 29457
Insurance Carrier: State Accident Fund
Preparer's Phone Number: (843) 849-2800

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

A Claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** October 08, 2008

[X] Injury [ ] Illness [ ] Repetitive Trauma

1 a. The claimant sustained an injury to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle on October 08, 2008 in Charleston County, state of South Carolina.

1 b. Body part(s) affected are: See number 1 a. above.

Briefly describe how the accident occurred: Claimant was performing daily workout by way of lifting weights causing injury to himself.

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

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

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

5. Notice of the accidental injury was given to the employer on 10/08/2008 (month/day/year) in the following manner: Claimant informed his supervisor.

[X] 6. Due to injury, the claimant is in need of (check one):
[X] (a) medical examination and treatment for those injuries indicated in #1a above.
[X] (b) additional medical examination and treatment for those indicated in #1a above.

[X] 7. Due to injury, claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined

[X] 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
[ ] (1) General Disability [ ] Total [ ] (2) Specific Disability [ ] Total
[ ] (3) Wage Loss [ ] Partial [X] To be determined [ ] Partial

[ ] 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of:

10 a. At the time of injury, the claimant was paid weekly wages of $Form 20 Requested, and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:
Upon information and belief, employer.

11 a. Further grounds of claim:
To determine whether Claimant's injuries to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle were caused by and/or were aggravated by his October 8, 2008, accident at work. To determine whether Claimant's injuries to his right shoulder affects his right upper extremity as a result of his October 8, 2008, accident at work. To determine whether Claimant sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20. Claimant is seeking past and future medical care and treatment pursuant to §42-15-60 and/or *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999). To determine Claimant's correct average weekly wage and compensation rate. To determine whether Claimant is entitled to the difference between his correct and incorrect compensation rate for all the periods he has been paid benefits to date. To determine whether Claimant is entitled to reimbursement for traveling to and from causally related medical treatment and whether he is entitled to reimbursement for any and all out of pocket expenses. Claimant requests the Commission to approve allocation of proposed settlement proceeds over his /her life expectancy pursuant to Section 19-1-150 of the South Carolina Code of Laws, and Section 42-9-10 of the South Carolina Workers' Compensation Act, 1976, as amended, and as interpreted by the South Carolina Supreme Court in the decision of Utica-Mohawk Mills vs. Orr, 227 SC 226, 87 SE2d 589. Claimant and Claimant's attorney seek a lump sum payment of any Award. To determine whether Claimant is entitled to any and all other benefits due under the Act.

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

11 c. To the best of your knowledge, did you have any prior permanent disability? Upon information and belief, left shoulder.
If yes, describe:

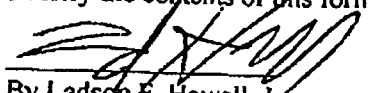
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

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

[X] 13 b. I am requesting a hearing. A $25.00 fee is required.

14. Estimated time needed for Hearing: 30 minutes.

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



By Ladson F. Howell, Jr.,
For Gary Christmas
Preparer's Signature

Attorney For Claimant
Title

gc@howell&christmas.com
E-Mail

October 28, 2011
Date

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

WCC FORM # 50
Rev. Date 9/07

50

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

South Carolina Workers' Compensation Commission
1612 Marion Street • P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WCC #: 0822640
Carrier File #: 2008-4604
Carrier Code #: 500 SF
Employer FEIN #: 576008015

Thomas Contreras	7473	St. Johns Fire District Commission	
Claimant's Name	SSN	Employer's Name	
	Charleston, SC 29407	P.O. Box 56	Johns Island, SC 29457
Address	City State Zip	Address	City State Zip
843-769-4429		State Accident Fund	
Home Phone #	Work Phone #	Insurance Carrier	
Margaret M. Urbanic	CLAWSON AND STAUBES, LLC	(843) 577-2026	
Preparer's Name	Law Firm	Phone #	

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

1. It is (Admitted) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Admit as to right shoulder only.
2. It is (Admitted) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: Admit as to right shoulder only.
3. It is (Admitted) that the relationship of employer and employee existed at the time in question. The reasons for denial are: As to right shoulder only.
4. It is (Admitted) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: Admit as to right shoulder only.
5. It is (Admitted) that notice of injury was given the employer. The reasons for denial are: As to right shoulder only.
6. It is (Denied) that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are: Claimant has been rated and released.
7. It is (Denied) that the employee is entitled to temporary total disability for the period(s) of: Carrier requests credit for overpayment as appropriate.
8. It is (Denied) that the employee is permanently disabled. The reasons for denial are: Permanency, if any, to be determined.
9. It is (Denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of $ Form 20 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: See attached.
12. Estimated time needed for hearing: One hour

I certify that I have served this document pursuant to R.67-212 by delivering a copy to :
Gary Christmas, Esquire, Howell & Christmas, LLC, P.O. Box 1896, Mt. Pleasant, SC 29465
Name Address
on the 28 day of November, 2011 by [√] first class mail; [] personal service, [] certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Attorney Title | Purbanic@clawsonandstaubes.com Email | 11/28/11 Date

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

WCC Form #51 Rev. Date 9/07

Employer's Answer to Request for Hearing.

51

ATTACHMENT TO FORM 51

Thomas Contreras v. St. Johns Fire District Commission

W.C.C. NUMBER 0822640

11. Further contentions or grounds of defense are: All affirmative and specific defenses (see Reg. 67-603), including, but not limited to §42-1-360, § 42-9-60, § 42-15-20, § 42-15-40, § 42-17-90; and, upon information and belief, fraud in the application for employment pursuant to Cooper v. McDevitt & Street Co., 260 S.C. 463, 196 S.E.2d 833 (1973); election of remedies; intervening trauma; no compensable injury by accident under § 42-1-160; upon information and belief, the degree of disability, if any, attributable to this injury is speculative; upon information and belief, claimant's problems are personal in nature and not work-related; defendant-insurer reserves the right to amend this Answer and plead any applicable additional defenses.

SOUTH CAROLINA WORKERS' COMPE[illegible]TION COMMISSION
P. O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

WC[illegible] #: 0822640
er File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mr. Thomas Contreras SSN: [illegible]7473
Address: 1[illegible]
City: Charleston State: SC Zip 29407
Home Phone: (843) 324-5387 Work Phone: ( )
Preparer's Name: Gary Christmas Law Firm: Howell & Christmas, LLC.

Employer's Name: St Johns Fire Dist Comm
Address: PO Box 56
City: Johns Island State: SC Zip: 29457
Insurance Carrier: State Accident Fund
Preparer's Phone Number: (843) 849-2800

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

A Claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** October 08, 2008

[X] Injury [ ] Illness [ ] Repetitive Trauma

1 a. The claimant sustained an injury to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle on October 08, 2008 in Charleston County, state of South Carolina

1 b. Body part(s) affected are: See number 1 a. above.

Briefly describe how the accident occurred: Claimant doing daily workout lifting weights causing injury to himself.

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

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

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

5. Notice of the accidental injury was given to the employer on 10/8/2008 (month/day/year) in the following manner: Claimant informed employer.

[X] 6. Due to injury, the claimant is in need of (check one):
[X] (a) medical examination and treatment for those injuries indicated in #1a above.
[X] (b) additional medical examination and treatment for those indicated in #1a above.

[X] 7. Due to injury, claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined

[X] 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
[ ] (1) General Disability [ ] Total [ ] (2) Specific Disability [ ] Total
[ ] (3) Wage Loss [ ] Partial [X] To be determined [ ]Partial

[ ] 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of:

10 a. At the time of injury, the claimant was paid weekly wages of $Form 20 Requested, and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:
Upon information and belief, employer, vending machine tender and bowling alley.

11 a. Further grounds of claim:
To determine whether Claimant's injuries to his right shoulder, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep and right distal clavicle were caused by and/or were aggravated by his October 8, 2008, accident at work. To determine whether Claimant's injuries to his right shoulder affects his right upper extremity as a result of his October 8, 2008, accident at work. To determine whether Claimant sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20. Claimant is seeking past and future medical care and treatment pursuant to §42-15-60 and/or *Dodge vs. Bruccoli, Clark, Layman, Inc.*, 334 SC 574, 514 SE2d 593 (Ct. App. 1999). To determine Claimant's correct average weekly wage and compensation rate. To determine whether Claimant is entitled to the difference between his correct and incorrect compensation rate for all the periods he has been paid benefits to date. To determine whether Claimant is entitled to reimbursement for traveling to and from causally related medical treatment and whether he is entitled to reimbursement for any and all out of pocket expenses. Claimant requests the Commission to approve allocation of proposed settlement proceeds over his /her life expectancy pursuant to Section 19-1-150 of the South Carolina Code of Laws, and Section 42-9-10 of the South Carolina Workers' Compensation Act, 1976, as amended, and as interpreted by the South Carolina Supreme Court in the decision of Utica-Mohawk Mills vs. Orr, 227 SC 226, 87 SE2d 589. Claimant and Claimant's attorney seek a lump sum payment of any Award. To determine whether Claimant is entitled to any and all other benefits due under the Act.

11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: AOH Occupational Health, LLC, "Industrial Medicine Specialists", P.O. Box 62945, North Charleston, SC 29419-2945, Bon Secours St. Francis Hospital, 2095 Henry Tecklenburg Drive, Charleston, SC 29414, Charleston Physical Therapy, 349 Folly Rd., Charleston, SC 29412, Rehabilitation Centers of Charleston, RCC - Lone Tree, 586 Lone Tree Dr., (All Med Rec Reqs to Lone Tree), Mt. Pleasant SC 29464, Roper Hospital, 316 Calhoun Street, Charleston, SC 29401, Sports Plus - Tricom North Charleston, 2880 Tricom Street Suite B, North Charleston SC 29406, Tricounty Radiology Assoc - Tricom Diagnostic, 2851 Tricom Street, Charleston SC 29406, Dr. James DeMarco, Palmetto Orthopaedics of Charleston, 180 Wingo Way, Suite 301, Mt. Pleasant SC 29464, Dr. Marshall Hay, Palmetto Orthopaedics of Charleston, 615 Wesley Drive, #100, Charleston SC 29407, Dr. Charles Hughes, Hughes Orthopedic Consultants, LLC 950 Houston Northcutt Blvd., Ste. 101, Watermark Plaza, First Floor, Mt. Pleasant SC 29464, Dr. David Jaskwhich, Lowcountry Orthopaedics, 2880 Tricom Street, North Charleston, SC 29406, Jean Hutchinson, Vocational Consultant, 715 North Godfrey Park Place, Charleston, SC 29407, Suzanne Wilds, D.C., 1649 Savannah Hwy, Ste E, Charleston SC 29407.

11 c. To the best of your knowledge, did you have any prior permanent disability? Upon information and belief, left shoulder.
If yes, describe:

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

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

[X] 13 b. I am requesting a hearing. A $25.00 fee is required.

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

Preparer's Signature	Attorney For Claimant Title	gc@howellandchristmas.com E-Mail	February 12, 2013 Date

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

WCC FORM # 50
Rev. Date 9/07

50

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

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WCC File #: 0822640
Carrier File #: 2008-4604
Carrier Code #:
Employer FEIN #:

Claimant's Name: Thomas Contreras SSN: 7473
Address:
City: Charleston State: SC Zip: 29407
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: 10/08/08

Employer's Name: St. Johns Fire District Commission
Address: P.O. Box 56
City: Johns Island State: SC Zip: 29457
Insurance Carrier: State Accident Fund

Preparer's Name: Ellen Goodwin, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5891

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

Date of Injury or Illness: 10/08/08

1. It is Admitted the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit injury to the right shoulder only; however, extent of injury and all other body parts affected are denied.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is Admitted at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is Admitted notice of injury was given the employer. The reasons for denial are:
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: Claimant rated by Dr. DeMarco on 08/07/12.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of : To be determined.
8. It is Denied the employee is permanently disabled. The reasons for denial are: Disability, if any, to be determined by W.C.C.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$993.49** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

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

Name: Gary Christmas, Esquire — Judicial Director, SCWCC
Address: P.O. Box 1896, Mt. Pleasant, SC 29465 — P.O. Box 1715, Columbia, SC 29202-1715

on the 28th day of February, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.

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

Ellen Goodwin
Preparer's Signature

Asst. Chief Counsel — Title
Egoodwin@saf.sc.gov — Email
Feb. 28, 2013 — Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 9/07

51 **Employer's Answer to Request for Hearing**

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
P. O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

Pre-Hearing Brief WCC File No.: 0822640

Claimant's Name: Mr. Thomas Contreras SSN: [redacted]7473
Address: [redacted]
City: Charleston State: SC Zip29407
Home Phone:(843) 324-5387 Work Phone: ( )
Preparer's Name: James G. Christmas Law Firm: Howell & Christmas, LLC.

Employer's Name: St Johns Fire Dist Comm
Address: PO Box 56
City: Johns Island State: SC Zip: 29457
Insurance Carrier: State Accident Fund
Preparer's Phone Number: (843) 849-2800

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

[X] Injury [ ] Illness [ ] Repetitive Trauma

1. Compensation Rate: $782.83, which equates to the maximum compensation rate for the year of 2008, in the amount of $661.29, as Claimant was dually employed at the time of his October 8, 2008, accident at work.

2. Average Weekly Wage: $1,174.20

   Date of accident: October 08, 2008

3. Type of injury and body part(s): Right shoulder (**SURGERY 1 on January 29, 2009, for right shoulder pain and superior labral tear with bursitis and right shoulder superior labral tear, anterior-posterior consisting of right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone; and arthroscopic repair of superior labrum anterior-posterior tear) (SURGERY 2 on October 1, 2009, for right shoulder pain and impingement status post labral repair consisting of right shoulder arthroscopy with extensive debridement of suture, labrum, bursa and bone) (SURGERY 3 on October 11, 2010, for right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament, right shoulder intra-articular synovitis, right shoulder type 1 superior labrum anterior to posterior tear, right shoulder subacromial impingement syndrome and bursitis and right shoulder acromioclavicular joint osteoarthrosis consisting of right shoulder subacromial decompression and bursectomy; right shoulder acromioclavicular joint resection; and right shoulder major debridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue) (SURGERY 4 on March 29, 2012, for right shoulder coracoid impingement, right shoulder intra-articular synovitis and adhesions, right shoulder subacromial impingement with adhesions and right shoulder long head of biceps tendinopathy consisting of right shoulder major debridement of intra-articular synovitis with coracoid decompressor; right shoulder subacromial decompression and bursectomy; and right shoulder long head of the biceps tenodesis)**, right upper extremity, right glenohumeral ligament, right clavicle, right scapula, right lateral deltoid, right bicep, and right distal clavicle

4. Facts in controversy: To determine whether Claimant sustained permanent partial wage loss pursuant to S.C. Code Ann. §42-9-20. To determine whether Claimant is entitled to past and future medical care and treatment pursuant to S.C. Code Ann. §42-15-60 and/or Dodge vs. Bruccoli, Clark, Layman, Inc., 334 S.C .574, 514 S.E.2d 593 (Ct. App. 1999). To determine Claimant's correct average weekly wage and compensation rate as Claimant was dually employed at the time of his October 8, 2008, accident at work. To determine whether Claimant is entitled to the difference between his correct and incorrect compensation rate for all the periods he has been paid benefits to date. Claimant is seeking reimbursement for any and all out of pocket expenses and mileage reimbursement for traveling to and from causally related medical care and treatment. To determine whether Claimant is entitled to reimbursement for mileage traveling to and from authorized medical appointments and whether Claimant is entitled to reimbursement for any and all out of pocket expenses. Claimant requests the Commission to approve allocation of proposed settlement proceeds over his /her life expectancy pursuant to Section 19-1-150 of the South Carolina Code of Laws, and Section 42-9-10 of the South Carolina Workers' Compensation Act, 1976, as amended, and as interpreted by the South Carolina Supreme Court in the decision of James vs. Anne's, Inc., Opinion number 26762 (S.C. 2010) and/or Utica-Mohawk Mills vs. Orr, 227 SC 226, 87 SE2d 589 (Ct. App. 2006). Claimant and Claimant's attorney request a lump sum payment of any award. To determine whether Claimant is entitled to any

and all other benefits due under the Act. In the alternative, to determine the extent of Claimant's disability pursuant to S.C. Code Ann. §42-9-30.

5. Legal issues involved: See number 4 above.

6. Unusual aspects: None.

7. Witnesses (designate if expert):* Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by defendant. Claimant reserves the right to supplement the Form 58 with a Form 20 - Statement of Earnings of Injured Employee. from Claimant's second employer, AMF Triangle Lanes.

8. Exhibits: Please see attached.

9. Medical evidence (indicated report pursuant to R.67-612; deposition or appearance): Please see attached.

10. Name, address, and specialty, if any, of the treating physician: Please see attached.

11. Impairment rating(s); body part(s); physician and date of opinion:

Vocational Specialist opines on October 12, 2011, that "[I]n considering these aforementioned factors, approaching advanced age, high school level of education with training through the Fire Department, past work experience as a fire department chief, bowling alley clerk, vending machine tender, and landscape laborer, and significant physical limitations and ongoing pain of more than three years' duration, I am of the opinion that [Claimant] is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual functional capacity. I am of the opinion that [Claimant] is able to continue working as a bowling alley clerk and he indicated that he earns approximately $8.00 per hour and is currently working five hours per week. He noted that he continues to work as a vending machine tender (vending machines in fire stations) once per month. [Claimant] continues to be employed on a part-time basis, limited basis despite his injury and subsequent physical limitations and restrictions. This continued employment is continent upon accommodations by the current employer upon which [Claimant] cannot count on for which there is no contract. These accommodations may end a any time if the accommodated situation is not of benefit to the employer. [Claimant] cannot expect this type of accommodation or treatment by subsequent employers. I am of the opinion that he has therefore sustained a loss as to his competitiveness and access to the open job market when compared to other non-injured job seekers. With the restrictions placed on him by his physicians, he is appropriate for selected work at the sedentary exertional level. [Claimant is fortunate to have an understanding employer who has tailored a job to meet his physical restrictions. Should this job cease, should his supervisor or job duties change, or should his physical problems become worse, I am of the opinion that [Claimant] would be in jeopardy with regard to locating suitable employment and would incur a loss of future earning capacity. [Claimant] continues to experience significant physical limitations and pain. Should these issues resolve to the point where he has more function and stamina, he may be appropriate for further job placement in sedentary positions. [Claimant] can expect to earn at or near minimum wage ($7.25 - $8.00 per hour) and would continue to experience a significant loss of earning capacity" (APA #1).

Dr. Charles Hughes opines on October 6, 2011, that he does not think Claimant will be able to return to his prior occupation as a Firefighter. He opines that Claimant has permanent work restrictions to include no pushing with his right upper extremity for more than 1 minute at a time, no pulling with his right upper extremity for more than 1 minute at a time, no horizontal lifting with the right upper extremity for more than 1 minute at a time, no lifting more than 10 pounds, restricted climbing, restricted pushing, restricted horizontal lifting, restricted overhead activities and restricted pulling. He opines that Claimant sustained a 14% permanent impairment to his right shoulder and an additional 10% permanent impairment to his upper extremity for his distal clavicle injury (a-c joint). He opines that Claimant will require future medical care and treatment as a result of his October 8, 2008, accident at work to include follow up visits with orthopaedic surgeon, injections, physical therapy, anti-inflammatory medications, repeat diagnostics and pain management clinic. Dr. Hughes opines that Claimant's injuries to his right shoulder, right upper extremity, right biceps and right clavicle were caused by and/or were aggravated by his October 8, 2008, accident at work. He further opines that Claimant's injuries to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and right clavicle as a result of his October 8, 2008, accident at work (APA #2).

Authorized treating physician, Dr. James DeMarco, opines on May 16, 2011, via a 14B - Physician's Statement, that "The Claimant is unable to return to work at his or her current employment." He further opines on October 24, 2012, that Claimant will require future medical care and treatment to include medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy and follow up visits with his office. He further opines that Claimant's injuries to his right shoulder, right upper extremity and right biceps were caused by and/or were aggravated by his October 8, 2008, accident at work. He also opines that Claimant's injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008, accident at work. He opines that Claimant sustained an 11% permanent impairment to his right shoulder as a result of his October 8, 2008, accident at work (APA #3).

12. I am amending my Form 50/51 in the following manner: _____

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

Signature: _____ E-Mail: gc@howellandchristmas.com

Date of Hearing: May 14, 2013, @ 2:30 p.m. Time needed for Hearing: 30 minutes

On Behalf of [X] Claimant [] Employer

File this form and proof of service on the opposing party according to R.67-611 and R. 67-212. Do not send medical reports.
*Commissioners reserve the right to admit expert witnesses at hearings.
WCC Form #58.

Rev. Date 9/07

58

Pre-Hearing Brief

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras,
Claimant,

vs.

St Johns Fire Dist Comm,
Employer,
and
State Accident Fund,
Carrier, Defendants

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF THOMAS CONTRERAS

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET URBANIC, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER:

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

APA	NOTICE OF PHYSICIAN/OTHER	DATE OF REPORT	# OF PAGES
1	Jean Hutchinson, Vocational Evaluator	10/12/11	8 (1-8)
2	Dr. Charles Hughes, Hughes Orthopaedics	10/6/11	6 (9-14)
3	Dr. James DeMarco	10/24/12 - 8/6/10	39 (15-53)
4	Diagnostic Medical Reports	3/29/12 - 3/8/06	24 (54-73.8)

5	Dr. David Jaskwhich	5/5/10 - 12/19/08	11 (78-88)
6	Dr. James Spearman	12/3/08	1 (89)
7	Atlantic Occupational Health	11/19/08 - 10/14/08	3 (90-93)
8	Roper St. Francis	03/24/11 - 11/17/05	42 (94-135)
9	Physical Therapy	7/19/12 - 10/30/08	98 (136-224)

EXHIBITS

APA		DATE	# OF PAGES
10	State Budget and Control Board and Other Selected Documents From Claimant's Personnel File	2011 - 2008	40 (225-264)
11	Claimant's Wage Information	2012 - 2007	5 (265-269)

Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

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

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

Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC

Gary Christmas, Esquire
Post Office Box 1896
Mt. Pleasant, South Carolina 29465
Telephone: (843) 849-2800
Facsimile: (843) 884-2007
E-mail: gc@howellandchristmas.com
ATTORNEY$ FOR CLAIMANT

Dated this 29th day of April, 2013
Mt. Pleasant, South Carolina.

JEAN R. HUTCHINSON, M.ED., CRC, CVE
Vocational Consultant

715 N. Godfrey Park Place
Charleston, S.C. 29407

(843)766-1418
Fax(843)763-0501

EMPLOYABILITY EVALUATION

PERSONAL DATA:

Name: Thomas Conteres
Date of Birth: _ _ (50 years of age)
Marital Status: Married
Height: 5'8"
Weight: 215 pounds
Date of Injury: October 8, 2008
Date Interviewed: October 10, 2011
Date of Report: October 12, 2011

EDUCATIONAL BACKGROUND:

Mr. Conteres stated that he graduated from high school and took numerous training courses through the Fire Department. He served in the United States Army for four and one-half years. Mr. Conteres has a current driver's license, but noted increased pain when driving longer distances.

WORK HISTORY:

Mr. Conteres reported the following work experience: After his discharge from the United States Army, he worked as a painter, fireplace installer, newspaper deliverer, and pizza deliverer. Mr. Conteres then worked as a carpet cleaner and painter. He next worked for the St. Johns Fire Department for twenty-two years, last working as captain. Mr. Conteres also worked part-time as a landscape laborer for approximately ten years, as a vending machine tender ten years, and as a front desk clerk at a bowling alley for eight years. Mr. Conteres last worked for the St. Johns Fire Department in October, 2010. He continues to work as a vending machine tender once per month and as a desk clerk at a bowling alley five hours per week.

DESCRIPTION OF ACCIDENT/INJURY/CONDITION:

Mr. Conteres was injured on October 8, 2008, while employed as a fire fighter. He stated that as he was exercising as required on his shift and lifting weights, he felt a "pop" with significant pain in his right shoulder. Mr. Conteres went to the ER at the hospital and has since undergone physical therapy, shoulder injections, left shoulder arthroscopy with SLAP repair and debridement on January 26, 2009, right subacromial injections, corticosteroid injection in the right bicipital groove and anterior subacromial space, right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum, and bone and arthroscopic repair of superior labrum anterior-posterior SLAP tear on January 29, 2009, right shoulder arthroscopy with extensive of suture, labrum, bursa, and bone debridement on October 1, 2009, and right shoulder major debridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue, right shoulder subacromial decompression and bursectomy, and right shoulder acromioclavicular joint resection on October 11, 2010. He has diagnoses (right shoulder) of mild articular-sided irregularity of the supraspinatus and infraspinatus tendon suggesting low grade articular-sided partial tear versus prior resurfacing, mild tendinopathy of the supraspinatus and infraspinatus tendons, irregularity of the glenoid labrum suggesting prior repair or resurfacing versus a nondisplaced labral tear, mild tendinopathy of the intra-articular portion of the biceps tendon, mild to moderate osteoarthrosis of the acromioclavicular joint and mild osteoarthrosis of the glenohumeral joint, right superior labral tear - anterior-posterior with bursitis, thickening of middle glenohumeral ligament and superior coracohumeral ligament, intra-articular synovitis, type 1 superior labrum anterior to posterior tear, subacromial impingement syndrome and bursitis, and acromioclavicular joint osteoarthrosis.

At the present time, Mr. Conteres states that he continues to have pain in his right shoulder that he described as "stabbing" with "sharp" pain radiating up to the top of his shoulder. He also noted "aching" pain in his left shoulder from overuse. Mr. Conteres stated that any increase in activity or movement of his right arm will cause an increase in pain as will rainy weather. For limited and temporary relief of pain, he noted that he takes medications, uses ice packs, and props/supports his arm while sitting.

With regard to functional activities, Mr. Conteres reported the following: In walking, he noted that he now cannot allow his right arm to swing naturally. Mr. Conteres stated that he now cannot run, jump, negotiate rough or uneven terrain, climb a ladder, reach up, out, or

around to the back without pain, or lift/carry more than approximately ten pounds from table/waist level. He noted that he is more comfortable sitting if his right arm can be supported.

With regard to activities of daily living, Mr. Conteres stated that he now performs some light cooking tasks. He noted difficulty sleeping in that he "tosses and turns" and he cannot sleep through the night, resulting in fatigue and irritability. Mr. Conteres reported that he remains independent in self-care tasks, but requires more time to perform them. He stated that he now performs some light yardwork tasks, but has difficulty using vibrating tools. Mr. Conteres noted that he now cannot perform home maintenance or auto repair tasks or enjoy his former hobbies of bowling and fishing.

DESCRIPTION OF USUAL OCCUPATIONS:

Most recently and for approximately twenty-two years, Mr. Conteres worked as a fire fighter, last working as chief. In this work, he drove three types of fire trucks, kept logs and wrote reports, trained new workers, and fought fires. Mr. Conteres' department covered Johns Island, Wadmalaw Island, Kiawah Island, and Seabrook Island. Additionally, it was necessary for him to pass a physical fitness test each year and accomplish such tasks as dragging a one-hundred-sixty-five pound dummy. The 1991 Edition determine the Dictionary of Occupational Titles defines this job as:

FIRE CAPTAIN (373.134-010)
"Supervises and coordinates activities of company of FIRE FIGHTERS assigned to specific firehouse: Inspects station house, buildings, grounds, and facilities, and examines fire trucks and equipment, such as ladders and hoses, to ensure compliance with departmental maintenance standards. Responds to fire alarms and determines from observation nature and extend to fire, condition of building, danger to adjacent buildings, and source of water supply, and directs fire fighting crews accordingly. Trains subordinates in use of equipment and methods of extinguishing all types of fires. Evaluates efficiency of personnel. Inspects commercial establishments in assigned district and reports fire hazards or safety violations to FIRE INSPECTOR. Compiles report of each fire call, listing location, type, probable cause, estimated damage, and disposition. May respond to emergency calls to render first aid. May recommend corrective measures for fire hazards or safety violations to building owners. May conduct fire drills for occupants of buildings. May supervise and coordinate

activities of fire companies fighting multiple alarm fire until relieved by superiors. May write and submit proposal for new equipment or modification of existing equipment to superiors..."

FIRE FIGHTER (373.364-010)
"Controls and extinguishes fires, protects life and property, and maintains equipment as volunteer or employee of city, township, or industrial plant: Responds to fire alarms and other emergency calls. Selects hose nozzle, depending on type of fire, and directs stream of water or chemicals onto fire. Positions and climbs ladders to gain access to upper levels of buildings or to assist individuals from burning structures. Creates openings in buildings for ventilation or entrance, using ax, chisel, crowbar, electric saw, *core cutter*, and other power equipment. Protects property from water and smoke by use of waterproof salvage covers, smoke ejectors, and deodorants. Administers first aid and artificial respiration to injured personas and those overcome by fire and smoke. Communicates with superior during fire, using portable two-way radio. Inspects buildings for fire hazards and compliance with fire prevention ordinances. Performs assigned duties in maintaining apparatus, quarters, buildings, equipment, grounds, and hydrants. Participates in drills, demonstrations, and courses in hydraulics, pump operation and maintenance, and firefighting techniques. May fill fire extinguishers in institutions or industrial plants. May issue forms to building owners, listing fire regulations violations to be corrected. May drive and operate firefighting vehicles and equipment. May be assigned duty to marine division of fire department and be designated Firefighter, Marine."

Other significant work experience for Mr. Conteres has been as a bowling alley clerk, vending machine tender, and landscape laborer. The 1991 Edition of the Dictionary of Occupational Titles describes these jobs as:

DESK CLERK, BOWLING FLOOR (340.367-010)
"Assigns bowling alleys to patrons and collects fees: Reserves alleys for bowling league or individual. Issues score sheets and alley numbers to patrons. Inspects alleys to ensure that bowling equipment is available. Observed players to determine misuse of alleys or other equipment. Records number of games played and receipts collected. Rents bowling shoes to patrons."

VENDING MACHINE COIN COLLECTOR (292.483-010)
"Drives truck over established route to collect money from and refill coin-operated

amusement-game machines, jukeboxes, and vending machine that dispense merchandise, such as cigarettes, coffee, food, beverages, and candy: Loads truck with supplies according to written or verbal instructions. Drives tuck to establishment, collect coins, refills machine, cleans inside of machines that dispense food or beverages, and records amount of money collects. Turns in money to cashiering department at completion of route and unload truck. Reports malfunctioning machine to maintenance department for repair. May perform minor repairs or adjustments on machines, using handtools, to correct malfunctions. May promote installation of new or additional coin-operated machine at locations of customers or potential customers. May be designated according to type of machine serviced..."

LABORER, LANDSCAPE (408.687-014)
"Moves, soil, equipment, and materials, digs holes, and performs related duties to assist LANDSCAPE GARDNER in landscaping grounds: Digs holes for plants and trees, using pick and shovel. Mixes fertilizer or lime with dirt in bottom of holes to enrich soil, places plants or trees in holes, and adds dirt to fill holes. Attaches wires from planted trees to stakes to support trees. Hauls or spreads topsoil, using wheelbarrow and rake. Waters lawns, trees, and plants, using portable sprinkler system, hose, or watering can. Spreads straw over seeded soil to prevent movement of seeds and soil. Builds forms for concrete borders, using lumber, hammer, and nails. Mixes and pours cement for garden borders. Places decorative stones and plants flowers in garden areas. Mows lawns, using power mower."

Mr. Conteres' past work experience is consistent with these definitions.

EVALUATION SUMMARY:

In determining employability, it is necessary to consider many factors. These factors include age, educational background, past work experience and transferable skills, and physical limitations and pain.

Mr. Conteres is fifty years of age. His age may affect his ability to adjust to a significant number of jobs in the national economy.

Mr. Conteres graduated from high school and had training through the Fire Department. Education at this level refers to abilities in reasoning, arithmetic, and language skills that would enable the individual to perform the required job tasks of semi-skilled through skilled work.

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Relevant past work experience for Mr. Conteres has been as fire department chief, bowling alley clerk, vending machine tender, and landscape laborer. The 1991 Edition of the Dictionary of Occupational Titles further defines these jobs as follows:

Work as a fire department chief is defined as very heavy, skilled work. Very heavy work involves lifting objects weighing more than one hundred pounds at a time with frequent lifting or carrying of objects weighing fifty pounds or more. Skilled work requires qualifications in which an individual uses judgment to determine the machine and manual operations to be performed in order to obtain the proper form, quality, or quantity of material to be produced. Skilled work may require laying out work, estimating quality, determining the suitability and needed quantities of materials, making precise measurements, reading blueprints or other specifications, or making necessary computations or mechanical adjustment to control or regulate the work. Dealing with people, facts, or figures or abstract ideas at a high level of complexity may be required as well.

Work as a bowling alley clerk is defined as light, semi-skilled work. Light work is defined as the ability to lift twenty pounds occasionally and up to ten pounds frequently. The abilities to walk and stand to a significant degree, to sit and push or pull arm or leg controls, or to work at a production rate are also required. Semi-skilled work is work which needs some skills, but does not require the more complex work duties. Semi-skilled work may require alertness and close attention to watching machine processes; inspecting, testing, or otherwise looking for irregularities; or tending or guarding equipment, property, materials, or persons against loss, damage, or injury. Coordination and dexterity may be necessary in the performance of repetitive tasks as well.

Work as a vending machine tender is defined as medium, semi-skilled work. Medium work requires the ability to lift fifty pounds and to frequently carry twenty-five pounds. Semi-skilled work is work which needs some skills, but does not require the more complex work duties. Semi-skilled work may require alertness and close attention to watching machine processes; inspecting, testing, or otherwise looking for irregularities; or tending or guarding equipment, property, materials, or persons against loss, damage, or injury. Coordination and dexterity may be necessary in the performance of repetitive tasks as well.

Work as a landscape laborer is defined as heavy, unskilled work. Heavy work involves lifting no more than one hundred pounds at a time with frequent lifting and carrying of objects weighing up to fifty pounds. Unskilled work is work which needs little or no

judgement in the performance of simple duties that can be learned on the job in a short period of time. No acquired work skills can be attributed to unskilled work.

Transferability of skills applies to work skills which a person has demonstrated in vocationally relevant past jobs that can be used to meet the requirements of other jobs. Transferability of skills is most probable and meaningful among jobs requiring similar skills, when similar tools and machines are utilized, and when similar processes and services are involved. Jobs of transferability for Mr. Conteres may include other work in protective service, delivery driving, stocking, and inventory.

Mr. Conteres has significant physical limitations. In an office note dated July 14, 2010, Dr. David H. Jaskwhich indicates that Mr. Conteres has permanent restrictions of twenty-five pounds maximum overhead lifting and occasional fifty pounds lifting from waist level. Dr. Jaskwhich is of the opinion that Mr. Conteres would be unable to pass his physical agility test which requires him to be able to drag about one hundred seventy-five pounds. In an office note dated August 6, 2010, Dr. James R. DeMarco indicates that Mr. Conteres has restrictions of light duty with no overhead lifting, no lifting of more than twenty-five pounds to shoulder level, and no lifting of more than fifty pounds to waist level. Dr. DeMarco notes that he is unsure if Mr. Conteres will be able to go back to being a firefighter or not.

On a form dated January 21, 2011, Dr. DeMarco indicates that Mr. Conteres may not return to work and this is permanent. In an office note dated January 21, 2011, Dr. DeMarco notes that Mr. Conteres is not going to be able to return to being a firefighter. On a Physician's Statement Form 14B dated May 16, 2011, Dr. DeMarco indicates that Mr. Conteres is unable to return to work at his current employment.

On a Questionnaire dated October 6, 2011, Dr. Charles Hughes indicates that Mr. Conteres has restrictions to include climbing, pushing, pulling, and horizontal lifting for one minute at a time, overhead activities, and lifting more than ten pounds with the right arm. Dr. Hughes also noted that Mr. Conteres is limited in strength and endurance secondary to his right arm impairment and AC joint resection and will need further medical treatment to include office visits, injections, physical therapy, and medications.

In considering these aforementioned factors, approaching advanced age, high school level of education with training through the Fire Department, past work experience as a fire department chief, bowling alley clerk, vending machine tender, and landscape laborer, and

significant physical limitations and ongoing pain of more than three years' duration, I am of the opinion that Mr. Conteres is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual functional capacity. I am of the opinion that Mr. Conteres is able to continue working as a bowling alley clerk and he indicated that he earns approximately $8.00 per hour and is currently working five hours per week. He noted that he continues to work as a vending machine tender (vending machines in fire stations) once per month.

Mr. Conteres continues to be employed on a part-time, limited basis despite his injury and subsequent physical limitations and restrictions. This continued employment is contingent upon accommodations by the current employer upon which Mr. Conteres cannot count or for which there is no contract. These accommodations may end at any time if the accommodated situation is not of benefit to the employer. Mr. Conteres cannot expect this type of accommodation or treatment by subsequent employers. I am of the opinion that he has therefore sustained a loss as to his competitiveness and access to the open job market when compared to other non-injured job seekers. With the restrictions placed on him by his physicians, he is appropriate for selected work at the sedentary exertional level.

Mr. Conteres is fortunate to have an understanding employer who has tailored a job to meet his physical restrictions. Should this job cease, should his supervisor or job duties change, or should his physical problems become worse, I am of the opinion that Mr. Conteres would be in jeopardy with regard to locating suitable employment and would incur a loss of future earning capacity.

Mr. Conteres continues to experience significant physical limitations and pain. Should these issues resolve to the point where he has more function and stamina, he may be appropriate for further job placement in sedentary positions. Mr. Conteres can expect to earn at or near minimum wage ($7.25 - $8.00 per hour) and would continue to experience a significant loss of earning capacity.

Jean R. Hutchinson, M.Ed.
Certified Rehabilitation Counselor
Certified in Vocational Evaluation
October 12, 2011

RE: **Client:** Thomas Contreras
DOB:
SS #:
D/A: On Or About October 8, 2008

(1) Most probably and to a reasonable degree of medical certainty. Mr. Contreras' injuries to his right shoulder, right upper extremity, right biceps and clavicle are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work;

[✓] YES NO [ ]

Explain, if necessary: _____

(2) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and clavicle as a result of his October 8. 2008, accident at work;

[✓] YES NO [ ]

Explain, if necessary: _____

(3) Most probably and to a reasonable degree of medical certainty, Mr. Contreras has permanent physical restrictions to his right shoulder, right upper extremity, right biceps and clavicle as a result of the injuries he sustained at work on October 8; 2008 (please specifically address Mr. Contreras' limitations with regard to lifting, pushing, pulling, climbing, walking);

[✓] YES NO [ ]

RESTRICTIONS

Bending		Walking	
Twisting		Running & Cutting	
Squatting		Sitting/Standing	
Climbing	✓	Horizontal Lifting	✓
Stooping		Overhead Activities	✓
Pushing	✓	Pulling	✓

No lifting over 1, 5, (10), 15, 20, 25, 50 lbs. (R) arm Sedentary Work Only

Explain, if necessary: Limited straight and endurance secondary to Right arm impairment and A-C jt. resection

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RE: Client: **Thomas Contreras**
DOB:
SS #:
D/A: **On Or About October 8, 2008**

(4) Most probably and to a reasonable degree of medical certainty, Mr. Contreras has limitations to his right shoulder, right upper extremity, right biceps and clavicle as a result of his October 8, 2008, accident at work, as follows:

PUSHING	for	1 minutes at a time
PULLING	for	1 minutes at a time
HORIZONTAL LIFTING	for	1 minutes at a time
MUST CHANGE POSITION	every	minutes

[✓] YES NO [ ]

Explain, if necessary: _____

(5) Most probably and to a reasonable degree of medical certainty, Mr. Contreras has permanent impairment to his right shoulder, right upper extremity, right biceps and clavicle as a result of his October 8, 2008, accident at work, as follows:

RIGHT SHOULDER	14 %
RIGHT UPPER EXTREMITY	%
RIGHT BICEPS	%
Distal CLAVICLE (A-C jt)	10 % upper extremity

[✓] YES NO [ ]

Explain, if necessary: _____

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(6) Most probably and to a reasonable degree of a medical certainty, Mr. Contreras will need continued medical care and treatment to his right shoulder, right upper extremity, right biceps and clavicle (surgery, medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy, follow up visits with your office) and whether this treatment would "tend to lessen his period of disability;"

[✓] YES NO [ ]

Explain, if necessary: MAy need f/u visits with orthopedic surgeon, injections, PT, NSAID's

No surgery in foreseeable future.

Dr. Charles Hughes

10/6/2011
Date

11

Hughes Orthopaedic Consultants, L.L.C.

Charles H. Hughes Jr., M.D., F.A.A.O.S. Board-certified Orthopaedic Surgeon

INDEPENDENT MEDICAL EVALUATION

PATIENT NAME:	**THOMAS CONTRERAS**
DATE OF BIRTH:	
DATE OF EXAM:	**October 6, 2011**
DATE OF INJURY:	**October 8, 2008**
ATTORNEY:	**James G. Christmas**

HISTORY OF PRESENT ILLESS: This patient is a 50-year-old gentleman on whom I have been asked to perform an independent medical evaluation for the right shoulder. I have reviewed provided records, including office notes from Dr. Jaskwhich of Lowcountry Orthopaedics and Dr. James DeMarco. I have also reviewed intraoperative findings, MRI reports, and office notes involving the care for the above-named patient.

This patient is a 50-year-old gentleman who was a fire fighter for 23 years for the Charleston Fire Department. He was lifting weights, which is a job requirement for one hour daily, when he injured the shoulder. This occurred in 2008. He was evaluated in the emergency room and subsequently referred to Atlantic Occupational Health Center. He underwent physical therapy and was then referred to Dr. Jaskwhich for evaluation. The date of the original injury was 10/08/2008.

The patient underwent an MRI scan, which demonstrated a probable superior labral tear. He underwent surgery by Dr. Jaskwhich on 09/29/2009. At that time, he had a repair of the SLAP tear as well as debridement of the bursa, synovium, labrum, and bone. The patient underwent further physical therapy, but continued to have pain and catching of the shoulder. He then underwent a second operation by Dr. Jaskwhich on 10/01/2009. At that time, Dr. Jaskwhich removed the previous sutures and performed more extensive debridement of the labrum. A repair of the labrum was not performed at that time.

During this time, the patient was on light duty, mainly performing clerical work around the Firehouse, but no physical activities. He underwent further physical therapy. He was last seen on 07/14/2010 by Dr. Jaskwhich. During his treatment, it was noted that he had AC joint arthritis and pain over the AC joint, but no surgery was performed on this area. He was also noted to have longhead of the biceps pain. Intraoperatively, the articular side was normal on both arthroscopies. During both surgeries, the rotator cuff was normal and no rotator cuff tears were seen.

The patient subsequently sought a second opinion with Dr. DeMarco, who is also an orthopaedic surgeon. The patient was seen and evaluated on 08/06/2010. At that time, he continued to have significant pain and extreme limitation of internal rotation. He had further work-up, which included review of an MRI scan, which was done on 08/26/2009. There was a partial low-grade articular-sided partial tear of the supraspinatus and tendinopathy of the biceps tendon. There was mild to moderate osteoarthritis of the AC joint. After attempted injections for pain relief and physical therapy, Dr. DeMarco felt as though the patient was not responding adequately and recommended another operation.

12

(continued)

Watermark Plaza
950 Houston Northcutt, Suite 101
Mount Pleasant, SC 29464

Office: 843.478.5156
Fax: 866.457.8335
HughesIME@yahoo.com

CONTRERAS, THOMAS
DOB:
IME: 10/06/2011
PAGE TWO

This surgery was performed on 10/11/2010, it was noted that the intraarticular biceps tendon to be intact. The undersurface of the rotator cuff was within normal limits. The previously debrided SLAP tear was further debrided, but was not repairable. There was some superficial irritation noted on the rotator cuff, but no full thickness tear was noted. During this operation, the AC joint was examined and noted to be quite osteophytic. There was no cartilage present. Therefore, a distal clavicle resection of 10 to 12 millimeters of the distal clavicle was carried out. The subacromial space was also further decompressed and bursectomy carried out. The patient continued physical therapy.

The patient's last visit with Dr. DeMarco was on 01/21/2011. At that time, he was released from a worker's compensation standpoint, but instructed to return for further injections as needed. At that time, he was told that he would not be able to return to work as a fire fighter as a result of his permanent restrictions. He was assigned an 11% right shoulder impairment by Dr. DeMarco. He was told that if he had exacerbations of his pain, he may need injections, anti-inflammatories or repeat physical therapy.

REVIEW OF SYSTEMS: The patient has a lot of pain in the morning as well as pain with overhead activities. He has very little ability to use his arm before it becomes fatigued. He is able to do some underhand bowling, but very little overhead or forward work. He retired with disability on 01/21/2011 after he was unable to perform the physical agility test or physical fitness, which is required in order to continue his job as a fire fighter.

PAST MEDICAL HISTORY: The patient had no previous right shoulder problems prior to this accident. He did have a left shoulder surgery the year before by Dr. Jaskwhich, with a satisfactory outcome.

MEDICATIONS: Celebrex 200 mg once a day, which he gets from his primary care physician. He takes Advil as needed with Biofreeze and ice.

PHYSICAL EXAMINATION: The patient is alert and oriented x 3.

NECK: Supple. No lateralizing sign. He has full flexion, extension, as well as side-to-side movement of the neck.

HEENT: Pupils are equal and reactive to light and accommodation.

CHEST: Chest wall is nontender.

ABDOMEN: Soft.

13

(continued)

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Mount Pleasant, SC 29464

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CONTRERAS. THOMAS
DOB:
IME: 10/06/2011
PAGE FOUR

WORK RESTRICTIONS: I do not believe the patient will ever return to his former occupation as a fire fighter due to the vigorous nature of his job. He will always be limited with regards to climbing, pushing, pulling, and overhead activities. It is my recommendation that he not lift more than 10 pounds with the right upper extremity. It is my medical opinion, to a reasonable degree of medical certainty, that these restrictions are permanent and will not improve with time.

FUTURE MEDICAL TREATMENT: As far as medical care, I do believe the patient will need follow-ups with an orthopaedic surgeon with possible injections, physical therapy, nonsteroidal anti-inflammatories. I do not believe any surgery is indicated in the foreseeable future.

Thank you for your attention concerning this patient. Please let me know if there are any further questions.

Charles Hughes MD

Charles H. Hughes, M.D., F.A.A.O.S.

CHH/cjs

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Watermark Plaza
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Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Thomas Contreras
Physician's Name: James R DeMarco
Practice/Clinic: Palmetto Orthopaedics
Preparer's Name: Fay Jennings
Phone: (803)896-5853

Employer's Name: ST JOHNS FIRE DIST COMM
Insurance Carrier: State Accident Fund
SCWCC File No: 0822640

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: 10/08/2008

Date of first office visit: _____ Date of last visit: _____

Diagnosis or nature of injury or illness: _____

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

Date of **Maximum Medical Improvement:** _____

Based on the **AMA Guidelines**, the claimant has sustained a 11 % **medical impairment** to Right Shoulder injured body part(s) and a _____ % **medical impairment** to _____ 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:**

_____

_____

_____

October 5, 2012
Page 1

RE: Client: Thomas Contreras
DOB:
SS #:
D/A: On Or About October 8, 2008

(1) Most probably, and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder and right upper extremity, (right biceps) are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work;

[✓] YES NO [ ]

Explain, if necessary: _____

(2) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008, accident at work;

[✓] YES NO [ ]

Explain, if necessary: _____

(3) Most probably and to a reasonable degree of a medical certainty, Mr. Contreras will need continued medical care and treatment to his right shoulder, right upper extremity, right biceps and clavicle (~~surgery,~~ medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy, follow up visits with your office) and whether this treatment would "tend to lessen his period of disability;"

[✓] YES NO [ ]

Explain, if necessary: SURG. NOT WITHIN A REASONABLE DEGREE of MEDICAL CERTAINTY

Dr. James DeMarco

10-24-12
Date

16

October 5, 2012
Page 1

RE: **Client:** **Thomas Contreras**
DOB:
SS #:
D/A: **On Or About October 8, 2008**

(1) Most probably, and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder and right upper extremity, (right biceps) are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work;

[✓] YES NO [ ]

Explain, if necessary: _____

(2) Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008, accident at work;

[✓] YES NO [ ]

Explain, if necessary: _____

(3) Most probably and to a reasonable degree of a medical certainty, Mr. Contreras will need continued medical care and treatment to his right shoulder, right upper extremity, right biceps and clavicle (~~surgery,~~ medications, pain management clinic, injections, tens unit, repeat diagnostics, physical therapy, follow up visits with your office) and whether this treatment would "tend to lessen his period of disability;"

[✓] YES NO [ ]

Explain, if necessary: _____

~~Dr. Charles Hughes~~

10/8/12
Date

Dr. James DeMaio

17

ROPER ST FRANCIS Physician Partners

CONTRERAS, THOMAS J

50 Y old Male, DOB:
CHARLESTON, SC-29407
Home: 843-324-5387
Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPERTTC Payer ID: PAPER
Appointment Facility: Palmetto Ortho Of Chas W Ashly

08/07/2012

JAMES R DEMARCO, MD

Current Medications

Flector 1.3 % Patch cut and apply 1 patch to affected area every 12 hours
Medication List reviewed and reconciled with the patient

Past Medical History

No Medical History.

Surgical History

right shoulder scope 20120329
right shoulder scope 20101011

Family History

Daughter(s): alive
Son(s): alive
Spouse: alive

Social History

Work History:
Current Work Status
Patient is *employed but not currently working*
Job Title *Firefighter*
Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? *Yes*
How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*
How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*
How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*
Points *3*
Interpretation *Negative*

Allergies

PENICILLINS
Latex

Hospitalization/Major

Reason for Appointment

1. EST PATIENT WC

History of Present Illness

Symptom(s):

Mr Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery we have done on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He has finished up supervised PT at Charleston PT on Wesley Drive and is doing well. he still gets some muscles spasms and pain if he leans on his arm, but nothing terrible. He uses Flector Patches, but has stopped the Celebrex.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination

Shoulder Exam:

ROM
Right ATE *145*
Right ER at 0 *45*
Right IR at 0 *L2*
Right ER at 90 *90*
Right IR at 90 *45*

Rotator Cuff
Right IS *5 /EXT 50/ADD 60*
Right Napolean *5*
Right SS *5*

Impingement
Right Hawkins *Negative*
Right Reverse Hawkin's *Negative*

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact.

Diagnostic Procedure
No Hospitalization History.

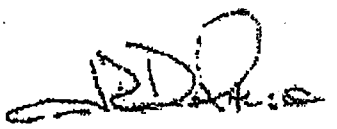
Review of Systems
General/Constitutional:
Sleep disturbance denies. Weight change denies.
Endocrine:
Thyroid problem denies.
Respiratory:
Shortness of breath denies.
Cardiovascular:
Leg/ankle Swelling denies. Blood clots in lungs denies. Dizziness denies.
Gastrointestinal:
Reflux denies.
Hematology:
Bleeding problems denies.
Musculoskeletal:
Comments See HPI for details.
Neurologic:
Seizures denies. Weakness denies. Numbness denies.
Psychiatric:
Depression denies. Anxiety denies.
Dermatology:
Skin rash denies. Poor wound healing denies.

Motor function was also intact distally.

Assessments
1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008-work comp

Treatment
1. Shoulder pain
At this point the patient is at MMI and has permanent partial restrictions of less than 40 pounds of overhead lifting with both hands and no more than 20 pounds with his right arm overhead. Less than 50 pounds of two-handed carrying and pushing and pulling. he can do a light to medium level job. He has permanent partial impairment of 9%. 3% for biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. I do not predict any further surgical intervention in the next year however if he regresses with his pain he may need repeat corticosteroid injections, anti-inflammatories and/or physical therapy.
this is all within a reasonable degree of medical certainty and is determined by the evaluation of permanent impairment fifth edition AMA press.

Follow Up
prn



Electronically signed by JAMES DEMARCO MD. MD on 08/07/2012 at 04:27 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

ROPER ST FRANCIS Physician Partners

CONTRERAS, THOMAS J

50 Y old Male. DOB: [redacted]
CHARLESTON, SC-29407
Home: 843-324-5387
Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPERTTC Payer ID: PAPER
Appointment Facility: Palmetto Ortho Of Chas W Ashly

06/26/2012

JAMES R DEMARCO, MD

Current Medications

Celebrex 200 MG Capsule 1 capsule Once a day
Flector 1.3 % Patch cut and apply 1 patch to affected area every 12 hours
Medication List reviewed and reconciled with the patient

Past Medical History

No Medical History.

Surgical History

right shoulder scope 20120329
right shoulder scope 20101011

Family History

Daughter(s): alive
Son(s): alive
Spouse: alive

Social History

Work History:
Current Work Status
Patient is *employed but not currently working*
Job Title *Firefighter*
Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? *Yes*
How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*
How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*
How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*
Points *3*
Interpretation *Negative*

Allergies

PENICILLINS
Latex

Reason for Appointment

1. EST PATIENT WC

History of Present Illness

Symptom(s):

Mr Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He has been attending supervised physical therapy with Charleston PT on Wesley Drive and uses Celebrex and Flector patches to help with pain. Today he comes in doing really well. he's been working with Jesse in PT who he loves. His pain is minimal but she has been getting spasms around his bicep.

Other Medical Providers/Suppliers:

CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination

Shoulder Exam:

ROM
Right ATE *145*
Right ER at 0 *45*
Right IR at 0 *L2*
Right ER at 90 *90*
Right IR at 90 *45*

Rotator Cuff
Right IS *5 /EXT 50/ADD 60*
Right Napolean *5*
Right SS *5*

Impingement
Right Hawkins *Negative*
Right Reverse Hawkin's *Negative*

General Examination:

The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity.

Hospitalization/Major Diagnostic Procedure
No Hospitalization History.

Review of Systems
General/Constitutional:
Sleep disturbance denies. Weight change denies.
Endocrine:
Thyroid problem denies.
Respiratory:
Shortness of breath denies.
Cardiovascular:
Leg/ankle Swelling denies. Blood clots in lungs denies. Dizziness denies.
Gastrointestinal:
Reflux denies.
Hematology:
Bleeding problems denies.
Musculoskeletal:
Comments See HPI for details.
Neurologic:
Seizures denies. Weakness denies. Numbness denies.
Psychiatric:
Depression denies. Anxiety denies.
Dermatology:
Skin rash denies. Poor wound healing denies.

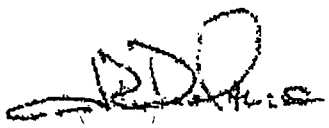
The upper extremity was grossly neurologically and vascularly intact. Motor function was also intact distally.

Assessments
1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008 -work comp

Treatment
1. Shoulder pain
Continue Flector Patch, 1.3 %, cut and apply 1 patch to affected area, Transdermal, every 12 hours
He continues doing very well. Continue with physical therapy for the next 4-6 weeks Charleston PT. Follow up with me in 6 weeks at that point he should be at MMI that right shoulder with an impairment it looks like it's going to be around 5-7% to the right upper cavity. Pulley to review his permanent partial restrictions on his return.
Referral To:Physical Therapy Charleston (WA) Physical Therapy
Reason:

2. Others
Continue Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day

Follow Up
6 Weeks



Electronically signed by JAMES DEMARCO MD, MD on 06/26/2012 at 04:19 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

ROPER ST FRANCIS Physician Partners

CONTRERAS, THOMAS J

50 Y old Male, DOB:
CHARLESTON, SC-29407
Home: 843-324-5387
Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPERTTC Payer ID: PAPER
Appointment Facility: Palmetto Ortho Of Chas W Ashly

05/14/2012

JAMES R DEMARCO, MD

Current Medications
Celebrex 200 MG Capsule 1 capsule Once a day
Medication List reviewed and reconciled with the patient

Past Medical History
No Medical History.

Surgical History
right shoulder scope 20120329
right shoulder scope 20101011

Family History
Daughter(s): alive
Spouse: alive

Social History
Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? *Yes*
How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*
How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*
How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*
Points *3*
Interpretation *Negative*

Allergies
PENICILLINS
Latex

Hospitalization/Major Diagnostic Procedure
No Hospitalization History.

Review of Systems
General/Constitutional:

Reason for Appointment
1. ESTABLISHED PAT

History of Present Illness
Symptom(s):
Mr Contreras is here for his post op on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. In his last visit we set him up with supervised PT at Charleston PT on Wesley Drive. He is taking Celebrex to help with pain. He is doing very well and is making improvements. He has done 2 supervised PT visits.
Other Medical Providers/Suppliers:
CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination
Shoulder Exam:
ROM
Right ATE *140*
Right ER at 0 *45*
Right IR at 0 *L5*
Right ER at 90 *80*
Right IR at 90 *40*

Rotator Cuff
Right IS *5*
Right Napolean *5*
Right SS *4*

Impingement
Right Hawkins *Negative*
Right Reverse Hawkin's *Negative*
General Examination:
The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact.

Sleep disturbance denies. Weight change denies.
Endocrine:
Thyroid problem denies.
Respiratory:
Shortness of breath denies.
Cardiovascular:
Leg/ankle Swelling denies. Blood clots in lungs denies. Dizziness denies.
Gastrointestinal:
Reflux denies.
Hematology:
Bleeding problems denies.
Musculoskeletal:
Comments See HPI for details.
Neurologic:
Seizures denies. Weakness denies. Numbness denies.
Psychiatric:
Depression denies. Anxiety denies.
Dermatology:
Skin rash denies. Poor wound healing denies.

Motor function was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008-work comp

Treatment

1. Shoulder pain

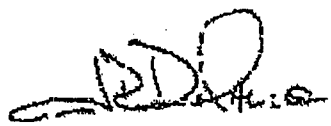
Start Flector Patch, 1.3 %, cut and apply 1 patch to affected area, Transdermal, every 12 hours, 30, Refills 03
He is doing very well. Continue with therapy. He feels like he is not getting as much therapy as he did prior is he reports that not doing ice or heat or manual massage. I wrote an note for them to continue to do that or add it if need be. I gave him prescription for fleck or patches for a morning pain over the biceps and anterior shoulder. Followup with me in 5-6 weeks.
Referral To:Physical Therapy Charleston (Wesley Dr) Physical Therapy
Reason:

2. Others

Continue Celebrex Capsule, 200 MG, 1 capsule, Orally, Once a day

Follow Up

6 Weeks



Electronically signed by JAMES DEMARCO MD, MD on 05/15/2012 at 08:19 AM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR
CHARLESTON, SC 29407-7206
Tel: 843-884-0302
Fax: 843-606-8053

ROPER ST FRANCIS Physician Partners

CONTRERAS, THOMAS J

50 Y old Male, DOB:
CHARLESTON, SC-29407
Home: 843-324-5387
Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPERTTC Payer ID: PAPER
Appointment Facility: Palmetto Ortho Of Chas W Ashly

04/23/2012

JAMES R DEMARCO, MD

Current Medications
Celebrex 200 MG Capsule 1 capsule Once a day
Celebrex capsules
Medication List reviewed and reconciled with the patient

Past Medical History
No Medical History.

Surgical History
right shoulder scope 20120329
right shoulder scope 20101011

Family History
Daughter(s): alive
Spouse: alive

Social History
Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? *Yes*
How often did you have a drink containing alcohol in the past year? *2 to 3 times a week (3 points)*
How many drinks did you have on a typical day when you were drinking in the past year? *1 or 2 drinks (0 point)*
How often did you have 6 or more drinks on one occasion in the past year? *Never (0 point)*
Points *3*
Interpretation *Negative*

Allergies
PENICILLINS
Latex

Hospitalization/Major Diagnostic Procedure
No Hospitalization History.

Review of Systems

Reason for Appointment
1. ESTABLISHED PAT-rt shld

History of Present Illness
Symptom(s):
Mr Contreras is here for his post op on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He unfortunately had an incident two weeks ago where he moved his arm a certain way, heard a pop, and experienced some additional swelling and bruising. We told him there was unfortunately not much that could be done about it. Other than that he is doing very well. He has done the 5 post op exercises and is ready to start supervised PT. He had previously gone to Charleston PT in Mt Pleasant.
Other Medical Providers/Suppliers:
CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination
Shoulder Exam:
ROM
Right ATE *90*
Right ER at 0 *40*
Right IR at 0 *Sacrum*
Right ER at 90 *50*
Right IR at 90 *30*

Rotator Cuff
Right IS *4*
Right Napolean *3*
Right SS *3 No deformity to the long head of the biceps.*

Impingement
Right Hawkins *Negative*
General Examination:
The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis

General/Constitutional:
Sleep disturbance denies. Weight change denies.
Dermatology:
Skin rash denies. Poor wound healing denies.
Endocrine:
Thyroid problem denies.
Respiratory:
Shortness of breath denies.
Cardiovascular:
Leg Swelling denies. Blood clots denies. Dizziness denies.
Gastrointestinal:
Reflux denies.
Hematology:
Bleeding problems denies.
Musculoskeletal:
Comments See HPI for details.
Neurologic:
Seizures denies. Weakness denies. Numbness denies.
Psychiatric:
Depression denies. Anxiety denies.

and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact. Motor function was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008 -work comp

Treatment

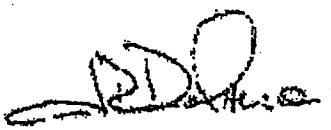
1. Shoulder pain

He is doing well right now. Continue to protect that arm and the long head of the biceps t.i.d. since. Physical therapy Charleston PT a note was written for at least the next 8-10 weeks. See him back in about 3-4 weeks. In a sling for the next couple weeks. He can do a light duty/sedentary job.

Referral To:Physical Therapy Charleston (WA) Physical Therapy
Reason:**PLEASE CALL PATIENT TO SCHEDULE APPOINTMENT|**PLEASE CALL/FAX APPOINTMENT DETAILS TO OFFICE.

Follow Up

4 Weeks



Electronically signed by JAMES DEMARCO MD, MD on 04/23/2012 at 04:47 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
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CHARLESTON, SC 29407-7206
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Fax: 843-606-8053

Chart PT

PALMETTO ORTHOPAEDICS OF CHARLESTON, P.A.
Waddell H. Gilmore, III, M.D. * R. Marshall Hay, M.D. * James R. DeMerco, M.D. * Heather McIntosh, M.D.

180 Wingo Way, Suite 301
Mt. Pleasant, SC 29464
(843) 884-0502
(843) 849-9308 Fax

615 Wesley Drive, Suite 100
Charleston, SC 29407
(843) 763-2857
(843) 763-2868 Fax

Weekly POC

PALMETTO ORTHOPAEDICS SHOULDER THERAPY PRESCRIPTION

Name: Thomas Contreras Date: 4-23-12

Diagnosis: Left/Right Rotator Cuff Tear /Tendonitis ☐ Infraspinatus ☐ Supraspinatus ☐ Subscapularis ☒ Biceps

Surgery: _____ Date of Surgery: Tenodesis Extraction Decompression

☑ PENDULUMS ☑ TABLE/WALL STRETCHES ☑ PULLEYS ☑ SUPINE STICK SAD

PT's 3/29/12

ROM:

☑ PROM ☑ AAROM ☑ AAROM without gravity (supine) ☑ AROM vs. gravity @ 6 weeks

RESTRICTIONS/GOALS:

☑ FORWARD FLEXION SUPINE/SITTING	> 130° @ 6 weeks post-op
☑ EXTERNAL ROTATION @ 0° ABDUCTION	>40° @ 6 weeks post-op
☐ EXTERNAL ROTATION @ 90° ABDUCTION	_____° @ _____ weeks post-op
☑ INTERNAL ROTATION @ 0° ABDUCTION (behind back)	L3-4 level @ 6 weeks post-op
☐ INTERNAL ROTATION @ 90° ABDUCTION	_____° @ _____ weeks post-op
☑ ABDUCTION IN SCAPULAR PLANE	>100° @ 6 weeks post-op

STRENGTHENING:	ISOMETRICS	ISOTONICS	ISOKINETICS	GO SLOWEST AND PROTECT
SUPRASPINATUS	☑	If surgery	If surgery	☐
INFRASPINATUS	☑	Start at	Start at	☐
SUBSCAPULARIS	☑	6 weeks	10 weeks	☐
BICEPS	☑	post-op	post-op	☐
SCAPULAR STABILIZERS	☑			☐

SCAPULAR RHYTHM STABILIZATION:

SCAPULAR RHYTHM, RETRACTION & DEPRESSION, POSTURE	☑
JOINT MOBILIZATIONS	☑
CLOSED/OPEN CHAIN SCAPULAR STABILIZATION	☑
CORE EXERCISES	☑
POSTERIOR CAPSULAR STRETCHING (sleeper, IR, crossover)	☑

SPORTS SPECIFIC ACTIVITIES: _____

HANDS ON MANUAL STRETCHING FOR ADHESIVE CAPSULITIS/ CONTRACTURES ☐

MODALITIES: ☑

HEAT	CRYOTHERAPY	EDEMA CONTROL
ULTRASOUND	E-STIM	TENS
IONTOPHORESIS	TRANSVERSE FRICTION MASSAGE	
SOFT TISSUE/SCAR MOBILIZATION		TAPING

FREQUENCY 2-3 TIMES A WEEK FOR 8 WEEKS.

Unless otherwise stated, goals for ROM and motor function should be equal to the uninjured side.

Signature: _____

p.5

Apr 23 2012 12:58AM HP LASERJET FAX 27

ROPER ST FRANCIS
Physician Partners

CONTRERAS, THOMAS J

50 Y old Male, DOB:
, CHARLESTON, SC-29407
Home: 843-324-5387
Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPERTTC Payer ID: PAPER
Appointment Facility: Palmetto Ortho Of Chas W Ashly

04/03/2012

JAMES R DEMARCO, MD

Current Medications
Celebrex capsules
Medication List reviewed and reconciled with the patient

Past Medical History
No Medical History.

Allergies
PENICILLINS
Latex

Review of Systems
General/Constitutional:
Sleep disturbance denies. Weight change denies.
Dermatology:
Skin rash denies. Poor wound healing denies.
Endocrine:
Thyroid problem denies.
Respiratory:
Shortness of breath denies.
Cardiovascular:
Leg Swelling denies. Blood clots denies. Dizziness denies.
Gastrointestinal:
Reflux denies.
Hematology:
Bleeding problems denies.
Musculoskeletal:
Comments See HPI for details.
Neurologic:
Seizures denies. Weakness denies. Numbness denies.
Psychiatric:
Depression denies. Anxiety denies.

Reason for Appointment
1. POST OPERATION-rt shoulder

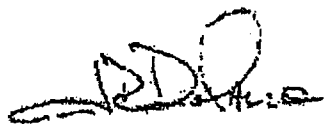
History of Present Illness
Symptom(s):
Mr Contreras is here for his post op on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He is doing fairly well at this point. he is using the thermotech machine for pain and has stopped taking his percocet.

Examination
General Examination:
The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact. Motor function was also intact distally.

Assessments
1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. DOI 10/8/2008-work comp

Treatment
1. Shoulder pain
We discussed the surgical procedure with the patient. We discussed the patient's need for pain management. We went over the appropriate restrictions. They are going to do the standard postop exercises. We did not go over the patient's intraoperative pictures.we will need to do that next time. We went over 4 of the 5 postop exercises but did not include internal rotation exercises.
CC a note the workers comp.

Follow Up
3 Weeks



Electronically signed by JAMES DEMARCO MD, MD on 04/03/2012 at 04:51 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
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Tel: 843-884-0302
Fax: 843-606-8053

Patient: CONTRERAS, THOMAS J DOB: Progress Note: JAMES R DEMARCO, MD 04/03/2012

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

Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS
James R. DeMarco, MD

615 Wesley Drive
Suite 100
Charleston, SC 29407
(843) 763-2857 Office
(843) 763-2868 Fax

Patient Name: CONTRERAS, THOMAS
DOB:
CHART: 3-64-06-7

Date of Service: 11/22/2011

MR 7473

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. Date of surgery 10/11/2010. Worker's comp. Mr. Contreras returns today. He was having a flareup of pain. I last saw him in May. He ran out of Celebrex, started hurting some more. Thera-Band exercises seemed to be a hit or a miss with him; can help or they can flare him up. He did some yardwork this past weekend, and his shoulder has become somewhat painful. He still has pain over the anterior aspect of the shoulder even when he just hangs it down or reaches behind him in extended position. It gets flared up by the simplest of procedures, whether it is lifting or doing light yardwork; even if he comes off the Celebrex, he continues to have pain and discomfort.

PHYSICAL EXAM: General cervical shoulder shows ATE of 140. ER 50. IR to L3 with some pain. SARER 85. SIR of 55. Extension 55 with pain. Abduction 110. Adduction 60. Supraspinatus 4+. He has continued tenderness over the long head of the biceps and coracoid. Positive coracoid impingement symptoms. Tenderness over the AC joint, 1. Infraspinatus 5. Subscap 5. Hawkins 0. Reverse Hawkins 0. Elbows, wrists and neuro reveal full range of motion appropriate for the patient's age without tenderness, effusion, instability, ecchymosis, edema, atrophy or spasticity.

PLAN: At this point, Mr. Contreras continues to complain persistently of long head of the biceps and bicipital groove pain. There is approximately a 5 cm section of the long head of the biceps that we are unable to visualize arthroscopically on a routine arthroscopy; however, on selected patients with persistent pain in this area, we will go and take down the transverse ligament and the bursal sac in this area and visualize the long head of the biceps and certainly at this point do a biceps tenodesis on him. I would also do a coracoid decompression to take off the impingement that he is getting from his coracoid onto the anterior subscapularis and bicipital groove area. He has failed injections, it has been over a year, he continues having pain, and the 1 thing about him is that he has been completely consistent with where his pain is, directly over the bicipital groove. We looked at his biceps in the intraarticular portion. I pulled in as much of the biceps into the joint, and this is typically what we do, and in that region it appeared normal and so I did not decide to look further or release anything. We did remove his previous sutures from his previous repair and did a bursectomy and decompression, an AC joint resection. This did help with some of the other pain, but he is left with biceps pain which now needs to be addressed. This is still considered as worker's comp injury as directly and causely related to his injury on 10/08/2008. This is absolutely the last thing that can be done in the shoulder, and after doing a tenodesis, a coracoid decompression, I told him whatever pain or discomfort is left in the shoulder he will have to live with. We will need to get clearance from worker's comp, and his postoperative course would be similar with physical therapy a couple times a week starting around 4-5 weeks postoperatively and going for about 6 or 8 weeks. If we can get this done, I will see him in the end of December for the surgery.

James R. DeMarco, MD

JRD/jf
DD: 11/22/2011 4:38:00 PM
DT: 11/23/2011 8:20:45 AM
16122350

cc: Worker's comp
David Seignious, MD

30

GTB-985-4874

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 11-22-11

Patient Name: Thomas Contreras was seen in our office on today with a diagnosis of Hurt Shoulder.

Work Related Injury? ___ NO ✓ YES, DOI: 10-8-2008

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE_____

✓ MAY NOT RETURN TO WORK UNTIL Follow-up

___RETURN APPOINTMENT FOR RE-EVALUATION_____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN ____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****
___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF:_____

___NO USE OF :_____

SCHOOL EXCUSE:
___RETURN TO SCHOOL ON:_____

___NO PE AND/OR SCHOOL SPORTS UNTIL_____

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE:

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

31

CONTRERAS, THOMAS

DATE OF BIRTH: __

05/31/11

PAGE 2

PLAN: He has had a flare up of pain and we talked about his sleeping position. He has some bicipital tendinitis and anterior shoulder stiffness. We provided a corticosteroid injection and I recommended an exercise program with Thera-Bands. He is using hand weights and I want him to use Thera-Bands in addition to the light weights. I don't want him using 10-pound weights right now. He will work on rotator cuff strengthening with either 5- or 7-pound weights. He will continue with ice treatments and anti-inflammatories and we will see him back on a p.r.n. basis. There are no changes in his work restrictions and his permanent partial impairment.

James R. DeMarco, M.D. /af
CC: Workers' Compensation
DD: 05/31/11
DT: 06/01/11

Corvel Scan Date: 6/28/2011

Palmetto Orthopaedics of Charleston
BONE & JOINT SURGEONS & PHYSICIANS

7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH:

05/31/11

CHIEF COMPLAINT: Status post right shoulder SAD, excision of glenohumeral [UNCLEAR] previous SLAP repair and debridement. DOS: 10/11/10, Workers' Compensation.

HISTORY: Mr. Contreras returns today. He is having some anterior shoulder pain and discomfort that is worse after sleeping, as he sleeps with his arm elevated over his head. He gets a lot of stiffness and soreness if he does too much with it. He is not having as much pain during the day. He is retired at this point. He does home exercises with light weights.

PHYSICAL EXAMINATION: Exam shows ATE of 140, ER 50, IR to L2-3, SAR ER 85, SAR IR 55, extension 55, abduction 110, adduction 60, supraspinatus 4+, infraspinatus 5, and subscap 5. Tenderness is noted over the long head of the biceps and anterior acromion. Incisions are well healed and he is neurologically and vascularly intact.

PROCEDURE: After discussing with the patient the benefits and risks of a subacromial injection, the patient's right shoulder was sterilely prepped. Then 80 mg of Depo-Medrol and 4 cc of lidocaine were injected without difficulty. The patient tolerated the procedure well.

33

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Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH: NOT PROVIDED

01/21/11

ADDENDUM: Mr. Contreras has an 11% permanent shoulder impairment and a 7% right upper extremity impairment, which is converted to a 4% whole person impairment.

James R. DeMarco, M.D. /af
DD: 03/01/11
DT: 03/02/11

5-31-11: f/u rtshld
DOS 10/14/10
- shillerman

34

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Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 WA
CONTRERAS, THOMAS
01/21/11
DOB: [redacted]

CHIEF COMPLAINT: Unchanged from previous. DOS: 10/11/10 WC.
HISTORY: Mr. Contreras shoulder is doing fairly well. He is about 4-5 weeks away from retirement at this point. His paper work is in. He feels he is still unable to go back to work. His inflammation and discomfort from being shocked has gone down. He is finishing up his therapy.

PHYSICAL EXAM: He has ATE of 140, ER 50 and IR to L2. SAR ER is 90, SAR IR 55. He has extension of 55, abduction 110 and adduction 60. Rotator cuff strength is 5/5. Supraspinatus is 4+, infraspinatus and subscap are 5. He has some tenderness over the long head of the biceps and anterior clavicle. There is a well healed incision. He is neurologically and vascularly intact.

PLAN: I will keep him out of work. He is in the last 4-5 weeks of retirement and I don't want him to go back and get re-injured. He is doing well at this point. He is not going to be able to return to being a fire fighter. If he needs final permanent restrictions, then he would have to undergo a functional capacity evaluation. He has permanent partial impairment of 7 percent to the right upper extremity, as defined by *The AMA Guides to the Evaluation of Permanent Impairment,* Fifth Edition. This converts to 11 percent right shoulder impairment. There is no foreseeable intervention required within the next year for surgery. If he has any other exacerbation of his pain, he may need injections, anti-inflammatories or repeat physical therapy. I will see him back on a prn basis.

James R. DeMarco, M.D. /lm
CC: Workers' Compensation
Charleston PT
DD: 01/21/11
DT: 01/24/11

35

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
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615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 WA
CONTRERAS, THOMAS
12/17/10
DOB;

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from previous SLAP repair and debridement. DOS: 10/11/10 WC.

HISTORY: Mr. Contreras is doing therapy and his motion is progression. He still has pain and discomfort around the long head of his biceps and lateral deltoid. He has pain getting behind his back. He actually got shocked by his light switch and pulled his arm back. This created more pain, inflammation and discomfort.

PHYSICAL EXAM: He has ATE of 130, ER 45 degrees and IR to L3 with pain. His rotator cuff is intact except for supraspinatus of 4+. Infraspinatus and subscap are 5. He has tenderness over the long head of his biceps.

PLAN: He is out of work until I see him back in 4-5 weeks. We will continue him in therapy. He is getting really near retirement and has retirement papers. I have opted to keep him out of work until we can get this straightened out. There is no reason to send him back at any level if he is going to be retiring in 2-4 weeks. However, if his paperwork gets stalled and he hasn't retired, we will send him back to light duty on his return. He will continue therapy until I see him back.

James R. DeMarco, M.D. /lm
CC: Workers' Compensation
Charleston PT
DD: 12/17/10
DT: 12/20/10

36

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
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615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

7473 WA
CONTRERAS, THOMAS
11/10/10
DOB:

CHIEF COMPLAINT: Status post right shoulder SAD and excision of the glenohumeral ligament with previous SLAP repair and debridement. DOS: 10/11/10. WC.

HISTORY: Mr. Contreras continues doing well. He has been doing his five post-op exercises with no severe pain or discomfort.

PHYSICAL EXAM: Exam shows table stretch to 125 degrees, ER 45 degrees and IR to L4. His rotator cuff is grossly intact. He is neurologically and vascularly intact.

PLAN: We will get him into supervised PT with Charleston PT. He has his restrictions. He will remain out of work until I see him back in about four weeks. I don't think he is going to be able to go back to being a full-time, full-duty firefighter. I think that after both his shoulders were injured he will not be able to do heavy lifting. However, on his return in four weeks, we will get him back to a light duty desk job activity, no lifting more than 10 lb and minimal overhead lifting.

James R. DeMarco, M.D. /lm
CC: Workers' Compensation
Charleston PT
DD: 11/10/10
DT: 11/11/10

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7473WA
CONTRERAS, THOMAS
10/20/10
DOB:

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament with previous SLAP repair and debridement. DOS: 10/11/10. WC.

HISTORY: Mr. Contreras is doing well. He has been using his ice machine and has had minima pain and discomfort. He has no new complaints.

PHYSICAL EXAM: He has well healed incisions with no evidence of infection. There is the expected amount of ecchymosis, no evidence of DVT. He is neurologically and vascularly intact distally.

PLAN: We did not go over his intra-op pictures. We will need to do that next time. We did go over his restrictions. He is out of work until I see him back in three weeks. He has enough pain medication. We went over his five post-op exercises. We will see him back in three weeks for recheck.

James R. DeMarco, M.D. /lm
CC: Workers' Compensation
DD: 10/20/10
DT: 10/21/10

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7473 MP
CONTRERAS, THOMAS
09/24/10
DOB: _____

CHIEF COMPLAINT:

1. Right shoulder loss of internal rotation, status-post SLAP repair and removal of sutures with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.
4. Significant impingement syndrome. DOI: 10/08/08 WC.

HISTORY: Mr. Contreras is still having pain and discomfort in his right shoulder. He is at the point where he is about to give up on getting back into being a firefighter. He has had discomfort that is certainly worse on the right than the left. He still has a little bit on the left. He wants to talk about non-surgical vs. surgical options. He has been doing some physical therapy but really hasn't progressed well with that. He takes some over-the-counter medications. He has some pain with sleep. He is still on restrictions at work.

PHYSICAL EXAM: Exam is recorded on the shoulder exam sheet and is basically unchanged from previous exams. He has ATE of 155, IR to L3-4 and ER 45. SAR ER is 80, SAR IR 20. His rotator cuff strength is 5. Hawkin's is 1, reverse Hawkin's 0 and O'Brien's 0. Partial tear is 0. His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally.

PLAN: The risks and benefits of non-surgical vs. surgical treatment were discussed. The patient has undergone and failed several conservative measures, including a home exercise program, therapy, injections, medications and activity modification. I feel that the benefits of surgery outweigh the risks involved. The patient agrees with this. We talked about the details of the surgical procedure. The patient was given handouts and we discussed the risks and benefits of surgery. We talked about the pre-, peri-op and post-op course and the expected intra-operative and post-operative experience and rehab. I went over the need for pre-operative medical clearance. We gave the patient handouts detailing all of this and all questions were answered. He is as good as he is going to get if he doesn't have surgery. I think he deserves one additional look. He is stiff.

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7473
CONTRERAS, THOMAS
08/06/10

CHIEF COMPLAINT: Right shoulder injury. DOI: 10/08/08. WC
HISTORY: Mr. Contreras is a 49-year-old gentleman who has been seen previously by Dr. Jaskwhich at Lowcountry Orthopedics for an on-the-job injury from 10/08/08. He originally injured it at the fire station where he worked lifting weights. He now has pain over the right shoulder. He describes the pain as being sharp throughout the day. It is worse in the morning. If he does anything significant with the shoulder it bothers him. MRI was performed at Lowcountry that showed no evidence of full thickness tear. There was a possible superior labral tear. He then underwent surgery for that. He continued to have pain despite therapy, activity modification and work restrictions. Dr. Jaskwhich took him back to the OR on 10/01/09 and did a debridement of the sutures, labrum and intra-articular synovium and bursa. He did not reattach the labrum and felt there was enough attachment to be adequate. No other abnormalities were noted. There were no rotator cuff tears. Mr. Contreras comes in today with continued pain and discomfort, as noted. On May 5, 2010, he was restricted in his physical training. There was no recommendation for any further surgical intervention.

PAST MEDICAL HISTORY: His past medical history, past surgical history, medications, family history, social history and review of systems is recorded on the patient information sheet and has been reviewed by me. He is on Allegra, Advair, Celebrex, and Lovastatin. He has high blood pressure, high cholesterol, asthma and diabetes. Social history shows he is a firefighter and is married. He does not smoke or drink.

ALLERGIES: Penicillin, Latex.

PHYSICAL EXAM: He is an alert, pleasant male in no apparent distress. The cervical, thoracic and lumbar spine is evaluated and shows normal range of motion with normal alignment without obvious scoliosis, step off, deformity, edema, atrophy or muscle spasm. He has negative Spurling's, axial compression and Lhermitte's. The cervical spine and the right and left shoulders were examined for tenderness, range of motion, scapular dyskinesia, rotator cuff strength, biceps injury, impingement signs, slap lesions and instability and are recorded in detail on the shoulder assessment sheet. In summary, the pertinent findings reveal tenderness in the AC joint of 1, bicipital groove 1. He has ATE of 155, IR to L3 and ER 45. SAR ER is 90, SAR IR 20. Supraspinatus, infraspinatus and Napoleon's are 5. Partial tear is 0, O'Brien's 0, Hawkin's 1 and reverse Hawkin's 0.

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7473
CONTRERAS, THOMAS
08/06/10
PAGE 2

His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally. Gait and station are normal.

IMAGING: MRI from 08/26/09 is reviewed and shows mild edema in the subscapularis. The subscapularis is intact. There is significant thickening of the glenohumeral ligament. AC joint is intact. There is no evidence of significant anterior or posterior labral injury. No rotator cuff tear is noted. There are some abnormalities of the angle of the biceps but it does appear attached on the most superior side. It appears to be fairly normal except for that small fragmentation inferiorly, likely post-surgical or it could be a suture. The biceps is within the groove. There is no atrophy of the cuff noted. The intra-articular portion of the biceps is within normal limits.

X-rays of his right shoulder show normal glenohumeral joint space. There is moderate AC joint narrowing with some sclerosis. There are no acute fractures, avulsions or dislocations. There are no blastic or lytic lesions.

PROCEDURE: After sterilely prepping the anterior bicipital groove and anterior subacromial space, we injected 80 mg of Depo-Medrol. We split it between the two areas. He tolerated this procedure well.

ASSESSMENT:

1. Right shoulder loss of internal rotation, status-post SLAP repair and then removal of sutures with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.

PLAN: We provided him with a corticosteroid injection in the bicipital groove and anterior subacromial space. His main problem is loss of internal rotation. He lacks internal rotation in both the abducted position and in the neutral position. He has decreased anterior quadrant flexibility and decreased excursion of the anterior deltoid, pectoralis and long head of the biceps. I don't feel he needs surgical intervention at this point. I think he needs therapy to work on stretching, almost all stretching of the anterior quadrant, pectoralis, long head of the biceps and internal rotation stretching, including sleeper stretches and internal rotation and behind-the-back stretching with cross over stretching as well.

7473
CONTRERAS, THOMAS
08/06/10
PAGE 3

This was all written in a PT note. He will continue on light duty with no overhead lifting, no lifting more than 25 lb to shoulder level and no lifting more than 50 lb. to waist level. We will keep him off the truck. I am not sure he will be able to go back to being a firefighter or not. Both of his shoulders are involved and both are painful and he has some weakness issues. We will know over the next 6-12 weeks whether he will be disabled from a full line of duty. He may need to retrain into a lighter demand job.

James R. DeMarco, M.D. /lm
CC: Workers' Compensation
David Seignious, M.D. 557-1050
David Jaskwhich, M.D. 797-3633

P126

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 1-24-11

Patient Name: Thomas Carraro was seen in our office on today with a diagnosis of Rt Shoulder

Work Related Injury? ___ NO ✓ YES, DOI: Oct. 2008

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE _____

✓ MAY NOT RETURN TO WORK UNTIL permanent

___RETURN APPOINTMENT FOR RE-EVALUATION _____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN ____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****

___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF: _____

___NO USE OF : _____

SCHOOL EXCUSE:

___RETURN TO SCHOOL ON: _____

___NO PE AND/OR SCHOOL SPORTS UNTIL _____

ADDITIONAL COMMENTS: _____

PHYSICIAN SIGNATURE: _____ 1-28-11

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Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 12-17-10

Patient Name: Thomas Contreras was seen in our office on today with a diagnosis of Fluright Shoulder

Work Related Injury? ___ NO ✓ YES, DOI: 10/8/08

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE_____

✓ ___MAY NOT RETURN TO WORK UNTIL after eval in next appt

✓ ___RETURN APPOINTMENT FOR RE-EVALUATION 4 weeks

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN ____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****
___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF:_____

___NO USE OF :_____

SCHOOL EXCUSE:
___RETURN TO SCHOOL ON:_____

___NO PE AND/OR SCHOOL SPORTS UNTIL_____

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE:

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Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 11/10/10

Patient Name: Thomas Contreras was seen in our office on today with a diagnosis of Hurt Shoulder

Work Related Injury? ___ NO ✓ YES, DOI: 10/8/08

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE_____

✓ MAY NOT RETURN TO WORK UNTIL after followup appointment in 3 weeks

___RETURN APPOINTMENT FOR RE-EVALUATION_____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN ____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****

___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF:_____

___NO USE OF :_____

SCHOOL EXCUSE:

___RETURN TO SCHOOL ON:_____

___NO PE AND/OR SCHOOL SPORTS UNTIL_____

ADDITIONAL COMMENTS:

will re-evaluate @ f/u in 3 weeks

PHYSICIAN SIGNATURE: [signature]

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RCC

Palmetto Orthopaedics Physical Therapy Prescription

Weddell H. Gilmore, MD R. Marshall Hay, MD James R. Demarco, MD

Name: Thomas Contreras Date: 9-3-10

Diagnosis: SAME

Surgery: _____ Date: _____

☐ Evaluate & Treat

☐ ROM: ☐ _____ ☐ PROM ☐ AROM ☐ As tolerated ☐ See Below

☐ Stretching: ☐ _____ ☐ AAROM

☐ Strengthening: ☐ _____ ☐ As tolerated ☐ See Below

☐ Modalities: ☐ As tolerated ☐ See Below

☐ Heat ☐ Cryotherapy ☐ Edema Control ☐ Ultrasound ☐ E-Stim

☐ TENS ☐ Iontophoresis ☐ Phonophoresis ☐ Deep neuromuscular massage

☐ Traction ☐ Whirlpool ☐ Taping ☐ Soft tissue mobilization/scar massage

☐ Teach daily home exercise program

☐ Aquatic Therapy

☐ Back School

☐ Work Conditioning: Details _____

→ ADD LIGHT TOTAL BODY exercise program + CORE STRENGTH

Specific areas:

☐ Shoulder:

ROM: ☐ Internal rotation @ 90° abduction – goal _____ ☐ External rotation @ 90° abduction – goal _____

☐ Forward flexion goal _____ ☐ Abduction goal _____

Muscles: ☐ Deltoid ☐ External Rotation ☐ Internal Rotators ☐ Scapular stabilizers

☐ Long head of biceps ☐ Other _____

Misc: ☐ Posterior capsular stretching ☐ Posture & scapular retraction training

☐ Other _____

☐ Hip:

ROM: ☐ Internal rotation goal _____ ☐ External rotation goal _____ ☐ Flexion goal _____

☐ Extension goal _____ ☐ Abduction goal _____ ☐ Adduction goal _____

Muscles: ☐ Hip flexors ☐ Hip Extensors ☐ Abductors ☐ Adductors ☐ Quads ☐ Hamstrings

Misc: ☐ Gait training ☐ WB status _____ ☐ Other _____

☐ Knee:

ROM: ☐ Extension goal _____ ☐ Flexion goal _____

Muscles: ☐ Quads ☐ VMO ☐ Hamstrings ☐ IT Band ☐ Gastroc/soleus

Misc: ☐ Patellar mobilization ☐ Short arc quad strengthening ☐ Straight leg raise

☐ No deep flexion exercises (>45°) ☐ KT 1000 measurements ☐ Other _____

☐ Ankle:

ROM: ☐ Dorsiflexion goal _____ ☐ Plantar flexion goal _____

Muscles: ☐ Gastroc/soleus ☐ Anterior tibialis ☐ Posterior tibialis ☐ Peroneals

Special Recommendations: _____

Frequency: 2 times a week for 6-8 weeks.

Unless otherwise stated, goals for ROM & motor function should be equal to the uninjured side.

Signature: _____

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[redacted]

[redacted]

Charleston PT WA

PALMETTO ORTHOPAEDICS OF CHARLESTON, P.A.
Waddell H. Gilmore, III, M.D. • R. Marshall Hay, M.D. • James R. DeMarco, M.D. • Heather McIntosh, M.D.

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PALMETTO ORTHOPAEDICS SHOULDER THERAPY PRESCRIPTION

Name: Thomas Contreras Date: 11/10/10

Diagnosis: ~~Left/ Right Rotator Cuff Tear/ Tendonitis~~ ☐ Infraspinatus ☐ Supraspinatus ☐ Subscapularis ☐

Surgery: S/P SAD (R) SH + EXCISION previous SLAP repair Date of Surgery: _____

☑ PENDULUMS ☑ TABLE/WALL STRETCHES ☑ PULLEYS ☑ SUPINE STICK

ROM:
☑ PROM ☑ AAROM ☑ AAROM without gravity (supine) ☑ AROM vs. gravity @ 6 weeks

RESTRICTIONS/GOALS:

	SUPINE/SITTING
☑ FORWARD FLEXION	>130° @ 6 weeks post-op
☑ EXTERNAL ROTATION @ 0° ABDUCTION	>40° @ 6 weeks post-op
☐ EXTERNAL ROTATION @ 90° ABDUCTION	_____° @ ____ weeks post-op
☑ INTERNAL ROTATION @ 0° ABDUCTION (behind back)	L3-4 level @ 6 weeks post-op
☐ INTERNAL ROTATION @ 90° ABDUCTION	_____° @ _____ weeks post-op
☑ ABDUCTION IN SCAPULAR PLANE	>100° @ 6 weeks post-op

STRENGTHENING:	ISOMETRICS	ISOTONICS	ISOKINETICS	GO SLOWEST AND PROTECT
SUPRASPINATUS	☑	If surgery	If surgery	☐
INFRASPINATUS	☑	Start at	Start at	☐
SUBSCAPULARIS	☑	6 weeks	10 weeks	☐
BICEPS	☑	post-op	post-op	☐
SCAPULAR STABILIZERS	☑			☐

SCAPULAR RHYTHM STABILIZATION:

SCAPULAR RHYTHM, RETRACTION & DEPRESSION, POSTURE	☑
JOINT MOBILIZATIONS	☑
CLOSED/OPEN CHAIN SCAPULAR STABILIZATION	☑
CORE EXERCISES	☑
POSTERIOR CAPSULAR STRETCHING (sleeper, IR, crossover)	☑

SPORTS SPECIFIC ACTIVITIES: _____

HANDS ON MANUAL STRETCHING FOR ADHESIVE CAPSULITIS/ CONTRACTURES ☐

MODALITIES: ☑

HEAT	CRYOTHERAPY	EDEMA CONTROL
ULTRASOUND	E-STIM	TENS
IONTOPHORESIS	TRANSVERSE FRICTION MASSAGE	
SOFT TISSUE/SCAR MOBILIZATION		TAPING

FREQUENCY 2-3 TIMES A WEEK FOR 6-8 WEEKS.
Unless otherwise stated, goals for ROM and motor function should be equal to the uninjured side.

Signature: _____

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ROPER ST FRANCIS HEALTHCARE

Incident/Accident/Date of Onset Form

Information Required by HIPPA when Services are Related to any Type of Accident/Injury/Incident or onset of Pain

Name of Patient: THOMAS CONTRERAS

Patient's HPP Guarantor #: _____ Patient's HPP Account#: _____

Patient's Date of Birth: _____

Type of Accident/Incident: Please check one:

- ☐ Auto Accident
  Note: If auto accident, State where accident occurred is required: State: _____
- ☒ Employment Related
- ☐ None of the above (Example: Woke up with Back Ache)
- ☐ Other: Please specify: _____

Accident/Incident Information

Date of Accident/Incident: 10/2008

If not accident: Date of Onset or Illness/Symptoms: _____

Approximate time of Accident/Incident: 1600

Where accident Occurred: (i.e.: grocery store, Car, Bus, etc.): FIRE STATION

Brief description of how accident/incident occurred or how onset of symptoms occurred:
LIFTING WEIGHTS

Type of Injury/Illness: (include body part/s) Example: Sprain of foot:
TORN LABRUM

If employment related: Please provide us with the following information:

1. Name of Employer: ST. JOHNS F.D.
2. Name of Contact:(Name of person who handles work injuries at patient's work): DIASY BIGDA
3. Contact Phone Number (include area code): 843-559-9144
4. Work Comp Policy/Claim #: _____
5. Name and address of Work Comp Carrier: _____
6. Name of Adjuster: FAYE JENNINGS
7. Work Comp Carrier Phone # (include area code) 803-896-5853

Name of person providing information: THOMAS CONTRERAS
Relationship to Patient: _____
Date: 8/6/10
Employees Signature: T. Contr

(Examples of diagnosis requiring accident/onset date: fracture, sprain or strain, auto accident, work related injury, fall, contusion, wound, laceration, back pain, etc. all 800 to 900 Dx codes require this information)

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ROPER ST. FRANCIS HEALTHCARE

Palmetto Orthopedics of Charleston MR#: _____

Patient Identification

Last Name: CONTRERAS
First Name: THOMAS
Middle:
(Mr.) Mrs. Miss
Other title CAPT.
(Doctor, General, the III, etc...)
SSN: ___-___-7473
Date of Birth: ___/___/___
Marital Status: (Married) Single Separated Divorced Widowed
Sex: Male / Female ___
Student Status: Full Part N/A School:
Relationship to Guarantor:
Employment: (Full) Part None Employer: ST. JOHN'S F.D. Phone: (843) 559-9194
Address: (This practice will send all correspondence to this address unless you provide us an alternate address below)
Street: 3327 MAYBANK HWY 363 LONTANO DR City: CHAS State: SC Zip: 29407
Phone: (843) 324-5387 (RSFH will contact you at this number unless you provide us an alternate number below)
May we leave a general voice message for appointment reminders at this contact phone number? Yes / No ___
May we leave a general voice message for normal test results at this contact phone number? Yes / No ___
In Case of Emergency Contact Name AGNES CONTRERAS
Relationship WIFE Home Phone (843) 367-8018 Work Phone (843) 724-6603

Guarantor/Responsible Party (if different from patient)

Last Name: ST. JOHNS F.D
First Name:
Middle:
Mr. Mrs. Miss
Other title
(Doctor, General, the III, etc...)
SSN: ___-___-___
Date of Birth: ___/___/___
Address: 3327 MAYBANK HWY
Sex: Male ___ Female ___
City: JOHNS ISL State: SC Zip: 29455
Phone: Home ( )
Phone: Work (843) 559-9194
(Complete only if you want the Practice to communicate with you at an address/phone different than you provided above)
Alternate Address:
Alternate Phone: ( )
City: State: Zip:

Primary Insurance

Member/Policyholder (if different from patient)
Member/Policyholder ID#
Date of Birth
Insurance Co. Phone Number ( )
Group #
Insurance Co. Address (Street Address/ P.O. Box)
City State Zip

Secondary Insurance

Member/Policyholder (if different from patient)
Member/Policyholder ID#
Date of Birth
Insurance Co. Phone Number ( )
Group #
Insurance Co. Address (Street Address/ P.O. Box)
City State Zip

Chart # _____

NEW PATIENT INFORMATION

Name: THOMAS CONTRERAS Date: 8/10/10

Age: 49 DOB: / / Sex: (Male) Female

Family MD: D. SEIGNIOUS Referring MD: WORKER COMP.

CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS

Date of onset of injury/problem: 2008 10-8-2008

Describe your current orthopaedic problem/ injury: SHOULDER PAIN, I HAD TWO SURGERIES.

Is your problem/injury related to: *(please check)*

___ Auto-accident ✓ Work-related accident ___ Other accident ___ Litigation pending

Location *(Example bottom of foot, left hand, etc)*: RIGHT SHOULDER

Quality *(Example: throbbing, numb, etc)*: SHARP PAIN

Severity *(Example: intolerable, dull, sharp, etc)*: SHARP

Duration *(Example: all day, few minutes, all night, etc)*: ALL DAY

Timing *(Example: upon rising, at end of day, etc)*: A.M

Context *(Example: while typing, after exercising, etc)*: WHILE DOING ANYTHING

Modifying Factors *(Example: what improves or worsens symptoms, etc)*: NOTHING

Associated Signs & Symptoms *(Example: tingling, stiffness, etc)*: STIFF, PRESSURE

MEDICATIONS

(Please list all long-term medications, current medications, over-the-counter drugs and herbal preparations)

ALLEGRA, ADVAIR
CELEBREX, LOVASTATIN

Are you currently taking Coumadin, Plavix, Aspirin, or other blood thinner? *YES* (NO)

ADVERSE & ALLERGIC DRUG REACTIONS *(please check)*

___ None ✓ Penicillin ___ Sulfa Drugs ___ Other, please list:

Reaction: ITCHING HIVES SO

(OVER)

PAST MEDICAL HISTORY

Have you ever or do you currently have any of the following? Please check all that apply:

- ✓ High Blood Pressure
- ✓ High Cholesterol
- ___ Congestive Heart Failure
- ___ Heart Attack / MI
- ✓ Asthma
- ___ Sleep Apnea
- ___ Pneumonia
- ___ Tuberculosis
- ___ Stomach Ulcers
- ___ GI Disease
- ___ Kidney Disease
- ___ Hepatitis/Liver Disease
- ___ Thyroid Disease
- ✓ Diabetes
- ___ Blood Clots
- ___ Pulmonary Embolus
- ___ Stroke
- ___ Seizure/Epilepsy
- ___ Fibromyalgia
- ___ Anxiety
- ___ Depression
- ___ Cancer
- ___ MRSA
- ___ HIV /AIDS
- ___ Rheumatoid Arthritis
- ___ Osteoarthritis
- ___ Gout
- ___ Psoriasis
- ___ Back/Neck Pain
- ___ Polio
- ___ Lyme Disease
- ✓ Latex Allergy

Other medical problems: _____

Past Surgery/Procedures: *(type and dates)* SHOULDER LEFT + RIGHT RIGHT FOOT, NASAL

Any problem with the following types of anesthesia? *(please check)*

___ General ___ IV Sedation ___ Local ___ Dental Anesthesia

If you checked any of the above types of anesthesia, please explain the problem:

FAMILY HISTORY *(check any family illnesses)*

✓ Diabetes ___ Bleeding problems ___ Anesthesia Problems ___ Other *(describe below)*:

_____

SOCIAL HISTORY

Are you working now? (YES) NO **What is your occupation?** FIRE FIGHTER

___ Single ✓ Married ___ Widowed ___ Live Alone ___ Live With Others

Do you smoke tobacco? YES (NO) How much? _____ # of years? _____

Do you drink alcohol? YES (NO) How much? _____

History of substance abuse? YES (NO) If yes, please describe _____

Pregnant or could be pregnant? YES NO

REVIEW OF SYSTEMS

Height: _____ Weight: 200 lbs

Please circle and describe the symptoms that pertain to you:

YES (NO) Constitutional *(fever, weight loss, night sweats, etc.)*: _____

YES (NO) HEENT *(vision issue, dizzy/poor balance, head ache, etc)*: _____

YES (NO) Heart *(chest pain, murmur, irregular beats, etc.)*: _____

YES (NO) Vascular *(edema, claudication, varicose veins, etc)*: _____

(YES) NO Respiratory *(asthma, shortness of breath, cough, etc.)*: _____

YES (NO) Gastrointestinal (GI) *(appetite, diarrhea, constipation, etc.)*: _____

YES (NO) Urinary *(problems urinating, incontinence, etc.)* _____

YES (NO) Musculoskeletal *(arthritis, stiffness, etc.)*: _____

YES (NO) Skin *(acne, rash, sores, etc.)*: _____

YES (NO) Neurological *(seizures, weakness, numbness, fainting, etc.)*: _____

YES (NO) Psychiatric *(depression, mood liability, other)*: _____

YES (NO) Endocrine *(hot/cold intolerance, excess sweating, etc)* _____

YES (NO) Hemato[illegible]eeding tendency, anemia): _____

Patient ID#: _____ AGE: 41 Occupation FIREFIGHTER

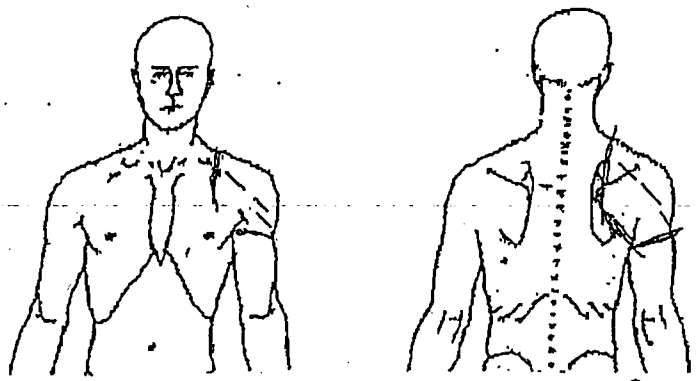
Are you right handed or left handed? (circle one) RIGHT (LEFT)

Date of onset of pain or injury (Give a specific date, if possible) 10/2008

Describe in detail the nature of the injury SHOULDER PAIN PRESSURE, POPPING

Using these symbols, mark the area on your body where you feel the described sensations.

ACHING ∆∆∆∆∆ NUMBNESS ==== PINS & NEEDLES 0000 BURNING XXX OTHER ***



Rate your pain on the scale: (circle one) Lowest 1 2 3 4 5 6 7 (8) 9 10 Highest

What makes the pain worse? WHEN I REST MY ARM ON SOMETHING, USING A MOUSE ON A COMPUTER

What makes the pain better? NOTHING

Do you have pain at night? Describe it: YES SHARP

Do you have neck pain? (circle one) YES (NO) Numbness or tingling in your arms? (circle one) YES NO

Have you had any previous injuries to your shoulder, neck or elbow on this side? (circle one) YES (NO)
If yes, describe: _____

Have you previously had physical therapy for this particular problem? (circle one) (YES) NO
If yes, when and where was the therapy give? _____

Have you previously had injections for this problem? (circle one) (YES) NO
If yes, when and did the injection help? _____

What medications do you take for pain? (List all over-the-counter and prescription medications)
CELEBREX

What is the most active thing you do with your arms, i.e. sports, chores, home repair or work related activity?
WORK ON COMPUTER, BOWLING, FISHING.

S2

ROPER ST FRANCIS HEALTHCARE

Incident/Accident/Date of Onset Form

Information Required by HIPPA when Services are Related to any Type of Accident/Injury/Incident or onset of Pain

Name of Patient: THOMAS CONTRERAS

Patient's HPP Guarantor #: _____ Patient's HPP Account#: _____

Patient's Date of Birth: _____

Type of Accident/Incident: Please check one:

☐ Auto Accident
Note: If auto accident, State where accident occurred is required: State: _____
☒ Employment Related
☐ None of the above (Example: Woke up with Back Ache)
☐ Other: Please specify: _____

Accident/Incident Information

Date of Accident/Incident: 10/2008
If not accident: Date of Onset or Illness/Symptoms: _____

Approximate time of Accident/Incident: 1600

Where accident Occurred: (i.e.: grocery store, Car, Bus, etc.): FIRE STATION

Brief description of how accident/incident occurred or how onset of symptoms occurred:
LIFTING WEIGHTS

Type of Injury/Illness: (include body part/s) Example: Sprain of foot:
TORN LABRUM

If employment related: Please provide us with the following information:

1. Name of Employer: ST. JOHNS F.D.
2. Name of Contact:(Name of person who handles work injuries at patient's work): DIASY BIGDA
3. Contact Phone Number (include area code): 843-559-9194
4. Work Comp Policy/Claim #: _____
5. Name and address of Work Comp Carrier: _____
6. Name of Adjuster: FAYE JENNINGS
7. Work Comp Carrier Phone # (include area code) 803-896-5853

Name of person providing information: THOMAS CONTRERAS
Relationship to Patient: _____
Date: 8/16/10
Employees Signature: T. Contreras

(Examples of diagnosis requiring accident/onset date: fracture, sprain or strain, auto accident, work related injury, fall, contusion, wound, laceration, back pain, etc. all 800 to 900 Dx codes require this information)

Primary Physician:

Patient: CONTRERAS , THOMAS DOB: Sex: male Tel: 843-324-5387

Report Name: OPERATIVE REPORT

Accession ID: 2018614

REPORT

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco

ASSISTANT: None.

PREOPERATIVE DIAGNOSIS (ES):
1. Right shoulder coracoid impingement.
2. Right shoulder intra-articular synovitis and adhesions.
3. Right shoulder subacromial impingement with adhesions.
4. Right shoulder long head of biceps tendinopathy.

POSTOPERATIVE DIAGNOSIS (ES):
1. Right shoulder coracoid impingement.
2. Right shoulder intra-articular synovitis and adhesions.
3. Right shoulder subacromial impingement with adhesions.
4. Right shoulder long head of biceps tendinopathy.

PROCEDURE(S) PERFORMED:
1. Right shoulder major debridement of intra-articular synovitis with coracoid decompression. (CPT code 29823)
2. Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
3. Right shoulder long head of the biceps tenodesis. (CPT code 29828)

ANESTHESIA: General with interscalene block by Dr. Julius Ivester

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: Arthrex 8 mm x 20 mm biceps tenodesis screw.

COMPLICATIONS: None.

INDICATIONS: Mr. Contreras is a 50-year-old gentleman who had an on the job accident and underwent previous shoulder arthroscopy. He continued to have anterior coracoid and long head of the biceps pain and has failed all conservative management. He understands the risks and benefits of surgical intervention and wishes to proceed.

DESCRIPTION OF OPERATION: The patient was brought to the operating room, induced with general anesthesia after receiving interscalene block. He was given preoperative antibiotics. DVT prophylaxis applied to the legs. A time out was called and confirmed. Exam under anesthesia showed forward flexion of 170 degrees, external rotation 90 degrees, and internal rotation

of 60 degrees. The right shoulder was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. The cartilage surfaces showed some grade II and III changes on the midportion the glenoid. There was a very small area of grade III changes on the upper anterior humeral head. The remainder of the cartilage surfaces, glenoid and humeral head were within normal limits. The subscapularis looked completely normal. The undersurface of the rotator cuff looked normal. Biceps was seen to have some tendinopathic changes. The rotator interval showed some scar tissue adhesion as well as synovitis anteriorly, superiorly and posteriorly. There was some mild labral fraying posteriorly and inferiorly as well as superiorly.

Through an anterior portal with a 4.5 mm shaver and ArthroCare Wand, debridement was carried out of the synovium. The rotator interval was released and the adhesions released anteriorly as well. We then did a debridement around the coracoid until it was well delineated, and with a 5.5 mm bur, decompression of the coracoid was made taking off approximately 4-5 mm of bone until a space between the subscap and coracoid was adequate. When we had completed there, we then tenotomized the biceps and marked the rotator interval with a PDS suture. We went in the subacromial space. A mild amount of bursitis was encountered. This was removed through the posterolateral portal with the shaver and ArthroCare Wand. We recessed residual portion of the CA ligament. The rotator cuff was intact. We did an undersurface smoothing of the acromion and AC joint to take off any small rough areas, but the space was otherwise adequate. Then opened up the rotator interval with a 15 blade through an anterolateral portal and took the biceps out the portal and whipstitched it with a fiber whipstitch. We subsequently drilled an 18.5 mm tunnel _____ PassPort cannula and placed the tendon into the drill hole, affixing it to the hole with an 8 mm screw. We then over tied the whipstitch with one of the stay sutures within the screw. This covered up the screw and applied gentle fixation to the tendon. Then cleaned up the subacromial space, took final pictures, closed the portals with 3-0 nylon and large Steri-Strips. Dressed the wound sterilely and awoke the patient and brought him to the recovery room in stable. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour 15 minutes.

James DeMarco, MD
TR: ras DD: 03/29/2012 11:06 A TD: 03/29/2012 12:25 P JOB#: 00177708
DOC#: 2018614

cc: James DeMarco, MD

MSR# 11139235

Roper Hospital
OPERATIVE REPORT
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD
Page 1

MP # 7473

w/c

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco.

ASSISTANT: None.

PREOPERATIVE DIAGNOSES:
1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type 1 superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthrosis.

POSTOPERATIVE DIAGNOSES:
1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis. 727.00
3. Right shoulder type 1 superior labrum anterior to posterior tear. 840.7
4. Right shoulder subacromial impingement syndrome and bursitis. 726.2 726.19
5. Right shoulder acromioclavicular joint osteoarthrosis. 715.11

OPERATION:
(3). Right shoulder major débridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue. (CPT code 29823)
(1). Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
(2). Right shoulder acromioclavicular joint resection (CPT code 29824).

ANESTHESIA: General with interscalene block.
ANESTHESIOLOGIST: Dr. Elden Sherman.

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: None.

COMPLICATIONS: None.

HISTORY: Mr. Contreras is a 49-year-old gentleman who had an on the job injury as a firefighter and still had pain and discomfort in the right shoulder despite two previous arthroscopies. He had a previous repair superior labrum that did not help. The hardware was then removed a débridement was carried out. He is continuing to have pain and discomfort over that area. He has failed all forms of conservative management including injections, therapy, anti-inflammatories, activity modifications and job restrictions. He has signed a consent and wishes to proceed.

James DeMarco, MD

10/8/8

G# 17-00070-9406

DESCRIPTION OF OPERATION: The patient was brought to the operating room, induced with general anesthesia after receiving an interscalene block. He was given preoperative antibiotics. DVT prophylaxis applied to legs. He was placed in the beach chair position. Time out was called and confirmed. His right arm was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. Chondral surfaces, humeral head and glenoid were within normal limits. He did show some grade 1 to 2 changes on the glenoid but he had normal bare spots on the glenoid and posterior humeral head. There was type 1 SLAP tear and fraying. There was no instability to the superior labrum. The biceps was pulled and the joint seemed to be completely normal. There was significant thickening of the middle glenohumeral ligament with induration of the tissues anteriorly. No previous hardware sutures could be found. The upper subscapularis was intact though again there was encasing of the subscapularis with the superior and middle glenohumeral ligaments keeping it from moving freely, and some of this tissue did interfere also with the biceps gliding in and out of the bicipital groove. The undersurface of the rotator cuff including supraspinatus, infraspinatus, teres minor, were all within normal limits. The axillary pouch showed no loose bodies and there was no significant synovitis inferiorly. Posteriorly there was some labral fraying but was otherwise within normal limits. Went through anterior portal. Good débridement was carried out of the synovium. The undersurface of the type 1 SLAP tear, the middle glenohumeral and superior coracohumeral ligaments were released back to a stable and much more flexible border. We were able to see that in full internal and external rotation there was no undue pulling on the biceps like it was at the beginning of the case prior to the resection. Once we were happy with the débridement within the joint in the subacromial space there was seen to be a mild amount of bursitis. This was removed with the shaver and ArthroCare Wand through both the posterior and lateral portal. The CA ligament was recessed and there was a type 2+ sloping acromion. There was some bursal sided rotator cuff fraying but no significant tearing into the cuff. There was no full thickness or significant partial thickness tear. We then used the 5.5 mm bur and acromioplasty was performed utilizing posterior chamfer technique. Once we were satisfied with the acromioplasty, the AC joint was examined and seen to be quite osteophytic and there was no cartilage present. Therefore, we did a distal clavicle resection taking out about 10 to 12 mm distal clavicle through posterior and then a direct anterior approach with the bur. We checked this from orthogonal views and made sure that the resection was complete and parallel. Once satisfied with that, went in the subacromial space, drained the area after doing a final cleanup, closed the portals with 3-0 nylon, large Steri-Strips. Took the arm through a full range of motion to make sure that was no restrictions and dressed the wound sterilely, awoke the patient and brought to the recovery room in stable condition. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour and 15 minutes.

James DeMarco, MD

TR: rss DD: 10/11/2010 2:35 P TD: 10/12/2010 1:17 P JOB#: 001464085 DOC#: 1828476

cc: James DeMarco, MD

James DeMarco, MD

S7

Corvel Scan Date: 10/5/

PATIENT:	CONTRERAS, THOMAS
MEDICAL RECORD #:	2889
DATE OF SURGERY:	10/01/09
SURGEON:	David Jaskwhich, M.D.
ASSISTANT:	Amy Stanton, PA-C
ANESTHESIA:	General/Scalene block
PREOPERATIVE DIAGNOSIS:	Right shoulder pain and impingement status post labral repair. (726.10)
POSTOPERATIVE DIAGNOSIS:	Right shoulder pain and impingement status post labral repair. (726.10)
OPERATION:	Right shoulder arthroscopy with extensive debridement of suture, labrum, bursa and bone. (29823)
ESTIMATED BLOOD LOSS:	Minimal
FLUIDS:	Less than 500

INDICATIONS: The patient is a 40-year-old gentleman who underwent a SLAP repair of the right shoulder. He continues to have pain and catching when he circumducts the shoulder.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. The right shoulder was prepped and draped in the usual sterile fashion after a block was administered. The posterior portal was then established. A survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral cartilage surfaces were intact. The labrum was found to have evidence of repair. The suture was in good position overlaying the labrum. The underlying labrum had not healed itself although it was clearly opposed to the glenoid neck. There was mild synovitis around the suture anchor. The subscapularis was intact and the biceps tendon itself was intact. The biceps was pulled in the joint and found to be intact with no evidence of tearing.

An anterior portal was established. The suture was removed. The labrum was debrided taking it back away from the joint. Although the labrum was peeled back across the top of the glenoid, decision was made not to repair given the fact that a prior repair was done and the labrum did not seal. The glenoid neck was debrided. A limited synovectomy was carried out to remove the reddened tissue. The scope was then removed and the portals were closed with nylon. A sterile dressing was applied.

PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2869
DATE OF SURGERY: 10/01/09

The patient was then transferred to PACU in stable condition.

The first assistant was essential for completion of the case.

DAVID JASKWHICH, M.D.

DD: 10/01/09
DT: 10/02/09
DJ/ETS:ftw 1001-002

PATIENT:	CONTRERAS, THOMAS
MEDICAL RECORD #:	2889
DATE OF SURGERY:	01/29/09
SURGEON:	David Jaskwhich, M.D.
ASSISTANT:	Jason Trigiani, PA-C
ANESTHESIA:	Scalene block/General
PREOPERATIVE DIAGNOSIS:	1. Right shoulder pain and superior labral tear with bursitis. (726.10) 2. Right shoulder superior labral tear, anterior-posterior (SLAP).
POSTOPERATIVE DIAGNOSIS:	1. Right shoulder pain and superior labral tear with bursitis. (726.10) 2. Right shoulder superior labral tear, anterior-posterior (SLAP).
OPERATION:	1. Right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone. (29823) 2. Arthroscopic repair of superior labrum anterior-posterior (SLAP) tear. (29807)
ESTIMATED BLOOD LOSS:	Minimal
FLUIDS:	Less than 500

INDICATIONS: The patient is a 47-year-old gentleman with a superior labral tear and inflammation of the right shoulder who has failed conservative treatment.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. He was taken to the operating room and placed in the decubitus position. The right arm was suspended in 10 pounds of traction. The right arm was then prepped and draped in the usual sterile fashion. A posterior portal was established and a survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral joint cartilage surfaces were intact. There was a superior labral tear with a Buford complex anteriorly and some fraying of the anterior labrum from the 3 o'clock to the 5 o'clock position. The biceps tendon itself was intact. The rotator cuff was intact. In the subacromial space there was evidence of a significant bursitis present and thickening of the bursa and redness.

A subacromial decompression was carried out with excision of bursa and excision of bone in the subacromial space. The cuff was inspected and found to be intact from the bursal side.

The subacromial space was entered. The labrum was débrided as was the neck of the glenoid and débrided back to stable tissue. The Buford complex was identified. The anterior labrum was débrided as well. The superior labrum was

PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2889
DATE OF SURGERY: 01/29/09

débrided in the area of the superior labral tear and it appeared to be unstable. Decision was made to proceed with a limited repair of the SLAP tear.

A large working portal was placed anteriorly. A 2.9 Bioraptor anchor was placed at the 12 o'clock position and the superior labrum was secured with a suture anchor into its natural position. Care was taken to avoid undue tension on the biceps tendon and the Buford complex was not closed.

The scope was then removed. The portals were closed with nylon. A sterile dressing was applied.

The patient was transferred to PACU in stable condition.

The first assistant was essential for completion of the case providing assistance with retraction and positioning of the arm.

DAVID JASKWHICH, M.D.

DD: 01/29/09
DT: 01/30/09
DJ/ETS:ftw 0129-015

TriCounty Radiology Associates

(843) 829-0600
North Charleston
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB: ----
MRN: 412212
PHYSICIAN: David Jaskwhich, MD
DATE: 8/26/2009

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Surgery in January with persistent pain. Injury to shoulder lifting weights one year ago. Surgery in January 2009. Continued pain.

TECHNIQUE: Following standard right shoulder arthrogram, axial T1 proton density, axial, sagittal and coronal, coronal T1-weighted with and without fat sat MRI images of the right shoulder obtained on a high-field 1.5 Tesla MRI.

CONTRAST: Please see report of right shoulder arthrogram for contrast dosing.

FINDINGS: The arthrogram and MRI procedures are both limited by motion artifact and several series repeated on the MRI secondary to motion. The fluid signal in the anterior aspect of the deltoid is related to anesthesia as the patient moved during the examination and approximately three attempts were made at arthrogram with the final attempt successful for an intra-articular injection. The amount of contrast in the joint had resorbed and decompressed prior to the MRI examination. Some of the contrast decompressed beneath the subscapularis muscle, and this can be seen as a variant of normal.

There is mild to moderate osteoarthrosis of the acromioclavicular joint. The acromion is type II. No Hill-Sachs or Bankart deformities. Postoperative change identified of the labrum. There is thickening and irregularity of the anterior labrum and thickening of the middle glenohumeral ligament. This may be related to prior resection or a nondisplaced labral tear from the 2 o'clock through the 5 o'clock position. There is some contrast imbibement at the 2 o'clock through the 3 o'clock position. Trace fluid in the subdeltoid bursa suggesting mild bursitis. No significant contrast in the subdeltoid bursa. The minimal contrast anteriorly is related to the injection site. Mild undersurface irregularity suggesting low grade articular-sided partial tear or prior resurfacing. Minimal increased signal in the supraspinatus and infraspinatus tendons consistent with tendinopathy. No significant brightening on the T2-weighted images. This is consistent with tendinopathy. The subscapularis and teres minor tendons appear intact. The biceps tendon is in the expected location. The intra-articular portion of the biceps tendon demonstrates a mild increased signal and mild thickening suggesting tendinopathy. No significant muscular atrophy or edema of the supraspinatus, infraspinatus, subscapularis or teres minor muscles. There is also irregularity of the superior labrum from the 9 o'clock to 12 o'clock position again suggesting prior repair or a nondisplaced tear. Mild osteoarthrosis of the glenohumeral joint.

The MRI and the arthrogram portions of the examination were limited by motion artifact. Several series of the MRI were repeated secondary to motion artifact and several attempts at the arthrogram were made secondary to motion during that examination.

IMPRESSION:
1. Mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing.
2. There is also mild tendinopathy of the supraspinatus and infraspinatus tendons. No full thickness tendon tear is seen.
3. Irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear. Recommend correlation with prior operative note.
4. Mild tendinopathy of the intra-articular portion of the biceps tendon.
5. Mild to moderate osteoarthrosis of the acromioclavicular joint and mild osteoarthrosis of the glenohumeral joint.
6. Postoperative changes noted.

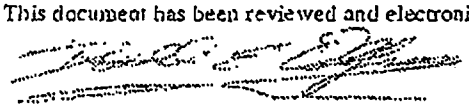
Donald E. Olofsson, DO
DO/lb

62

Patient Name: Contreras, Thomas
MRN: 412212
EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

DD: 8/27/2009 / DT: 8/27/2009
JOB: 8784919

This document has been reviewed and electronically signed by



63

TriCounty Radiology Associates

(843) 529-0600
North Charleston
Summerville
West Ashley

PATIENT: Contreras, Thomas
DOB:
MRN: 412212
PHYSICIAN: David Jaskwhich, MD
DATE: 8/26/2009

EXAM: ARTHROGRAM RIGHT SHOULDER PRIOR TO MRI

HISTORY: Right shoulder pain.

PROCEDURE: During the patient interview and discussion, risks, benefits and indications of shoulder arthrogram were discussed. Risks including but not limited to bleeding, infection, and possible examination failure and need for repeat were discussed. The patient expressed understanding and gave verbal and written consent to proceed. Following standard sterile prep and drape and utilizing approximately 3 cc of 1% lidocaine without epinephrine for local superficial and deep soft tissue anesthesia, a 22-gauge needle was passed into the glenohumeral joint under fluoroscopic monitoring. Injection of approximately 1 cc of Isovue 300 iodinated contrast to ensure the intraarticular position of the needle. Then, injection of gadolinium contrast performed to achieve good glenohumeral joint distension. Approximately 10 cc of the standard gadolinium mixture was instilled into the shoulder joint. Standard gadolinium contrast mixture was obtained by combining 15 cc of gadolinium solution drawn of a mixture of 0.2 cc of Magnevist gadolinium contrast and 50 cc of normal saline at an approximate 1:200 dilution, and this was mixed with 5 cc of 0.25% bupivacaine. The needle was removed and hemostasis achieved. Limited FluoroSpot images were obtained to document the intraarticular contrast. The patient tolerated the procedure well with no immediate complications. The patient was dismissed to the MRI for subsequent imaging.

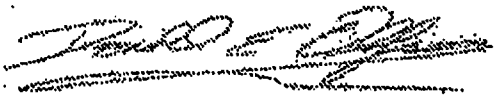
IMPRESSION:

1. Post right shoulder arthrogram. Please see report of MRI for complete dictation.
2. Difficult arthrogram secondary to mild patient motion during the examination. Small amount of iodine contrast instilled in the subdeltoid bursa and the gadolinium contrast was verified under direct fluoroscopic guidance to be within the glenohumeral joint.
3. The MRI was delayed by approximately 30 minutes secondary to technical factors and prolonged imaging of the patient prior to this examination. Some of the contrast resorb prior to the MRI images.

Donald E. Olofsson, DO
DO / lb

DD: 8/26/2009 / DT: 8/26/2009
JOB: 8779254

This document has been reviewed and electronically signed by



64

Lowcountry Orthopaedics and Sports Medicine
93 A Springview Lane
Summerville, SC 29485
Phone: (843)797-5050

NAME: CONTRERAS, THOMAS	DATE OF EXAM: 12/12/2008
DOB:	Patient No: 105794
Physician: SPEARMAN, JAMES	

MRI RIGHT SHOULDER

HISTORY: Right shoulder rotator cuff tendinitis.

TECHNIQUE: Routine MRI of the shoulder was performed on a 1.0 Tesla GE MRI utilizing fat saturated axial PD, oblique coronal T1, oblique coronal fat saturated PD and T2, and oblique sagittal PD/T2 sequences.

FINDINGS: The patient was imaged in mild internal rotation. The anterior supraspinatus tendon demonstrates irregularity without a defect and no confirmation of a full-thickness rotator cuff tear. The appearance of the supraspinatus does suggest tendinitis. There is no atrophy of the rotator cuff muscles.

No glenohumeral joint effusion. No significant fluid in the subacromial/subdeltoid bursa.

The long head biceps tendon is grossly intact. Deformity of the superior glenoid labrum posterior to the biceps labral anchor is suspicious for a tear and there is question of a tiny para-labral cyst medial and superior. Remaining labrum is unremarkable.

The AC joint demonstrates moderate degenerative changes and hypertrophic bone formation. There is a curved acromion.

IMPRESSION:
1. Supraspinatus tendinitis. No evidence of a full-thickness rotator cuff tear.
2. Probable superior labral tear.
3. Moderate AC joint arthrosis.

James A. Thesing, D.O.
Electronic Signature - Final Report

DD: 12/12/2008/DT: 12/14/2008

Reports are Considered Preliminary until Marked with Electronic Signature

LS

Bon Secours St. Francis Hospital

Name: CONTRERAS,THOMAS
Exam Date: 10/08/08 2016
Ord. Phy.: TAYLOR-MD,STEVEN J

MR#: C000774899
DOB:
Pt. Phone#: (843)769-4429
Ord. Phy.#: (843)402-1037
Phy. Fax #: 8434021295

TAYLOR-MD,STEVEN J
2095 HENRY TECKLENBURG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct_Nbr : C0828201311
Pat_Type : ERC

Chk-in #	Order	Exam	
2084545	0001	30274	XR SHOULDER 2 VIEW MIN*R

Ord Diag: ;injury

RIGHT SHOULDER, THREE VIEWS: 10/08/08

COMPARISON: None

INDICATION: Injury, pain

FINDINGS:

No fracture, dislocation, lytic or sclerotic osseous lesion. No significant glenohumeral joint change. There is minimal hypertrophic change at the AC joint. The visualized thorax is normal.

IMPRESSION:

Minimal hypertrophic change at the AC joint; otherwise negative right shoulder series.

dk

Transcriptionist- DONNA L KAUTH
Reading Radiologist- MATTHEW J BRADY-MD
Releasing Radiologist- MATTHEW J BRADY-MD
Released Date Time- 10/08/08 2224

FINAL

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

lele

PRINTED BY: franwe DATE 9/30/2011

Bon Secours St. Francis Hospital

Name: CONTRERAS,THOMAS J
Exam Date: 11/17/05 1931
Ord. Phy.: RENK-MD,GEOFFREY E

MR#: C000774899
DOB:
Pt. Phone#: (843)769-4429
Ord. Phy.#: (843)401-1037
Phy. Fax #: (843)402-1295

RENK-MD,GEOFFREY E
2095 HENRY TECKLENBERG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct_Nbr : C0532101274
Pat_Type : ERC

Chk-in #	Order	Exam	
1375875	0001	30274	XR SHOULDER 2 VIEW MIN*L

Ord Diag: 719.49-JOINT PAIN-MULT JTS

LEFT SHOULDER: 11/17/05

CLINICAL HISTORY: Shoulder dislocation.

AP, oblique, and transscapular views of the left shoulder region demonstrate the bony structures in this area to be intact, without evidence of acute fracture/dislocation.

prj

Transcriptionist- PAULINE R JOHNSON
Reading Radiologist- FORREST C HAM-MD
Releasing Radiologist- FORREST C HAM-MD
Released Date Time- 11/18/05 1700

FINAL DUPLICATE

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

67

Corvel Scan Date: 9/17/2009

ANESTHESTICS 1330 1400 1430 15[illegible]

DATE: 1-29-09 ROOM #: 1

VERSED
FENTANYL 100 200
PROPOFOL
Ephed
Turbut
%SEVO %ISO %DES
%N2O LMin Air
O2 L/Min
FiO2
SaO2
EtCO2
TEMP E / R / B / B / S
EKG (Lead II)
Urine Output
T.O.F.

EYES POSITION
L C Closed

CO / CI / SVR
CVP / SVO2
PA / PCWP
EBL

CODE
PULSE
B.P.
O OPER
X ANES
T TOURN

TV
RATE
PIP

Spont (SV)
Assist (AV)
Contr (CV)

NUMBERS FOR REMARKS:

IV FLUIDS WARMED

PRE-PROCEDURE
- Patient identified
- Chart reviewed
- Questioning
- Permit Signed

MONITORS
- EKG
- O2 Monitor
- BP
- Pulse Ox
- EtCO2
- Stethoscope
- Spirometer
- Temperature: eso / skin / blood / rectal
- Nerve Stimulator
- Eyes protected

INDUCTION
- Preoxygenation
- IV induction
- Inhal induct.
- RSI

OTHER
- Mask GA
- LMA
- One Lung Vent.
- BB
- DLETT
- Intubation
  - Blade
  - Tube Sz
  - Attempts
- Oral / Blind
- Direct / Stylet
- Nasal
- Fiberoptic
- Secured @
- Uncuffed
- Leak cm H2O
- Cuffed
- Equal bilat breath sounds
- Atraumatic
- EtCO2

WARMING MEASURES
- Fluid
- Convective
- Mattress
- Blankets
- Head cover
- Circuit

REMARKS: 1315 - pt. counseled re: R/O/B of Pain Block pt. consented Block c NAAC
1339 - pt. in O.R.
1346 - smooth IV induction
1356 - incision
15:04 - Exhibit 2
15:06 - 15cc to PACU
15:08 - 15cc 1/2 STAN/MT2 PM

Present at Induction:
Present at Emergence:
Present at All Key Portions:

DIAGNOSIS: (R) SHOULDER D.J.D. On pat's Rt.

AGE:	HT:	WT:	TEMP:	B/P:	P:	R:
47	5'10"	225	97.8	130/89	78	18

HEART: RRR
LUNGS: CTAB

ALLERGIES: PCN Latex Rubber

PATIENT SAFETY
- Machine Check
- Safety Belt On
- Axillary Rol
- Armboard restraints
- Armboard <90°
- Arms Tucked
- Eye Care: Ointment
- Foam blocks
- Straw pads
- Taped
- Saline
- Pressure points checked & padded

PRE-MED: Ancef 1gm IV @ 1318

REMARKS:

TECHNIQUE
- MAC
- General
- Regional

PATIENT POSITION
- Supine
- Prone
- Rt Lateral decubitus
- Lithotomy

EBL: NOMINAL
UOP: N/A

FLUIDS STARTED: 2L LR
GIVEN: RW

TOTAL

LINES
- PIV
- IV
- IV
- A-Line
- Swan Ganz
- CVP
- TEE

REGIONAL
- Spinal
- Epidural
- Peripheral Nrve Blck
- Other:
- Post-Op Pain
- Sterile Prep
- Peripheral Nrv Stim
- INTERSCALENE
- SUPRACLAVICULAR
- Needle: STIMPLEX
- 2" Stimiplex
- Attempts:
- Plexus
- CSF
- Pain
- Paresthesia
- Drugs:

POST-OP
Time: 1508
Location: OR/PACU ICU Floor
TEMP:
BP: 109/70
P:
RR: 16
SpO2:
Oxygen Mask
- RA
- Nasal
- Mask
- T-Piece

Airway
- Natural
- Nasal
- Oral
- LMA
- ETT
- BBS

SURGEON: Jaskwhich, D.H. Concurrency: 01 02 03 04 ASA Status: 1 2 3 4 5E

MD: MD Relief: Hutchinson Time Out:
CRNA: CRNA Relief: Time In:
SANA:

Anes Begin	Anes End	Total	OP Start	OP End
1315	1512		1356	1507

OPERATION: (R) SHOULDER ARTHROSCOPY LCE SCAP

QUAL C
- Extreme Age
- Hypothermia
- Hypotension
- Emergency

CASE
- Before Induct
- After Induct

CONTRERAS, THOMAS 6445 47 yrs. M
Charleston, SC 29407
(843) 769-4429 2889
Jaskwhich MD, David H 01/29/09

Corvel Scan Date: 9/17/2009

PREANESTHESIA EVALUATION

Proposed Surgery: (R) SHOULDER ARTHROSCOPY

Allergies: NKDA — PCN → hives; LATEX → hives

Current Medications: BENICAR, GLUCOPHAGE, ALLEGRA, TRICOR, SYMBICORT, PREVACID

Comments:

Age: 47	BP:
Sex: M	Pulse:
Ht: 70"	Resp:
Wt: 325#	Temp:

LABORATORY STUDIES

Date: 16.3 — FBS 94

PT:	EKG:
PTT:	
INR:	Chest
PFTs:	Xray:
ABG:	
HCG:	ASA: 2
U/A:	
Other:	

History from: ☒Patient ☐Significant Other ☐Communication/Language Problem ☐Parent/Guardian ☒Chart ☐Poor Historian

CARDIOVASCULAR
Ø cardiac S/S
Ø transfusion Hx

RESPIRATORY
(+) 4/6 TOB
(+) INHC

ENDOCRINE - INCLUDING HEPATIC
Ø liver
Ø thyroid
(+) DM x 10 yrs, Accuchecks now - qam

GI
(+) GERD - well managed on Prevacid

GU
Ø

CENTRAL NERVOUS
Ø SZ Ø HA Ø CVA/TIA

PRIOR ANESTHESIA COMPLICATIONS PATIENT AND/OR FAMILY
PSH ± NAMC

DENTAL STATUS
Ø

OCULAR STATUS
Ø

PROPOSED ANESTHETIC
GA + R.B. block

Tobacco Use: ☐No ☒Yes, 1½ Packs/Day for 17 Years Quit 10 yrs ago
Street Drug Use: ☐No ☐Yes, Frequency:
Ethanol Use: ☐No ☐Yes, Frequency:

DATE: 1:29:09 — MD
TIME: 1315 — CRNA

PRE-INDUCTION EVALUATION

Vital Signs: ☒Stable ☐Unstable — See Anesthesia Record

ASA 1 (2) 3 4 5 E

Physical Status Changes: ☒None

Risk/Benefits/Complications Explained and Understood: ☒

Time of last oral intake: ADS pm

Pre-induction check of equipment and supplies for availability, cleanliness, sterility and proper functioning completed: ☒

1:29:09 Date — 1315 Time — Signature

POST-ANESTHESIA VISIT

PRESENCE OR ABSENCE OF COMPLICATIONS: A: OXY, EC, MAE, NAMC, ☒PAIN, Pain well controlled

Signature — 1:29:09 Date/Time

PATIENT IDENTIFICATION

CONTRERAS, THOMAS — 47 yrs M

Charleston, SC 29407
(843) 769-4429 2689
Jaskwhich MD, David H

01/29/09

3400100408 (6/03)

Bon Secours St. Francis Hospital Imaging Services

Name: CONTRERAS,THOMAS
Exam Date: 11/18/10 1638
Ord. Phy.: OHLSON-MD,BLAKE

MR#: C000774899
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Pt. Phone#: (843)769-4429
Ord. Phy.#: (843)958-2500
Phy. Fax #: 8439582680

OHLSON-MD,BLAKE
2093 HENRY TECKLENBURG DR
SUITE 200
CHARLESTON SC 29414

Acct_Nbr : C1032200100
Pat_Type : OPC

Chk-in #	Order	Exam	
2654161	0001	36228	MR EXT LWR ANY JT W/O CTRST MRI*L

Ord Diag: OCP TALUS

MRI EXAMINATION OF THE LEFT FOOT: 11/18/10

TECHNICAL: Sagittal T1 FSE T2 fat saturation, axial T1 FSE T2 fat saturation, coronal T1 FSE T2 fat saturated images were obtained.

HISTORY: Evaluate for OCD of the talus.

FINDINGS:

There is no marrow signal abnormality or focal sclerosis in the talus to suggest OCD. The talar dome is intact. There is no other marrow signal abnormality. The medial flexor tendons are intact. Lateral peroneal tendons are intact. Achilles tendon intact. Plantar fascia unremarkable. Sinus tarsi unremarkable. No significant joint effusion. Anterior talofibular and posterior talofibular ligaments intact. Medial deltoid ligament intact.

IMPRESSION:

No evidence of osteochondritis dissecans of the talus. Otherwise unremarkable MRI examination of the left ankle.

sr

Transcriptionist- SHIRLEY RODGERS
Reading Radiologist- CATHERINE JOHNSON GOUGH-MD
Releasing Radiologist- CATHERINE JOHNSON GOUGH-MD
Released Date Time- 11/19/10 1710

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Bon Secours St. Francis Hospital Imaging Services
2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

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PRINTED BY: franwe DATE 9/30/2011

Bon Secours St. Francis Hospital

Name: CONTRERAS,THOMAS
Exam Date: 11/14/08 1019
Ord. Phy.: PASTIS JR-MD,NICHOLAS

MR#: C000774899
DOB:
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Ord. Phy.#: (843)763-3360
Phy. Fax #: 8437633038

PASTIS JR-MD,NICHOLAS
2097 HENRY TECKLENBURG
SUITE 305 WEST
CHARLESTON SC 29414

Acct_Nbr : C0831900691
Pat_Type : OPC

Chk-in #	Order	Exam	
2111084	0001	35172	CT MAXILLOFACIAL W/O CONTRAST

Ord Diag: CHRONIC SINUSITIS

CT SCAN OF THE PARANASAL SINUSES: 11/14/08

CLINICAL HISTORY: Chronic sinusitis

Helical axial CT images were obtained through the paranasal sinuses plus coronal reformatted images, without intravenous contrast.

There is mild mucosal thickening inferiorly in the right maxillary sinus, with focal sites of density, discrete convex margins at the inferior to lateral aspect of the right maxillary sinus as well (probable underlying mucous retention cysts). Only minimal mucosal thickening is visualized medially in the left maxillary sinus. Also minimal mucosal thickening anteriorly in the sphenoid sinus, otherwise clear. Mild mucosal thickening in the right frontal sinus with opacification at the right inferior frontal recess.

There are postsurgical changes with previous removal of the superior medial contours of the maxillary sinuses, including the uncinate processes, and ethmoidectomy. Remaining ethmoid cavities appear relatively clear. There is also apparent absence of portions of the anterior aspects of the inferior turbinates. The nasal septum approximates the midline, minimally to the right anteriorly. Just superior to the frontal sinus extending to the left of midline there appears to be a focal site of somewhat rounded increased density within the diploic space of the frontal calvarium (axial image #27, coronal image #8).

IMPRESSION:

1. Previous paranasal sinus surgery including middle meatal antrostomies and ethmoidectomy.

2. Mild mucosal thickening and probable associated mucous retention cysts in the right maxillary sinus.

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PRINTED BY: franwo DATE 9/30/2011

Bon Secours St. Francis Hospital

Name: CONTRERAS,THOMAS
Exam Date: 11/14/08 1019
Ord. Phy.: PASTIS JR-MD,NICHOLAS

MR#: C000774809
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Pt. Phone#: (843)769-4429
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PASTIS JR-MD,NICHOLAS
2097 HENRY TECKLENBURG
SUITE 305 WEST
CHARLESTON SC 29414

Acct_Nbr : C0831900691
Pat_Type : OPC

Checkin-Exam Code Summary
2111084-35172

3. Mild mucosal thickening at the right inferior frontal recess - remainder of the sinuses appear relatively clear with minimal mucosal thickening in the left maxillary and sphenoid sinuses.

4. Just superior to the left aspect of the frontal sinuses, there appears to be a rounded site of somewhat increased density in the diploic space of the frontal calvarium, nonspecific but possessing discrete benign appearing margins.

dk

Transcriptionist- DONNA L KAUTH
Reading Radiologist- FORREST C HAM-MD
Releasing Radiologist- FORREST C HAM-MD
Released Date Time- 11/14/08 1601

Bon Secours St. Francis Hospital

Name: CONTRERAS,THOMAS
Exam Date: 09/27/07 1409
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MR#: C000774899
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Pt. Phone#: (843)769-4429
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RENK-MD,GEOFFREY E
2095 HENRY TECKLENBERG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct_Nbr : C0727000980
Pat_Type : ERC

Chk-in #	Order	Exam	
1825209	0001	30110	XR ANKLE 3 VIEW MIN*L
			Ord Diag: ;ANKLE PAIN

LEFT ANKLE: 09/27/07

COMPARISON: None

Three views were done. Significant soft tissue swelling is seen laterally. No fracture or dislocation is seen. Ankle mortise is intact.

IMPRESSION:

Soft tissue swelling with no fracture appreciated.

aw

Transcriptionist- MARY A WEST
Reading Radiologist- JAMES W MELTON-JR-MD
Releasing Radiologist- JAMES W MELTON-JR-MD
Released Date Time- 09/27/07 1656

FINAL

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

73

PRINTED BY: franwe DATE 9/30/2011

105794

Tricounty
RADIOLOGY ASSOCIATES
Specialists In Outpatient Imaging

James Spearman, MD
2270 Ashley Crossing Drive
Charleston, SC 29414

PATIENT: Contreras, Thomas
Phone #: 843-769-4429
ID Number: 412212
Birthdate:

7.19.06@ 1[5D P
JICT M.O.

EXAM: MRI OF THE LEFT HIP

EXAM DATE: 7/13/2006

CLINICAL HISTORY: Left hip pain. Labral tear.

TECHNIQUE: Coronal T1 weighted, coronal STIR, coronal double-echo proton density and T2 weighted fat saturation, axial double-echo proton density and T2 weighted, sagittal proton density fat saturation images were obtained.

FINDINGS:

Left hip joint: There is no evidence of hip joint effusion or loose body. No evidence of subchondral edema signal or cystic change at the left hip. No evidence of marrow edema signal to indicate fracture or stress reaction of the femoral neck. No evidence of abnormal fluid signal to indicate iliopsoas or trochanteric bursitis. I do not see any evidence of acetabular labral tear. Gluteus tendon insertions appear unremarkable.

Bones: No evidence of fracture or osseous contusion. Unremarkable appearance of the right hip joint. No other osseous abnormality is demonstrated.

Musculotendinous structures: There is no evidence of musculotendinous injury. Specifically, no evidence of muscle tear, hematoma, or other edema pattern. No evidence of abnormal muscle atrophy.

Intrapelvic contents: There is no free fluid within the pelvis. No evidence of a discrete intrapelvic mass.

Neurovascular structures: No evidence of cyst, mass, or other compression upon the portions visualized of left sciatic or femoral nerves.

IMPRESSION:

1. Unremarkable MRI examination of the left hip joint. Specifically, no evidence of a discrete acetabular labral tear.

73.2

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RADIOLOGY ASSOCIATES
Specialists In Outpatient Imaging

2. No other abnormalities are identified.

Kevin Snyder, MD /nlg
Dictated on 07/13/2006

Job # 3144403
This document has been electronically reviewed and signed.
Kevin E. Snyder, M.D.

P.O. BOX 70609 • CHARLESTON, SC 29415 • (843) 529-0600 / Fax (843) 747-6565
Ashley Crossing East Cooper North Charleston West Ashley

703.4

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Tricounty
RADIOLOGY ASSOCIATES
Specialists In Outpatient Imaging

David Seignious, MD
3314 Maybank Hwy
Johns Island, SC 29455

PATIENT: Contreras, Thomas
Phone #: 843-769-4429
ID Number: 412212
Birthdate:

EXAM: RADIOGRAPHS OF LEFT HIP AND LUMBAR SPINE

EXAM DATE: 5/23/2006

CLINICAL HISTORY: Left sciatic area pain. Left hip pain.

TECHNICAL INFORMATION: Frontal and frogleg lateral radiographs of the left hip.

FINDINGS:

No acute fracture or dislocation. Left hip joint space appears well-maintained. No other osseous or joint abnormalities.

IMPRESSION: Unremarkable radiographs of the left hip.

Lumbar Spine: Frontal and lateral radiographs of the lumbar spine. Three totals images were obtained.

Evaluation of vertebral body alignment is within normal limits. There is no fracture or paravertebral soft tissue swelling. Disc heights appear relatively well-maintained throughout the lumbar spine. Changes of spondylosis at L3-4 and L4-5. No other osseous or disc abnormalities.

IMPRESSION: Changes of degenerative spondylosis without significant disc height loss at the L3-4 and L4-5 levels.

Kevin Snyder, MD/rc
Dictated on 05/23/06

Job # 2991023
This document has been electronically reviewed and signed.
Kevin E. Snyder, M.D.

736

scanned

165744

PATIENT:	CONTRERAS, THOMAS
MEDICAL RECORD #:	2889
DATE OF SURGERY:	03/08/06
SURGEON:	David Jaskwhich, M.D.
ANESTHESIA:	Scalene block/IV sedation
PREOPERATIVE DIAGNOSIS:	Left shoulder pain with superior labrum anterior and posterior lesion (SLAP) tear. (840.7)
POSTOPERATIVE DIAGNOSIS:	Left shoulder pain with superior labrum anterior and posterior lesion (SLAP) tear. (840.7)
OPERATION:	Left shoulder arthroscopy with debridement and arthroscopic repair of superior labrum anterior and posterior lesion (SLAP) lesion. (29807)

INDICATIONS: The patient is a 44-year-old gentleman who felt a popping in his shoulder when lifting weighs last year. He has had continuous pain.

PROCEDURE: The patient was taken to the operating room and placed in the decubitus position. A scalene block was administered to the left arm. The left arm was then suspended in ten pounds of traction. The left arm was prepped and draped in the usual sterile fashion.

A posterior portal was established and a survey of the joint was performed. The glenohumeral cartilage surfaces were intact. The rotator cuff was intact. The biceps tendon had an area that was partially frayed. The superior labrum, both anterior and posterior, appeared to be torn loose and peeled back from the glenoid and had an unstable appearance to it. There was some fraying underneath the labrum as well. An anterior portal was established. The labrum was debrided as was the neck of the glenoid to provide a bony bed. After probing the SLAP lesion it was determined that it was unstable and merited going forward with repair. The portion of the biceps tendon that was frayed was debrided as well. The subacromial space was then entered. A bursectomy was carried out. The rotator cuff was probed and found to be stable and intact.

Next, repair of the SLAP lesion was carried out. Through the anterior portal at the 11 o'clock position a bioabsorbable suture anchor, 2.9, was placed. Bioraptor was used. The 11 o'clock position on the labrum was then anchored at this point. Using an accessory superior portal another suture anchor was placed at the 1 o'clock position. This was again secured to the labrum and tightened down. The labrum was then probed and found to be stable.

The scope was then removed. The portals were closed with nylon. Sponge and needle counts were correct. The patient was awakened and transferred to PACU in stable condition.

DAVID JASKWHICH, M.D.

DD: 03/08/06 DT: 03/08/06 DJ/ETS:bkf 0308-007

73.8

scanned

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

PATIENT: Thomas Contreras PAGE: Seventeen
CHART NO: 105794
DOB:

05/05/10 (Continued):

The only restriction would be no physical training test because that may put too much of a demand on his shoulder, both the right and left. I will see him back in six to eight weeks. We talked about the fact that he may be limited in his treatment and may not be able to get much better. I would certainly not recommend any additional surgery. I will see him back in six to eight weeks and see how he is doing. DHJ/ETS:kp (05/07) 0505-032/mlh

07/14/10: SUBJECTIVE: The patient is here for followup of his bilateral shoulder surgery. He is about the same that he was on his last shoulder. It is sore from time to time. He is able to do most things but when he tries to pick up anything heavy the shoulder give him pain. He tried to bowl the other day and by the second game the shoulder was burning. He has pain over the AC joint of the shoulder.

IMPRESSION:
4. Right shoulder pain, status post right shoulder arthroscopy, superior labrum anterior and posterior lesion (SLAP) repair.
5. Status post right shoulder arthroscopy and debridement.
6. Status post left shoulder superior labrum anterior and posterior lesion (SLAP) repair.

PLAN: He has reached maximum medical improvement. I would recommend permanent restrictions of 25 pounds of maximum lifting overhead and occasional 50 pounds at waist level, certainly nothing more than that without causing more damage to his shoulder. This would include him not being able pass his physical agility test, which requires him to be able to drag about 175 pounds. I am hoping that he will be able to find some work capacity in the fire department, otherwise he may need to be ported out. He will require a 10 percent impairment rating of the right shoulder, 60 percent of the whole person. This is based on the fact that he has persistent pain, soreness, and weakness in the right shoulder. I will see him back here as needed. DHJ/ETS:tw (07/18) 0714-054/la

79

Corvel Scan Date: 5/17/2010

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

1175874 73

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: [redacted]

05/05/10 (Continued):

The only restriction would be no physical training test because that may put too much of a demand on his shoulder, both the right and left. I will see him back in six to eight weeks. We talked about the fact that he may be limited in his treatment and may not be able to get much better. I would certainly not recommend any additional surgery. I will see him back in six to eight weeks and see how he is doing. DHJ/ETS:kp (05/07) 0505-032/ mlh

75

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

117587473

02/24/10: SUBJECTIVE: The patient is here for followup of his right shoulder SLAP repair, 10/01/09. He has been on 45 pounds of lifting. He is more comfortable. He did some lifting the other day at home and his shoulder was sore for a day or two. He feels like he may be ready to try full duty, but is still concerned about the PT test.

PHYSICAL EXAMINATION: Good range of motion of the shoulder. Mild discomfort but good strength.

PLAN: I am going to let him go to full duty. I do not want him taking a physical fitness test for another three or four months, until June 2010. I will see him back in four months for a recheck. Other than that he is back to full duty, with the exception of the PT test. He has not yet reached MMI. DHJ/ETS:tnw (02/26) 0225-035

05/05/10: CHIEF COMPLAINT: Follow up on right shoulder pain.

HISTORY OF PRESENT ILLNESS: Thomas is back. He continues to have pain in the right shoulder. He has pain over the front of the deltoid. He is unable to do much in the way of heavy lifting. He was working in the yard the other day and thinks he may have aggravated the shoulder. It is not feeling better since his second surgery.

PHYSICAL EXAMINATION: He has tenderness over the anterior biceps tendon and some pain with flexion and mild popping noted there. He also complains of some discomfort when I move the left shoulder.

IMPRESSION:
Right shoulder pain, status post shoulder arthroscopy and débridement with superior labrum anterior and posterior (SLAP) repair times two.
Left shoulder pain, recurrent.

TREATMENT/PLAN: We talked a little bit about what may be going on with this shoulder. I do not believe he would benefit from any additional surgery. First of all, I think he is probably about as good as he is going to get. I am going to inject him today with Depo-Medrol and Marcaine under sterile conditions right along the biceps tendon. I will continue to have him work at full duty and he seems to be okay with that.

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

175874473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

10/28/09 (Continued):

PLAN: I will put him back to light duty with 10 pounds of lifting to waist level with nothing overhead. He can go ahead and drive. We will see him back here in five weeks. He can continue physical therapy for now. He has not reached MMI yet. DHJ/ETS:smh (11/02) 1030-002

11/30/09: SUBJECTIVE: Status post right shoulder scope and debridement.

HISTORY OF PRESENT ILLNESS: The patient is back, doing great. He is comfortable. He still has some soreness and some weakness in the arm. Most of the pain is anteriorly.

PHYSICAL EXAMINATION: He is able to abduct and flex nearly fully. He has mild tenderness anteriorly. Strength is 4+/5.

PLAN: He is to continue physical therapy and start a strengthening phase. Increase him to 25 pounds of lifting with nothing overhead. He has not reached MMI. I will see him back here in two months. DHJ/ETS:trw (12/02) 1201-001

01/27/10: SUBJECTIVE: The patient is back, improving. He has good motion and good strength. He still has some mild soreness and popping in the shoulder from time to time.

PHYSICAL EXAMINATION: Full range of motion of the shoulder, good strength, mild discomfort with abduction and flexion.

PLAN: I am going to continue to put him on restrictions with 25 pounds of lifting and occasional overhead. I do not want him doing the physical fitness test yet at work. I will see him back in a month, at which point we will anticipate the possibility of him going back to full duty. He has not yet reached MMI. DHJ/ETS:trw (01/28) 0127-024

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

PAGE: Fourteen

9/25/09 (Continued):

ordered at this time. The patient will proceed with surgery. We will see him back postoperatively in our clinic. AS/ETS:kp (09/28) 0928-010

10/09/09: The patient presents for a one-week postoperative of right shoulder scope with débridement done by Dr. Spearman.

HISTORY OF PRESENT ILLNESS: The patient is doing well. He has fairly good range of motion. The details of the procedure were discussed. Pictures were reviewed.

PHYSICAL EXAMINATION: The patient's incisions are healed nicely. There is no erythema, swelling, or drainage.

ASSESSMENT: Status post right shoulder scope with débridement.

PLAN: The patient is going to come out of the sling. He is going to go to some physical therapy to work on range of motion and we will have him follow up with Dr. Spearman in our clinic in three weeks. The patient has asked to be released to light duty; therefore, we will go ahead and put him on some light duty with specific instructions of what he can and cannot do. AS/ETS:kp (10/15) 1012-029

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

09/02/09 (Continued):

PHYSICAL EXAMINATION: He has pain with forward flexion. Positive O'Brien test. Mild popping and discomfort as I circumduct the shoulder. There is a definite palpable pop in the shoulder as I bring the arm up from external rotation to internal rotation.

DIAGNOSTIC IMAGING: MRI is reviewed of the right shoulder. The anchor is in place. The labrum is in the proper position, although it does not appear to be fully healed at this point. No other abnormality noted except for some tendinosis in the rotator cuff.

IMPRESSION: Right shoulder pain, possible persistent labrum tear.

PLAN: He has definite symptoms and continues to have pain here seven months after surgery. There are a couple of options. Given the amount of discomfort that he is having at this point that is reproducible, we are going to go back in for a right shoulder arthroscopy for a second look with debridement. It may well be that the sutures is in place in the labrum, but the labrum has not fully healed and continues to catch. At which point, he will need the sutures removed and the labrum debrided back to a stable rim. He will be in a sling for about a week or two afterwards. I do not anticipate having to repair anything. I have given him Darvocet and some Celebrex for pain. I will see him back here at the time of surgery. He continues at full duty. He has not reached MMI. It will take a while just like any other business. DHJ/ETosma (09/09)-09022004

09/25/09: HISTORY OF PRESENT ILLNESS: The patient is a 48-year-old male who presents for H&P prior to a right shoulder arthroscopy with debridement to be done by Dr. Jaskwhich on 10/01/09.

PLAN: Risks and complications as well as the postoperative course have been discussed with the patient and all questions have been answered. The patient has signed an informed consent and it will be copied to the chart. Preoperative EKG will be obtained from the beginning of this year. The patient has been instructed to be NPO after midnight the night before surgery. Full H&P can be found written out in the Lowcountry Outpatient Surgery Center H&P sheet. No further preoperative has been

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

1175894473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

9/25/09 (Continued):

ordered at this time. The patient will proceed with surgery. We will see him back postoperatively in our clinic. AS/ETS:kp (09/28) 0928-010

-80

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

11758947 3

PATIENT: Thomas Contreras
CHART NO: 105794
DOB: 1

09/02/09 (Continued):

PHYSICAL EXAMINATION: He has pain with forward flexion. Positive O'Brien test. Mild popping and discomfort as I circumduct the shoulder. There is a definite palpable pop in the shoulder as I bring the arm up from external rotation to internal rotation.

DIAGNOSTIC IMAGING: MRI is reviewed of the right shoulder. The anchor is in place. The labrum is in the proper position, although it does not appear to be fully healed at this point. No other abnormality noted except for some tendinosis in the rotator cuff.

IMPRESSION: Right shoulder pain, possible persistent labrum tear.

PLAN: He has definite symptoms and continues to have pain here seven months after surgery. There are a couple of options. Given the amount of discomfort that he is having at this point that is reproducible, we are going to go back in for a right shoulder arthroscopy for a second look with debridement. It may well be that the sutures is in place in the labrum, but the labrum has not fully healed and continues to catch. At which point, he will need the sutures removed and the labrum debrided back to a stable rim. He will be in a sling for about a week or two afterwards. I do not anticipate having to repair anything. I have given him Darvocet and some Celebrex for pain. I will see him back here at the time of surgery. He continues at full duty. He has not reached MMI. It will take a while just like any other business. DHJ/ETS:smh (09/03) 0902-004

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

6/26/09 (Continued):

PLAN: He will continue with regular duty. I will see him back here in two months. We talked about the possibility of having the suture become impinged in the joint. He has not yet reached MMI. DHJ/tg (7/1)

08/05/09: SUBJECTIVE: The patient is here for followup of a right shoulder arthroscopy and SLAP repair done in January '09. He still has some soreness when he lifts the arm up overhead. He was disconnecting an extension cord the other day that was stuck and the jerking motion caused him some discomfort. He has pain when he wakes up in the morning. He has discomfort with both abduction and flexion. He is back to full duty, but says the shoulder is sore all of the time.

PHYSICAL EXAMINATION: He has a positive O'Brien test. There is a positive impingement sign. There is pain with abduction and flexion. The strength is 5-/5.

IMPRESSION: Status post right shoulder superior labrum anterior and posterior lesion (SLAP) repair in January '09 with persistent pain.

PLAN: He may well have either a partial healing of the labrum or some impingement from one of the sutures. He seems to have plateaued over the last two months with no improvement. We talked about the option of continued conservative treatment. He says he is having daily pain. I really do not feel like he has improved at all over the last several weeks. My recommendation at this point would be to proceed with an arthrogram of the right shoulder and ensure that the labrum is actually fully repaired. I will see him back afterwards to go over the results. DHJ/ETS:trw (08/07) 0807-020

09/02/09: CHIEF COMPLAINT: Mr. Contreras continues to have a fair amount of pain in his shoulder.

HISTORY OF PRESENT ILLNESS: It pops and catches several times a day especially when he lifts the arm up overhead or reaches in front. For example, he tried to put his jacket on the other day at work and felt a lot of pain at that point. He is not taking any medications except for Advil.

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

Clm# 11758 9473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

04/20/09: SUBJECTIVE: The patient is back, doing well. He is making slow progress, but still progress. He noticed the other day he was able to do some stuff that he has not been able to before.

PHYSICAL EXAMINATION: He has range of motion to about 130° or 140° with mild discomfort with overhead. The strength is 4+/5.

IMPRESSION: Right shoulder superior labrum anterior and posterior lesion (SLAP) repair on 01/29/09.

PLAN: He is making progress, but slow progress. He is to continue with physical therapy. I am going to continue to put him on restrictions at work with 15 pounds of lifting and limited overhead lifting. I will see him back here is six weeks. He has not yet reached MMI. DHJ/ETS:trw (04/21) 0421-016

06/01/09: SUBJECTIVE: The patient is back for follow up of his right shoulder. She is definitely making improvement. He is much more comfortable.

PHYSICAL EXAMINATION: He has good motion, still a little stiffness with internal rotation. His strength is improving.

PLAN: At this point he feels like he is ready to go back to full duty. The only concern is his RIT training. It sounds fairly physical and they have had several injuries with that training. I believe it is reasonable to hold him off of that. At this point I am going to put him back to full duty with the exception of RIT training. He can hold off on physical therapy for now. He can start a weightlifting program on his own as long he progresses slowly. I will see him back here in two months for follow up. He has not reached MMI. DHJ/ETS:trw (06/02) 0602-001

6/26/09: Thomas is back. He is having a little soreness in the arm, especially lifting overhead or away from the body. He tried to reach forward the other day and it was uncomfortable. It still seems like there is a small hot spot in the shoulder. He actually had one episode the other day where the shoulder popped and he felt like something was getting caught. He has had full ROM with minimal pain.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

117589473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

3/23/09 (Continued):

Continue with anti-inflammatories as well. We'll see him back in four weeks for recheck. DHJ/la (3/25)

04/20/09: SUBJECTIVE: The patient is back, doing well. He is making slow progress, but still progress. He noticed the other day he was able to do some stuff that he has not been able to before.

PHYSICAL EXAMINATION: He has range of motion to about 130 or 140 degrees with mild discomfort with overhead. The strength is 4+/5

IMPRESSION: Right shoulder superior labrum anterior and posterior lesion (SLAP) repair on 01/29/09.

PLAN: He is making progress, but slow progress. He is to continue with physical therapy. I am going to continue to put him on restrictions at work with 15 pounds of lifting and limited overhead lifting. I will see him back here is six weeks. He has not yet reached MMI. DHJ/ETS:trw (04/21) 0421-016

06/01/09: SUBJECTIVE: The patient is back for followup of his right shoulder. She is definitely making improvement. He is much more comfortable.

PHYSICAL EXAMINATION: He has good motion, still a little stiffness with internal rotation. His strength is improving.

PLAN: At this point he feels like he is ready to go back to full duty. The only concern is his RIT training. It sounds fairly physical and they have had several injuries with that training. I believe it is reasonable to hold him off of that. At this point I am going to put him back to full duty with the exception of RIT training. He can hold off on physical therapy for now. He can start a weightlifting program on his own as long he progresses slowly. I will see him back here in two months for followup. He has not reached MMI. DHJ/ETS:trw (06/02) 0602-001

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KRA 10/28/08 St Johns Diagnostic

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

PATIENT: Thomas Contreras PAGE: Ten
CHART NO: 105794
DOB:

2/9/09 (Continued):

PHYSICAL EXAMINATION: The incision looks good.

PLAN: I am going to get him into physical therapy. He wants to go back to light duty tomorrow. He can drive short distances without the sling. I do not want him to do any overhead lifting with the arm. I will see him back in three weeks for recheck. DHJ/tg (2/11)

3/2/09: Thomas is here today for follow up of right shoulder arthroscopy and SLAP repair. He is finally making progress. He had a lot of spasm over the past couple of weeks, but that seems to have resolved at this point. He is much more comfortable. Physical therapy notes show forward flexion to 130° improved from 64° from the first visit.

PHYSICAL EXAMINATION: There is mild tenderness along the deltoid, good ROM.

PLAN: I will see him back here in a month. I will continue to put him in light duty at work. He will start some strengthening per protocol and ease out of the sling. DHJ/tg (3/4)

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KPA 10/08/09

St Johns Family Dent

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

PATIENT: Thomas Contreras PAGE: Ten
CHART NO: 105794
DOB:

2/9/09 (Continued):

PHYSICAL EXAMINATION: The incision looks good.

PLAN: I am going to get him into physical therapy. He wants to go back to light duty tomorrow. He can drive short distances without the sling. I do not want him to do any overhead lifting with the arm. I will see him back in three weeks for recheck. DHJ/tg (2/11)

3/2/09: Thomas is here today for follow up of right shoulder arthroscopy and SLAP repair. He is finally making progress. He had a lot of spasm over the past couple of weeks, but that seems to have resolved at this point. He is much more comfortable. Physical therapy notes show forward flexion to 130° improved from 64° from the first visit.

PHYSICAL EXAMINATION: There is mild tenderness along the deltoid, good ROM.

PLAN: I will see him back here in a month. I will continue to put him in light duty at work. He will start some strengthening per protocol and ease out of the sling. DHJ/tg (3/4)

3/23/09: Thomas is back and doing better. He still has pain in the front of his deltoid area and some stiffness in the shoulder. He still has difficulty sleeping on the right side.

PHYSICAL EXAMINATION:

He can flex about to 130. Abduct to about 90. Strength is 4+/5 with mild discomfort. He has tenderness over the anterior deltoid fibers.

PLAN: He'll continue his PT. I'm going to put him at light duty, no overhead lifting, 10 pounds lifting with the right arm. D/C use of the sling. He has not yet reached MMI. I anticipate these sx's to resolve as soon as the stiffness is gone out of the shoulder.

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
David H. Jaskwhich, M.D.

PATIENT: Thomas Contreras PAGE: Nine
CHART NO: 105794
DOB: (

12/19/08: CHIEF COMPLAINT: Thomas is here for follow up of his right shoulder MRI.

DIAGNOSTIC IMAGING: MRI was done on 12/12/08 shows a superior labral tear with no evidence of a rotator cuff tear.

HISTORY OF PRESENT ILLNESS: He has had a prior SLAP repair of the left side two years ago and is doing fine from the standpoint of the shoulder. He has similar symptoms on the right consisting of a popping and catching in the shoulder and discomfort with lifting overhead.

IMPRESSION: Superior labral tear of the right shoulder.

PLAN: We will schedule him for right shoulder arthroscopy, débridement, and possible repair of the labrum, if there appears to be anything repairable. He understands the risks of infection, nerve and/or muscle damage, persistent pain and soreness, and limitations of the shoulder. He also understands it will be about three months before he is back to any kind of heavy overhead lifting. I will continue him on light duty for now. He has not yet reached MMI. DHJ/ETS:kp (12/23) 1222-018*

1/20/09: Pt is here for preop H&P prior to left shoulder arthroscopy with SLAP repair and debridement by Dr. Jaskwhich at LOSC on 1/26/09. Full H&P has been performed and has been documented on the LOSC sheet in the pt's chart. Risks, benefits and details of the operation have been discussed with the pt. The pt expresses understanding and wishes to proceed. Informed consent has been signed and placed in the pt's chart. All questions have been answered. I have instructed the pt to be NPO the night before surgery. He has also been instructed that this is an outpatient procedure and he will need a ride home the day of surgery as well as someone to be with him 24 hrs postop. An EKG, CXR and BMP were ordered preop. Pt verbalizes understanding of his surgical treatment plan as well as the postop course and elects to proceed. AB/la (1/22)

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MAY. 5. 2010 4:29PM NO. 597 P. 1/1

2008-4604

KRC 10/8/08

To: Faye Skinner / Marlene Scott
Fax: 803-412-2453 / 877-710-2627
Date: 5/5/10

Lowcountry Orthopaedics & Sports Medicine
Phone: 843.797.5050 Fax: 843.764.2808

Chart #: St. Johns Fire District

RETURN TO WORK RECOMMENDATIONS

Employee: Thomas Contreras
Injury Date: 10/8/08

Claim #: 11758 7473
Next Appt: 4/23/10 @ 8:25
Diagnosis: Rt Shoulder
M75.10

☑ Work related
☐ Not work related

Work Status

☑ Return to regular duty on, Date: 5/5/10
☐ Unable to return to regular duty.
☐ Modified duty if available, Date: _____
☐ Discharged from current care on, Date: _____
☐ Return for follow up if needed with Dr: _____
☐ Permanent Restrictions: _____
☐ Requires sedentary position.

☐ Patient must wear brace\cast. No PT test
☐ Other: _____

Physical Ability

☐ Restricted standing, walking:
☐ Never ☐ Occasional ☐ Frequent\as Tolerated

☐ Restricted climbing, bending, stooping:
☐ Never ☐ Occasional ☐ Frequent\as Tolerated

☐ Limited use of ☐ right ☐ left hand/arm.

☐ Driving ☐ yes ☐ no

☐ Alternate position (sit, stand, walk...)

Recommendations
(Please give WC copies of all orders.)

Radiograph Studies: _____
Diagnostic Tests: _____
Surgery: _____
Physical Therapy: _____
Consult to Dr: _____

☐ Weight lifting restrictions:
R ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#
L ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#

☐ Overhead work:
☐ Never ☐ Occasional ☐ Frequent\as Tolerated

Patient ☐ has ☑ hasn't reached MMI. Expected MMI date: _____

Physician Signature: _____ Date: 5/5/10

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE – CHART YELLOW – WORK COMP PINK – PATIENT

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
James D. Spearman, M.D.

1175894473

PATIENT: Thomas Contreras
CHART NO: 105794
DOB:

12/3/08: CONSULTING PHYSICIAN: James Connolly, M.D.

Worker's Compensation-DOI: 10/8/08

HISTORY OF PRESENT ILLNESS: This is a 47 YOM with right shoulder pain. The patient has a history of right shoulder pain post lifting weights back in October. He presents today for evaluation and treatment.

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS: On the chart and reviewed, signed and dated today's date.

PHYSICAL EXAMINATION:

Vital signs:
Height 5'8"
Weight 228 lbs

Upper extremities: Left shoulder shows full ROM without pain, swelling or instability.

Right shoulder shows mild weakness in abduction of supraspinatus, crepitus and pain on ROM.

RADIOGRAPHIC REVIEW: X-rays showed decreased subacromial space. The patient also has positive cross over maneuver as well as tenderness over the AC joint. Again, there is evidence of significant AC arthritis on x-ray.

PLAN: I recommend that we go ahead and obtain an MRI to rule out a rotator cuff tear. We will see him back after the MRI. I will keep him on light duty until he returns. JDS/tg (12/10)

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Corvel Scan Date: 11/24/2008

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ATLANTIC OCCUPATIONAL HEALTH, INC.
"Industrial Medicine Specialist"

PO Box 62945
North Charleston, SC 29419-2945
843-207-7130
843-207-8633 Fax
800-948-8020

NOV 19 2008

BY

To: Chief Carter
Fax # 552-3687
From: CP
# of Pages 1

324-5587

Patient Return Report

Date _____ Time In 8:00 Time Seen 8:15 Time Out _____

Name: Inmrs Contreras Employer: St. Johns Fire

S.S.#: 7473 Date of Injury: 10-8-08 Date of Last Visit: 10-14-08

Diagnosis: Shoulder Strain

Patient Statement of Condition: IT STATES THAT THE PT HE HAD AT ISLAND PHYSICAL THERAPY MADE THE PAIN WORST. HIS PAIN IS UNCONTROLLED. LEVEL OF PAIN IS 5/10. RT

Vital Signs BP _____ Pulse _____ Temp _____ Resp _____

Physical Exam See note from PT

Today - still on heel days - 9/10 pain & abduction, difficulty putting on jacket - insists on seeing his preceptor Ortho who managed his rotator cuff tear five years ago.

Additional Laboratory / X-ray Exam RT shoulder Pain with abduction, flexion, IRT / ERT, supraspinatus, empty can test

Treatment and/or Disposition Imp Shoulder strain
Mild tendinosis / US tear
Plan: Ortho consult

Impression of Patient Progress or Condition:

Left message to check status

Work Status: ☐ Regular Duty ☐ Light Duty (See Physical Capacities Form) ☐ Off Work

Return Status: ☒ Return Visit (Date) after release ☐ Discharged ☐ Discharged with residual (See Physical Capacities From)

Return For: ☐ Physician Visit ☐ Physical Rehabilitation ☐ Physical Therapy

Physician Signature: S Contreras

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AOH®

ATLANTIC OCCUPATIONAL HEALTH, INC.

3625 W. Montague Ave.
N Charleston, SC 29418
843-207-7130

DATE 10/29/08

NAME Thomas Contreras

ADDRESS

Rx

Shoulder Strain
PT 3x weekly

☐ Please Label

Refill ____ Times

Dispense as Written | DEA # | License # | Substitution Permitted

'92

Corvel Scan Date: 10/24/2008

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"Industrial Medicine Specialist"

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North Charleston, SC 29419-2945
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800-948-8020

OCT 14 2008
BY:

To: Chris Carter
Fax # 559-3687
From: CP
# of Pages 1

OCT 14 2008

Patient Return Report

Date _____ Time In 8:00 Time Seen 8:15 Time Out _____

Name: Tomm Contreras
S.S.#: 1473
Employer: St. Johns FD
Date of Injury: 10-8-08
Date of Last Visit: 10-9-08

Diagnosis: Shoulder Strain

Patient Statement of Condition: Pt states that he still has sharp pain when lifting or raising arm over head c/o (R)

Vital Signs BP _____ Pulse _____ Temp _____ Resp _____

Physical Exam Continues c pain (R)
PE unchanged — tenderness over ant aspect shoulder
abd — w/ act rotation
w. full restriction

Additional Laboratory / X-ray Exam _____

Treatment and/or Disposition Advised round of PT — pt states employer will not allow PTC AOH
Had rotator cuff tear + PT (L) shoulder 2 years ago
— counseled. Cautiously will investigate

Impression of Patient Progress or Condition: will contact PTC results/ shoulder strain vs tear decision

Work Status: ☒ Regular Duty ☐ Light Duty (See Physical Capacities Form) ☐ Off Work

Return Status: ☐ Return Visit (Date) see above ☐ Discharged ☐ Discharged with residual (See Physical Capacities From)

Return For: ☐ Physician Visit ☐ Physical Rehabilitation ☐ Physical Therapy

Physician Signature: B Stewart MD

OCT 14 2008 QB

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

Fina

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate:
Arrival Date: 10/08/2008 18:49	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Vital Signs/Data

Time	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
19:01	98.1 F Oral	89 /min	18 /min	165/97 mm hg.	98% on Room air	7/10

Allergies

No known allergies (VS2 10/08/2008 19:01)

Chief Complaint

Soft tissue injury to posterior right shoulder. (VS2 10/08/2008 19:01)

Pre-Hospital Treatment

Patient arrived by private transportation. (VS2) 10/08/2008 19:01

Triage

4-Non-urgent (VS2 10/08/2008 19:01)
No language barrier. (VS2 19:01)
History comes from patient. (VS2 19:01)
Onset of symptoms was about hrs ago. (VS2 19:01)
Patient has no history of tobacco use. (VS2 19:01)
Patient denies use of alcohol. (VS2 19:01)
Patient denies illicit drug use. (VS2 19:01)
Patient is triaged to the Main ER WR. (VS2 19:01)

Height/Weight

Hgt: 68 inch (VS2 10/08/2008 19:01)
Wgt: 103.6 kg (VS2 19:01)

Current Medications

Patient is on medications. (VS2 10/08/2008 19:01)

Nursing Assessment

GENERAL
NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (VS2) 10/08/2008 19:01

MENTAL STATUS
Normal ambulatory status. Alert, oriented and fully verbal. (DD4) 10/08/2008 20:21

NEUROLOGIC
Alert and oriented x3. Speech clear. Responds to commands. Moves all extremities. (DD4) 10/08/2008 20:21

SKIN
Skin is warm, dry and intact with normal color and turgor. The skin over the right shoulder is intact without visible abrasion or laceration. There is pain and swelling noted over the right shoulder. No active bleeding noted over the right shoulder. No local drainage. (DD4) 10/08/2008 20:21

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Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

Fina

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate:
Primary MD: Patient has no PCP

Nursing Assessment

HEENT
Eyes, ears and nose without visible drainage. Swallowing without difficulty. No reported change in hearing. No reported change in vision. (DD4) 10/08/2008 20:21

PULMONARY
Bilateral breath sounds clear. Respirations regular and unlabored. Mucous membranes and nail beds pink. (DD4) 10/08/2008 20:21

CARDIAC
Pulse regular, no complaint of chest pain. Peripheral pulses palpable. No peripheral edema. Capillary refill less than 2 seconds. (DD4) 10/08/2008 20:21

ABDOMINAL
Abdomen soft, non-distended, non-tender. Bowel sounds audible. No complaint of nausea, vomiting, diarrhea, or constipation. (DD4) 10/08/2008 20:21

GU
Able to empty bladder without dysuria. No complaint of frequency or urgency. (DD4) 10/08/2008 20:21

SOFT TISSUE
Neurovascular exam intact. Normal upper extremity capillary refill (less than 2 sec). Normal radial pulse. (DD4) 10/08/2008 20:21

Clinician History of Present Illness

right shoulder pain possibly from lifting wts (VS2) 10/08/2008 19:01 Exam started at 20:05 Presenting problem started few hours ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No direct trauma. Patient developed injury while lifting weights. The skin over the right shoulder is intact. No active bleeding or abrasions. Patient complains of pain over the right shoulder. Had a characteristic pulling/reaching type of injury to the right shoulder. No history to suggest any head injury. The patient states that this problem is job related. (SJT) 10/08/2008 20:05

Past Medical and Surgical History

HTN-hypertension; Hypercholestolemia; NIDDM; Asthma; S/P Shoulder surgery left (VS2) 10/08/2008 19:01

Review of Systems

Except as noted all other ROS negative. (SJT) 10/08/2008 20:05

Physical Exam

GENERAL:
The patient is a middle aged adult male in no acute distress. No evidence of significant external trauma. Vital signs OK. Vital signs reviewed. Alert The patient appears to be comfortable. (SJT) 10/08/2008 20:05

PULMONARY:
Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (SJT) 10/08/2008 20:05

NEUROLOGIC:
No motor deficit. No sensory deficit. Alert. (SJT) 10/08/2008 20:05

95.

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate: I
Primary MD: Patient has no PCP

Physical Exam

MUSCULOSKELETAL:
The patient has mild to moderate joint pain with movement of the right shoulder. Moderately tender to palpation over the right shoulder. No evidence of soft tissue swelling over the right shoulder No palpable effusion over the right shoulder. The area over the right shoulder shows no sign of contusion. No evidence of hematoma at this site. The overall exam surrounding the right shoulder is consistent with a mild to moderate sprain/strain. Normal AC joint exam. Normal clavicular exam. Humeral head palpable with no defect. Abnormal biceps tendon exam: Normal rotator cuff and bursa exam of the shoulder. Normal shoulder alignment. Distal neurovascular exam normal. The biceps tendon is tender to palpation along the course of the bicipital groove. Contraction of the biceps causes pain along the course of the long head of the biceps tendon. Normal exam of the supraspinatus muscle and tendon. The superior bursa of the shoulder is normal with no evidence of effusion. (SJT) 10/08/2008 20:05

SKIN:
The right elbow is non tender and the patient has a normal adjacent chest wall exam surrounding this shoulder. The skin over the right shoulder is intact with no lacerations or significant abrasions. Skin color is normal. (SJT) 10/08/2008 20:05

SOFT TISSUE:
The rest of the soft tissue exam is normal. (SJT) 10/08/2008 20:05

Progress Notes

The exam supports a bicipital tendinitis. (SJT) 10/08/2008 20:05

Primary Diagnosis

Bicipital Tendonitis, right shoulder (SJT 10/08/2008 20:19)

Non-Drug Orders

PATIENT SPECIFIC DATA weight: 103.60kg/228.4lb;
Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)
PATIENT SPECIFIC DATA height: 172.72cm/68.0in;
Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)
XR SHOULDER 2 VIEW MIN injury Right
Entered (ER 10/08/2008 20:15) In Progress (ER 20:34) MD Sign (SJT 20:15) Notes: Taken to X-ray. Returns from X-ray. (DD4 20:03)

Results

XR SHOULDER 2 VIEW MIN injury Right - films were reviewed by me. (SJT 10/08/2008 20:55)
No radiographic evidence of acute fracture. (SJT 20:55)
No radio-opaque foreign body noted. (SJT 20:55)
No significant degenerative or osteoporotic changes on plain films. (SJT 20:55)
Normal joint space. (SJT 20:55)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of THOMAS CONTRERAS and it is ready for final disposition - STEVEN J TAYLOR-MD MD. (SJT) 10/08/2008 20:33 Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. A disposition has been done for THOMAS CONTRERAS. The dispositioning nurse is DORIS L DAVIS RN (electronic signature). Patient removed from Tracking Board by DORIS L DAVIS RN. (DD4) 10/08/2008 21:06

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

Fina

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate:
Primary MD: Patient has no PCP

Discharge Instructions

SHOULDER PAIN
Your exam shows your shoulder pain is due to one of several possible conditions. Tendinitis, bursitis, or an injury to the tendons that surround the joint (the rotator cuff) can all cause similar pain and difficulty moving the shoulder. All these conditions can also lead to a "frozen" immobile shoulder if they are not treated properly. The treatment of these problems is similar:
*Rest the shoulder and avoid any painful movements for the next week. Use a sling for comfort if needed
*Apply ice packs every few hours to the shoulder for 2-3 days; then begin heat treatments to improve motion when the pain is better.
*Medicine to reduce inflammation and pain is often very helpful.
*Cortisone-like medicine injected into the bursa or around an inflamed tendon can also bring prompt relief. This is usually considered if rest, ice, and medications do not bring relief.
*Shoulder rehabilitation exercises are important in preventing a frozen joint. When your pain improves you should bend forward and gently swing your arm like a pendulum 3-4 times daily to help restore motion. Please see your doctor for further care as advised. Rarely shoulder pain is caused by heart problems; call your doctor, 911, or the emergency room right away if you have severe chest pain, weakness, sweating, breathing difficulty, or nausea.

Additional Instructions

Limit position or activity that makes pain worse. Cold packs to tender area 3-4 times a day. No heat. Take Ibuprofen (Motrin) 800mg (4 tablets) at 11PM, 7AM, 3PM for 1 week. This can recur, so be careful with weight lifting in the future. (SJT) 10/08/2008 20:33

Diagnosis Codes

726.12	Bicipital Tendonitis	Primary Diagnosis: Y
250.00	NIDDM	
272.4	Hypercholesterolemia	
401.1	Borderline diastolic BP determination this visit	
401.1	Moderate elevation of systolic BP this visit	
401.9	Hx of Hypertension	
493.90	Asthma	
719.41	Local tenderness to palpation over right shoulder	
719.41	Pain involving the right shoulder	
719.41	Pain with movement of right shoulder	
726.12	Bicipital tendonitis	
840.9	Sprain/strain of the right shoulder	
959.2	Soft tissue injury posterior right shoulder	
E917.9	Blunt shoulder injury	
E927	Lifting injury	
V13.8	NIDDM	

CPT Codes

73030-52
94760
99284
99455

97

Staff Legend	
DD4	DORIS DAVIS RN
SJT	STEVEN TAYLOR-MD MD
VS2	VICKIE SMITH RN

MR#: 000774899 DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN, PA, KATE S

[Patient Ide

ICCT#: 1 T074-00119 03/24/11

REHABILITATION SERVICES
PHYSICAL THERAPY PLAN OF CARE 3/24/11

MEDICAL DIAGNOSIS: 3/[L] Ankle sprain TREATMENT DIAGNOSIS: [L] ankle pain

Date of Onset 1½ ago → [L] ankle ex Difficulty in walking

Special Instructions: *Gentle AROM - DF, PF - NO Aggressive INV/EV

Functional Level Prior to Admission: [I] c walking & ADL's c [L] ankle [C].

Begin prg. WB 50% in boot - train to 100% WB in boot as pain allows. Gentle strengthening.

Functional Impairments/Problems

- ↓ amb, walking & WB activity
- unable to work or fish
- ↑ effusion
- ↓ strength
- ↓ ROM

Physical Therapy Treatment Plan

✓	Home Exercise Program	✓	Gait Training
	Posture/Body Mechanics Training	✓	Functional Training
✓	Neuromuscular Re-education	✓	Moist Heat/Ice
	Work Hardening	✓	Ultrasound
	Lumbar/Cervical Stabilization	✓	Electrical Stimulation
✓	Soft Tissue Massage/MFR		US/ES
✓	Joint Mobilization		Whirlpool
	Lumbar/Cervical Traction		Aquatic Therapy
✓	Therapeutic Exercise	✓	Jobst Compression Xaso
	Iontophoresis		Other

Short Term Goals: (30) Days

1. [I] c HEP
2. ↑ d AROM DF [L] to -3.5°
3. ↑ d AROM PF [L] = R
4. Minimal to no effusion

Long Term Goals: (90) Days

1. Tol. WB acc of pool training
2. 5/5 [L] ankle MMT.
3. Amb ↑ ↓ stairs reciprocally c gait activity.
4. Return to bowling & fishing activity.

POTENTIAL FOR GOAL ACHIEVEMENT: Good

FREQUENCY: 2x week **DURATION:** 90 Days

Signature of Therapist: Christy Leech PT, ATC Date 3/24/11 Time: 3:30

I certify that the above named patient is under my care and supervision, and that the care described above is reasonable and medically necessary for this patient.

Physician's Comments

Signature of Physician: Authenticated by: Blake Ohlson, MD On 03/26/2011 01:50:51 PM Date: Time:

Origin: 1/06
Revised: 3/06; 5/09

SCANNED
99

PRINTED BY: [illegible] DATE [illegible]

MR#: 000774899; DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EOEN-PA,KATE S

ACCT#: 11074-00110 03/24/11

REHABILITATION SERVICES DISCHARGE SUMMARY

NAME:
ACCT #:
MD:

DISCHARGE DATE: 6/17/11

DIAGNOSIS: Ankle instability (Impingement)

PERIOD OF TIME PATIENT SEEN: FROM 3/24 TO 5/31 # OF VISITS 16

S: Please refer to last PN on pt's last visit

O:

A: SHORT TERM GOALS = _____ WEEKS LONG TERM GOALS = _____ WEEKS

COMMENTS:

P: D/C

THANK YOU FOR THIS REFERRAL.

SIGNED Whitney Reed PT / OT / SLP
PTA

01A06

-5156-

SCANNED

PRINTED BY: trapps DATE 6/17/2011

BON SECOURS
ST FRANCIS HOSPITAL

MRN: 000774888 DOB: 1
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S
ACCT#: 11074-00118 03/24/11

2095 Henry Tecklenburg Drive
Charleston, SC 29414
Phone 843/402-2014
Fax 843/402-1229

"Tommy"

General Ortho Evaluation

Date: 3/24/11

Primary Diagnosis: s/p (L) ankle scope Treatment Diagnosis (L) Ankle (P) Difficulty in walking

Occupation/Recreation Retired

Hx/Subjective: 49 y/o male, s/p (L) ankle scope 2/24/11. Pt referred to initiate PT @ WCS s/p.

Previous treatment for current problem: prev PT @ RCC prior to surgery initial ankle ex.

Prior Level of Function:

Precautions:

MRI / X-Ray / Other: Ø

Pain Scale (0-10; 10 being worst) Current: 7/10 → 1° (P) along anterior ankle, subtalar jt line.

Range of Motion: ____ WNL ____ WFL

Limitations:

Ankle AROM	(L)	(R)	Effusion	(L)	R
(R) DF	-15°	+10°	fig 8:	55.3cm	54cm
PF	+40°	+70°			
Inv	16°	35°			
EV	10°	38°			

Other Joint: ____ WNL ____ WFL

Limitations: (R) tight HS → unable to long sit well

Strength: ____ WNL ____ WFL

Limitations: NOT tested.

Sensation: Ø

Posture: Ø

Palpation: Ø

Special Tests Ø

Equipment (braces, supports, etc.): walking boot

Observation (girth, edema, skin problems, etc.): girth - see above - incisions clean & intact & no drainage.

Transfers/Gait: PT presents with (R) crutches. gait training x 10 min for 25-50% WB & WB amb c boot

Coordination/Balance: Ø using step to & slight step through gait pattern c (R) crutches

Functional Limitations: see POC

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Functional Limitations: See POC

Treatment/Response: Eval x 15min; Gait Training x 10 min; Therex per flow sheet x 20 min; HEP; Vaso comp. to L foot x 10 min

Reviewed Diagnosis and Anatomy ✓ Yes ____ No

✓ Rx Plan was discussed with Patient/Family/Caregiver

✓ Patient/Family/Caregiver Training: Exercises/Activity taught to ✓ Patient ____ Family/Caregiver

✓ Patient/Family/Caregiver demonstrates understanding and performs correctly

✓ Written copy of instruction(s) given

____ Other: ____

Assessment: (for problem list and goals see Plan of Care) Pt is a good candidate for skilled PT

Patient Goal(s): ↓ pain & be able to build fish

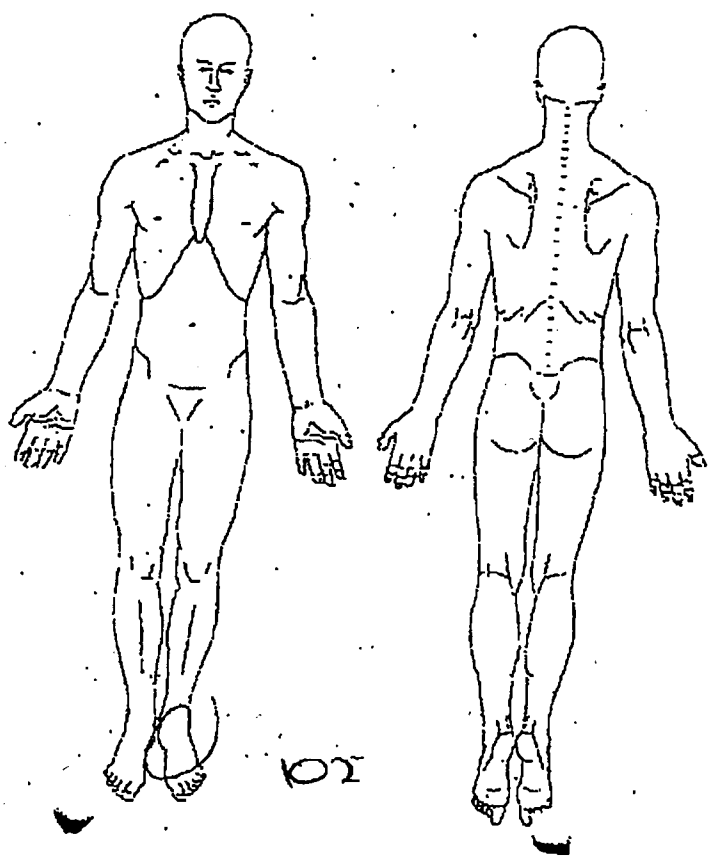
Plan. See P.O.C

Whitney Reed PT, ATC
PHYSICAL THERAPIST

3/24/11
DATE

MR#: 000774889 DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S

ACCT#: 11074-00119 03/24/11



PRINTED BY: ____ DATE

MR#: 000774899 DOB
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S

ACCT#: 11074-00119 03/24/11

REHABILITATION SERVICES PATIENT INFORMATION SHEET

NAME: Thomas Contreras TELEPHONE#: (home) 843-769-4029
DATE: 3/24/11 (work/cell) 843-327-538?
REFERRING PHYSICIAN: Dr. Olson NEXT DOCTOR'S APPOINTMENT 4/18/11
WHAT TYPE OF WORK DO YOU DO? Retired

WHAT IS YOUR PHYSICAL PROBLEM/WHY DID YOUR DOCTOR SEND YOU FOR THERAPY? (If you have had recent surgery, please give type of surgery and date) Ankle surgery

WHEN AND HOW DID THIS PROBLEM START? 1.5 yrs ago

DOES THIS PROBLEM INTERFERE WITH YOUR NORMAL DAILY ACTIVITIES? (If yes, please explain) Walking, Jumping

WHAT PREVIOUS THERAPY HAVE YOU HAD? Ankle

WHAT MEDICATIONS DO YOU TAKE AND WHEN? Allergies, Lovastatin

PLEASE LIST ANY PAST SURGERIES: Ankle, Shoulder x 4

DO YOU HAVE ANY METAL IMPLANTS: (such as IUD, wires, pins, screws, artificial joints) No

DRUG ALLERGIES: (such as xylocaine, beradine/iodine, chlorine, cortisone, etc.) Lovastatin

DO YOU HAVE ANY OTHER INFORMATION OR HEALTH PROBLEMS YOUR THERAPIST SHOULD KNOW?

	Cancer	✓	Diabetes	✓	Shortness of Breath
	Heart Problems		Seizures	✓	Blood Pressure Problems
	Pacemaker		Pregnancy	✓	Asthma
	Rheumatoid Arthritis		Osteoporosis		Other

If you have checked any of the above, please explain:

WHAT DO YOU HOPE THERAPY WILL DO FOR YOUR PROBLEM?

DO YOU HAVE ANY LEARNING BARRIERS THAT WE NEED TO BE AWARE OF: No

HOW DO YOU LEARN BEST: VISUAL / DEMONSTRATION / OTHER

IS THERE ANYTHING ELSE YOU WISH TO ADD?

MAY WE CONTACT YOU AFTER THERAPY FOR FOLLOW-UP? Yes

IF SO, WHAT NUMBER SHOULD WE USE TO CONTACT YOU AND IS THERE ANYONE ELSE WE SHOULD TALK TO REGARDING YOUR CARE? 843-327-538?

MAY WE LEAVE YOU A MESSAGE? YES NO

Revised: 9-09

103

PRINTED BY: tcarver DATE 3/24/2011

General Therapeutic Exercise Log

Date (across) / Treatment (below)	5/24	5/26	5/31					HEP ISSUED
Phase	✓	—	—					
Gastroc Stretch	3x30"	3x30"	2x30"					
INV/EV/DF	3x10 each	2x15	3x10 each					
Heel Raises	3x10	3x10	3x10					
Rice Boxer + DF CW / PF CW A-Z	30x / 1x	30x / 1x	30x / 1x					
Vaso cord	✓	✓	✓					
Seated PF str.	3x30"	3x30"	3x30"					
Rocker Board PF/DF INV/EV	30x each	30x each	30x each					
SL Balance	3x30"	Elliptical	Elliptical					
	Elliptical	Recumbent Bike	Recumbent Bike					
	Recumbent Bike	PT. Hx	PT. Hx					
	PT. Hx							

Origin. 4/10

104

PRINTED BY: trapwo DATE: 3/30/2011

PN due 5/13/11

MD f/u 6/6/11

(L) ankle s/p scope

MRN: 000774899 DOB: (
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S
ACCT#: 11074-00119 03/24/11

General Therapeutic Exercise Log

Date (across) / Treatment (below)	4/20/11	4/22	4/25/11	4/29/11	5/6/11	5/12/11	5/17/11	HEP ISSUED 5/11/11
Nustep	level 5 5 MIN	Lev 5 10 min	level 6 10 min	Lev 6 10min	lev 6 10min	lev 6 10min	level 6 10 min	
ankle pumps	x30	HEP	—	HEP	—	—	—	
gentle circles			—		—	—	—	
Seated gastroc stretch		3x30"	standing 20 sec x 3	3x30"	3x30"	3x30"	30 sec x 3	
Seated DF/PF		HEP	—	HEP	—	—	—	
toe crunches			—		—	—	—	
gait training		—	—	—	—	—	—	
Standing Weight A-Z	rice bucket 1x	Rice bucket 1x	Rice bucket in water	Rice bucket see new				
Seated PF/heel raise		—	—	—	—	—	—	
Weighted PF/DF	#2 30	—	—	—	—	—	—	
SLR ABD		—		—	—	—	—	
BAPS BOARD	level 2 30 EACH	—	—	Lev 5 30x ea.	—	—	—	
rice bucket A-Z 1x		Cw/ccw DF/PF 30x	Abd x 1 CW/CCW DF/PF x 30	Abd in CW/CCW DF/PF 5 sec	Abd CW/CCW DF/PF	Abd CW/CCW 4x ea DF/PF Ankle ladder 3 min	Abd CW/CCW 4x ea DF/PF	
wall slides		—	—	—				
Step-ups Fwd R/L (L) Lat.		small 20x	small x 20 ea	large 20x R/L	large foam 20x R/L	—	large x 30 ea	
Retro Step-up (L)		small 20x	small x 20	small 20x	large 30x	—	large x 30	
Heel Raises		foam 2x10	foam 2x10	foam 2x10	foam 20x	foam 30x	foam x 30	
Tandem Balance R/L		foam beam 2x30"	foam beam x 30"	—	—	—	—	
Lat. Amb. foam Beam		10x	↑↓ x6	↑↓ 10x	↑↓ 8x	↑↓ 10x	↑↓ x6	
F/B Amb foam Beam		↑↓ 10x	↑↓ x6 foam 2x10	↑↓ 10x foam 20x	↑↓ 8x foam 30x	↑↓ 10x foam 30x	↑↓ x6 foam x 30	
Standing DF		2x10	#1 x 30	Slipper 3x30"	30x ea	30x ea	—	
weighted EV (SL)		3x10		floor 3x20"	Soft Surface 3x30"	foam 3x30"	—	
(L) Digreat toe ext. Stretch								
SL Balance								
PF stretch								
Bosu Weight Shifts F/B/lat.								
Bosu Balance								

Origin: 4/10

PRINTED BY: trapwc DATE 9/30/2011

4/18/11 s/p ankle scope 2/24"

Gentle AROM DF/PF; no agg. inv/ev -> prog
WB 50% to 100% in boot as pain allows
gentle strengthening

[Patient Identifier]

Allergy

General Therapeutic Exercise Log

Date (across) / Treatment (below)	3/24	3/28	4/1	4/4	4/6/11	4/11/11	4/13/11	HEP ISSUED
Ankle Pumps (L)	20x	30x	30x	30x	30x	x30	x30	
Gentle Circles CW/CCW	10x ea	20x ea	30x ea	30x ea	20x ea	x30 ea	x30 ea	
Seated Gastroc Stretch	towel 3x30"	towel 3x30"	towel 3x30"	towel 3x30"	towel 3x30"	TOWEL 30 SEC x3	TOWEL 30 SEC x3	
Seated DF/PF	20x	20x2"	5x30"	5x30" DF	5x30" DF	30 SEC x6	30 SEC x6	
Toe Crunches	2x30	2x30	3x30	3x30	3x30	3x30	3x30	
Standing (25-50%) Weight Shift	30x boot	HEP	HEP	—	—	—	—	
Gait Training	10'	—	✓	—	—	—	—	
RW-Step	Level 1 boot 10min	Level 2 boot 10min	level 3 boot 10min	level 3 boot 10min	level 3 boot 10min	level 3 boot 10 min		
Quad Sets	20x3"	20x2"	HEP	—	—	—	—	
SLR (D)	2x10	2x10	3x10	3x10			3x10	
A-Z	1x	1x	1x	1x	x1	x1	x1	
Seated DF/heel raise	2x10	2x15	30x2"	30x"	30 SEC x3	30 SEC x3		
~~Assisted~~ PF/DF		3x10	30x	30x	x30	x30		
SLR Abd		2x10	3x10	3x10	3x10	3x10		
Rice Board			2x30	3x30	3x30	3x30		
Wall Slides				3x10	boot 3x10			
HS Stretch (L)				3x30"	3x30"	30 SEC x3		
Seated PF Stretch (L)				3x30"	3x30"	30 SEC x3		
BAPS BOARD								

Origin: 4/10

MRN: 000774898 DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S
ICCTA: 11074-00119 03/24/11
PRINTED BY:

OPTIMAL INSTRUMENT

Difficulty–Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving–lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking–short distance	1	2	3	4	5	9
10. Walking–long distance	1	2	3	4	5	9
11. Walking–outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about *all* of the activities you would like to do, please mark an "X" at the point on the line that best describes your *overall* level of difficulty with these activities today

I have *extreme difficulty* doing any of the activities that I would like to do

I have *no difficulty* doing any of the activities that I would like to do

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs, kneel,* and *hop* without any difficulty, you would choose 1 12 2 8 3 13)

1 ___ 2 ___ 3 ___

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Adapted and used in May 2005 and August 2006 with permission of APTA from Gusztone AA, Mielenz TJ, De Vellis RF, et al. Development and testing of a self-report instrument to measure actions Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). Phys Ther. 2005;85:514-530.

MR#: 000774899 DOB: [illegible]
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S
ACCT#: 11074-00119
03/24/11

PRINTED BY: [illegible] DATE [illegible]

Whitney Reed

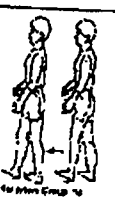
Date: 4/22/2011



1. Without moving your knees or hips, turn the bottom of your foot outward as far as you can
2. Hold ____ seconds
3. ____ repetitions ____ times per day



1. Stand with feet 12 inches apart
2. Raise up slowly onto your toes as high as you can
3. Hold ____ seconds
4. ____ repetitions, ____ times per day



1. Walk on heels with toes or ball of foot off the floor. Hold on to wall for support if necessary.
2. ____ repetitions ____ times per day



1. Position your body against a wall as shown with [illegible] foot behind
2. Point toes directly toward wall and your heel down
3. Lean into wall as shown so that you feel a stretch
4. Hold ____ seconds
5. ____ repetitions ____ times per day

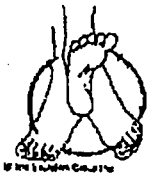
MRN: 000774999 DOB: [illegible]
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S
ACCT#: 11074-00119 03/24/11

Built on PhysicTools

4/22/2011



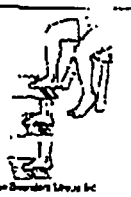
1. Point ankle up toward your body as far as possible
2. Hold _____ seconds
3. Move point toe away from your body
4. Hold _____ seconds
5. _____ repetitions _____ times per day



1. Move your ankle around slowly in a large circle
2. Repeat in the opposite direction
3. _____ repetitions, _____ times per day



1. Sit on floor with towel as strap around _____ foot as shown
2. Pull top of foot toward your body so that you feel a stretch
3. Hold _____ seconds
4. _____ repetitions, _____ times per day



1. Begin with foot flat on the floor with towel as shown
2. Keeping heel on floor repetitively "scrunch up" towel
3. Each time you curl your toes squish your repetitions
4. _____ repetitions, _____ times per day



1. Assume position shown, with _____ foot closest to chair
2. Keep this whole foot flat on the floor
3. Move that knee forward and backward so that you feel a stretch
4. Hold _____ seconds
5. _____ repetitions _____ times per day

MR#: 000774889 DOB: 4
CONTRERAS,THOMAS J
St Francis 5TC
PHYS: EDEN-PA,KATE S

ACCT#: 11074-00119 03/24/11

SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE: 5/24/11	DATE: 5/26/11	DATE: 5/31/11
TIME IN:	8:45	1:30	9:10
TIME OUT:	1:35	2:05	9:55
CPT CODE:	(16)	(1P)	(1P)
EXERCISE:	S: Pt states pain is still not better than before last visiting event, but better since last visit. (8) ~ 8/10	S: "better" - No ankle pain currently" "Walked Bridge yesterday - ankle was a little sore"	S: "Soft in AM"
THER ACTIVITY			
THER EX SUP			
AQUA EX			
AQUA SUP			
BALANCE TRAINING			
GAIT TRAINING			
WORK HARDENING (2 HOURS)	O: Pt presents c 1° PT at post inferior medial malleolus ~ post. tibialis tendon. also c pantar fascia c tenderness & tightening & balance deficits - pain c/b 1° to ankle sx. Pt no at medial malleolus & plantar fascia. (medial arch) x 5 min 100% 3.3 mHz @ 15% c 2nd min (Rx) per flex sheet & direct PT intervention/ cueing. Vaso cold compression x 10 min to (8) post ankle.	O: Therex per flex sheet x 35 min c pt cueing for tx. for tendon. focus. pt gentle ankle strengthening which pt has been doing well.	O: Therex per flex sheet x 35 min c pt cueing & tactile cueing to facilitate proper technique & form. Vaso cold x 10 min to (L) post ankle
WORK HARDENING ADDIT (1 HOUR)			
MODALITIES:			
HEAT PAK			
ESTIM UNATTENDED			
ESTIM ATTENDED			
FLUIDO			
ICE PACK			
IONTO			
MANUAL THERAPY			
MASS / MFR			
MOIST HEAT			
TRACTION - MECH			
US / ESTIM			
US - PHONO			
VASOPNEUMATIC			
EVAL. 15 MIN			
EVAL. 30 MIN			
EVAL. 45 MIN			
EVAL. 60 MIN			
RE-EVAL. 15 MIN			
RE-EVAL. 30 MIN			
RE-EVAL. 45 MIN			
OTHER			

A: Pt has a hard time with anterior ankle pain & tightness. Pt has been doing well with HEP. Pt has been compliant with HEP. Pt has been doing well with HEP. Pt has been doing well with HEP.

P: Pt to f/u c MD & PT as needed. Will await MD orders. Will keep pt. ATC

Addendum: O: Vaso cold x 10 minutes to (L) ankle. Tolerated well.

Wendy Reed PT, ATC

Wendy Reed PT, ATC

MR#: 000774899 DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S

ACCT#: 11074-00119 03/24/11

03/06 revised

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SPINE AND SPORTS PROGRESS NOTE

PN

DATE>	DATE: 5/10/11	DATE: 5/17/11	DATE: 5/19/11
TIME IN:	1:55 Total Time 60'	1:45 Total Time: 39 min	:40 Total Time 45'
TIME OUT:	1:55 Timed Rx 60'	2:45 Total Rx Time: 59 min	:45 Timed Rx 30'
VISIT #:	(13)		
EXERCISE:	S: Pt states he can't	S: Reports he's been keeping huge	S: "Not good- on ladder
THER EX IND	(9) has pain occ. If	(2) home.	(11) today & twisted
THER EX SUP	he "steps wrong".	O: Therex per flowsheet x 39 min	ankle & sharp(P) &
AQUA EX	O: AV-sled warm-up	Assisted pt in gym & exercises	now just hurting;
AQUA SUP	x 10 minutes.	for correct form. Rx ankle &	numb(P) ~ 8/10.
FUNCT TRAINING	Therex per flow	[illegible] & vasopneumatic	O: Pt dem. pain ~
GAIT TRAINING	sheet x 40 min	(5-99 mmHg) x 10 min. to	medial distal lower
WORK HARDENING INT (2 HOURS)	& PT instruction &	(L) ankle.	leg ~ post. tibialis
WORK HARDENING ADDIT (1 HOUR)	cervical per ex.	A: Pt will c SLS c ball throw	mm tension.
	progression & tech.	and rebounder.	* DF = 0°
MODALITIES:	Vasopneumatic compression	P: Continue POC	PF = 50°
DIATHERMY	x 10 min to (L) ankle.		INV = 20°
ESTIM UNATTENDED	A: Prog. pt c dynamic		EV = 15°
ESTIM ATTENDED	stability activities &		* PIT medial to mm
FLUIDO	proprioception ex;		& 3/10 pain (P) post. distal
ICE / CRYOCUFF	pt fell x will c		to mm. * PIT ~ ATF
IONTO	some ankle soreness.		at present.
MANUAL THERAPY	(P) c ice.		Therex per flow sheet x [illegible] min
MASS / MFR	P: Pt due back visit		for (L) ankle ROM
MOIST HEAT	Cont c current POC		prone x 8 min. 50%
TRACTION - MECH			3.3 mhz 1.5 cm²
US / ESTIM			vaso cuff compression
US - PHONO			to (L) ankle/foot
VASOPNEUMATIC			x 15 min.
EVALS:			* Reassessment time
EVAL 15 MIN			& therex. [illegible]
EVAL 30 MIN			A: ↓ Rx to modalities
EVAL 45 MIN			& to improve cost of
EVAL 60 MIN			(L) ankle (P) today;
RE-EVAL 15 MIN			pt noted ↓ (P) ~
RE-EVAL 30 MIN			0/10. (L) ATF & PROM.
RE-EVAL 45 MIN			P: See PN
OTHER:			Cont per POC
03/06 revised			Cathi MPT 6/6

MR#: 000774899 DOB: (
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S

ACCT#: 71074-00119 03/24/11

PRINTED BY: [illegible]

P198

SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE: 4/26/11	DATE: 4/29/11	DATE: 5/6/11
TIME OUT:	1:50 TIMED RX: 50 min 2:29 TOTAL Rx TIME: 49 min.	11:25 TOTAL TIME: 55 12:20 TIMED Rx: 35 (11)	2:55 TOTAL TIME: 55 3:50 TIMED Rx 35' (12)
EXERCISE:	S: Reports no new c/o's or issues today.	S: Pt reports pain ~3/10 c/d. Pt's c/o 7(R).	S: Pt states he has c/o occasionally. Pt reports he has more (R) towards front of ankle has VS, tolerated well. VSIT.
THER EX SUP	O: THERAX PER FLOWSHEET x 50 min. Assisted pt. in gym c exercises for correct form and safety. Rx ended c GAMEREADY & c vasopneumatic x 15 min to (L) ankle.	at distal metatarsal joints & has some swelling. O: NU-STEP warm-up x 10 minutes. theRex per flow sheet x 35 min c PT INSTRUCTION. Vaso pad x 10 min to (R) foot.	O: NU-STEP warm-up x 10 minutes. theRex per flow sheet x 35 min c PT INSTRUCTION. ICE x 10 minutes to (R) foot.
AQUA SUP			
GAIT TRAINING			
	A: Pt c no increased discomfort or pain during Rx. Tolerated all activities well.	A: Pt has 7 c/o pain in ankle (R) great for PTP & also when 2nd & 3rd rays distally → pt at this sx's developing neuroma @ great toe (R) to plantar surface. Pt tol. Rx well c fair c/o & tol PA stretching.	A: Pt continues to tolerate prog. strengthening & ROM exercises.
WORK HARDENING ADDIT (1 HOUR)			
MODALITIES:	P: Continue POC.	P: Cont c POC. Mainly focus on pain & max. functional mobility (R) ankle.	P: Cont c POC. Mainly focus on pain & max. functional mobility (R) ankle.
ESTIM UNATTENDED			
FLUIDO		5/3/11 - pt ex 2" too late for apt - pt time & reno, left	
IONTO			
MASS / MFR			
TRACTION - MECH			
US - PHONO			
EVAL 15 MIN			
EVAL 45 MIN			
RE-EVAL 15 MIN			
RE-EVAL 45 MIN			
03/06 revised			

Cynthia [illegible] PTA

MR#: D00774899 DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S
ACCT#: 11074-00119 03/24/11

SPINE AND SPORTS PROGRESS NOTE (PN)

DATE >	DATE: 4/13/11	DATE: 4-20-11	DATE: 4/22/11
TIME IN:	1:00 Timed Care: 30 min	2:15 Total Tx Time	2:00 Total Time: 60
TIME OUT:	1:60 Total Rx Time: 45 min	3:00 Total Timed Care:	1:60 Timed Rx 45
VISIT #:		(B)	(D)
EXERCISE:	S: Reports no new c/o's.	S: Pt says that he almost went to the ER last night 2° (L) ankle, foot, and leg pain. Today pain is 7/10. Boot was removed on Monday.	S: Pt states he is having more sharp pain since boot not coming off well.
THER EX IND	O: Therex per flowsheet x 30 min. Assisted pt. w/ exercises for correct form and safety. Rx ended w/ CAMRELEASE & vasopneumatic x 15 min to (L) foot & ankle.	O: Pt performed 5 minute warm up on level 5 BS Nustep * Small flip gentle exercises to ↑ ROM and strength in the (L) ankle. Ended Tx w/ vasopneumatic cold compression to (L) ankle & pt in supine and max pressure.	O: NU-Step x 5 min-lvl 4 x 10 min. Therex x 30 min per flow sheet. Ice x 10 min to (L) ankle.
THER EX SUP	A: (L) Ankle ROM: DF: -5°		
AQUA EX	PF 45°		
AQUA SUP	IV: 20°		
FUNCT TRAINING	EV: 15°		
GAIT TRAINING	No new issues or c/o's during Rx.	A: Pt c ↑ pain since removal of boot	A: Pt. tol. Rx well c ROM of WB progressing to active ex.
WORK HARDENING INT (2 HOURS)	P: Continue POC	P: cont POC Hausenmith PTA addendum: therex per flow sheet x 15 minutes Hausenmith PTA	P: Cont POC per SOAP Whitney Reed PT, ATC
WORK HARDENING ADDIT (1 HOUR)	Hausenmith PTA		
MODALITIES:			
DIATHERMY			
ESTIM UNATTENDED			
ESTIM ATTENDED			
FLUIDO			
ICE / CRYOCUFF			
IONTO			
MANUAL THERAPY			
MASS / MFR			
MOIST HEAT			
TRACTION - MECH			
US / ESTIM			
US - PHONO			
VASOPNEUMATIC			
EVALS:			
EVAL 15 MIN			
EVAL 30 MIN			
EVAL 45 MIN			
EVAL 60 MIN			
RE-EVAL 15 MIN			
RE-EVAL 30 MIN			
RE-EVAL 45 MIN			
OTHER:			

03/06 revised

MRN: 000774898 DOB:
CONTRERAS, THOMAS J
St Francis STC
PHYS: EDEN-PA, KATE S
ACCT#: 11074-00119 03/24/11
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REHABILITATION SERVICES PROGRESS NOTE

DATE: >	DATE: 4/4/11	DATE: 4/6/11	DATE: 4/11/11
TIME OUT:	3:30 Total time: 50'	2:25 Total time 60'	2:19 Timed Code: 35 min
	3:20 Timed Rx: 40'	3:25 Timed Rx 50'	7:19 Total Rx Time: 90 min
EXERCISE:	S: "It's a lot better...	S: "It's better - been	S: Reports no new issues.
THER EX SUP	I'm ready to give	wearing a cast	States he's compliant c
AQUA SUP	some return."	for one"	HEP.
GAIT TRAINING	O: Pt presents amb.	O: Ambs pt to t. amb	O: Nuflex Plex FlowSheet
ORTHOTIC TRAINING	c single crutch	in boot & crutch c	x 35 min. Assisted pt.
W/C MOBILITY	using step through	no TWB.	c exercises to correct
MODALITIES:	gait pattern.	Mflex per flow	form. Rx ended c
ESTIM UNATTENDED	Nuflex per flow	Sheet x 50 min	GAMEREADY c vasogenmatic
FLUIDO	Sheet x 40 min	c PT verbal &	x 15 min to (L) foot
IONTO	c PT verbal cueing.	tactile cues.	A: Pt continues c progress.
MASS / MFR	A: Pt ambs in	vaso x 10 min c	No new c/o's of discomfort
TRACTION - MECH	boot c no TWB.	(comp. to (L) foot	or pain c Rx.
US - PHONO	Prog ex & pt tol.	A. Pt prog well to	P: Continue POC
VASONEUMATIC	Rx D/C.	amb. c boot, no	
EVAL 15 MIN	P: Con't c current P.O.C.	A.D. Pt tol. prog.	
	Utilize heat	c exercise & had	
	Addendum:	no c/o pain Dx	
	O: Vaso x 10 min to	Strain.	
	(L) foot	P: Con't c current	
	Ice	P.O.C.	
		Utilize heat	

03/06

MRN: 0007748988 DOB:
CONTRERAS, THOMAS J STC
St Francis
PHYS: EDEN, PA, KATE S
ICCN: 11074-00719
03/24/11

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SPINE AND SPORTS PROGRESS NOTE

DATE >	DATE: 3/24/11	DATE: 3/28/11	DATE: 4/1/11
TIME IN:	2:30 Total Time: 55'	3:50 Total time 45'	1:10 Total Time 55'
TIME OUT:	3:25 Timed Rx = 30'	4:35 Timed Rx 30	1:55 Timed Rx 45'
VISIT #:	(1)	(2)	(3)
EXERCISE:	Eval x 15 min	S: Pt states "it's feeling better"	S: "Alot better since last Wed."
THER EX IND	(1) Gait training x 10min	O: Pt presents amb. c PWB (L) using	O: Gait Training for transition to axle crutch.
THER EX SUP	Theex per flow sheet c HEP x 20min	step through gait pattern.	Theex per flow sheet x min c PT verbal & tactile cues
AQUA EX	(1) Vaso c comp. x 10min to (L) foot	Theex x 20 min per flowsheet c PT verbal & tactile cuing.	A: Pt tol. gradual DF resistance ex's c use of (L) knee & ankle c/c.
AQUA SUP	See PT eval	Vaso x 15 min for (L) ankle edema control.	P: Cont c current P.T.E.
FUNCT TRAINING		A: Progressed Pt c PWB in parallel bars step to NWB c/o increased DOMS after exercises- Pt tol. treatment c/o c/o POST Rx.	Utilize Heel PT/ATC
GAIT TRAINING		-Also added (L) knee theley for strengthening for prog. of WB activity.	Addendum S: Vaso x 10min to (L) foot.
WORK HARDENING NT (2 HOURS)		P: Cont c current P.T.E.	
WORK HARDENING ADDIT (1 HOUR)		Utilize Heel PT/ATC	
MODALITIES:			
DIATHERMY			
ESTIM UNATTENDED			
ESTIM ATTENDED			
FLUIDO			
ICE / CRYOCUFF			
IONTO			
MANUAL THERAPY			
MASS / MFR			
MOIST HEAT			
TRACTION - MECH			
US / ESTIM			
US - PHONO			
VASOPNEUMATIC	(1)	(1)	(1)
EVALS:			
EVAL 15 MIN	(1)		
EVAL 30 MIN			
EVAL 45 MIN			
EVAL 60 MIN			
RE-EVAL 15 MIN			
RE-EVAL 30 MIN			
RE-EVAL 45 MIN			
OTHER:			

MR#: 000774888 DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S

ACCT#: 11074-00179 03/24/11

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P202

Roper Hospital
316 Calhoun St.
Charleston, SC 29401
Phone: (843) 724-2870
Fax: (843) 720-8482

St. Francis Hospital
2095 Henry Tecklenburg Dr.
Charleston, SC 29414
Phone: (843) 402-2014
Fax: (843) 402-1229

Roper Hospital – Berkeley
730 Stony Landing Rd.
Moncks Corner, SC 29461
Phone: (843) 719-5578
Fax: (843) 899-4897

Please call (843) 402-5100 to pre-register prior to your first appointment.

POS 2/17/11

Date: 4/12/11

Pt. Name: Thomas Contreras Pt. Phone #:

Referring Physician: Olin Pt. DOB:

Diagnosis: Ankle Instability (Fragment) Request for: ☐ PT ☐ OT ☐ ST

Special Considerations: ok to wean from Boot to Brace; prevent Stiffness, preserve ROM
Add Sports activities at 10wks post-op

Frequency of Treatment: 3X/wk Duration: 6wks

☐ Evaluate and Treat	☐ Exercise Strengthening ROM Balance Training Stretching Proprioception	☐ Modalities Massage/MFR Cryotherapy Ultrasound Electrical Stimulation Iontophoresis	☐ Traction Lumbar Cervical
☐ Aquatic Therapy			
☐ Orthotics	☐ Lymphedema Treatment	☐ Manual Therapy	☐ Swallow Study/ Speech Therapy

***I certify medical necessity for therapy services for the above named patient.*

Physician Signature: _____ / _____ / _____
(stamp not permitted) Date Time

MR#: 000774889 DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S
ACCT#: 11074-00119 03/24/11

ROPER ST FRANCIS HEALTHCARE

215

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MRN: 000774899 DOB:
CONTRERAS,THOMAS J
St Francis STC
PHYS: EDEN-PA,KATE S
[Patien
ACCT#: 11074-00119 03/24/11

REHABILITATION SERVICES St. Francis Hospital

Progress Update

Patient Name: Thomas Contreras Date 4/13/11
Diagnosis s/p (L) ankle scope
Physician Dr. Eden

(PHYSICAL) / OCCUPATIONAL / SPEECH THERAPY
PROGRESS UPDATE from 3/24/11 to 4/13/11

Treatment: Therapeutic Ex. program s/p (L) ankle scope.

Therapist Comments: AROM L DF -5°
PF 45°
INV 20°
EV 10°
Effusion - fig. 8 56 cm

Pain: 0/10 current
@ Worst 3/10
(Used in NuB)
MMT: DF 5/5
PF 5/5
INV 4+/5
EV 4+/5

Progression toward Goals:
Goal 1 STG (1) MET — LTG (1) - pt still in boot → NO A.D needed.
Goal 2 STG (2) MET — LTG (2) - partially MET
Goal 3 STG (3) & (4) - partially MET — LTG (3) & (4) → prog. towards.

Recommendations: Pt to f/u c MD - will await MD orders.

7-10 Treatments in 30 days (which ever comes first)

Therapist Signature: Whitney Reed PT, MC Date: 4/13/11 Time: 9:00

Origin: 1/06
Revised: 9/10

SCANNED

'10

PRINTED BY: trapyo DATE 4/20/2011

Date:	Name	Acct. #	Financial Class	
06/23/11	CONTRERAS, THOMAS J	11074-00119	B - BLUE CROSS	
Sex	Birth Date Age	Adm Date	Dsch Date	LOS
M	49Y	03/24/11	06/22/11	90

Attending Physician
EDEN-PA, KATE S
Coder:

Discharge Status
H - H_OUTPT-SENT HOME

MDC: 23 FACTORS INFLUENCING HEALTH STATUS & CONTACTS WITH HEALTH SERVICES
DRG: 946 REHABILITATION W/O CC/MCC

OUTLIER STATUS: N/A

DIAGNOSIS	DESCRIPTION/POA
1.(P) V57.1	PHYSICAL THERAPY NEC/
2. 719.47	JOINT PAIN-ANKLE/
3. 718.87	JT DERANGEMENT NEC-ANK/
4. 719.7	DIFFICULTY IN WALKING/
5. V45.89	POST-PROC STATES NEC/

Reason for Visit: V57.1 PHYSICAL THERAPY NEC

PROCEDURE	DESCRIPTION	DATE	SURGEON NAME

HCPCS	DESCRIPTION	MODIFIER(S)	DATE	SURGEON	PRE APC

REHABILITATION SERVICES St. Francis Hospital

Progress Update

Patient Name Thomas Contreras Date 5/23/11
Diagnosis (L) ankle s/p scope
Physician Dr. Eden

(PHYSICAL) / OCCUPATIONAL / SPEECH THERAPY
PROGRESS UPDATE from 4/13/11 to 5/13/11

Treatment: dynamic ankle stabilization for (L) ankle.

Therapist Comments: The pt has been tolerating Rx well. pt still has 'fm (R) i "wrong step", still dem. some instability but pt does not have constant pain.

Progression toward Goals:

Goal 1 STG (1) & (2) MET LTG (1) MET
Goal 2 3 & 4 progressing (3) MET
Goal 3 (2) partially met
(4) Not attempted yet

Recommendations: Con't c current POC - MD f/u 6/6/11

7-10 Treatments or 30 days (which ever comes first)

Therapist Signature: Whitney Reed PT, ATC Date: 5/23/11 Time:

Origin: 1-06
Revised: 4/10

SCANNED

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REHABILITATION SERVICES St. Francis Hospital

Progress Update

Patient Name Thomas Contreras Date 5/31/11
Diagnosis Ankle instability (impingement)
Physician Dr Ohlson

PHYSICAL / OCCUPATIONAL / SPEECH THERAPY
PROGRESS UPDATE from 5/13/11 to 5/31/11 Fx's 3 wks

Treatment: Therapeutic Exercise program for (L) ankle ROM, strength, & stabilization exs. MMT (L) ankle all 5/5 & no c/o.

Therapist Comments: (L) Ankle AROM → DF ~ 2° (long sit); PF 55° INV 25° EV 10° pain current 0/10 "stiff"; (R) @ worst 6/10 → describes as "boring" along posterior medial malleolus (posterior tibialis) & lateral malleolus (medial pain > than lateral (R)) PTT at I ~ posterior talofibular ligament; pt still c ↑'d medial arch/plantar & great toe (R) which limits pt's tolerance to proprioceptive training.

Progression toward Goals:
Goal 1
Goal 2 STG's (1, 2, 4) - met (3) - partially met
Goal 3 LTG's (1, 2, 3) MET, (4) - partially MET

Recommendations: PT to f/u c MD 6/6/11 - will await MD orders.

7-10 Treatments or 30 days (which ever comes first)

Therapist Signature: Christy Reed PT, ATC Date: 5/31/11 Time: 10:40

Origin: 1886
Revised: 4/10

SCANNED
120

PRINTED BY: franwo DATE 9/30/2011

Date:	Name	Acct. #	Financial Class	
11/26/10	CONTRERAS, THOMAS	10322-00100	B - BLUE CROSS	
Sex	Birth Date Age	Adm Date	Dsch Date	LOS
M	49Y	11/18/10	11/18/10	1

Attending Physician
OHLSON-MD, BLAKE
Coder: AMW

Discharge Status
H - H_OUTPT-SENT HOME

MDC: 08 DISEASES/DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
DRG: 554 BONE DISEASES & ARTHROPATHIES W/O MCC

OUTLIER STATUS: N/A

DIAGNOSIS	DESCRIPTION/POA
1.(P) 732.7	OSTEOCHONDRIT DISSECAN/

Reason for Visit: 732.7 OSTEOCHONDRIT DISSECANS

PROCEDURE	DESCRIPTION	DATE	SURGEON NAME
1.(P) 88.94	MRI MUSCULOSKELETAL	11/18/10	GOUGH, CATHERINE JOHNSO

HCPCS	DESCRIPTION	MODIFIER(S)	DATE	SURGEON	PRE	APC

Orthopaedic Imaging Order Sheet

Patient Name: Thomas Contreras

DOB: / / Diagnoses:

Phone Number: Alternate Phone Number:

Physician Signature 11/8/10 Date

MRI

Head	Upper Extremity				Lower Extremity			
70551 w/o contrast	73221 Shoulder w/o contrast	R	L	73721 Joint w/o contrast	R	L		
70553 w & w/o contrast	73223 Shoulder w & w/o contrast	R	L	73723 Joint w & w/o contrast	R	L		
70555 IAC w & w/o contrast	73221 Elbow w/o contrast	R	L	73721 Knee w/o contrast	R	L		
Soft Tissue Neck	73223 Elbow w & w/o contrast	R	L	73723 Knee w & w/o contrast	R	L		
70540 w/o contrast	73221 Wrist w/o contrast	R	L	73721 Joint w/o contrast	R	L		
70543 w & w/o contrast	73223 Wrist w & w/o contrast	R	L	73723 Joint w & w/o contrast	R	L		
Cervical Spine	**Lower Extremity**							
72141 w/o contrast	73721 Ankle w/o contrast	R	L					
72156 w & w/o contrast	73723 Ankle w & w/o contrast	R	L					
Thoracic Spine	73721 Foot w/o contrast	R	L					
72146 w/o contrast	73723 Foot w & w/out contrast	R	L					
72157 w & w/o contrast	73721 Hip w/o contrast	R	L					
Lumbar Spine	73723 Hip w/& w/o contrast	R	L					
72148 w/o contrast	73721 Knee w/o contrast	R	L					
72158 w & w/o contrast	73723 Knee w & w/o contrast	R	L					
Pelvis	**Joint/Other**							
72195 w/o contrast	73222 Shoulder w contrast	R	L					
72197 w & w/o contrast	73220 Wrist w contrast	R	L					
	73222 Elbow w contrast	R	L					
	73722 Hip w contrast	R	L					

Other:

	Y	N
Has the patient ever had an MRI?		
Is the patient diabetic?		
Does the patient have a history of kidney disease?		
Is the patient on dialysis?		
Does the patient have a history of high blood pressure?		
Is the patient claustrophobic?		
Will the patient require sedation?		
Has the patient ever had cancer?		
Does the patient have a cardiac pacemaker, artificial heart valve, or brain aneurysm clip		
Does the patient have metal anywhere in their body?		
Is the patient a current or former metal worker?		
Was the patient ever had surgery on the affected area?		

Date of patient's injury:
How injury occurred:
Medications taken:
How long?
Is the patient undergoing physical therapy?
If yes, for how long?
Has the patient lost range of motion?
Were plain film x-rays & xrograms?
Significant physical exam findings:

CT

Head	Upper Extremity				Lower Extremity			
70480 Temporal bone w/o contrast	73200 Shoulder w/o contrast	R	L	73700 Ankle w/o contrast	R	L		
Soft Tissue Neck	73201 Shoulder w/ contrast	R	L	73701 Ankle w/ contrast	R	L		
70490 w/o contrast	73202 Shoulder w & w/o contrast	R	L	73702 Ankle w & w/o contrast	R	L		
70491 w/ contrast	73200 Elbow w/o contrast	R	L	73700 Foot w/o contrast	R	L		
70492 w & w/o contrast	73201 Elbow w/ contrast	R	L	73701 Foot w/ contrast	R	L		
Cervical Spine	73202 Elbow w & w/o contrast	R	L	73702 Foot w & w/out contrast	R	L		
72125 w/o contrast	73200 Wrist w/o contrast	R	L	73700 Hip w/o contrast	R	L		
72126 w/ contrast	73201 Wrist w/ contrast	R	L	73701 Hip w/ contrast	R	L		
72127 w & w/o contrast	73202 Wrist w & w/o contrast	R	L	73702 Hip w & w/o contrast	R	L		
Thoracic Spine	**Lower Extremity**			73700 Knee w/o contrast	R	L		
72128 w/o contrast	73700 Ankle w/o contrast	R	L	73701 Knee w/ contrast	R	L		
72129 w/ contrast	73701 Ankle w/ contrast	R	L	73702 Knee w & w/o contrast	R	L		
72130 w & w/o contrast	73702 Ankle w & w/o contrast	R	L					
Lumbar Spine	73700 Foot w/o contrast	R	L					
72131 w/o contrast	73701 Foot w/ contrast	R	L					
72132 w/ contrast	73702 Foot w & w/out contrast	R	L					
72192 w & w/o contrast	73700 Hip w/o contrast	R	L					
CT Guided Biopsy	73701 Hip w/ contrast	R	L					
Area:	73702 Hip w & w/o contrast	R	L					
	73700 Knee w/o contrast	R	L					
	73701 Knee w/ contrast	R	L					
	73702 Knee w & w/o contrast	R	L					

Other:

	Y	N
Is the patient diabetic?		
If the patient is diabetic, are they taking Glucophage, Metformin, or Glucovance?		
Does the patient have a fever?		
Has this patient had a BUN or Creatinine performed in the last 30 days?		
Does the patient weigh more than 400 pounds?		
Were plain film x-rays done?		
Significant physical exam findings:		

OCD talus – or
Nonunion anterior
process calcaneus.

PET

78811 PET/CT, tumors	78600 Brain Scan, Whole Body							
78815 PET/CT whole body malignancy	78606 Brain Scan, Limited							
78608 Brain, Metabolic	78610 Brain Scan, R-Flow							
78609 Brain, Perfusion	78320 Bone Scan, Spect							

Other:

	Y	N
Is the patient diabetic?		
If the patient is diabetic, are they taking Glucophage, Metformin, or Glucovance?		
Does the patient have a fever?		
Last dose of chemotherapy	N/A	
Is the patient on any medication or steroids?	N/A	
Has the patient had any recent surgeries or biopsies?		
Has this patient had a BUN or Creatinine performed in the last 30 days?		

OTHER TEST

Appointment Information

Appointment Date: Appointment Location: Arrival Time: Scheduled Time:

Attention: You must bring this written order with you to your appointment!

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PRINTED BY: franwc DATE 9/30/2011

Roper St. Francis Healthcare - Outpatient Imaging Order Form

Patient's Name: Contreras, Thomas

D.O.B: [redacted]

Physician Signature: Mike Pastis, M.D.

Physician's Name: Pastis, M.D.

Date:

Routine / Call Report

Appointment Information

Appointment Date: Fri Nov 14, 2008

Arrival Time: 10 Scheduled Time: 10:30

Location: St. Francis

Additional Report To:

Call Report To:

You must bring this written order to your appointment

Payment is expected at the time service is rendered.

Scheduling Number 402-5000

ROUTINE X-RAYS				ULTRASOUND				MRA				MRI	
74000	Abdomen 1 view			76700	*Abdomen complete			70544	*Head w/o contrast				
74020	Abdomen flat & upright			76705	*Abdomen ltd,sngl organ/quad			C8900	*Carotid w/ contrast			74181	w/o contrast
73610	Ankle 3 views	R	L	76645	Breast Bilateral Unilateral	R	L	C8900	*Abdomen, Renals w/ contrast			74183	w & w/o contrast
71010	*Chest PA			76819	OB bio w/o non-stress test			C8900	*Abdomen, Aorta w/ contrast				
71020	*Chest PA & Lat			76801	OB complete <14 weeks single			C8900	*Lower Extremity w/ contrast	R	L	72195	w/o contrast
71022	*Chest PA/Lat w/Oblique views			76805	OB complete >14 weeks single			73225	*Upper Extremity w/ contrast	R	L	72197	w & w/o contrast
73070	Elbow, 2 views	R	L	76816	OB limited follow-up							72197	Prostate; with endorectal coil w & w/o contrast
73550	Femur, 2 views	R	L	76856	Pelvis Transabdominal & Transvaginal			74185	Abdominal w & w/o contrast				
73140	Finger, 2+ views	R	L	76830				72191	Pelvis w & w/o contrast			72195	Defecography w/o contrast
73630	Foot, 3+ views	R	L	76856	Pelvic Transabdominal			71275	*Chest w & w/o contrast				
73090	Forearm, 2 views	R	L	76830	Pelvic Transvaginal			70496	Head w & w/o contrast			70551	*w/o contrast
73130	Hand, 3+ views	R	L	76770	*Retroperitoneal complete			70498	Carotid w & w/o contrast			70553	*w & w/o contrast
73510	Hip unilateral, 2+ views	R	L	76775	*Retroperitoneal ltd single organ							70553	IAC w/o contrast
73520	Hip bilateral, 2+ views			76870	Scrotum/Testicles								
73060	Humerus, 2+ views	R	L	76536	Thyroid				Area:			70547	w/o contrast
73560	Knee, 1-2 views	R	L	76872	Prostate							70549	w & w/o contrast
71100	Rib unilateral, 2 views	R	L										
73030	Shoulder, 2+ views	R	L	76942	*Prostate Biopsy			74150	*w/o contrast			72141	w/o contrast
70220	Sinuses complete, 3+ views			Other Area:				74160	*w/ contrast			72156	w & w/o contrast
70210	Sinuses limited, 1 or 2 views							74170	*w & w/o contrast				
73590	Tibia & Fibia, 2 views	R	L	MAMMOGRAPHY								72146	w/o contrast
73660	Toes, 2 views	R	L		*Diagnostic Mammography			71250	*w/o contrast			72157	w & w/o contrast
73110	Wrist, 3+ views	R	L		*Diagnostic Unilateral Mammography	R	L	71260	*w/ contrast				
SPINE X-RAYS								71270	*w & w/o contrast			72148	w/o contrast
72050	Cervical Spine, 4+ views				*Screening Mammography							72158	w & w/o contrast
72052	Cervical Spine w/ flex &/or ext				*Screening Unilateral Mammography	R	L	72192	*w/o contrast				
72110	Lumbar Spine, 4+ views							72193	*w/ contrast			73721	Ankle w/o contrast R L
72100	Lumbar Spine AP & Lat			77031	Stereotactic Biopsy	R	L	72194	*w & w/o contrast			73221	Elbow w/o contrast R L
72120	Lumbar w/ bending views			77032	Wire/Needle Localization	R	L					73721	Foot w/o contrast R L
72072	Thoracic Spine, 3 views			76645	Ultrasound Breast	R	L	70450	*w/o contrast			73721	Hip w/o contrast R L
INTERVENTIONAL				76942	Ultrasound Guided Biopsy	R	L	70460	*w/ contrast			73721	Knee w/o contrast R L
Myelogram: Cervical				BONE DENSITY				70470	*w & w/o contrast			73221	Shoulder w/o contrast R L
Myelogram: Thoracic					*Bone Density			70480	IAC w/o contrast			73221	Wrist w/o contrast R L
Myelogram: Lumbar				NUCLEAR MEDICINE									
Arthrogram:				78306	Bone Scan Whole Body			70490	w/o contrast			77059	Breast w & w/o contrast Bilat &
Venogram:		R	L	78300	Bone Scan Limited			70491	w/ contrast			0159T	Post Proc w/CadStream
GASTRO-INTESTINAL				78315	Bone Scan 3-phase			70492	w & w/o contrast			77021	Breast Biopsy R L
74280	Barium Enema w/ contrast			78223	Biliary Scan (HIDA)								
74270	Barium Enema			78225	Biliary Scan w/ EF			70486	w/o contrast			75557	Morphology w/o contrast
74230	*Barium Cine Swallow			78701	Renal Scan w/ flow imaging			70487	Limited study			75558	Cardiac Velocity Flow Mapping
74230	*Modified Swallow			78585	Lung Scan w/ ventilation perfusion				Cardiac Scoring			75561	Morphology w&w/o contrast
74283	Defecography			78465	Cardiac Stress Test							Other:	
76499	Small Bowel Series			78006	Thyroid imaging w/ uptake				*PET/CT				
74246	Upper GI			78472	Muga Scan			78608	*Brain, Metabolic			74415	IVP with nephrolomography
74245	UGI w/ Small Bowel Series			78264	Gastric Emptying			78609	*Brain, Perfusion				

Diagnosis/Clinical History:

Chronic Sinusitis

*Indicates Medicare patients may be asked to sign a Advance Beneficiary Notice (ABN waiver) if the ordering diagnosis does not meet Medicare's Limited Coverage Criteria.

Rev 3/8/2006

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EMERGENCY PHYSICIAN RECORD
Foot or Ankle Injury (4)

MR#: 000774899 ERC
CONTRERAS,THOMAS J
DOB: [redacted]
PHYS: RENK-MD,GEOFFREY E
ACCT: 07230-000800 09/22/07

TIME SEEN: 1410 ☐ on arrival ROOM: 20 ☐ EMS Arrival
HISTORIAN: (patient) spouse paramedics
__HX / __EXAM LIMITED BY:

HPI

chief complaint: Injury to: right / (left)
foot (ankle) leg knee thigh
great toe 2nd toe 3rd toe 4th toe 5th toe

duration / occurred: (just prior to arrival) today yesterday ___ days ago

where: (home) neighbor's work school park street

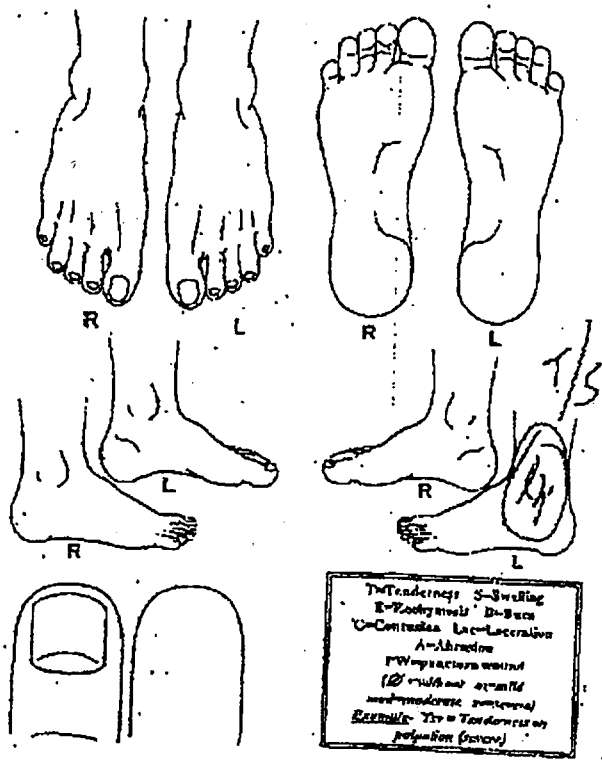
severity of pain: (mild) moderate severe

worse / persistent since ___
pain intermittent / lasting ___

context: (fell) (twisted) direct blow stubbed laceration burn
barefoot / wearing shoes
Stepping in hole

associated symptoms: (painful) unable to bear weight
snap / crack / pop sensation

ROS tingling / numbness distally suspected FB (skin lac)
head / neck / other injuries recent illness



PAST HX __negative prior injury
diabetes Type 1 Type 2 diet / oral / insulin
HTN / DM

Meds- __none / see nurses note
Allergies- __NKDA / see nurses note

☑ Nursing Assessment Reviewed ☑ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

General Appearance
__no acute distress __mild / moderate / severe distress
__alert __anxious / lethargic

EXTREMITIES

FOOT
__nml inspection __see diagram
__non-tender __tenderness soft-tissue / bony
__swelling / ecchymosis
__limited ROM
due to: pain / functional deficit
__deformity
__nail injury
complete / partial avulsion subungual hematoma

ANKLE
__nml inspection __see diagram
__non-tender __tenderness soft-tissue / bony
__full ROM __swelling / ecchymosis
__stable __limited ROM
__deformity
__ligamentous instability

GAIT
__normal
__limited by pain / unable to bear weight
__antalgic gait
__gait not tested due to pain

NEURO
__sensation intact
__motor intact
__digital nerve deficit
decreased fine touch abnml 2-point discrim.
__peroneal nerve deficit
__post tibial nerve deficit

VASCULAR
__no vascular compromise
__pallor / cool skin / abnml cap refill
__pulse deficit
dorsalis pedis post. tibial

TENDONS
__tendon function normal
__tendon visualized / injury seen
extensor flexor complete partial
__deficit in tendon function
limited extension limited flexion

LEG / KNEE / THIGH
__uninjured above ankle
__see diagram
__tenderness soft-tissue / bony
__swelling
__deformity
__knee effusion
__limited ROM

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SKIN
__warm, dry
__see diagram
__diaphoretic / cool / cyanotic

HEAD / ENT
__nml inspection
__pharynx nml
__tenderness
__swelling / ecchymosis

NECK / BACK
__nml inspection
__non-tender
__tenderness
__swelling / ecchymosis

CHEST
__non-tender
__no resp. distress
__breath snds nml
__tenderness
__swelling / ecchymosis
__wheezes / rales / rhonchi

ABDOMEN
__non-tender
__no organomegaly
__tenderness / guarding

XRAYS ☐ interp. by me ☑ Reviewed by me ☐ Discuss w/ radiologist

R (L) foot ankle tib/fibula ____ toe
__normal / NAD
__no fracture
__nml alignment
__no foreign body
__DJD
__dislocation
__soft-tissue swelling
__foreign body
__fracture non-displaced displaced
transverse oblique comminuted angulated
impacted torus

Other study:

☐ See separate report

PROCEDURES

Wound Description / Repair

length____cm location____
linear irregular flap stellate
superficial *subcut *muscle through-and-through
contused tissue
clean contaminated *moderately / *heavily ____
distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local LET / tetracaine / adrenaline / cocaine ____mL
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block
prep:
Shur-Clens / Betadine
irrigated / washed w/ saline
minimal / mod. / *extensive
wound explored
foreign material removed
partially completely
minimal / mod. / *extensive
no foreign body identified
debrided
minimal / *mod. / *extensive
undermined
minimal / mod. / *extensive
*wound margins revised
multiple flaps aligned

repair: Wound closed with: wound adhesive / steri-strips____
SKIN- #____ ____-0 nylon / prolene / staples____
interrupted running simple mattress (h / v)
*NAIL BED- #____ ____-0 vicryl / chromic____
interrupted running simple mattress (h / v)
OTHER- #____ ____-0 ____
interrupted running simple mattress (h / v)
*may indicate intermediate repair *may indicate complex repair

ANKLE-
ace wrap / tape boot orthosis crutches post-op shoe
air cast neoprene sleeve____
splint sugar-tong / posterior OCL / Ortho-glass / plaster
applied by ED Physician / Orthopedist / Tech____
examined post splint application NV intact alignment good

OTHER-
toes "buddy-taped"____
subungual hematoma drained with electrocautery____
digital block lidocaine 1% ___mL marcaine 0.25% 0.5% ___mL
foreign body removed with forceps with incision

PROGRESS

Time____ unchanged improved re-examined

☑ Rx given UKR
__referred to / discussed with Dr.____
will see patient in: ED / hospital / office in ____days

CLINICAL IMPRESSION

Fall Alleged Assault

Contusion R / L knee ankle foot
Hematoma great toe 2nd toe 3rd toe 4th toe 5th toe
Laceration
Sprain / Strain / Dislocation
Fracture R / L stabilized / restorative
tibia distal / shaft / proximal
fibula distal / shaft / proximal
bimalleolar trimalleolar talus calcaneus
navicular metatarsal phalanx: #____

DISPOSITION- ☐ home ☐ admitted ☑ transferred ____
CONDITION- ☐ unchanged ☐ improved ☐ stable

____ NP / PA

____ MD / DO

☐ Dictated Addendum

MRN: 000774899 ERC
CONTRERAS,THOMAS J
DOB:
PHYS: RENK-MD,GEOFFREY,E
ACCT#: 07270-00980 09/27/2011
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PRINTED BY: franwc DATE: 9/30/2011
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Roper Saint Francis Healthcare
Bon Secours

EMERGENCY NURSING RECORD
Extremity Trauma

MR#: 000774899 ERC
CONTRERAS THOMAS J
DOB:
PHYS: RENK-MD,GEOFFREY E

ACCT#: 07270009B0 09/27/07

TRIAGE TIME 1345 Cat I II (III) IV V

TIME TO ROOM: 1346 ROOM: 2D

NAME: Thomas Contreras
D.O.B. AGE: 46 (M) / F
HISTORIAN: (patient) paramedics family
ARRIVAL MODE: (car) EMS police
PMD: none Allegra D
Tetanus Immunization: (current) / ^not current / date
Pneumococcal Immunization: current / ^not current / date
Influenza Immunization: (current) / ^not current / date

TREATMENT PTA see EMS report IV O_2 c-collar backboard
last blood glucose

VITALS Height 5'6" Weight 219 kg
BP 135/85 P 101 RR 20 temp 98.2 (TM) O R Ax
SaO_2 99% RA / O_2

PAIN LEVEL current 10 /10 max /10 acceptable /10
scale used quality

CHIEF COMPLAINT Pain & Swelling
occurred just PTA hrs / days ago Pt was working in garden when

INJURIES / PAIN

R				L			
shldr	hip			shldr	hip		
arm	thigh			arm	thigh		
elbow	knee			elbow	knee		
f-arm	leg			f-arm	leg		
wrist	ankle			wrist	ankle		
hand	foot			hand	(foot)		
fingers	toes			fingers	toes		

MECHANISM
fall
twisting
direct blow / crush
puncture wound
animal bite
GSW / stab wound
burn
cut with

ALLERGIES NKDA
drug (PCN) ASA / sulfa / (latex) / codeine / iodine
food

MEDS	DOSE	FREQUENCY	LAST DOSE
Allegra D			
Cipro	500mg		
Flexeril			
Lasix	40mg		

PAST MEDICAL HX
R / L handed / (HTN) negative diabetes / insulin
past surgeries none Tonsillectomy Tonsillectomy

SOCIAL HX
smoker ppd drugs / alcohol
^TB exposure / symptoms
^has been physically hurt or threatened by someone close

LNMP G P Ab pregnant / postmenop / hyst

Stephanie Rhew (RN) / LPN

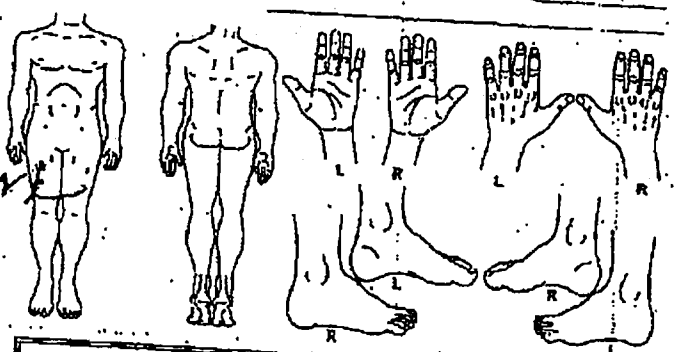
TIME TO ROOM: 1346 ROOM: 2D

INITIAL ASSESSMENT TIME: 1345

GENERAL APPEARANCE
no acute distress
(alert / oriented x3)
(mild / moderate / severe distress
anxious / decreased LOC
disoriented to person / place / time

^FUNCTIONAL / NUTRITIONAL ASSESSMENT
independent ADL
(appears well nourished / hydrated
assisted / total care
obese / malnourished
recent weight loss / gain

CVS
(skin warm & dry
(cap refill less than 2 sec
cool / diaphoretic
pale / cyanotic
cap refill greater than 2 sec



KEY: T=Tenderness S=Swelling E=Erythema B=Burn
A= Abrasion V=Vesicles Lac=Laceration

UPPER EXTREMITIES
(no evidence of trauma
(skin intact
(non-tender
(no deformity
(full ROM
(pulses nml
see diagram
active bleeding
deformity
ROM limited
pulse deficit

LOWER EXTREMITIES
(no evidence of trauma
(skin intact
(non-tender
(no deformity
(full ROM
(pulses nml
see diagram
active bleeding
deformity
ROM limited
unable to bear weight
pulse deficit

ADDITIONAL FINDINGS

INITIAL ACTIONS

TIME			INIT
	ID band applied	ID band verified	
	c-collar	backboard	
	disrobed / gowned	blanket provided	
	(ice pack	elevation / immobilization	
	bandage applied	wet to dry dressing	
	bed low position	side rails up x1 x2	
	call light in reach	head of bed elevated	

Nurse Signature

^ protocol available

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ENTERED BY: DATE:

MR#: 000774899 ERC
CONTRERAS,THOMAS J
DOB:
PHYS: HENK-MD,GEOFFREY E

ACCT#: 07270-00980 09/27/07

ACTIONS

TIME		INIT
	cleaned wound gauze / pressure dressing	
	cardiac monitor	
	pulse oximeter O_2 ____ L via	
	Accu-Chek	
	ready for Dr eval. notified doctor / seen by Dr	
	restraints see documentation	

IV STARTS

TIME	#	site	gauge	attempts	complications	INIT

IV / MEDICATION INFUSION RECORD Pump used: Yes / No

Start-Time	Solution / Med	IVPB	Rate ml / hr	Stop Time	Amount Infused	INIT
	Response: no change improved					
	Response: no change improved					
	Response: no change improved					

__IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

TIME	Medication	Dose	Route	Site	INIT
	Td / TT	0.5mL	IM		
	lot #: exp. date manufac				
1500	Percocet 5mg po				SH
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				

PROCEDURES

TIME		INIT
	laceration repair to	
	assisted by:	
	foreign body removed assisted by:	
	assisted Dr with dislocation / fx reduction	
	shoulder elbow MTP patella	
	splint / sling applied arm leg short long	
	type:	
	assessed post-procedure	
	nml color / sensation / movement	
	cleaned wound applied abx ointment	
1500	applied dressing / Band-Aid / elastic wrap	SH
1500	crutch training w/ proper return demonstration	SH
1550	to Xray w/ monitor / nurse / O2 / tech	SH
	return to room	
	report given to RAD tech	

VITAL SIGNS

TIME	BP	P	RR	T	SaO_2	GCS	Pain	Pupils	INIT
							/10		
							/10		
							/10		
							/10		

ADDITIONAL NOTES:
1550 pt D/C'd to Ortho Dept
Wrist splint applied to Left wrist

INTAKE ____ OUTPUT ____

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

DISPOSITION

__discharged (home) police nursing home ME funeral home
✓ verbal / written instructions / RX* given to: patient
✓ verbalized understanding
__*learning barriers addressed
__accompanied by / driver
__admitted / transferred to
__report to ____ time
__transfer documentation completed
__notified family / police / ME
__left AMA / LWOT signed AMA sheet refused
__physician notified of

Discharge Vitals
BP ____ HR ____ RR ____ Temp ____ SaO_2 ____
✓ pain level at discharge 3 /10

CONDITION

__unchanged ✓ improved __stable other
Depart Time 1560 Mode: walk crutches (W/C) stretcher ambulance

Discharge Nurse Signature

☐ Continuation Sheet

SIGNATURE	INITIAL
	SH

* protocol available

Extremity Trauma - 05

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PRINTED BY: tramos DATE

ROPER ST FRANCIS HEALTHCARE

St. Francis Emergency Department
Physician Orders
Label

00074899 ERC
CONTRERAS,THOMAS J
DOB:
PHYS: RENK-MD,GEOFFREY E
ACCT#: 07270-00980 09/27/07

ORDER TIMES 1)_____ 2)_____ 3)_____ 4)_____

Laboratory

- ☐ HEME PANEL ☐ CBC
- ☐ BMP ☐ CMP
- ☐ HEPATIC ☐ AMYLASE
- ☐ LIPASE ☐ BNP
- ☐ CPK ☐ MB ☐ TROP
- ☐ PT ☐ PT/PTT
- ☐ D-Dimer ☐ DIG LEVEL
- ☐ ETOH ☐ UDS
- ☐ URINE DIP ☐ CATH
- ☐ U/A W/ MICRO
- ☐ URINE C & S
- ☐ RAPID FLU ☐ RAPID STREP
- ☐ BLOOD C & S #_____
- ☐ URINE β ☐ QUANT β
- ☐ WET PREP ☐ Rh
- ☐ GC/CHLAMYDIA
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Prev ☐ Chart ☐ EKG ☐

Imaging

- ☐ CXR ☐ 2 V ☐ PORT
- ☐ ABD SERIES
- ☐ C SPINE
- ☐ WRIST R ☐ L ☐
- ☐ FOOT R ☐ L ☐
- ☒ ANKLE R ☐ L ☒
- ☐ HIP R ☐ L ☐
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ CT SCAN CONTRAST
  - ☐ HEAD ☐ NONE
  - ☐ ABD PELVIS ☐ IV
  - ☐ CHEST ☐ ORAL
  - ☐ APPY ☐ STONE ☐ PE
  - ☐ _____
- ☐ ULTRASOUND
  - ☐ PELVIS ☐ VENOUS
  - ☐ ABD DOPPLER
  - ☐ AORTA ☐ R ☐ L LE

Nursing

- ☐ EKG
- ☐ MONITOR
- ☐ PULSE OX
- ☐ INT
- ☐ ABG. ☐ R/A
- ☐ O_2 ____L/MIN ☐ NRB
  ☐ N/C ☐ MASK
- ☐ HHN - ALBUTEROL
  ☐ 2.5 MG ☐ 5 MG
  ☐ REPEAT ☐ REPEAT
  ☐ CONTINUOUS 10 MG/HR
- ☐ HHN - ATROVENT
- ☐ BEDSIDE GLUCOSE
- ☐ ASA 325 mg P.O.
- ☐ ASA ☐ @ home ☐ EMS
- ☐ ASA CONTRAINDICATED
- ☐ dT 0.5 cc IM
- ☐ RECTAL TEMP
- ☐ FOLEY
- ☐ PELVIC SETUP

ABX ALLERGY:

Physician Calls

Name	Time	Response

☐ IVF: ☐ NS ☐ _____ ☐ BOLUS_____CC
RATE: _____CC/HR ☐ UMDS x _____min

- ☐ Levaquin 750 mg IV Time_____
- ☐ Rocephin one gram IV Time_____
- ☐ Azithromycin 500 mg IV Time_____
- ☐ Metoprolol 5 mg IV q5min*3 Time_____
- ☐ ß-blocker contraindicated ☐ DNR
- ☐ Solumedrol 125 mg IV

Wound Management

☐ Suture Set ☐ Stapler ☐ Knife ☐ #15 ☐ #11
☐ Lidocaine ☐ Marcaine ☐ 0.25% ☐ 0.5% ☐ 1% ☐ 2%
Suture: ☐ 3.0 ☐ 4.0 ☐ 5.0 ☐ 6.0 ☐ Nylon ☐ Prolene ☐ Vicryl ☐ _____ Needle ☐ Lg ☐ Med ☐ Sm
☐ Gloves ☐ 7 ☐ 7.5 ☐ 8 ☐ 8.5 ☐ Iodiform

1	~~Lortab 5.0 mg PO [illegible] now~~	6	Received 3/325 IV
2		7	
3	Nas	8	
4	CBC to [illegible]	9	
5		10	

SIGNATURE/DATE/TIME: 1)_____ 2)_____

3/22/2007

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05 · Bon Secours St. Francis

EMERGENCY PHYSICIAN RECORD

Shoulder Injury (4)

TIME SEEN: 1926 ROOM: 24 __ EMS Arrival

HISTORIAN: __patient __spouse __paramedics

__HX / __EXAM LIMITED BY:

HPI chief complaint: Injury to right (left)
(shoulder) arm neck

duration / occurred:
✓just prior to arrival
__today
__yesterday
__ days PTA

where:
__home __school
__neighbor's __park
✓work __street

context: __fell __direct blow __dislocated while raising arm
Hurt Pain While Lifting
Not Work- Lifting 160
Bench Press

severity of pain: __mild __moderate __severe

ROS __tingling / numbness __neck pain __blow to head
__chest pain __head / neck / other injuries

PAST HISTORY __negative __peptic ulcer R (L)HANDED
__prior injury __other problems
Adam HTN

Meds- __none / ✓see nurses note
Allergies- __NKDA / ✓see nurses note

☐ Nurses note reviewed ☐ Tetanus immun. current ☐ Vital signs reviewed

PHYSICAL EXAM ✓Alert

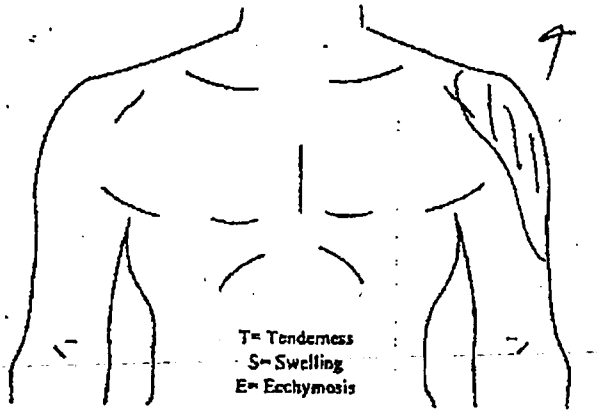
Distress- ✓NAD __mild __moderate __severe

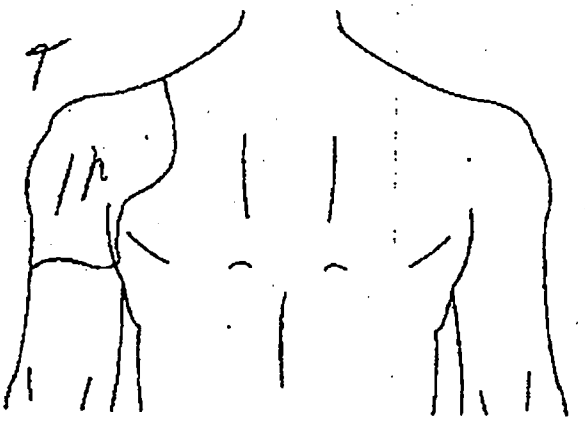
SHOULDER
✓normal inspection
✓full ROM
✓no dislocation

✓see diagram
✓tenderness (soft-tissue / bony)
__swelling
__ecchymosis
__deformity
clavicular deformity AC drop-off
anterior fullness
__limited ROM
held in: __adduction __abduction
__internal rotation __external rotation
limited: __adduction __abduction
__internal rotation __external rotation
__flexion __extension

UPPER EXTREM.
✓uninjured below shoulder

__see diagram
__tenderness *soft-tissue / bony*
__swelling
__limited elbow ROM





NEURO
✓sensation intact
✓motor intact

__sensory / motor deficit
__weak arm abduction (deltoid)
__abnormal reflexes

VASCULAR
✓no vascular compromise

__abnml color / warmth / cap refill
__brachial pulse deficit
__radial pulse deficit

SKIN
✓warm, dry

__diaphoretic / cool / cyanotic

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HEAD / ENT
✓ nml inspection
✓ pharynx nml

__tenderness
__swelling
__ecchymosis

NECK / BACK
__nml inspection
__non-tender
__painless ROM

✓ tenderness (L) TRAPS
__swelling
__ecchymosis

CHEST
✓ no resp. distress
__non-tender
__breath snds nml

__tenderness
__ecchymosis

ABDOMEN
__non-tender
__no organomegaly

__tenderness
__guarding

XRAYS ☐ Interp. by me ☑ Reviewed by me ☐ Discsd w/radiologist

R (L) **Shoulder** **Clavicle**

✓ normal / NAD
✓ nml alignment
✓ no fracture
✓ nml soft tissue

__shoulder dislocation (anter / poster)
__clavicular fracture
__AC joint separation 1° 2° 3°
__humeral fracture
(head / neck / shaft / greater tuberosity)
__fracture-dislocation
__Hill-Sachs fracture

HAM

Other study:

☐ See separate report

REDUCTION OF SHOULDER DISLOCATION
☐ IV sedation (see chart)
☐ Traction / Counter Traction
☐ Kocher maneuver
☐ Weights (____ lbs)
☐ Scapular manipulation
☐ Other

POST-REDUCTION X-RAY
__normal (anatomic position)
__not reduced __Hill-Sachs fx

RECHECK POST-REDUCTION:
time:
__alert __somnolent

OTHER
sling / shoulder immobilizer / clavicle strap
__other

PROGRESS:

→ Sat A C I

✓ Rx given Relafen
__referred to / discussed with Dr.
will see patient in: office / ED / hospital

CLINICAL IMPRESSION: *Foll Alleged Assault*

Contusion / Hematoma / Sprain / Laceration
R / L shoulder forearm wrist
arm elbow hand

Fracture R / L clavicle scapula humerus *head / neck / shaft*

Shoulder Separation R / L 1st 2nd 3rd degree

Dislocated Shoulder R / L anterior posterior

(L) SHOULDER STRAIN

DISPOSITION- ✓ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ improved ☐ stable

NP / PA

MD / DO

☐ See Dictated Addendum

Shoulder Injury - 05

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05 Care Alliance - Bon Secours St. Francis

EMERGENCY NURSING RECORD

Extremity Trauma

MR#: 00077489P RC 11/17/06
CONTRERAS, THOMAS DOB:
PHYS: RENK-MD,GEOFFREY E
ACCT#:05321-01274 FC: S

TRIAGE TIME 1905 emergent (urgent) non-urgent

TIME TO ROOM: 2000

INITIAL ASSESSMENT TIME: _____ ROOM: 24

NAME: Contreras, Thomas
D.O.B. 09/25/1961 AGE: 44 (M) F
HISTORIAN: patient __paramedics __family _____
ARRIVAL MODE: car __EMS __police _____
PMD: __none See previous
Tetanus Immunizations: (current) ^not current / date ~8 yrs ago
Pneumoccocal Immunization: current / (^not current) / date _____
Influenza Immunization: current / (^not current) / date _____
LAST TETANUS: _____

TREATMENT PTA __see EMS report __splint _____

CHIEF COMPLAINT Shoulder pain
occurred __just PTA ~2 hrs ago (while) lifting weights

INJURIES

R			L		
(shldr)	hip		(shldr)	hip	
arm	thigh		arm	thigh	
elbow	knee		elbow	knee	
f-arm	leg		f-arm	leg	
wrist	ankle		wrist	ankle	
hand	foot		hand	foot	

PAIN LEVEL current: 7 /10 max ____ /10

MECHANISM
__fall _____ __animal bite _____
__twisting _____ __GSW / stab wound _____
__direct blow / crush _____ __burn _____
__puncture wound _____ __cut _____
__chemical exposure _____

VITALS time: 1905
BP 156/100 P 86 RR 18 temp 97.9 (TM) O R Ax
Height 5'10" Weight 95 (kg)
O_2 Sat% 97% RA / O_2 _____

ALLERGIES __NKDA / (PCN) / ASA / sulfa / (latex)

MEDS	DOSE	FREQUENCY	LAST DOSE
Glucophage	850 mg	daily	11/17 am
Avalide	1	" "	11/17 am
Allegra	1	" "	11/17 am

PAST HX __negative
__R / (L) handed / (HTN) / (diabetes: insulin) _____
__past surgeries none Nasal Surgery
__smoker / drugs / alcohol _____
__^TB exposure / symptoms _____
__^has been physically hurt or threatened by someone close _____

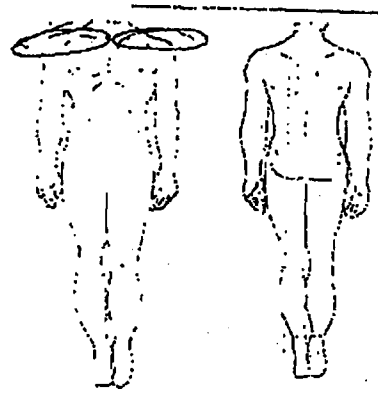
LNMP ____ G ____ P ____ Ab ____ pregnant / postmenopausal

GENERAL APPEARANCE
(no acute distress) __c-collar / back board in place _____
(alert / oriented x3) __mild / moderate / severe distress
__anxious / decreased LOC
__disoriented to person / place / time

FUNCTIONAL / NUTRITIONAL ASSESSMENT
(appears well nourished) __^obese / malnourished _____
(independent ADL) __^assisted / total care _____

CVS
(skin warm & dry) __cool / diaphoretic _____
(nml cap refill) __pale / cyanotic _____
__cap refill greater than 2 sec _____

UPPER EXTREMITIES
(no evidence of trauma) __see diagram _____
(skin intact) __laceration _____
(non-tender) __abrasion _____
(no deformity) __tenderness / ecchymosis _____
(full ROM) __deformity _____
(pulses nml) __ROM limited _____
__pulse deficit _____



LOWER EXTREMITIES
(no evidence of trauma) __see diagram _____
(skin intact) __laceration _____
(non-tender) __abrasion _____
(no deformity) __tenderness / ecchymosis _____
(full ROM) __deformity _____
(pulses nml) __ROM limited _____
__pulse deficit _____

ADDITIONAL FINDINGS

Barbara Alexander LPN (RN) (3) Nurse Signature _____

^ protocol available

ACTIONS

TIME			INIT
	C-collar	back board	
	Ice pack / elevation	warming measures	
	cleaned wound	applied gauze	
	set up suture tray		
	O_2 _____ L via		
	pulse oximeter		
	cardiac monitor		
	Accu-Chek		
	TD / TT 0.5mL IM	lot #:	
	exp. date	manufacturer	
	✓ bed low position	side rails up x1 x2	
	✓ call light in reach	✓ head of bed elevated	
	✓ ready for Dr eval. / notified doctor		
	restraints see documentation		

IV RECORD Pump used: Yes / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT

__IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

PROCEDURES

TIME		INIT
	laceration repair by:	
	single / multiple layer arm hand leg foot	
	length after closure:	
	foreign body removed by:	
	simple complex foot hand	
	dislocation reduced by:	
	shoulder elbow MTP patella	
	splint applied arm leg short long	
	assessed post-procedure	
	color / sensation / movement	
	cleaned wound applied abx ointment	
	applied dressing / Band-Aid / elastic wrap	
	crutch training w/ proper return demonstration	
	to Xray, w/ monitor / nurse / O_2 & tech	

VITAL SIGNS

TIME	BP	P	RR	T	O_2sat	Rhythm	INIT

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	
		/10	

ADDITIONAL NOTE

RN: Patient to wait DD.
X-rays taken DD.

INTAKE / OUTPUT

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	Total:

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

DISPOSITION

__discharged (home) police nursing home ME funeral home
✓ verbal / written instructions / Rx given to: patient _____
__verbalized understanding
__learning barriers addressed
__accompanied by / driver:
__pain level at discharge 2 / 10
__admitted / transferred to _____
__report to _____ time _____
__transfer documentation completed
__notified family / police / ME _____
__left AMA / LWOT signed AMA sheet refused
__physician notified of: _____

CONDITION

__unchanged __improved (stable) __other _____
Depart Time 1230 Mode: (walk) crutches W/C stretcher ambulance

Discharge Nurse Signature DD

SIGNATURE	INITIAL
DD	DD

BON SECOURS
ST FRANCIS HOSPITAL

Emergency Department Physician Orders

MRN: 000774899 ERC 11/17/05
CONTRERAS,THOMAS DOB:

PHYS: RENK-MD,GEOFFREY E

ACCT#:05321-01274 FC: S

ORDER TIMES 1)_____ 2)_____ 3)_____ 4)_____

Laboratory

- ☐ HEME PANEL ☐ CBC
- ☐ BMP ☐ CMP
- ☐ HEPATIC ☐ AMYLASE
- ☐ LIPASE ☐ BNP
- ☐ CPK ☐ MB ☐ TROP
- ☐ PT ☐ PT/PTT
- ☐ D-Dimer ☐ DIG LEVEL
- ☐ Rapid Strep
- ☐ ETOH ☐ UDS
- ☐ URINE DIP ☐ CATH
- ☐ U/A W/ MICRO
- ☐ URINE C & S
- ☐ BLOOD C & S #_____
- ☐ URINE β ☐ QUANT β
- ☐ WET PREP ☐ Rh
- ☐ GC/CHLAMYDIA
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

OLD ☐ CHART ☐ EKG

Imaging

- ☐ CXR ☐ 2 V ☐ PORT
- ☐ ABD SERIES
- ☐ C SPINE R L
- ☐ WRIST ☐ ☐
- ☐ FOOT ☐ ☐
- ☐ ANKLE ☐ ☐
- ☐ HIP ☐ ☐
- ☐ [redacted]
- ☐ _____
- ☐ _____
- ☐ _____

- ☐ CT SCAN CONTRAST
  - ☐ HEAD ☐ NONE
  - ☐ ABD PELVIS ☐ IV
  - ☐ kidney stone ☐ ORAL
  - ☐ appendix
  - ☐ _____
- ☐ ULTRASOUND
  - ☐ PELVIS ☐ VENOUS
  - ☐ ABD DOPPLER
  - ☐ AORTA ☐ R ☐ L LE

- ☐ EKG
- ☐ MONITOR
- ☐ PULSE OX
- ☐ INT
- ☐ ABG ☐ R/A
- ☐ O_2 ____ L/MIN ☐ NRB
  ☐ N/C ☐ MASK
- ☐ HHN - ALBUTEROL
  ☐ 2.5 MG ☐ 5 MG
  ☐ REPEAT ☐ REPEAT
  ☐ CONTINUOUS 10 MG/HR
- ☐ HHN - ATROVENT
- ☐ BEDSIDE GLUCOSE
- ☐ ASA 325 mg P.O.
- ☐ ASA ☐ @ home ☐ EMS
- ☐ ASA CONTRAINDICATED
- ☐ dT 0.5 cc IM
- ☐ RECTAL TEMP
- ☐ FOLEY
- ☐ PELVIC SETUP

ABX ALLERGY:

Physician Calls

Name	Time	Response

- ☐ IVF: ☐ NS ☐ _____ ☐ BOLUS_____CC
  RATE: _____CC/HR ☐ DNR
- ☐ Tequin 400 mg IV Time_____
- ☐ Rocephin one gram IV Time_____
- ☐ Azithromycin 500 mg IV Time_____
- ☐ Metoprolol 5 mg IV q5min*3 Time_____
- ☐ ß-blocker contraindicated

1
2
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12
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14
15
16

SIGNATURE: 1)_____ 2)_____

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ROPER ST FRANCIS HEALTHCARE

Patient Referral Form

MRN: 00077[illegible] ENC [illegible]
CONTRERAS,THOMAS DOB:
PHYS: RENK-MD,GEOFFREY E
ACCT#:05321-01274 FC: S

~~Bon Secours St. Francis Hospital (ph. 402-1057; fax 402-1295)~~
Roper Mt. Pleasant Urgent Care (ph. 849-9339; fax 881-1297)

Charleston Emergency Services Referring Physician: (circle one)

R. Anders, M.D.	F. Gitter, M.D.	R. Sparano, M.D.
M. Chag, M.D.	W. Kanich, M.D.	P. Stone, M.D.
K. Conger, M.D.	T. Paraschos, M.D.	S. Taylor, M.D.
S. Feingold, M.D.	G. Renk, M.D.	R. Warner, M.D.

(patient sticker) was seen at: _____ (time)

Physician on-call: ~~Rutherford~~ Sent to CHSTN Bar JH

E. D. Physician spoke with: —

Pertinent labs/EKG: —

Pertinent imaging studies: CSHOULDER films

Therapeutic interventions: MSIO4/ICE

Impression: SHOULDER PAIN ? SUBLUX

Proposed plan: TO ORTHO OR PMD

Follow up needed in: 24 hrs. 48 hrs. 72 hrs. other: 7-10 days

Note: Please fax registration face sheet with this form

I authorize the referring physician/facility to release and forward all medical records pertaining to this medical condition.

_____
(patient signature)

MRN: 00077[illegible] ENC [illegible]
CONTRERAS,THOMAS DOB:
PHYS: RENK-MD,GEOFFREY E
ACCT#:05321-01274 FC: S

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BON SECOURS
ST FRANCIS HOSPITAL

MR#: 000774999 ERC 11/17/05
CONTRERAS,THOMAS DOB:
PHYS: RENK-MD,GEOFFREY E
ACCT#:05321-01274 FC: S

EMERGENCY DEPT.
2095 Henry Tecklenburg Drive
Charleston, SC 29414
(843) 402-1037

AFTERCARE INSTRUCTIONS
GENERAL INSTRUCTION SHEET

Follow-up Care:

☐ Call or return to the E.D. as needed

☐ Return to the E.D. in _____ days

☐ Call Dr. _____ for an appointment in _____ days

Address: _____

Phone Number: _____

1) ICE To SHOULDER - 15min on 1Hr off

2) Limit Heavy lifting over 7-140nds

3) Tylenol ~~Motrin~~ - ~~600~~, 500mg 8 Hours for Discomfort

4) Follow up with Family MD in 7-10 Days if STILL Pain Ful. Sooner if worse or Not Getting any Better

5) You may Follow up with Charlotte Bone & JT if Desired for Ortho Clin. - Call ~~[redacted]~~ 853-3474 for Appointment.

I, the undersigned, have read and understand the above instructions:

Physician's Signature

Nurse's Signature

Patient/Significant Other/Caretaker

If you have any questions about these instructions, please call the Emergency Dept. Our number is (843) 402-1037.

025214 (11/98)

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Physical Therapy

Discharge Summary

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

Physical Findings

Pain

Site #1: Joint Pain - Shoulder - Right; At Rest 0/10; With Activity 2/10; Sharp; Localized
Exacerbating Factors: Movement & Lifting
Relieving Factors: Ice to the affected area

Goal: Pain decreased by 25% in 2 weeksm - MET
Pain decreased by 50% 4 weeks. - MET
Pain decreased by 90% 8 weeks. - 75% MET

Palpation

Location: Supraspinatus and Infraspinatus tendons
Finding: Normal

Location: Muscle - deltoid medial - Right
Finding: Normal

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Initial Eval Level

Shoulder	Strength Right	Strength Left	Active ROM Right	Active ROM Left	Passive ROM Right	Passive ROM Left
Flexion			135°		160°	
Extension			15°			
Abduction			110°		120°	
Adduction						
Horizontal Abduction						
Horizontal Adduction						
Internal Rotation			60°		70°	
External Rotation			30°		45°	

Final Level

Shoulder	Strength Right	Strength Left	Active ROM Right	Active ROM Left	Passive ROM Right	Passive ROM Left
Flexion	4+		157°		171°	
Extension			55°		70°	
Abduction	4+		131°		148°	
Adduction						
Horizontal Abduction						
Horizontal Adduction						
Internal Rotation	5		T2		L1	
External Rotation	4+		T2		65°	

Assessment:

Assessment: Thomas Contreras is a 49 yo M who presents to PT s/p R SAD, and GH ligament excision on 10/11/10. He has had previous 2 other surgeries to R shoulder prior to 10/11/10 including SLAP repair. He was seen for 18 PT visits from focusing on improving strength, ROM, work and recreational abilities. He now demonstrates return to recreational activities and will return to work at light duty unless otherwise stated by MD. His strength and ROM show significant improvements as pain has also significantly reduced. He has achieved all goals at 90-100% and is appropriate for D/C at this time to independent HEP. Thank you.

Interventions (CPT Code)

Final Instructions to Patient / Caregiver: Patient was given a home exercise program

7-19-12 Jesse McGrady PT
Date
Jesse B. McGrady PT
State Lic #: 533

Software Reg #: KQ3Z2-QA1WQ-QDMZZ-ZICD3

Physical Therapy

Discharge Summary

Patient: CONTRERAS, THOMAS
MR #: 84048
PT: Jesse R. McGrady PT

Date: Thursday, July 19, 2012
Provider: Charleston Physical Therapy
Provider #: 42-6536

Patient Information

Address:
CHARLESTON, SC 29407

Birth Date:
Physician: James DeMarco M.D.

Occupation: ST JOHNS FIRE DISTRICT
Gender: Male
Contact Person:

Physician Num:
Num of Approved Visits: 6
Medicare #:
Claim #: 032008004604

Onset Date of Medical Diagnosis with ICD-9: 10/11/2010 Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Preferred Practice Pattern: Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or soft tissue surgical procedures

Physical Therapy Diagnosis: Pain - Shoulder - Joint 719.41
Shoulder - Joint - Not Else Classified 719.51

Reasons for Discharge

Goals met: ☑
Hospitalization: ☐
Maximum Level Reached: ☑
Patient refuses further treatment: ☐
Patient expired: ☐

Patient/Care Giver was given proper and timely notification of Discharge: ◉ Yes ○ No

No further physical therapy intervention is indicated at this time in this setting. Patient's physician has been notified that this patient has been discharged from physical therapist's care. ◉ Yes ○ No

Additional Discharge Information:

Discharge patient from physical therapy.

Functional Measures

Tolerance to IADLs

Initial Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Final Level: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Initial Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Final Level: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Initial Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Final Level: Mild pain and limitation in a specific recreational activity affecting performance

Impairment Goals; Short Term:
Range of motion is improved by 25% in 2 weeks - Met
Increase strength - met
Motor function is improved in 2 weeks - Met
Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks - met

Functional Goals; Long Term:
Restore Function-Met
IADL/work/recreational performance in related activities is improved to prior level of function

07/25/2012 14:00 Received by CorVel Corporation 7/25/2012, 10:53:03 AM Pacific Time, 2069, Page 3 of 3
Charleston Physical Therapy HA (FAX)8437663240 P.003/003

Physical Therapy

Discharge Summary

Patient: CONTRERAS, THOMAS

Date: Thursday, July 19, 2012

Pain

Physical Findings

Site #1: Joint Pain - Shoulder - Right; At Rest 0/10; With Activity 2/10; Sharp; Localized
Exacerbating Factors: Movement & Lifting
Relieving Factors: Ice to the affected area

Goal: Pain decreased by 25% in 2 weeksm - MET
Pain decreased by 50% 4 weeks. - MET
Pain decreased by 90% 8 weeks. - 75% MET

Palpation

Location: Supraspinatus and Infraspinatus tendons
Finding: Normal

Location: Muscle - deltoid medial - Right
Finding: Normal

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Initial Eval Level

Shoulder	Strength Right	Strength Left	Active ROM Right	Active ROM Left	Passive ROM Right	Passive ROM Left
Flexion			135°		160°	
Extension			15°			
Abduction			110°		120°	
Adduction						
Horizontal Abduction						
Horizontal Adduction						
Internal Rotation			60°		70°	
External Rotation			30°		45°	

Final Level

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Adduction						
Horizontal Abduction						
Horizontal Adduction						
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Assessment: Thomas Contreras is a 49 yo M who presents to PT s/p R SAD, and GH ligament excision on 10/11/10. He has had previous 2 other surgeries to R shoulder prior to 10/11/10 including SLAP repair. He was seen for 18 PT visits from focusing on improving strength, ROM, work and recreational abilities. He now demonstrates return to recreational activities and will return to work at light duty unless otherwise stated by MD. His strength and ROM show significant improvements as pain has also significantly reduced. He has achieved all goals at 90-100% and is appropriate for D/C at this time to independent HEP. Thank you.

Interventions (CPT Code)

Final Instructions to
Patient / Caregiver: Patient was given a home exercise program

7-19-12 Susan McGrady PT
Date Susan R. McGrady PT
State Lic #: 533

Software Reg #: KQ3Z2-QA1WQ-QDMZZ-ZICD3

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Received by CorVel Corporation 7/26/2012, 10:53:03 AM Pacific Time, 2069, Page 2 of 3
07/25/2012 13:59 Charleston Physical Therapy NA (FAX)8437663240 P.002/003

Physical Therapy

Discharge Summary

Patient: CONTRERAS, THOMAS
MR #: 84048
PT: Jesse R. McGrady PT

Date: Thursday, July 19, 2012
Provider: Charleston Physical Therapy
Provider #: 42-6536

Patient Information

Address: 1
CHARLESTON, SC 29407

Birth Date:
Physician: James DeMarco M.D.

Occupation: ST JOHNS FIRE DISTRICT
Gender: Male
Contact Person:

Physician Num:
Num of Approved Visits: 6
Medicare #:
Claim #: 032008004604

Onset Date of Medical Diagnosis with ICD-9: 10/11/2010 Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

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Goals met: ☑
Hospitalization: ☐
Maximum Level Reached: ☑
Patient refuses further treatment: ☐
Patient expired: ☐

Patient/Care Giver was given proper and timely notification of Discharge: ◉ Yes ○ No

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Additional Discharge Information:
Discharge patient from physical therapy.

Functional Measures

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Initial Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Final Level: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Initial Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Final Level: Mild pain and limitation in a specific recreational activity affecting performance

Impairment Goals; Short Term:
Range of motion is improved by 25% in 2 weeks - Met
Increase strength - met
Motor function is improved in 2 weeks - Met
Soft tissue inflamonation, or restriction is reduced by 25% in 2 weeks - met

Functional Goals; Long Term:
Restore Function-Met
IADL/work/recreational performance in related activities is improved to prior level of function



CHARLESTON PHYSICAL THERAPY
1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demasco

Patient Name/Acct #: Thomas Contreras - Rshoulder

Visits Attended: 19 **Visits Scheduled:** 19

Current Physical Therapy Treatments: AAROM c pulley c end range stretch. AROM, Scapular stabilization exercises. Strengthening of RTC and scapula. Work on scapulo-humeral rhythm. Instruction in safe shoulder mechanics.

Progress: Excellent progress c shld rehab. AROM: flex 155°, ext 65°, IR L2 Rshld, ER @ 0° shld 55°. Strength flex 4+, shld 4+, IR 5, ER 4+. Restored scapulo-humeral rhythm.

Problems: None apparent. Needs to use safe shoulder body mechanics. He does mention periodic R shld pain.

Recommendations: DC from PT to continue HEP

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call. Thank you,

Susan McGrady PT 7-19-12
Therapist Signature Date

140



CHARLESTON PHYSICAL THERAPY
1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demarco

Patient Name/Acct #: Thomas Contreras

Visits Attended: 17 **Visits Scheduled:** 18

Current Physical Therapy Treatments: AAROM c pulley c end range stretch in flex, scaption & H abd, IR c HBB Doorway stretch for internal rotation, Scapular strengthening. RTC strengthening. Functional activities for scapulo-humeral timing.

Progress: Excellent progress. Pain significantly ↓'d.
ROM: flex 170° ext 65° Abd 170° IR 4 ER 65° at 0° abd.
Strength: flex 4+, ext 5, abd 4+, IR 4+, ER 4+.

Problems:

No specific problems noted. Mentions more R shld soreness in AMs.
Needs to use safe shld mechanics & improved postures

Recommendations:

See x 1 c DC to HEP.

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Jesse McGrady PT 7-12-12
Therapist Signature **Date**



CHARLESTON PHYSICAL THERAPY
1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. DeMarco

Patient Name/Acct #: Thomas Contreras

Visits Attended: 16 **Visits Scheduled:** _____

Current Physical Therapy Treatments: AAROM c pulley c end range stretching into ER + ER. Scapular stabilization + strengthening. RTC strengthening c dumbells. Education in safe use of adld.

Progress: Excellent progress. Pain significantly d'd.
ROM: Flex 170°, ext 65°, Abd 170°, IR L level, ER 65° @ 0° abd.
Strength: flex 4+, abd 4+, IR 4+, ER 4+.

Problems:
No specific problems noted. Pt compliant c appts + HEP.
Needs to think c use safe adld mechanics.

Recommendations:
Continue PT as per your orders

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call. Thank you,

Susan McGroady PT 6-28-12
Therapist Signature Date

142



CHARLESTON PHYSICAL THERAPY
1730 Savannah Highway
Charleston, SC 29407
Phone: (843) 763-4115 Fax: (843) 766-3240

UPDATED PROGRESS NOTE

Referring Physician: Dr. Demarco

Patient Name/Acct #: Thomas Contreras

Visits Attended: 6 **Visits Scheduled:** 2

Current Physical Therapy Treatments:
- (R) Shoulder ROM & pulley and cane (AAROM)
- Rotator Cuff Strengthing
- Hot pack before treatment and ice post treatment

Progress:
- ↑ in ROM since IE
- ↓ swelling

Problems:
- ↓ Strength and AROM
- Reports ↑ pain in morning

Recommendations:
Cont. per Protocol

Thank you for the referral of your patient. If you have any questions regarding this patient's care, please do not hesitate to call.

Timothy Swift, PTA 5/25/12
Therapist Signature **Date**

143

Physical Therapy # Initial Evaluation / Examination

Patient: CONTRERAS, THOMAS
MR #: 84048
PT: Marilyn M. Swygert PT, DPT, MHS

Date: Thursday, May 03, 2012
Provider: Charleston Physical Therapy
Provider #: 42-6536

Patient Information

Address:
CHARLESTON, SC 29407

Birth Date:
Physician: James DeMarco M.D.

Occupation: ST JOHNS FIRE DISTRICT
Gender: Male
Contact Person:

Physician Num:
Num of Approved Visits: 6
Medicare #:
Claim #: 032008004604

Rehabilitation Information / History

Onset Date of Medical Diagnosis with ICD9: 10/11/2010 Disorder - Shoulder - Bursae & Tendons - Specified - Other 726.19

Preferred Practice Pattern: Musculoskeletal I: Impaired joint mobility, motor function, muscle performance, and ROM associated w/ bony or soft tissue surgical procedures

Physical Therapy Diagnosis: Pain - Shoulder - Joint 719.41
Shoulder - Joint - Not Elsw Classified 719.51

Recent Physical Therapy: None within the last sixty days

Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation

Required Equipment: None

Weight Bearing Status: No restrictions

Safety Measures: Latex allergy

Rehab Prognosis: Excellent rehab potential to reach and maintain prior level of function

Mental Status: Alert and oriented in all spheres- cooperative and motivated

Concerns that led to PT: Decreased functional ability secondary to pain or increased pain

Systems Review, History: PMH: L shoulder surgery for similar injury, HTN, DM2, asthma, Left ankle repair.

Meds: allegra, lovastatin, celebrex

HPI: Initial pain/injury began 2 years ago with torn RC muscle ? And SLAP lesion . He is now s/p R SAD with glenohumeral ligament excision on 10/11/10. This is his 3rd surgery for R shoulder.

Patient has a history of behavioral health risks: NO

Patient / Caregiver concur with established goals: YES
Emotional response to health status: FAIR
Patient's communication skills: GOOD
Knowledge of Exercise and Fitness: GOOD

Frequency of Exercise sessions per week: <3
Reported Eating Habits: GOOD
Reported Sleeping Patterns: FAIR
Reported Energy Level: GOOD

Patient is aware of and understands his/her diagnosis and prognosis: YES

Additional Pertinent Information: This is the 4th surgery on his right shoulder. The shoulder problems started on 10-8-2008. Dr. Demarco said he can go without a sling on Monday 5-7-12.

Physical Therapy

Initial Evaluation / Examination

Patient: CONTRERAS, THOMAS Date: Thursday, May 03, 2012

Functional Measures

Tolerance to IADLs

Current Level: Moderate - Severe pain during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

Tolerance to Work Activities

Current Level: Unable to perform specific work activity secondary to pain or limitation

Goal: Mild pain during and/or after a specific work activity affecting performance

Tolerance to Recreation Activities

Current Level: Severe pain and limitation in a specific recreational activity affecting performance

Goal: Mild pain and limitation in a specific recreational activity affecting performance

Functional characteristics and analysis: Patient enjoys fishing, weight lifting, and bowling recreationally. He is currently unable. He is restricted from lifting >10# with either UE per MD - permanent restriction due to severity of injuries to B shoulders.

Functional LTG: 8-12 weeks
1. Patient to resume all recreational activities painfree.

Impairment Goals; Short Term: Range of motion is improved by 25% in 2 weeks
Increase Strength by 25% in 2 weeks
Motor function is improved by 25% in 2 weeks
Soft tissue inflammation, or restriction is reduced by 25% in 2 weeks

Functional Goals; Long Term: Restore Function
IADL/work/recreational performance in related activities is improved to prior level of function
Recreational performance in related activities is improved
Independence with home exercise program

Physical Findings

Pain

Site #1: Joint Pain - Shoulder - Right; At Rest 7/10; With Activity 10/10; Sharp; Localized
Exacerbating Factors: Lifting & Lying on side
Relieving Factors: Ice to the affected area & Rest

Goal: Pain decreased by 25% in 2 weeks
Pain decreased by 50% 4 weeks.
Pain decreased by 90% 8 weeks.

Palpation

Location: Supraspinatus and Infraspinatus tendons

Finding: Tenderness

Location: Muscle - deltoid medial - Right

Finding: Tenderness

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Physical Therapy

Initial Evaluation / Examination

Patient: CONTRERAS, THOMAS

Date: Thursday, May 03, 2012

Initial Eval Level						
Shoulder	Strength Right	Strength Left	Active ROM Right	Active ROM Left	Passive ROM Right	Passive ROM Left
Flexion			135°		160°	
Extension			15°			
Abduction			110°		120°	
Adduction						
Horizontal Abduction						
Horizontal Adduction						
Internal Rotation			80°		70°	
External Rotation			30°		45°	

Goal						
Shoulder	Strength Right	Strength Left	Active ROM Right	Active ROM Left	Passive ROM Right	Passive ROM Left
Flexion			165°		170°	
Extension			40°			
Abduction			155°		160°	
Adduction						
Horizontal Abduction						
Horizontal Adduction						
Internal Rotation			70°		70°	
External Rotation			60°		75°	

Comments on Shoulder: Current: scap ret, table slides, pendolum

Assessment:

Thomas Contreras is a 49 yo M who presents to PT s/p biceps re-attachment with scapular dysfunction SAD. Patient demonstrates restrictions in A/PROM, poor postural awareness, decreased strength in R shoulder/RC musculature, and poor scapular stability which limit his ability to perform IADL, work and recreational activities. He will benefit from PT including manual techniques, stretching and strengthening exercises of R shoulder, scapular stabilization, postural instruction, and US prn for pain and to improve healing. Recommend 2-3x/week x 6-8 weeks. Thank you.

Interventions (CPT Code)

Physical Therapy Initial Evaluation / Examination 97001
Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
Manual therapy techniques - joint mobilization and soft tissue massage 97140
Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Two to three times

Duration of PT: 8 weeks

5-3-12 Marilyn Swygert, PT DPT
Date

Marilyn M. Swygert PT, DPT, MHS
State Lic #: 253
Software Reg #: HPDSA-PXZQP-PF811-WORFP

CHARLESTON PHYSICAL THERAPY Printed: 01/19/11

Encounter: 23830
Location: 01 WEST ASHLEY

Nota:

Off: TIN:

Appt: 01/20/11 9:30am With: JODIE R
NextAppt: With:

Case Remarks:

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 2940/
DoB: Age: 49 Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Insl: CORVEL
% Cop 0

Idl:

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit
___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
___ *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
X3 *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $171.__ Payments $_____.__ Posted KB

(S:) I bowled! I used a 12# ball. It feels stiff but no pain
9:45/9:30 appt w Dr. DeMarco

(O:) TherEx per sheet
HAB T9, AROM Flex = 151°, ER = 72, ABD = 131 (scaption)
PROM: Flex = 171, ER = 65°, IR = 71°; ABD = ~~X~~
supine Abduction Flex = 170 ABD = 148
manual ER stretching 30, 45° ABD x5'.

(A:) ROM & strength have improved to ~90% of previous function. He has returned to bowling painfree. He is appropriate for DC @ this time.

(P:) DC to (H) HEP - will write/fax note to DeMarco.

Therapist Signature: _____ Date 1/20/11 License 52663

Time in: 9:38 Time out: 10:16 Discharge: 1/20/11

147

CHARLESTON PHYSICAL THERAPY Printed: 01/17/11 Encounter: 23713
Location: 01 WEST ASHLEY
Note:
Off: TIN: Appt: 01/18/11 1:30pm With: JODIE R
NextAppt: 01/20/11 9:30am With: JODIE R
Case Remarks:

Case Id: 84048-01 Guarantor: THOMAS CONTRERAS PtBal: 0.00
THOMAS CONTRERAS Case Type: WC InsBal: 0.00
Bill Type: 2 Loc: 01 WEST ASHLEY CaseTot: 0.00
CHARLESTON, SC 29407 AllCases: 0.00
DoB: Age: 49 Ph: (843)324-5387 Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC Insl: CORVEL Idl:
Dx2: 728.2 MUSCULAR DISUSE ATROPHY % Cop 0
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
[X] *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
[X] *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy
___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $ 167.__ Payments $ _____.__ Posted KB

(S) My shoulder is doing ok - Pain 4/10

(O) Therex per sheet x 30'
Manual PROM (E) GHJ with end range holds IR/ER. AP glides G III/IV in Supine at end range IR and ER. Manual HADD Stretch x30"
Encouraged patient to return to recreational activities including bowling fishing + throwing a ball.

(A) Pt still c/o 4/10 pain but able to complete therex with no difficulty. IR/ER inc following AP glides / manual therapy

(P) See for one more tx session

Therapist Signature: L Harper PTA Date 1/18/11 License 5963
Time In: 1:25 Time Out: 2:15 Discharge:

148

CHARLESTON PHYSICAL THERAPY Printed: 01/10/11

Encounter: 23405
Location: 01 WEST ASHLEY

Off: TIN: Note:

Appt: 01/11/11 9:30am With: JODIE R
NextAppt: 01/13/11 9:30am With: JODIE R

Case Remarks:

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
& Cop 0

Id1:

IE: __97001-145 PT Eval ___ 97003-110 OT Eval ___97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
XT *97140-53 Manual Therapy ET
___ 97022-40 Whirlpool _____
X2 *97110-57 Therapeutic Exercise X50'
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy
___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $167.__ Payments $_____.__ Posted KB

S: Shoulder is OK.

O: HBBTTI AROM WFL, ABD 180° AER=T3 (B)
MMT 5/5 X ER 4+/5
Supine PROM ↓ 180°, ABD 170°, IR 64°, 72°/78°, ER 75°
TherEx per sheet 30 min, Manual Release (above), Stretch IR
C AP @ end range C gain from 64-78°. ER C end limits to
A: end range.
A/P: A/PROM improved. Full strength X. ER (-16). Cont to report
fatigue C sustained overhead positions. Improved participation
R: today. 80% improvement for ADL/recreational tasks.
P: Cont 2-3 more visits. Will return to work E 11/21/11 @ light duty
if retirement BENEFITS not yet completed.

Therapist Signature: PTDPT Date 1/11/11 License 59163

Time in: 9:33 Time out: 10:18 Discharge:

149

Fax: Jan Loc Corvel Capture 2/22/2011 2 59

X Tommy Contreras

[redacted]

Appt: 01/05/11 11:00am With: JODIE R
NextAppt: 01/11/11 9:30am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
[redacted]
CHARLESTON, SC 29407
DoB: [redacted] Age: 49

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISDSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Insl: CORVEL
%.Cop 0

Idl:

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
___ *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
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___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $ 171.___ Payments $ _____.___ Posted KB

S: Shoulder is good- pain has been less the last 2 days. 4/10. 70% better.

O: Therex x 39' per sheet.
Discussed return to bowling this weekend c 12# ball c stretching + ice.

A: Pt c/o inability to reach into high cabinets 2° pain but is able to perform mult reps of V/scaption c 6# c no difficulty. Pt also demo ↓'d motivation to complete full

P: Set of ↑'d difficulty exercises (Lat ld shifts c overhead press) Expressed concerns re: return to bowling, throwing, fishing.
(P) Cont per Rx

Therapist Signature [signature] Date 1/05/11 License# 5463

Time in: 11:05 Time out: 11:45 Discharge:

1 150

Fax: Jan Corvel Capture 2/24/2011 2

CHARLESTON PHYSICAL THERAPY Printed: 12/30/10 60

Encounter: 23001

Off: TIN: Note: Location: 01 WEST ASHLEY

Case Remarks: Appt: 01/03/11 10:00am With: JODIE R
NextAppt: 01/05/11 11:00am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
% Cop 0

Id1:

IE: __97001-145 PT Eval ___ 97003-110 OT Eval ___97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim ___
___ 97014-32 Estim TENS ___
___ *97035-30 Ultrasound ___
___ *97140-53 Manual Therapy ___
___ 97022-40 Whirlpool ___
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___ *97530-71 Functional Activity
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___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto ___
___ *97012-32 Traction Mech. ___
___ *97116-50 Gait Training ___
___ 97016-35 Vas ___
___ 99707 Supply ___
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint ___

Charges $ 114 Payments $ ___ Posted KB

(S:) Pain still 6/10.

(O:) Therex per sheet x30'.
Discussed hmg strengthening ex @ home to ↓ stiffness/pain.

(A:) No pain @ end of tx. tolerated ↑'d weight. Pain likely due to stiffness c ↓'d strengthening participation @ home.

(P:) Cont per POC — cont to progress.

Therapist Signature: [signature] Date 1/03/11 License [illegible]

Time in: 10:10 Time out: 10:46 Discharge:

51

Off: Fax: Note: Loca Corvel Capture 2/9/2011 61

TIN: Appt: 12/22/10 11:00am With: JODIE R

Case Remarks: NextAppt: With:

Case Id: 84048-01
THOMAS CONTRERAS

CHARLESTON, SC 29407
DoB: Age: 49 Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
% Cop 0

Id1:

IE: __97001-145 PT Eval ___ 97003-110 OT Eval ___97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
XT *97035-30 Ultrasound _____
___ *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
XT *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $ 167.__ Payments $ _____.__ Posted KB

(S:) Pain 6/10. "Felt good till I put on shirt on."

(O:) TherEx per sheet x 34'. Manual x 10.
PA. GHJ in neutral & end range PR. GHJ; Longitudinal Gr I glide, ER, GHJ end range hold, manual lat stretch 2x30", manual IS stretch 2x30"

(A:) Difficulty c manual stretching as GHJ c co-contraction & resistive ER. Pain remains mostly unchanged. Progressing c resistance.

(P:) Cont per POC.

Therapist Signature: _____ PTA/PT Date 12/22/10 License ESH23

Time in: 10:41 Time out: 11:20 Discharge: 11-26

152

CHARLESTON PHYSICAL THERAPY Printed: 12/17/10

Encounter: 22577
Note: Location: 01 WEST ASHLEY

-X Temp Contract

Appt: 12/20/10 4:00pm With: JODIE R
NextAppt: 12/22/10 11:00am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
% Cop 0

Id1:

IE: 97001-145 PT Eval 97003-110 OT Eval 97002-77 PT Re-Eval 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim
___ 97014-32 Estim TENS
___ *97035-30 Ultrasound
___ *97140-53 Manual Therapy
X 97022-40 Whirlpool
___ *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
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___ 97113-63 Aquatic Therapy
___ *97033-50 Ionto
___ *97012-32 Traction Mech.
___ *97116-50 Gait Training
___ 97016-35 Vas
___ 99707 Supply
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint

Charges $ 171 Payments $ Posted KB

(S) My shoulder was really sore when I saw DeMarco- didn't move as well.

(O) Thera-ex per sheet x 40'.

(A): ↑pain @visit c MD limited ROM 2° getting shocked by right clutch. Pain has since improved & tolerated all ex. c complaint today.

(P): cont per POC.

Therapist Signature: Date 12/20/10 License 5463

Time in: 4:05 Time out: 4:48

Discharge:

103

Tommy CONTRERAS

Appt: 12/16/10 10:15am With: JODIE R
NextAppt: 12/20/10 4:00pm With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49 Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASH

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1 726.1 ROTATOR CUFF DIS NEC Insl CORVEL Id1
Dx2 728.2 MUSCULAR DISUSE ATROPHY & Co 0
Dx3 719.5 JT STIFFNESS NEC-SHLDER
Dx4 719.4 JOINT PAIN-SHLDER

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval
*15 Minute Unit

___ *97032-36 Estim
___ 97014-32 Estim TENS
___ *97035-30 Ultrasound
XT *97140-53 Manual Therapy
___ 97022-40 Whirlpool
XT *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto
___ *97012-32 Traction Mech.
___ *97116-50 Gait Train
___ 97016-35 Vas
___ 99707 Supply
___ 97535-65 Self/Care Home Man
___ *97112 Neuromuscular Re-Edu
___ Splint

Charges $167.00 Payments $_____ Posted KB

S: Thomas here today - 1/10. Sharp pain when I flipped light on yesterday.

O: Therex per sheet c IFC estim 125 bps to ↓ pain during exercises & allow ↑ performance. Quadrant mob GIII+, PAin end range IR (Sag), GIII, ER mob GII+, III, Longitudinal GIII manual x 9'. Declined ice.

A: ER=70, IR=60. Pain ↓ 1/2 @ end of tx 6/10 but was fatigued.

P: TO Demarco tomorrow @ 945 AM. Cont x 6 visits.

Therapist Signature: _____ Date 12/16/10 5443 Li

Time in: 10:17 Time out: 11:00 Discharge:

154

Note:

Tommy CONTRERAS

Appt: 12/13/10 11:00am With: JODIE R
NextAppt: 12/16/10 10:15am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49 Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal:: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
& Cop 0

Idl:

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
___ *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
X3 *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ +97112 Neuromuscular Re-Education
___ Splint _____

Charges $ 171.__ Payments $ _____.__ Posted KB

(S:) Pain not constant now. Worst c overhead activity & still unable to sleep on (R) side. 6/10 VPRS.

(O:) TherEx per sheet
F ✓ 174°P; A ✓ 150, PABD 132°P, AABD AA, PIR = 56, PER = 46, AER = T2
HBB = T11

(A:) Tolerated strengthening in 0-90° elev. today ≤ ↑ pain. ↑ ROM esp HBB remains limited in ER @ 1/2 amts PROM.

(P:) Will fax reassessment to MD for signature & to Corvel.

Therapist Signature: _____ Date 12/13/10 License PTA63

Time in: 10:07 Time out: 11:45 Discharge:

155

CHARLESTON PHYSICAL THERAPY Printed: 12/03/10

Encounter: 21793
Location: 01 WEST ASHLEY

Note:

-X Tommy Contreras -

Appt: 12/06/10 11:45am With: JODIE R
NextAppt: 12/13/10 11:00am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
$ Cop 0

Idi:

IE: __97001-145 PT Eval ___ 97003-110 OT Eval ___97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
XI *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
XI *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy
___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $110 Payments $_____ Posted KB

S: Shoulder hurts 6/10 today.

O: TherEx per sheet x20min.
Manual: prone, (R) GH (F) + ABD GIII/IIIt Supine AP (R GH) GIII/IIIt, ReAssess of (R) C ↓ pain x5 reps, no Δ in ABD. Quadrant GIII/IIIt @ apex ↑ reassess C no further Δ in ↓/PAIN x20min. Ice x10min (sitting)

A: Strengthening is limited by pain @ this time ↑ pt reports "dry stop" C ABD. Pain ↓'d 4/10 C manual tx C ↑ in (R) painfree range.

P: Cont per POC.

Therapist Signature [signature] Date 12/06/10 License# PT463

Time in: 11:46 Time out: 12:45 Discharge:

156

CHARLESTON PHYSICAL THERAPY Printed: 12/02/10

Encounter: 21720
Location: 01 WEST ASHLEY

Off: X Tommy CONTRERAS Note:

Case Rm: Appt: 12/02/10 3:45pm With: JODIE R
NextAppt: 12/06/10 11:45am With: JODIE R

Case Id: 84048-01
THOMAS CONTRERAS
CHARLESTON, SC 29407
DoB: Age: 49 Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
& Cop 0

Id1:

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
1 *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
2 *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $ 167.__ Payments $ _____.__ Posted Na

(S:) L Shoulder is still there. Feels like pressure in the joint. Will be retired on the 29th!

(O:) TherEx per sheet x 25'. (R) Shldr mobs: AC jt dist. G II/III 2x45", post. glide GIII 2x45', post. glide c HADD G II/III, lat. distraction G III/IV 2x45". Passive stretching in supine ✓ ABD, HADD + ER. CCP in Sitting to (R) Shldr x 10'.

(A:) Tol (P) + reactivity during all exercises. Good AROM for the majority of Shldr movements c the exception of ER + HBB in which he has mild limitations. Reports (P) + a "rubbing sensation" throughout all ROMs.

(P:) Cont PT.

Therapist Signature: _____ PTDA Date 12/02/10 License# 1963

Time in: 3:45 Time out: 4:40 ~~Updated~~ SPT Discharge:

15

Fax:

Note: No Corvel Capture 2/3/2011 67

C

X Tommy Contreras

Appt: 11/30/10 11:00am With: JODIE R
NextAppt: With:

Case Id: 84048-01
THOMAS CONTRERAS
[redacted]
CHARLESTON, SC 29407
DoB: Age: 49

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY
Ph: (843)324-5387

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Insl: CORVEL
% Cop 0

Idl:

IE: __97001-145 PT Eval ___ 97003-110 OT Eval ___97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
X1 *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
X2 *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy
___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Managament Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $ 167.- Payments $ _____ Posted KB 11/30

(S) "Almost called the MD sat because it hurt so bad! Today 5/10 pain." Did not have ice or narcotics available. s/p 7 wks today

(O): Therex per sheet x 32'
manual PROM ↑, scaption, ER, IR, HABD 2x30" ea
PST glides GIII/III, INF glides GIII/III x 9'.
Ice to (R) shoulder x 15' (seated)

(A:) Progressed to isokinetics per MD protocol. Unable to use either hand due to allergy - FREE weight only. Normal ↑ in soreness c ex today but tolerated.

(P:) Cont per POC.

Therapist Signature: [signature] Date 11/30/10 License# 6963

Discharge:

158

Note:

Off: TIN: Appt: 11/19/10 4:00pm With: JODIE R
NextAppt: 11/30/10 11:00am With: JODIE R

Case Remarks:

Case Id: 84048-01
THOMAS CONTRERAS

CHARLESTON, SC 29407
DoB: Age: 49 Ph: (843)324-5387

Guarantor: THOMAS CONTRERAS
Case Type: WC
Bill Type: 2 Loc: 01 WEST ASHLEY

PtBal: 0.00
InsBal: 0.00
CaseTot: 0.00
AllCases: 0.00
Last Pmt:

Dx1: 726.19 ROTATOR CUFF DIS NEC
Dx2: 728.2 MUSCULAR DISUSE ATROPHY
Dx3: 719.51 JT STIFFNESS NEC-SHLDER
Dx4: 719.41 JOINT PAIN-SHLDER

Ins1: CORVEL
% Cop 0

Idl:

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E
*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
☒ *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
☒ *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy

___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education

X Tommy Contreras

Charges $ 167. Payments $ _____ Posted Jo

S: "my shoulder's hurting today."

O: TherEx: p.r. sheet x 32 min.
PROM: V, FlexD, IR, ER, HADD x 10'. GH inf glides, post glides, Post + Inf GH in HADD, distraction in HADD.
Manual x 10'. Ice x 10'. (seated)
Discussed precautions as pt wished to take yard this weekend.

A: c/o itching 2° use of latex-free bands. Recommend use of free wts only!!

P: Initiate AROM ag. gravity & isotonics next visit. s/p bands on 11/22/10.

Therapist Signature: PTDPT Date 11/19/10 License# PT1163

2:50 4:50.

Discharge:

1591

Off: X Thomas Contreras Appt: 11/16/10 11:00am With: JODIE R

Case Remarks: [redacted] NextAppt: With:

Case Id: 84048
THOMAS CONTRERAS

Guarantor:
Case Type:
Bill Type: Loc: 01 WEST ASHLEY

PtBal:
InsBal:
CaseTot:
AllCases: 0.00

DoB: Age: Ph: (843)324-5387

DOI: 10/11/10

% Cop

Dx: 726.19, 728.2, 719.51, 719.41

IE: 97001-145 PT Eval ___ 97003-110 OT Eval ___ 97002-77 PT Re-Eval ___ 97004-56 OT Re-E

*15 Minute Unit

___ *97032-36 Estim _____
___ 97014-32 Estim TENS _____
___ *97035-30 Ultrasound _____
___ *97140-53 Manual Therapy _____
___ 97022-40 Whirlpool _____
CE *97110-57 Therapeutic Exercise
___ *97530-71 Functional Activity
___ 97150 Group Therapeutic Procedure
___ 97113-63 Aquatic Therapy
___ *97033-50 Ionto _____
___ *97012-32 Traction Mech. _____
___ *97116-50 Gait Training _____
___ 97016-35 Vas _____
___ 99707 Supply _____
___ 97535-65 Self/Care Home Management Traini
___ *97112 Neuromuscular Re-Education
___ Splint _____

Charges $259.00 Payments $____.__ Posted ee

(S:) Dx: s/p SAD c cuff lig excision 10/11/10

(O:) Shoulder examination, AROM ag gravity & MMT (L) deferred due to post-op precautions. PT edu re: precautions, exercises c/in comfortable/tolerated ROM only, postural correction & discussed why posture effects shldr AROM/pain, instruction in HEP see chart copy. TEX 30'.

(A:) s/s consistent c above Dx - see JE.

(P:) Initiate 2-3x/wk per MD protocol.

Therapist Signature: [signature] Date 10/16/10 License# 59103

Time in: 11:05 Time out: 11:55 Discharge: _____

160

2008-4604

CHARLESTON PHYSICAL THERAPY

Date: 11-10-10

Patient Name: Thomas Contreras

MD: Dr. DeMarco

Patient Phone: 843 324 5387

West Ashley
1780 Savannah Hwy.
Charleston, SC 29407
843-763-4115 office
843-766-3240 fax

James Island
349 Folly Road, Suite 2C
Charleston, SC 29412
843-762-0147 office
843-762-0421 fax

Wesley Drive
615 Wesley Drive, Suite 110
Charleston, SC 29407
843-768-5455 office
843-768-5457 fax

Mount Pleasant
780 Wingo Way, Suite 303
Mount Pleasant, SC 29464
843-972-0940 office
843-881-8452 fax

PHYSICAL THERAPY PLAN/CERTIFICATION

Diagnosis/Condition RT Shoulder 2nd visit 1ST visit

Surgical Procedures See attached

Functional Limitations/Prior History: ☐ None

Specific Orders: needs P.T. w/ Katie Houston 11:00AM 11.16.10 Tx

per Dr. DeMarco

TREATMENT PLAN: Type/Amount

- ☑ EVALUATE AND TREAT: Includes Modalities Below PRN, Progressive Exercise/Conditioning, Education as Needed
- ☐ Manual Therapy-Joint/Soft Tissue Mobilization
- ☐ General Stretching/Strengthening Exercises
- ☐ Balance Training/Functional Activity
- ☐ Ultrasound
- ☐ Neuroinuscular Re-education
- ☐ Iontophoresis
- ☐ Electrical Stimulation
- ☐ Traction
- ☐ Biofeedback
- ☐ Taping/Bracing
- ☐ Custom Fitted Orthotics
- ☐ Pre/Post Joint Replacement Rehab
- ☐ Cervical/Lumbar Spine Stabilization
- ☐ Post-Surgical Rehab
- ☐ Urinary Incontinence Program
- ☐ Pre-Natal/Postpartum Program
- ☐ Balance Training/Functional Activity
- ☐ Osteoporosis/Postural Assessment
- ☐ Gait Analysis/Training
- ☐ TMJ Joint Dysfunction
- ☐ Ergonomic/Job Site Assessment
- ☐ Functional Capacity Evaluation

TREATMENT PLAN: Frequency of Treatment (1 2 3 4 5 Days/Weeks)

☐ Change PRN as Patient Progresses

TREATMENT PLAN: Duration: (1 2 3 4 5 6 7 8 Weeks) From start of Therapy

_____ to _____

I certify that the treatment above will be carried out by me or under my direction.

_____, PT Date _____

I certify medical necessity for therapy services for the above named patient.

_____, MD Date _____

Please visit our website at www.charlestonphysicaltherapy.com

16-1

Rehabilitation Centers
RCC
of Charleston

Corvel Capture 10/11/2010 71
Mt. Pleasant
P.O. Box 1390
Mt. Pleasnnt, SC 29465
(843) 884-7880
(843) 884-6635 Fax
Email-RCCTHERAPY@infoave.net

Daily Note

Diagnosis: *PAIN - Shoulder (719.41)*
Problems: *Shoulder - Right*

Visit Date: 9/9/2010

Patient: Thomas Contreras
Referral: DeMarco, James

Subjective:
Pt reports that most of his pain today is limited to the front of his shoulder. He has pain actively lifting his shoulder over his head and when changing light bulbs in his house the other day.

Objective:
See Flow Chart for treatment administered to this patient today.

Warm-up on UBE followed by addition of light therex today with red TB. Instructed pt in proper technique and given copy of HEP with TB.

Finished with CP.

DTT:30 min
TTT:40 min

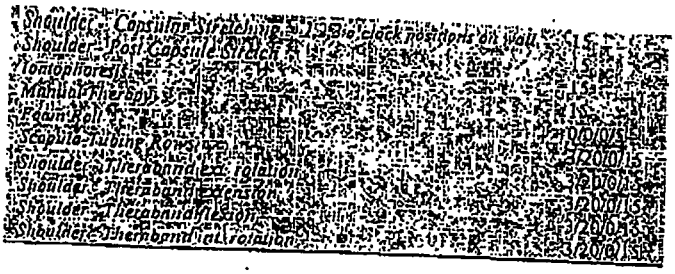
Objective Finding	Initial	Goal
Shoulder AROM (R) ABD	165	
Shoulder AROM (R) Flexion	170	
Shoulder AC joint Compression	Pos Right	
Shoulder Clunk Test	Negative	
Shoulder Empty Can Test	Negative	
Shoulder Hawkin's/Neer's impingement test	Negative	
Shoulder MMT External Rotation	4/5	
Shoulder MMT Flexion	4/5	
Shoulder MMT Horizontal ABD	4/5	
Shoulder MMT Supraspinatus test	4/5	
Shoulder PROM (R) ABD	170	
Shoulder PROM (R) Flexion	170	
Shoulder PROM External Rotation	95	
Shoulder PROM (R) Internal Rotation	50	

Assessment:
Pts active ROM looks to be WNLs when viewed during pulleys and session. Feel he may have some RC weakness as well as possible tendonitis. Wonder as to full compliancy with HEP however he did respond well to therex today. PT is currently working light duty at work and trying to perform light ADLs at home with subjective reports of pain that have not changed much since start of therapy. He has met all his STGs and no LTGs. Feel he may benefit from d/c to HEP with use of TB and instructions given until MD reassessment since pt has shown or demonstrated little progress in therapy.

Plan:
D/C to HEP with TB exercises and previous HEP until MD appt. at end of month.

Exercise/Modality Description (Sets/Reps/Wt/Duration)	Plan
Aerobic UBE	

162



Cory Hunt, PT

Corey Hunt (WP) PT

163

test

Daily Note

DATE:	9/2/2010	INSURANCE:	CAREIQ THERAPY PROGRAM
PATIENT:	Contreras, Thomas		
PATIENT #:	1000043251	DATE OF BIRTH:	
DIAGNOSIS:	PAIN - Shoulder (719.41)		
PROBLEM SITE:	Shoulder - Right		
SITE DESCRIPTION:	West		
REFERRAL:	F96236 James DeMarco, M.D.		

Pt continues to report pain located on post R shoulder, proximal to spine of scapula. Reports desk work and overhead motion still irritate shoulder and make pain worse

See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with ice. Pt reports brusing around hybresis patch and does not think it is helping with pain.
continued cross lat stretch due to spasms along lats and rhomboids.

TTT:40'
Dtt: 30

Objective Finding	Initial	Last	Current	Goal
Shoulder AROM (R) ABD	165	165	WNL	
Shoulder AROM (R) Flexion	170	170	WNL	
Shoulder PROM (R) ABD	170	170	180	
Shoulder PROM (R) Flexion	170	170	180	
Shoulder PROM External Rotation	95	95	95	
Shoulder PROM (R) Internal Rotation	50	50	L1	

Exercise/Modality Description (sets/reps/weight/duration)	9/2/2010	8/26/2010	8/23/2010	8/18/2010	8/12/2010
Aerobic-UBE	6	6	6	6	6
Shoulder - Capsular Stretching - 1,2,3 o'clock positions on wall	15	15	15	15	15
Shoulder - Post Capsule Stretch	15	15	15	15	15
Manual Therapy	15	15	15	15	
Iontophoresis - hybresis		15		15	15
Foam Roll		0/0/0/5	0/0/0/5	0/0/0/5	

Pts ROM has improved and feels as though he would also benefit from strengthening program if approved by doctor. Pts pain now seems to be related to weakness in RC

Cont POC c focus on stretching and modalities for P until doctor approves strengthening program

Patient: Contreras, Thomas (Pat#:1000043251) for 9/2/2010 Visit

Corey Hunt (WP), PT

Rehabilitation Centers RCC of Charleston

Corvel Capture 9/24/2010 75
Mt. Pleasant
P.O. Box 1390
Mt. Pleasant, SC 29465
(843) 884-7880
(843) 884-6635 Fax
Email- RCCTHERAPY@infoave.net

Diagnosis: *PAIN - Shoulder (719.41)*
Problems: *Shoulder - Right*

Daily Note

Visit Date: 8/26/2010

Patient: Thomas Contreras
Referral: DeMarco, James

Subjective:
Pt is frustrated because his P is still the same and has been this way since his last su

Objective:
See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with Hybresis
Added cross lat stretch due to spasms along lats and rhomboids.
TTT:45'

Objective Finding	Initial	Goal
Shoulder AROM@MRI ABD	80	
Shoulder AROM(R) Flexion	140	
Shoulder Load Joint Compression	Pos/Pain	
Shoulder O'Brien Test	Negative	
Shoulder Empty Can Test	Negative	
Shoulder Hawkin's Kenned Impingement Test	Negative	
Shoulder MMT External Rotation	4/5	
Shoulder MMT Flexion	4/5	
Shoulder MMT Horizontal ABD	4/5	
Shoulder MMT Supraspinatus Test	4/5	
Shoulder Speed's Test	Pos/Pain	
Shoulder PROM(R) ABD	170	
Shoulder PROM(R) Flexion	170	
Shoulder PROM(R) Internal Rotation	90	
Shoulder PROM(R) External Rotation	90	

Assessment:
Pt able to achieve full PROM c P at end range into flex and IR. Only gets relief from ionto at this time.
Plan:
Cont POC c focus on stretching and modalities for P.

Exercise/Modality Description (Sets/Reps/Wt/Duration)	Plan
UBE	
Shoulder Cervical Stretching - 7:3 o'clock position	
Shoulder Cross Lat Stretch	
Iontophoresis	
Manual Therapy	
Foam Roller Stretch	

Corey Hunt (WP) PT

Rehabilitation Centers
RCC
of Charleston

P.O. Box 1390
Mt. Pleasant, SC 29465
(843) 884-7880
(843) 884-6635 Fax
Email- RCCTHERAPY@infoave.net

Diagnosis: *PAIN - Shoulder (719.41)*
Problems: *Shoulder - Right*

Daily Note

Visit Date: 8/23/2010

Patient: Thomas Contreras
Referral: DeMarco, James

Subjective:
States that his shoulder has not improved since the start of therapy. He finds himself waking up with his shoulder above his head due to his sleeping patterns and he finds it painful in the morning however has not limited his sleep much.

Objective:
See Flow Chart for treatment administered to this patient today.

Cont. with light warm-up on UBE, manual stretching and finished with CP.

Discussed continued CP and anti-inflammatories at home.

TTT:40 min

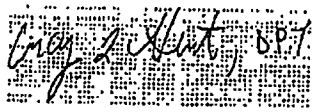
Objective Finding	Initial	Goal
Shoulder AROM (R) Flexion		
Shoulder AROM (R) Extension		
Shoulder AC Joint Compression		
Shoulder Empty Can Test		
Shoulder MMT External Rotation		
Shoulder MMT Flexion		
Shoulder MMT Horizontal ABD		
Shoulder PROM (R) Flexion		
Shoulder PROM (R) ABD		
Shoulder PROM External Rotation		
Shoulder PROM (R) Internal Rotation		

Assessment:
Pt is tender to palpation along teres mm however he has not noticeable excessive/limited scapular motion. Current plan has not given pt much relief.

Plan:
Plan to see pt 1-2 times a week for 3-4 weeks. Plan to include HEP, there ex with emphasis on stretching program and modalities as needed for pain relief such as estim ionto and ice. Consider sending back to MD.

Exercise/Modality Description	(Sets/Reps/Wt/Duration)	Plan
Shoulder Capsular Stretching		
Shoulder Rest Pendulum Stretch		
Iontophoresis		
Manual Therapy		
Team Rehab		

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Corey Hunt (WP) PT

Rehabilitation Centers
RCC
of Charleston

Corvel Capture 10/7/2010 78
P.O. Box 1390
Mt. Pleasant, SC 29465
(843) 884-7880
(843) 884-6635 Fax
Email-RCCTHERAPY@infoave.net

Diagnosis: *PAIN - Shoulder (719.41)*
Problems: *Shoulder - Right*

Daily Note

Visit Date: 8/18/2010

Patient: Thomas Contreras
Referral: DeMarco, James

Subjective:
States that he was using his mouse today on the computer and noticed the pain in his biceps tendon.

Objective:
See Flow Chart for treatment administered to this patient today.

Kept session light with warm-up on UBE, foam roll stretch, manual stretching and finished with iontophoresis with ketoprofen.

Objective Finding	Initial	Goal
Shoulder PROM (R) ER	90	
Shoulder PROM (R) Flexion	170	
Shoulder AROM Cervical Compression	Pain	
Shoulder Hawkins	Negative	
Shoulder Empty Can Test (R)	Negative	
Shoulder Hawkins-Kennedy Impingement	Negative	
Shoulder MMT External Rotation	4+/5	
Shoulder MMT Flexion	4/5	
Shoulder MMT Horizontal ABD	4/5	
Shoulder MMT supraspinatus right	4+/5	
Shoulder Neer's test	Positive	
Shoulder PROM (R) ABD	170	
Shoulder PROM (R) Flexion	170	
Shoulder PROM External Rotation	90	
Shoulder PROM (R) Internal Rotation	50	

Assessment:
Have difficulty with communication of symptoms and wonder as to compliance and stretches at home, however symptoms seem to be controlled by iontophoresis.

Plan:
Plan to see pt 1-2 times a week for 3-4 weeks. Plan to include HEP, there ex with emphasis on stretching program and modalities as needed for pain relief such as estim ionto and ice

Exercise/Modality Description (Sets/Reps/Wt/Duration)	Plan
Ergo Bike UBE	15/0/5
Shoulder - Cervical Stretching - UE-3 Decomposition Stretch	15/0/5
Shoulder - Post. Capsule Stretch	15/0/5
Iontophoresis	15/0/5
Manual Therapy	15/0/5
Foam Roll	15/0/5

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Corey L Hunt, DPT

Corey Hunt (WP) PT

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test

Daily Note

DATE:	8/12/2010	INSURANCE:	CAREIQ THERAPY PROGRAM
PATIENT:	Contreras, Thomas		
PATIENT #:	1000043251	DATE OF BIRTH:	
DIAGNOSIS:	PAIN - Shoulder (719.41)		
PROBLEM SITE:	Shoulder - Right		
SITE DESCRIPTION:	West		
REFERRAL:	F96236 James DeMarco, M.D.		

Pt is 48 yo male who works as fire fighter that reports to therapy for eval and tx of R shoulder pain following labral repair in 2009. Doctor would like only stretches performed during therapy and ionto for LBP relief. Pt reports he originally injured shoulder by lifting weights and performing overhead press. Pt reports he had PT for several weeks following therapy but pain never subsided.
Aggravating factors: resting arm on console of car, bowling, holding object, see DASH for attached list
Relieving factors: n/a

PMH: 2 prior shoulder surgeries
Meds: Celebrex prn
Pts last imaging study was performed in 2009

See Flow Chart for treatment administered to this patient today.

AROM: limited R abduction and flexion, pain with overpressure into AC joint
PROM: limited pectoralis tightness (R) and limited post capsule length
Posture: protracted shoulders and forward head posture
Strength: dec in R RC musculature and scapular retractors and LT
Palpation: tender over biceps tendon, tenderness on R AC joint
Special tests: hawkins kennedy -, empty can -, neer -, sulcus -,

Tx today: shown HEP of stretches, ended with ionto on biceps tendon

Objective Finding	Initial	Last	Current	Goal
Shoulder AROM (R) ABD	165		165	
Shoulder AROM (R) Flexion	170		170	
Shoulder AC Joint Compression	Pos/Right		Pos/Right	
Shoulder Clunk Test	Negative		Negative	
Shoulder Empty Can Test	Negative		Negative	
Shoulder Hawkin's-Kennedy impingement test	Negative		Negative	
Shoulder MMT External Rotation	+4/5		+4/5	
Shoulder MMT Flexion	+4/5		+4/5	
Shoulder MMT Horizontal ABD	4/5		4/5	
Shoulder MMT supraspinatus right	4+/5		4+/5	
Shoulder Neer's Test	-		-	
Shoulder PROM (R) ABD	170		170	
Shoulder PROM (R) Flexion	170		170	
Shoulder PROM External Rotation	95		95	
Shoulder PROM (R) Internal Rotation	50		50	

Exercise/Modality Description (sets/reps/weight/duration)	8/12/2010				
Aerobic-UBE	6				
Shoulder -, Capsular Stretching - 1,2,3 o'clock positions on wall	15				
Shoulder - Post Capsule Stretch - sleeper	15				
Iontophoresis	15				

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Patient: Contreras, Thomas (Pat#:1000043251) for 8/12/2010 Visit

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ASSESSMENT: Response to treatment/Goal status

PLAN:

Therapist Signature

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SPORTS PLUS PHYSICAL THERAPY, INC. 1-29-10

Physician Follow-Up / Re-Evaluation / Discharge

Date: 1-26-10 Physician: Jaskulski

Patient Name: Thomas Contreras Initial Eval. Date: 10-13-09

Diagnosis: (R) shld. debridement Number of Visits: 21

Patient's treatment has consisted of:
Ther-ex, manual therapy, Heat & Cryo, E-stim, US, Vasogenratic Compression.

Objective Measurements/Progress: (R) shld AROM: 153° flexion, 142° abd, IR to T12, ER to T2. (R) shld MMT: 5/5 all planes x IR 4+/5.

Assessment/Progress: To 1/3 advanced ther-ex 5 limitations. Pt cont's to have subjective c/o joint pain when palpated. also c/o 'popping' sensation & certain motions. No problems & repetative lifts 40# or greater. Pt has reached treatment plateau at this time.

Plan/Goals/Reason for DC: Recommend D/C to HEP per MD approval. Thanks!

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New MD orders or written comments: Frequency & Duration:

PT signature: Jimmy Neary PTA MD signature:

Progress Notes — Sashwhich

PATIENT Thomas Conference DOCTOR

DIAGNOSIS R Shld d NEXT MD APPT 1-27-10

Date 1-15-10 #Rx since last re-eval Rx remaining

SUBJECTIVE "I feels fine as long as I'm ... my celebrex"

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static		fluido	min	
E-stim	min	manual	min	(1) ther ex per flow sheet	45	min	paraffin		
CP	min	other	min	US cont/pulse		min	Ionto	mA/min	

(1) pc flowchart

ASSESSMENT: Response to treatment / Goal Status (I) c clinical ther-ex, sig dfy challenged c T-band 90° ER/ER

PLAN: Cont c progression ... add chest press

Therapist Signature

Date #Rx since last re-eval Rx remaining

SUBJECTIVE

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static		fluido	min	
E-stim	min	manual	min	ther ex per flow sheet		min	paraffin		
CP	min	other	min	US cont/pulse		min	Ionto	mA	

ASSESSMENT: Response to treatment / Goal Status

PLAN: NS

Progress Notes

PATIENT Thomas Contreras DOCTOR Jackowski

DIAGNOSIS (R) shld deb. NEXT MD APPT

Date 12/23/09 #Rx since last re-eval Rx remaining

SUBJECTIVE c/o a popping

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static		fluido	min	
E-stim	min	manual	min	(1) ther ex per flow sheet		(C) min	paraffin		
(2) CP	10 min	other	min	US cont/pulse		min	lonto		mA/mi

(1) Flow sheet — added several.
(2) (R) shld

ASSESSMENT: Response to treatment / Goal Status 5/5 MMT shld ↑ + ABD (R) shld

PLAN: Progress to planke position working on form.

Therapist Signature K. Jacobs PTA

Date 12/29/09 #Rx since last re-eval Rx remaining

SUBJECTIVE No new c/o.

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static		fluido		m
E-stim	min	manual	min	(1) ther ex per flow sheet		45 min	paraffin		
CP	min	other	min	US cont/pulse		min	lonto		m

(1) Flow sheet
measured AROM

ASSESSMENT: Response to treatment / Goal Status (R) shld
F/E = 146° IR = L, ER = 61°
ABD = 145° shortened ex 2° c/o asthma
+ c/o lifting. No real Δ in ROM.

PLAN: Cont POC.

Therapist Signature K. Jacobs PTA

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Progress Notes

PATIENT Thomas Contreras DOCTOR Jaskowiak

DIAGNOSIS (R) shld deb. NEXT MD APPT

Date 12/23/09 #Rx since last re-eval Rx remaining

SUBJECTIVE c/o "popping"

OBJECTIVE

___Interf.	___min	___MH	___min	___CTX/PTX	___#lbs int/static	___	___fluido	___min	
___E-stim	___min	___manual	___min	(1) ther ex per flow sheet	(10) min		___paraffin		
(2) CP	10 min	___other	___min	(1) US cont/pulse	___min		___ionto	___mA/mit	

(1) Flow sheet — added several.
(2) (R) shld

ASSESSMENT: Response to treatment / Goal Status 5/5 MMT shld IR + ABD (R) shld

PLAN: Progress to planks position working on form.

Therapist Signature K. Slade PTA

Date #Rx since last re-eval Rx remaining

SUBJECTIVE

OBJECTIVE

___Interf.	___min	___MH	___min	___CTX/PTX	___#lbs int/static	___	___fluido	___min	
___E-stim	___min	___manual	___min	___ther ex per flow sheet	___min		___paraffin		
___CP	___min	___other	___min	___US cont/pulse	___min		___ionto	___mA/	

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature AT

Progress Notes

PATIENT Michael Contreras DOCTOR Jankovich

DIAGNOSIS (R) wrist dehiscence NEXT MD APPT 1-27-10

Date 12-4-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE "It's feeling better"

OBJECTIVE

____Interf.	____min	____MH	____min	____CTX/PTX	____#lbs Int/static		____fluido	____min	
____E-stim	____min	(2) manual	15 min	(3) ther.ex per flow sheet	45 min		____paraffin		
____CP	____min	____other	____min	(1) US cont/pulse	8	____min	____Ionto	____mA/m	

(1) (R) wrist (2) PROM all planes. (3) per flow

ASSESSMENT: Response to treatment / Goal Status Can't yet tight catch (a) supination

PLAN: Con't. to work stability, opp. exercise to tolerance.

Therapist Signature Kevin Mulvaney

Date 12/17/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Been feeling pretty good the last few weeks. Was having a little bit of swelling

OBJECTIVE

____Interf.	____min	____MH	____min	____CTX/PTX	____#lbs Int/static		____fluido	____min	
____E-stim	____min	(2) manual	15 min	(1) ther.ex per flow sheet	45 min		____paraffin		
____CP	____min	____other	____min	____US cont/pulse	____min		____Ionto	____mA/m	

(1) Per flow

(2) PROM: all planes

ASSESSMENT: Response to treatment / Goal Status Ø 1'd pain today. Excellent PROM.

PLAN: Cont c POC.

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Therapist Signature Kathy Chyndor

Progress Notes

PATIENT Kirmani Contreras DOCTOR Jankovich

DIAGNOSIS (R) wrist deQuervain's NEXT MD APPT

Date 12-4-19 #Rx since last re-eval Rx remaining

SUBJECTIVE "It's feeling better"

OBJECTIVE

___Interf.	___min	___MH	___min	___CTX/PTX	___#lbs int/static		___fluido	___min	
___E-stim	___min	(2) manual	15 min	(3) ther ex per flow sheet	45 min		___paraffin		
___CP	___min	___other	___min	(1) US cont/pulse	8 min		___ionto	___mA/min	

(1) (R) wrist (2) PROM all plane x 5 per plan

ASSESSMENT: Response to treatment / Goal Status Can't tight catch (a) thumb tendon.

PLAN: Don't to work stability open chain to tolerance.

Therapist Signature Kenneth Lusk PT

Date #Rx since last re-eval Rx remaining

SUBJECTIVE

OBJECTIVE

___Interf.	___min	___MH	___min	___CTX/PTX	___#lbs int/static		___fluido	___min	
___E-stim	___min	___manual	___min	___ther ex per flow sheet	___min		___paraffin		
___CP	___min	___other	___min	___US cont/pulse	___min		___ionto	___mA/min	

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature

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Progress Notes

PATIENT Thomas Contreras DOCTOR J

DIAGNOSIS (R) shld debridement NEXT MD APPT 11-30-09

Date 11/25/09 #Rx since last re-eval Reeval Rx remaining

SUBJECTIVE Ø new Sx. Continues to c/o pain in shld jt

OBJECTIVE

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs int/static	___	___ fluido	___ min	
___ E-stim	___ min	(3) manual	9 min	(1) ther ex per flow sheet	___ min		___ paraffin		
___ CP	___ min	(2) other	___ min	___ US cont/pulse	___ min		___ Ionto	___ mA/r	

(1) Per flow sheet
(2) Reeval
(3) PROM: all planes

ASSESSMENT: Response to treatment / Goal Status See reeval Note

PLAN: Cont per MD orders

Therapist Signature Vicki Cheng, PPT

Date 12/1/09 #Rx since last re-eval 1 Rx remaining

SUBJECTIVE pt. hurt shoulder over weekend trying knobs on water heater, said he feels a little better today

OBJECTIVE

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs int/static	___	___ fluido	___ min	
(2) E-stim	15 min	___ manual	___ min	(1) ther ex per flow sheet	45 min		___ paraffin		
(2) CP	15 min	___ other	___ min	___ US cont/pulse	___ min		___ Ionto	___ mA/mi	

(1) per flw sheet! Added ball walkout, ott Triceps, ott IR/ER
(2) E-stim to (R) shoulder. Cp to pt in sitting

ASSESSMENT: Response to treatment / Goal Status Pt continues to c/o pain in Ant shoulder. Pt reports Her Rx does not fix pain specifically that it just hurts sometimes

PLAN: continue to progress strengthening exercises as tolerated by pt.

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Therapist Signature SPT / Vicki Cheng, PPT

Progress Notes

PATIENT Thomas Contreras DOCTOR G

DIAGNOSIS (R) Wilds debridement NEXT MD APPT 11-30-09

Date 11-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Con't c/o pain & ant wilds not. Case worker trying to move up apt.

OBJECTIVE

____Interf.	____min	(1) MH	10 min	____CTX/PTX	____#lbs int/static	____fluido	____min		
____E-stim	____min	(3) manual	15 min	(2) ther ex per flow sheet	30 min	____paraffin			
(4) CP	15 min	____other	____min	____US cont/pulse	____min	(4) ionto	15 mA		

(1)(R) wilds (2) per flow (3) PROM all planes (4) Cryo x 20 min

ASSESSMENT: Response to treatment / Goal Status Con't c/o pain though not affecting participation in ex. program

PLAN: Cont closed chained activities to facilitate co-contraction around jt.

Therapist Signature Kim Hurst PT

Date 11/20/09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Pt. still c/o pain in Ant. shoulder

OBJECTIVE

____Interf.	____min	____MH	____min	____CTX/PTX	____#lbs int/static	____fluido	____min		
(2) E-stim	15 min	____manual	____min	(1) ther ex per flow sheet	45 min	____paraffin			
(3) CP	15 min	____other	____min	____US cont/pulse	____min	____ionto	____mA		

(1) per flow

(2) E-stim to (R) shoulder (3) & CP

ASSESSMENT: Response to treatment / Goal Status Pt. reports ball push-ups & UBE causing pain/tightness in biceps. Tried to do push-ups & Robin ball on table, but pt couldn't perform b/c of weakness, did not ↑ pain

PLAN: Continue to progress strengthening as tolerated by pt.

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Therapist Signature _____ SPT / Kirk Cly, DPT

[redacted]

Progress Notes

PATIENT Thomas Contreras DOCTOR [illegible]

DIAGNOSIS (R) wound debridement NEXT MD APPT 11-30-09

Date 11-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Con't c/o pain c any wound mvt. Case worker trying to move up apt.

OBJECTIVE

____Interf.	____min	(1) MH	10 min	____CTX/PTX	____#lbs int/static	____fluido	____min		
____E-stim	____min	(3) manual	15 min	(2) ther ex per flow sheet	____min	____paraffin			
(4) CP	15 min	____other	____min	____US cont/pulse	____min	(4) ionto	15	mA/min	

(1)(R) wnds (2) per flow (3) PROM all planes (4) cryo c 20x4

ASSESSMENT: Response to treatment / Goal Status Con't c/o pain though not affecting participation in ex. program.

PLAN: ↑ closed chained activities to facilitate co-contraction around jt.

Therapist Signature Kym Hurst PT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

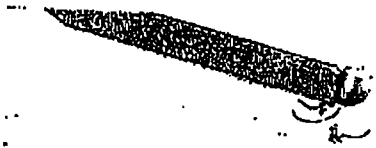
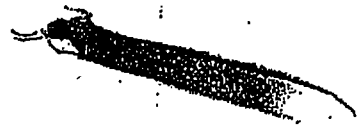
OBJECTIVE

____Interf.	____min	____MH	____min	____CTX/PTX	____#lbs int/static	____fluido	____min		
____E-stim	____min	____manual	____min	____ther ex per flow sheet	____min	____paraffin			
____CP	____min	____other	____min	____US cont/pulse	____min	____ionto	____	mA	

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature _____

Progress Notes

PATIENT Thomas Contreras DOCTOR Gaskuwicz

DIAGNOSIS R wrist debridement –NEXT MD APPT

Date 11-10-09 #Rx since last re-eval Rx remaining

SUBJECTIVE Still hurting though a different pain

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static		fluido		ml
E-stim	min	manual	min	ther ex per flow sheet	40	min	paraffin		
CP	min	other	min	US cont/pulse		min	ionto		mA

① per flow ② E HC to @ wrist ③ PROM all planes ④ CMP in writing

ASSESSMENT: Response to treatment / Goal Status Good ↓ mobility, catching @ EXT.

PLAN: ↓ TKM ↓ to facilitate co-contraction.

Therapist Signature Kim Hurst PT

Date 11/13/09 #Rx since last re-eval Rx remaining

SUBJECTIVE pt. : still c/o pain in Ant. shoulder

OBJECTIVE

Interf.	min	② MH	10 min	CTX/PTX	#lbs int/static		fluido		ml
E-stim	min	manual	min	① ther ex per flow sheet	35	min	paraffin		
④ CP	10 min	other	min	③ US cont/pulse	8	min	ionto		mA

① per flow sheet Added finger ladder

② PROM ABd to 70° c distraction

③ U.S c HC & BF @ 1.3 W/cm² @ (R) shoulder

④ CP to (R) shoulder

ASSESSMENT: Response to treatment / Goal Status pt. still has deficits in ABd to 70° c PROM.

PLAN: Continue to progress strengthening as tolerated by pt.

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Therapist Signature [illegible] SPT / Kathi Clyde, PTA

Progress Notes

PATIENT Thomas Contreras DOCTOR Gaskuric
DIAGNOSIS R viable debridement NEXT MD APPT
Date 11-10-09 #Rx since last re-eval Rx remaining
SUBJECTIVE Still hurting though a different pain

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static		fluido	min	
E-stim	min	manual	min	ther ex per flow sheet	40	min	paraffin		
CP	min	other	min	US cont/pulse		min	ionto		mA/m

① per flow ② E HC to ③ viable ④ PROM all planes ⑤ CKC in sitting

ASSESSMENT: Response to treatment / Goal Status Good ↑ mobility, catching @ FDR.

PLAN: ↑ TKE ex to facilitate co-contraction.

Therapist Signature Kim Hurst PT

Date #Rx since last re-eval Rx remaining

SUBJECTIVE

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs int/static		fluido	min	
E-stim	min	manual	min	ther ex per flow sheet		min	paraffin		
CP	min	other	min	US cont/pulse		min	ionto		mA/min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

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Progress Notes

PATIENT Thomas Contreras DOCTOR Jaslewich

DIAGNOSIS ® shd. debridement NEXT MD APPT

Date 11/3/09 #Rx since last re-eval Rx remaining

SUBJECTIVE States that his shoulder hurts a little more than normal.

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static	fluido	min
E-stim	15 min	manual	min	(1) ther ex per flow sheet	20 min	paraffin	
(2) CP VPC	15 min	other	min	US cont/pulse	min	ionto	mA/

(1) Per flow sheet Added Bilateral Wall (UE), Pullover dowel (bed), Alternate Rows & Bicep Pulldown, Triceps (2) VPC c E-stim

ASSESSMENT: Response to treatment / Goal Status Due to focusing on larger muscle groups throughout Rx pt. reported less tenderness in (R) shoulder. Did NOT resume T-Band exercises 2° to pt. request.

PLAN: cont. to progress strengthening exercises as tolerated by pt.

Therapist Signature PT Vicki Choy, DPT

Date 11/6/09 #Rx since last re-eval Rx remaining

SUBJECTIVE Cont to Report 4/d pain c most movements. McCalled his case manager to get try to get an earlier appt. c MD.

OBJECTIVE

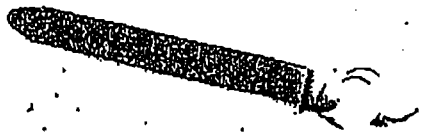
(3) Interf.	15 min	MH	min	CTX/PTX	#lbs Int/static	fluido	min
E-stim	min	(2) manual	5 min	(1) ther ex per flow sheet	95 min	paraffin	
(2) CP	15 min	other	min	US cont/pulse	min	ionto	mA/ml

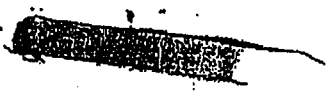
(1) Per flow sheet (2) PROM: all planes to assess motion (3) IFC c CP to ® shd, seated

ASSESSMENT: Response to treatment / Goal Status Reported ↓ Δ in pain +/o exercises. Cont to report pain and tenderness @ ant. shd

PLAN: Cont c exercise as pt tolerate

Therapist Signature Vicki Choy, DPT





Progress Notes

PATIENT Thomas Contreras DOCTOR Jaslewitch

DIAGNOSIS R shd debridement - NEXT MD APPT

Date 11/3/09 #Rx since last re-eval Rx remaining

SUBJECTIVE States that his shoulder hurts a little more than normal

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static	fluido	ml
3 E-stim	15 min	manual	min	(1) ther ex per flow sheet	20 min	paraffin	
2 CP VPC	15 min	other	min	US cont/pulse	min	Ionto	mA

(1) Per flow sheet: Added Ball on Wall (#1), Ball over door (red), Allegra Rotator, Ball Rolls, Tricep (2) VPC c e-stim

ASSESSMENT: Response to treatment / Goal Status Due to focusing on lower muscle groups throughout Rx pt reported less tenderness in R shoulder. Did NOT resume T-Bar exercises 2° to pt request.

PLAN: cont. to progress strengthening exercises as tolerated by pt.

Therapist Signature SPT Kristi Cly, DPT

Date #Rx since last re-eval Rx remaining

SUBJECTIVE

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static	fluido	min
E-stim	min	manual	min	ther ex per flow sheet	min	paraffin	
CP	min	other	min	US cont/pulse	min	Ionto	mA

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature 186

Progress Notes

PATIENT Thomas Contreras DOCTOR Jaskulski

DIAGNOSIS (R) Shoulder debridement -NEXT MD APPT

Date 10/28/09 #Rx since last re-eval Rx remaining

SUBJECTIVE Feel good yesterday - Hurts today

OBJECTIVE

___Interf.	___min	(1) MH	10 min	___CTX/PTX	___#lbs Int/static	___fluido	___min		
___E-stim	___min	___manual	___min	(2) ther ex per flow sheet	___min	___paraffin			
___CP	___min	___other	___min	___US cont/pulse	___min	___Ionto	___mA/m		

(1) MHP x10' (R) shoulder (2) Ther ex per flow sheet

ASSESSMENT: Response to treatment / Goal Status TX session ended early 2° to NIDG pt. soreness s ex but able to complete all the ex

PLAN: To see MD for appt. Cont to progress strengthening to tolerance and work related activities

Therapist Signature Brooks Haygood, PT, MSR

Date 10/30/09 #Rx since last re-eval Rx remaining

SUBJECTIVE "My shoulder hurt for 3 days"

OBJECTIVE

___Interf.	___min	(1) MH	12 min	___CTX/PTX	___#lbs Int/static	___fluido	___min		
___E-stim	___min	___manual	___min	(3) ther ex per flow sheet	___min	___paraffin			
___CP	___min	___other	___min	(2) US cont/pulse	x 8 min	___Ionto	___mA/m		

(1) MHP to (R) shoulder x 12 min (2) US cont @ 1.0 w/cm² x 8 min (3) Ther ex per flow sheet (4) Cmp x 10' To (R) sh

ASSESSMENT: Response to treatment / Goal Status pt c/o pain during US tx @ ant/lat GHJ. Possible nerve irritation? Focus on scap stabilizers activities this visit. Tolerated scap stab activities c pain today

PLAN: Cont per POC

Therapist Signature Brooks Haygood, PT, MSR

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Progress Notes

TIENT Thomas Contreras DOCTOR J

IGNOSIS (R) Ulnar displacement NEXT MD APPT

B 10-21-09 #Rx since last re-eval Rx remaining

BJECTIVE Pain - but had a flu shot 1 hr ago in Rt arm.

JECTIVE

Interf. ___min (1) MH 10 min ___CTX/PTX ___#lbs Int/static ___ ___fluido ___min

E-stim ___min ___manual ___min ___ther ex per flow sheet ___min ___paraffin

CP ___min ___other ___min (2) US cont/pulse 8 min ___Ionto ___mA/mlr

D (R) Ulnar (2) @ 1.5 w/cm² c HC (3) per flow (4) PROM all planes, esp/post motion (5) Cryo in sitting

ESSMENT: Response to treatment / Goal Status Good PROM - challenged c ROM. S-H shifting wk. grasping.

: ↑ strengthening

rapist Signature Kimberly Rust PT

10/23/09 #Rx since last re-eval Rx remaining

ECTIVE States he's going to see MD on Wed, next wk

CTIVE

Interf. ___min (1) MH 10 min ___CTX/PTX ___#lbs Int/static ___ ___fluido ___min

E-stim ___min ___manual ___min (2) ther ex per flow sheet 40 min ___paraffin

CP ___min ___other ___min ___US cont/pulse ___min ___Ionto ___mA/mlr

MMP x 10' (1) Sh. (2) - then open flow sheet (3) Rev'd - see Rev'd Sheet (4) Cryo PRN

SSMENT: Response to treatment / Goal Status PT. Challenged c. ↑ repetition OA ~~dry~~ c ~~BH~~ exp c MOD. Challenged c (5) EX

Start to progress OT work endurance activities and lifting activities

pist Signature Brooks Haygood PTA-c

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[redacted] [redacted]

Progress Notes

PATIENT Thomas Contreras DOCTOR J

DIAGNOSIS ⓡ wrist dislocement NEXT MD APPT J

Date 10-21-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE Slow - but had a flu shot 1 hr. ago in that arm.

OBJECTIVE

____Interf.	____min	(1) MH	10 min	____CTX/PTX	____#lbs Int/static	____	____fluido	____min	
____E-stim	____min	____manual	____min	____ther ex per flow sheet	____min	____paraffin			
____CP	____min	____other	____min	(2) US cont/pulse	8 min	____ionto	____mA/m		

(1) ⓡ wrist (2) @ 1.5 w/cm² c HC (3) ex flow (4) PROM all planes, inf/post mobs (5) cryo in sitting.

ASSESSMENT: Response to treatment / Goal Status Good PROM - challenged c proper S-H rhythm w. gravity.

PLAN: † strengthening -

Therapist Signature Kim Hunter PT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE _____

OBJECTIVE

____Interf.	____min	____MH	____min	____CTX/PTX	____#lbs Int/static	____	____fluido	____min	
____E-stim	____min	____manual	____min	____ther ex per flow sheet	____min	____paraffin			
____CP	____min	____other	____min	____US cont/pulse	____min	____ionto	____mA/m		

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

(8)

PATIENT. Thomas Contreras DOCTOR Jaskowiak

DIAGNOSIS (R) shoulder debridement NEXT MD APPT OCT 28TH.

Date 10/13/09 Total Timed Code Min. EVAL Total Treatment Time Min. _____

SUBJECTIVE Reports having sx on 10/1/09

OBJECTIVE

____ Interf.	____ min	____ MH	____ min	____ CTX/PTX	____ #lbs Int/static	____ fluido	____ r
____ E-stim	____ min	✓ manual	12 min	____ ther ex per flow sheet	____ min	____ paraffin	
✓ CP	10 min	____ other	____ min	____ US cont/pulse	____ min.	____ ionto	____ r

① Eval performed ② Goals (4-6 wks) ① I ☐ HEP ② ↑ AROM to full ↓ ↑ pain ③ ↑ strength ④ shoulder airplane to 5/5 ④ Return to work ↓ limitations

ASSESSMENT: Response to treatment / Goal Status Pt presents ☐ S/Sx's consistent ☐ diagnosis, including ↑ pain and ↓ AROM therefore will benefit from PT to address these deficits and max. function.

PLAN: 2x/wk for 4-6 wks to include ther ex, MT techniques, pt ed, HEP instruction

Therapist Signature: Brooks Haygood PTA/MSR

Date 10/16/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE "I'm sore" ☐

OBJECTIVE

____ Interf.	____ min	(1) MH	15 min	____ CTX/PTX	____ #lbs Int/static	____ fluido	____ r
____ E-stim	____ min	____ manual	____ min	(2) ther ex per flow sheet	25 min	____ paraffin	
(4) CP	10 min	____ other	____ min	(3) US cont/pulse	8 min	____ ionto	____ r

① MHP x 10' to ② Sh ② AD / Ther ex per flow sheet ③ US cont ☐ HE @ 1.5 w/cm² x 8' Sh ④ CP x 10'

ASSESSMENT: Response to treatment / Goal Status AROM ↑'d since last visit. ↑ pain ☐ ER so D/C'd for today. All other ther ex tolerated ↓ pain

PLAN: Cont per POC

Therapist Signature: Brooks Haygood PTA/MSR PC

COMPPN 031309

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskishan

DIAGNOSIS (R) shoulder debridement NEXT MD APPT

Date 10/13/09 Total Timed Code Min. EVAL Total Treatment Time Min.

SUBJECTIVE Reports having sx on 10/1/09

OBJECTIVE

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs int/static	___	___ fluido	___ min			
___ E-stim	___ min	✓ manual	12 min	___ ther ex per flow sheet	___ min		___ paraffin				
✓ CP	10 min	___ other	___ min	___ US cont/pulse	___ min		___ Ionto	___ mA/m			

① Eval performed ② Goals (4-6 wks) ① I & HEP ② T AROM to full & T pain ③ T strength (R) shoulder all planes to 5/5 ④ Return to work & limitations

ASSESSMENT: Response to treatment / Goal Status Pt presents c S/Sx's consistent c diagnosis including T pain and d/l ROM therefore will benefit from PT to address these deficits and max. function

PLAN: 2x/wk for 4-6 wks to include ther ex, MT techniques, Pt ed, HEP instruction

Therapist Signature: Brooke Haygood, PTA/OTR

Date ___ Total Timed Code Min. ___ Total Treatment Time Min. ___

SUBJECTIVE ___

OBJECTIVE

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs int/static	___	___ fluido	___ min			
___ E-stim	___ min	___ manual	___ min	___ ther ex per flow sheet	___ min		___ paraffin				
___ CP	___ min	___ other	___ min	___ US cont/pulse	___ min		___ Ionto	___ mA/mi			

ASSESSMENT: Response to treatment / Goal Status ___

PLAN: ___

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Therapist Signature: ___

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskulich

DIAGNOSIS ® SLAP Repair NEXT MD APPT

Date 5-29-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE ∅ Δ.

OBJECTIVE

Interf. min MH min CTX/PTX #lbs int/static fluido min

E-stim min (3) manual 10 min (1) ther ex per flow sheet 45 min. paraffin

(4) CP 10 min (2) other Re-eval min US cont/pulse min ionto mA/n

(1) Per flow sheet (2) Re-eval

(3) PROM: all planes, TPR to deltoid insertion (medial hd)

(4) CP to @ shld

ASSESSMENT: Response to treatment / Goal Status Good PROM, except slight limitation IR. See Eval

PLAN: Cont per MD's orders. Flow note sent to MD on 6/1/09

Therapist Signature: Vicki Cheng, DPT

Date Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Interf. min MH min CTX/PTX #lbs int/static fluido min

E-stim min manual min ther ex per flow sheet min paraffin

CP min other min US cont/pulse min ionto mA/m

ASSESSMENT: Response to treatment / Goal Status

PLAN; PT

Therapist Signature:

Corvel Capture 8/7/2009 102

6-4-09

SPORTS PLUS +

Physician Follow-Up / Re-Evaluation / Discharge

Date: 5-29-09 Physician: Jaskulski

Patient Name: Thomas Contreras Initial Eval. Date: 2/11/09

Diagnosis: (R) SLAP Repair Number of Visits: 32

Patient's treatment has consisted of:

Therex, MH, CP, US, Manual therapy

Objective Measurements/Progress: AROM: √137°, ABD 140°, ER 60°. IR: PSIS. MMT: √, ABD, IR, ER ~4+/5. Pain ~1/10

Assessment/Progress: Patient making good progress; met all STG's, LTG #2 met; NOT met LTG #1, 3 Re: Full painfree AROM, RTW.

Plan/Goals/Reason for DC:

Will Continue per your orders.

Thank you!

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New MD orders or written comments: Frequency & Duration:

* See attached note. VC

PT signature: Vicki Choy, DPT MD signature:

2880 Tricom Street, Suite B • Charleston, SC 29406 • Phone (843) 553-4747 • Fax (843) 552-1181

PROGRESS NO

PATIENT Thomas Contreras DOCTOR

DIAGNOSIS S/P (R) SLAP Repair NEXT MD APPT

Date 5/22/09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Pt to PT c/o

OBJECTIVE

Interf.	min	(1)	MH	10	min	CTX/PTX	#lbs Int/static	fluido	
E-stim	min		manual		min	(2)	ther ex per flow sheet	min	paraffin
CP	min		other		min		US cont/pulse	min	ionto

(1) seated (2) Shldr (3) Pain Cont

ASSESSMENT: Response to treatment / Goal Status Pt to PT c/o pain c/o decr ROM & pain with ADL's. Pt. Pt. Reviewed and Instructed Exercises

PLAN: Cont c P.O.C

Therapist Signature:

Date 5/27/09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Pain ~1/10. Able to start the moderate to low pain

OBJECTIVE

Interf.	min	(1)	MH	10	min	CTX/PTX	#lbs Int/static	fluido	n
E-stim	min	(2)	manual	12	min	(2)	ther ex per flow sheet 45	min	paraffin
CP	min		other		min		US cont/pulse	min	ionto n

(1) MH to (R) Shld (2) Per flow: Added biceps, triceps, & box lifts (2) PROM: all planes.

ASSESSMENT: Response to treatment / Goal Status Prom looking better continues to have some stiffness. Reports 4/10 pain c UBE & prone V.

PLAN: Re-eval @ NV for MD flu ff. ROM on 6/1/09.

PM

Vicki Allen DPT

PROGRESS NOTE

COMPPN 031309

PATIENT Thomas Contreras DOCTOR

DIAGNOSIS D (R) SLAP Repair NEXT MD APPT

Date 5/22/09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE pt to PT eval c/o

OBJECTIVE

Interf. min (1) MH 10 min CTX/PTX #lbs Int/static fluido m

E-stim min manual min (2) ther ex per flow sheet min paraffin

CP min other min US cont/pulse min ionto m

(1) scapula (2) Shoulder (3) gen Cond

ASSESSMENT: Response to treatment / Goal Status pt to PT eval c/o dull ache to R. Declined all treatments at this time. Given HEP for exercises

PLAN: Cont c P.O.C

Therapist Signature:

Date Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Interf. min MH min CTX/PTX #lbs Int/static fluido min

E-stim min manual min ther ex per flow sheet min paraffin

CP min other min US cont/pulse min ionto mA

ASSESSMENT: Response to treatment / Goal Status

PLAN:

PT

Therapist Signature:

PROGRESS NOTES

PATIENT Thomas Cook (L) Contreras DOCTOR [redacted]

DIAGNOSIS @ SLAP repair NEXT MD APPT

Date 5-15-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Somewhat painful today

OBJECTIVE

___ Interf.	___ min	① MH	10 min	___ CTX/PTX	___ #lbs Int/static	___ fluido	___ min
___ E-stim	___ min	③ manual	10 min	② ther ex per flow sheet	39 min	___ paraffin	
④ CP	10 min	___ other	___ min	___ US cont/pulse	___ min	___ Ionto	___ mA/r

① MH + @ shld ② Per flow sheet: Add rep

③ PROM all planes, quadrant note; TPR @ bicep

④ CP + @ shld

ASSESSMENT: Response to treatment / Goal Status Tenderness / tender point / knot @ biceps; ↓'d size of knot but still tender. Good tolerance of exercises

PLAN: Cont c POC.

Therapist Signature: Vicki Clery, DPT

Date 5-19-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Picked up an air cylinder ~10 lbs + it hurt. Pain today 4/10

OBJECTIVE

___ Interf.	___ min	① MH.	10 min	___ CTX/PTX	___ #lbs Int/static	___ fluido	___ min
___ E-stim	___ min	③ manual	10 min	② ther ex per flow sheet	40 min	___ paraffin	
④ CP	10 min	___ other	___ min	___ US cont/pulse	___ min	___ Ionto	___ mA/

① MH + ® shld ② Per flow: Added ball walks

③ PRN: all planes, TPR deltoid ④ CP + ® shld

ASSESSMENT: Response to treatment / Goal Status ↓ tenderness / pain. ↑ TPR @ deltoid insertions. ↑ Pain ↑ Tband exercise.

PLAN: Cont c POC

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Therapist Signature: Vicki Clery, DPT

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR [redacted]

DIAGNOSIS @ slap Repair NEXT MD APPT

Date 5-15-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Somewhat painful today

OBJECTIVE

___ Interf.	___ min	① MH	10 min	___ CTX/PTX	___ #lbs Int/static	___	___ fluido	___ m
___ E-stim	___ min	③ manual	10 min	② ther ex per flow sheet	39 min		___ paraffin	
④ CP	10 min	___ other	___ min	___ US cont/pulse	___ min		___ Ionto	___ m

① MH + @ shld ② Per flow sheet: 1# rep

③ PROM all planes, quadrant mobs / TPR @ biceps

④ CP to @ shld

ASSESSMENT: Response to treatment / Goal Status Tenderness / tender point / knot @ biceps; ↓'d size of knot but still tender. Good tolerance of exercises

PLAN: Cont c P.O.C.

Therapist Signature: Vicki Clay, DA

Date ___ Total Timed Code Min. ___ Total Treatment Time Min. ___

SUBJECTIVE

OBJECTIVE

___ Interf.	___ min	___ MH	___ min	___ CTX/PTX	___ #lbs Int/static	___	___ fluido	___
___ E-stim	___ min	___ manual	___ min	___ ther ex per flow sheet	___ min		___ paraffin	
___ CP	___ min	___ other	___ min	___ US cont/pulse	___ min		___ Ionto	___

ASSESSMENT: Response to treatment / Goal Status

PLAN: PT

PROGRESS NOTES

Corvel Capture 6/4/2009 107

PATIENT Thomas Contreras DOCTOR

DIAGNOSIS ® SLAP Repair NEXT MD APPT

Date 5-8-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Had ø pain today.

OBJECTIVE

(4) Interf.	15 min	(1) MH	10 min	CTX/PTX	#lbs Int/static		fluido	min	
E-stim	min	(3) manual	12 min	(2) ther ex per flow sheet	39 min		paraffin		
(4) CP	15 min	other	min	US cont/pulse	min		Ionto	mA	

(1) MH to ® shld (2) Per flow sheet

(3) PROM all planes; TPR to spec minor

(4) IFC ECP Denied US.

ASSESSMENT: Response to treatment / Goal Status Had ø pain but started hurting ↓ UBE, ↓ Delt / bicep pain @ lateral side ↓ TPR

PLAN: Cont c P.O.C

Therapist Signature: Yuki Chu, DPT

Date 5-13-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Little pain today. N 3 VCer Not as stiff this morning.

OBJECTIVE

Interf.	min	(1) MH	15 min	CTX/PTX	#lbs Int/static		fluido	mi	
E-stim	min	(4) manual	13 min	(2) ther ex per flow sheet	40 min		paraffin		
(5) CP	10 min	(3) other Re-eval	min	US cont/pulse	min		Ionto	mA	

(1) MH to ® shld, sitting (2) Per flow sheet: Added upright row

(3) Re-eval (4) PROM: all planes, supine; IR in sitting; TPR @ biceps tendon / delts; 1st rib mob on ® side

ASSESSMENT: Response to treatment / Goal Status See sheet. ↓'d bicep pain ↓ TPR.

PLAN: Cont c P.O.C.

P18

Therapist Signature: Yuki Chu, DPT

PROGRESS NOTES

COMPPN 031309

PATIENT Thomas Contreras
DIAGNOSIS @SLAP Repair
DOCTOR
Date 5-8-09
Total Timed Code Min.
NEXT MD APPT
Total Treatment Time Min.

SUBJECTIVE Had Ø pain today.

OBJECTIVE

(4) Interf.	15 min	(1) MH	10 min		CTX/PTX	#lbs Int/static		fluido	min
E-stim	min	(3) manual	12 min		(2) ther ex per flow sheet	39 min		paraffin	
(4) CP	15 min	other	min		US cont/pulse	min		ionto	mA/min

(1) MH to @ shld
(3) PROM all Planes ; TPR to yes nine
(4) DFCCP

Denied W.

ASSESSMENT: Response to treatment / Goal Status Had Ø pain but started hurting Ø WBE. ↓ Delt / bicep pain (lateral side of TPR

PLAN: Cont POC

Therapist Signature: Kristi Clay, OTR

Date

Total Timed Code Min.
Total Treatment Time Min.

OBJECTIVE

Interf.	min	MH	min		CTX/PTX	#lbs Int/static		fluido	min
E-stim	min	manual	min		ther ex per flow sheet	min		paraffin	
CP	min	other	min		US cont/pulse	min		ionto	mA/min

ESSMENT: Response to treatment / Goal Status

erapist Signature:

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PROGRESS NOTES

PATIENT Thomas Cisneros DOCTOR

DIAGNOSIS (R) SLAP Repair NEXT MD APPT

Date 4-30-09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE Pain ~3/10 today. "Feels okay"

OBJECTIVE

(5) Intferf. 15 min (1) MH 10 min ____ CTX/PTX ____ #lbs Int/static ____ ____ fluido ____ min
____ E-stim ____ min (4) manual 15 min (2) ther ex per flow sheet 45 min ____ paraffin
(5) CP 15 min ____ other ____ min (3) US cont/pulse 9 min ____ Ionto ____ mA/min

① MH to ® shld ② Per flow sheet
③ US c Mets to ® 1st abdomin @ 1.3 w/cm² ④ PROM: all plane
⑤ IFC c CP to ® shld

ASSESSMENT: Response to treatment / Goal Status Demonstrated ↑d tightness + muscle guarding c PROM. Limited IR + ER motion. Pain 6/10 p- TBand exercises.

PLAN: Cont c P.O.C.

Therapist Signature: Kiki Cley, DPT.

Date 5-6-09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE Same, c/o no change. Noticed she's able to open the car sunroof better, only able to spend 15 min. on computer before shld bothers her.

OBJECTIVE

(5) Intferf. 15 min (1) MH 10 min ____ CTX/PTX ____ #lbs Int/static ____ ____ fluido ____ min
____ E-stim ____ min (3) manual 10 min (2) ther ex per flow sheet 45 min ____ paraffin
(4) CP 15 min ____ other ____ min ____ US cont/pulse ____ min ____ Ionto ____ mA/min

① MH to ® shld ② Per flow sheet
③ PROM: all plane ④ IFC c CP to ® shld

ASSESSMENT: Response to treatment / Goal Status Better PROM today. No c/o of ↑d pain c TBand

PLAN: Cont c POC

700

Therapist Signature: Kiki Cley DPT.

PROGRESS NOTES

PATIENT Thomas Contreras
DIAGNOSIS (L) SLAP Repair
DOCTOR Sue Lewicki
NEXT MD APPT
Date 4-30-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Pain ~3/10 today. "Feels okay"

OBJECTIVE

(5) Interf. 15 min (1) MH 10 min CTX/PTX #lbs int/static fluido min
E-stim min (4) manual 15 min (2) ther ex per flow sheet 48 min paraffin
(5) CP 15 min other min (3) US cont/pulse 9 min ionto mA/min
(1) MH to (R) shld @ per flow sheet
(3) US c Hot to (R) 1st abdomin: @ 1.8 w/cm² (4) Prom: all plane
(5) IFC c CP to (R) shld.

ASSESSMENT: Response to treatment / Goal Status Demonstrated ↑'d tightness & muscle guarding c PROM. Limited IR + ER motion. Pain 6/10 c TBand exercises.

PLAN: Cont c P.O.C.

Therapist Signature: Kiki Okey, PPT

Date Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Interf. min MH min CTX/PTX #lbs int/static fluido min
E-stim min manual min ther ex per flow sheet min paraffin
CP min other min US cont/pulse min ionto mA/min

ASSESSMENT: Response to treatment / Goal Status

PLAN:

Therapist Signature:

0008/0010
Sports Plus PT
05/04/2009 14:59 FAX 8435536404

[redacted] PROGRESS NOTE [redacted]

PATIENT: Thomas Contreras DOCTOR: Gastineau

DIAGNOSIS: R SLAP Repair NEXT MD APPT:

Date: 4-23-09 Total Timed Code Min.: Total Treatment Time Min.:

SUBJECTIVE: Feels the same

OBJECTIVE

(5) Intert.	15 min	(1) MH	10 min	CTX/PTX	fibe int/static	fluids	min		
E-stim	min	(4) manual	10 min	(2) ther ex per flow sheet	45 min	paraffin			
(5) CP	15 min	other	min	(3) US continuous	9 min	ionto	mA/m		

(1) MH to (R) shld (2) PER flow sheet (3) US c HC to (R) shld - lat acromion (4) PROM: all planes; caudal glides (5) IFC c CP to (R) shld

ASSESSMENT: Response to treatment / Goal Status: Did well c exercises except had difficulty c full ROM of the prone V exercise. Better PROM c pain + tightness @ EOR

PLAN: Cont c stretching + exercises

Therapist Signature: Keiki Clay DPT

Date: 4-28-09 Total Timed Code Min.: Total Treatment Time Min.:

SUBJECTIVE: Hurts a little less than normal. Got some pain c trying to pull the cord to start a weed eater / lawn mower.

OBJECTIVE

Intert.	min	(1) MH	10 min	CTX/PTX	fibe int/static	fluids	min		
E-stim	min	(4) manual	15 min	(2) ther ex per flow sheet	50 min	paraffin			
CP	min	other	min	(3) US continuous	9 min	ionto	mA/m		

(1) MH to (R) shld (2) Per flow sheet (3) US c HC to (R) shld (4) PROM all planes

ASSESSMENT: Response to treatment / Goal Status: Pain @ EOR c PROM. Tight + stiff today. Difficulty c full range c prone ABD

PLAN: Cont c strengthening

202

Will see MD.

[redacted] PROGRESS NOTE [redacted]

PATIENT Thomas Contreras DOCTOR Ejastute

DIAGNOSIS R SLAP Repair NEXT MD APPT

Date 4-23-09 Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE Feels the same

OBJECTIVE

(5) Interf.	15 min	(1) MH	10 min	CTX/PTX	#lbs Int/static		fluido	min
E-stim	min	(4) manual	10 min	(2) ther ex per flow sheet	5 min	45	paraffin	
(5) CP	15 min	other	min	(3) US cont/pulse	9 min		iontо	mA

(1) MH to (R) shld (2) Per flow sheet (3) US c HC to R shld – lat acromion (4) PROM : all planes ; caudal glide (5) IFC c CP to R shld

ASSESSMENT: Response to treatment / Goal Status Did well c exercises except had difficulty c full ROM of the prone V exercise. Better PROM c pain + tightness @ EOR

PLAN: Cont c stretching + exercises

Therapist Signature: Keiki Cheng DPT

Date Total Timed Code Min. Total Treatment Time Min.

SUBJECTIVE

OBJECTIVE

Interf.	min	MH	min	CTX/PTX	#lbs Int/static		fluido	ml	
E-stim	min	manual	min	ther ex per flow sheet	min		paraffin		
CP	min	other	min	US cont/pulse	min		iontо	mA	

ASSESSMENT: Response to treatment / Goal Status

PLAN: 2

PATIENT [redacted] DOCTOR [redacted]

DIAGNOSIS R SLAP Repair NEXT MD APPT 4/20/09

Date 4-17-09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE LOP 7/10

OBJECTIVE

(5) Interf. 15 min (1) MH 10 min _____ CTX/PTX ____ #lbs Int/static ____ _____ fluido ____ min

_____ E-stim ____ min (4) manual 15 min _____ ther ex per flow sheet ____ min _____ paraffin

(5) CP 15 min (2) other 15 min (3) US cont/pulse 8 min _____ Ionto ____ mA/min

(1) yields (2) Resist: see sheet (3) lat acromion

(4) PROM all planes (5) cryo c IFC

ASSESSMENT: Response to treatment / Goal Status Goals not met c/s possibility of frozen shld & excessive ↑ in LOP.

PLAN: Note to MD - focus on aggressive ROM

Therapist Signature: [signature]

Date _____ Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

_____ Interf. ____ min _____ MH ____ min _____ CTX/PTX ____ #lbs Int/static ____ _____ fluido ____ min

_____ E-stim ____ min _____ manual ____ min _____ ther ex per flow sheet ____ min _____ paraffin

_____ CP ____ min _____ other ____ min _____ US cont/pulse ____ min _____ Ionto ____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: _____

Therapist Signature: _____

[redacted]

PROGRESS NOTES

[redacted]

PATIENT Thomas Contreras DOCTOR Jaskwhich

DIAGNOSIS (R) SLAP Repair NEXT MD APPT 4/20/09

Date 4/10/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE Pt reports shld painful c ↑ ✓.

OBJECTIVE

(4) Interf. 15 min	(1) MH 10 min	____ CTX/PTX ____ #lbs Int/static ____	____ fluido ____ min
____ E-stim ____ min	(3) manual 10 min	(2) ther ex per flow sheet 30 min	____ paraffin
(4) CP 15 min	____ other ____ min	____ US cont/pulse ____ min	____ ionto ____ mA/min

(1) THH x 10 mins to (R) shld. (2) Therex per grid. (3) PRN Y way c gentle mobs. (4) Cold pk c IFC.

ASSESSMENT: Response to treatment / Goal Status Pt c mod. pain c end range isp. ✓ c ER.

PLAN: Cont. above ex.

Therapist Signature: Beth Drue, PTA

Date 4/13/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE c/o Ant shld pn & mm spasms

OBJECTIVE

____ Interf. ____ min	(1) MH 10 min	____ CTX/PTX ____ #lbs Int/static ____	____ fluido ____ min
____ E-stim ____ min	(3) manual ____ min	(2) ther ex per flow sheet 40 min	____ paraffin
____ CP ____ min	____ other ____ min	____ US cont/pulse ____ min	____ ionto ____ mA/min

(1) (R) shld (2) ↑ ex. today. Added prone scap stab #1 HO to HEP - ck to add HABD / ER for home

ASSESSMENT: Response to treatment / Goal Status Reports difficulty c prone ex not seated scap stab.

PLAN: Add HABD + ER c HHs NV. 20s

Therapist Signature: Katie Kadeem

[redacted]

PROGRESS NOTES

[redacted]

PATIENT Thomas Contreras DOCTOR Jaskulski

DIAGNOSIS (2) SLAP Repair NEXT MD APPT 4/20/09

Date 4/10/09 Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE Pt reports shld painful c ↑ V.

OBJECTIVE

(4)	Interf.	15 min	(1)	MH	10 min	____	CTX/PTX ____ #lbs Int/static ____	____	fluido ____ min
____	E-stim	____ min	(3)	manual	10 min	(2)	ther ex per flow sheet 30 min	____	paraffin
(4)	CP	15 min	____	other	____ min	____	US cont/pulse ____ min	____	ionto ____ mA/min

(1) TNH x 10 min to (3) shld. (2) Theres per grid. (3) PROM 4 way c gentle mobs. (4) cold pk c IFC.

ASSESSMENT: Response to treatment / Goal Status Pt c mod. pain c end range isp. ↓ c ER.

PLAN: Cont. above Rx.

Therapist Signature: Beth Snell, PTA

Date _____ Total Timed Code Min. _____ Total Treatment Time Min. _____

SUBJECTIVE _____

OBJECTIVE

____	Interf.	____ min	____	MH	____ min	____	CTX/PTX ____ #lbs Int/static ____	____	fluido ____ min
____	E-stim	____ min	____	manual	____ min	____	ther ex per flow sheet ____ min	____	paraffin
____	CP	____ min	____	other	____ min	____	US cont/pulse ____ min	____	ionto ____ mA/min

ASSESSMENT: Response to treatment / Goal Status _____

PLAN: See

[redacted] [redacted]

COMPPN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskwhich
DIAGNOSIS (R) SLAP Repair NEXT MD APPT 4/20/09

Date 4/3/09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Still has "lots of cramping."

OBJECTIVE:
(4) Interf. ___ min (1) MH 10 min ___ CTX/ PTX ___ #lbs int/ static ___ min ___ fluido ___ min
___ Estim ___ min (3) Manual 15 min (2) Ther ex per flow sheet 30 min ___ paraffin ___ min
(4) CP ___ min ___ other ___ min ___ US cont/ pulse ___ min ___ w/cm2 ___ ionto ___ mA/ min ___ mA
(1) (R) shld. (2) Per flow. (3) PROM all planes.
(4) (R) shld.

ASSESSMENT: Response to treatment/ goal status ↑'d PROM over last few visits. Still struggles ± AROM.

PLAN: Cont. to PROM @ every visit.

Therapist Signature: [signature] PT

Date 4/7/09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "Feeling bobbe" Cont's to have spasms abv biceps & post. shld. Mild pain ant. shld 5/10 pain.

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min ___ CTX/ PTX ___ #lbs int/ static ___ min ___ fluido ___ min
___ Estim ___ min (2) Manual 10 min (2) Ther ex per flow sheet 3:50-4:20 30 min ___ paraffin ___ min
(4) CP 15 min ___ other ___ min ___ US cont/ pulse ___ min ___ w/cm2 ___ ionto ___ mA/ min ___ mA
(1) (R) shld seated. (2) per flowsheet (3) PROM all planes
(4) IFC ± Cryo (R) shld seated

ASSESSMENT: Response to treatment/ goal status Good PROM but cont's to be mod. painful @ end ranges. Difficult to receive feedback from pt.

PLAN: Cont to progress PROM.

4/09

Therapist Signature: [signature] PTA

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COMPPN 022702

PROGRESS NOTES

PATIENT: Thomas Contreras DOCTOR: Jaskwhich
DIAGNOSIS: (R) SLAP Repair NEXT MD APPT:

Date 4/3/09 #Rx since last re-eval: Rx remaining:

SUBJECTIVE: Still has "lots of cramping."

OBJECTIVE:
(4) Interf. ___ min (1) MH 10 min ___ CTX/ PTX ___ #lbs int/ static ___ min ___ fluido ___ min
___ Estim ___ min (3) Manual 15 min (2) Ther ex per flow sheet 30 min ___ paraffin ___ min
(4) CP ___ min ___ other ___ min ___ US cont/ pulse ___ min ___ w/cm2 ___ ionto ___ mA/ min ___ mA
(1) (R) shld. (2) Per flow. (3) PROM all planes.
(4) (R) shld.

ASSESSMENT: Response to treatment/ goal status: ↑'d PROM over last few visits. Still struggles c AROM.

PLAN: Cont. c PROM @ every visit.

Therapist Signature: [signature] PT

Date ___ #Rx since last re-eval: ___ Rx remaining: ___

SUBJECTIVE:

OBJECTIVE:
___ Interf. ___ min ___ MH ___ min ___ CTX/ PTX ___ #lbs int/ static ___ min ___ fluido ___ min
___ Estim ___ min ___ Manual ___ min ___ Ther ex per flow sheet ___ min ___ paraffin ___ min
___ CP ___ min ___ other ___ min ___ US cont/ pulse ___ min ___ w/cm2 ___ ionto ___ mA/ min ___ mA

ASSESSMENT: Response to treatment/ goal status:

PLAN:

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Therapist Signature:

[redacted] [redacted]

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskulka
DIAGNOSIS (R) Slap Repair NEXT MD APPT

Date 3/27/09 #Rx since last re- eval ____ Rx remaining ____

SUBJECTIVE: Pn level 6/10 today

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min ____ Manual ____ min (2) Ther ex per flow sheet 10 min ____ paraffin ____ min
(4) CP 15 min ____ other ____ min (3) US cont/ pulse 1.5 min ____ w/cm2 ____ ionto ____ mA/ min ____ mA
(1) MH (2) UBE → Pt declined further US 2° shld pain.
(3) US as above. (4) cold pk ~ IFC.

ASSESSMENT: Response to treatment/ goal status Pt c slight ↓ pain p modalities.
#Painful @ ant shld.

PLAN: Cont above Rx

Therapist Signature: [signature] PT

Date 3/31/09 #Rx since last re- eval ____ Rx remaining ____

SUBJECTIVE: Ø Δ's.

OBJECTIVE:
(3) Interf ____ min (1) MH 10 min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min ____ Manual ____ min (2) Ther ex per flow sheet 30 min ____ paraffin ____ min
(3) CP ____ min ____ other ____ min ____ US cont/ pulse ____ min ____ w/cm2 ____ ionto ____ mA/ min ____ mA
(1) (2) shld. (2) Per flow. (3) IFC ~ cryo.

ASSESSMENT: Response to treatment/ goal status Difficult to get any obj. info out of pt.

PLAN: Cont. per protocol.

Therapist Signature: [signature] PT

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PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskwhich
DIAGNOSIS (R) Step deficit NEXT MD APPT
Date 3/27/09 #Rx since last re-eval Rx remaining

SUBJECTIVE: Pn level (a)/10 today

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min CTX/PTX #lbs int/ static min fluido min
Estim min Manual min (2) Ther ex per flow sheet 10 min paraffin min
(4) CP 15 min other min (3) US cont/pulse 1.5 min w/cm2 ionto mA/min mA
(1) MH (2) UBE → Pt declined further US 2° shld pain.
(3) US as abate. (4) cold pk c IFC

ASSESSMENT: Response to treatment/ goal status Pt c slight ↓ pain p modalities.
#Painful @ ant shld

PLAN: Cont. abate Rx

Therapist Signature: Beth Mel PTA

Date #Rx since last re-eval Rx remaining

SUBJECTIVE:

OBJECTIVE:
Interf. min MH min CTX/PTX #lbs int/ static min fluido min
Estim min Manual min Ther ex per flow sheet min paraffin min
CP min other min US cont/pulse min w/cm2 ionto mA/min mA

ASSESSMENT: Response to treatment/ goal status

PLAN:

Therapist Signature: DO

COMPTN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Gartenlaub
DIAGNOSIS ⓡ SLAP Repair NEXT MD APPT 3-23-09

Date 3-19-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Ø Δ's

OBJECTIVE:
⑤ Interf 15 min ① MH 10 min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min ③ Manual 10 min ② Ther ex per flow sheet 35 min ____ paraffin ____ min
⑤ CP 15 min ____ other ____ min ④ US cont/puls 8 min 1.2 w/cm2 ____ ionto ____ mA/ min ____ mA
① MH to ⓡ shld ② Per flow sheet ③ PROM : All planes
c ER in small range ~ 30-40° ④ US as above to ⓡ lat acromion ⑤ IFC c CP to ⓡ bicep

ASSESSMENT: Response to treatment/ goal status Good PROM c V, ABD ~ 130-140° after patient was able to relax.

PLAN: Cont. c POC

Therapist Signature: Kiki Chang, DPT

Date 3/23/09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Doesn't feel that he's improved much lately.

OBJECTIVE:
④ Interf 15 min ① MH 10 min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min ③ Manual 15 min ② Ther ex per flow sheet 30 min ____ paraffin ____ min
④ CP 15 min ____ other ____ min ④ Ctr MH US cont/ puls ____ min ____ w/cm2 ____ ionto ____ mA/ min ____ mA
① ⓡ shld. ② Per flow. ③ PROM all planes. ④ IFC c cryo.

ASSESSMENT: Response to treatment/ goal status Good PROM.

PLAN: Cont.

Q 4 1

Therapist Signature: _____ PT

Corvel Capture 4/14/2009 121

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Gastwirth

DIAGNOSIS R SLAP Repair NEXT MD APPT 3.23.09

Date 3-19-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Ø Δs

OBJECTIVE:

(5) Intrf 15 min (1) MH 10 min ____ CTX/ FTX ____ #lbs Int/ static ____ min ____ fluido ____ min

____ Estim ____ min (3) Manual 10 min (2) Ther ex per flow sheet 35 min ____ paraffin ____ min

(5) CP 15 min ____ other ____ min (4) US cont/pulse 8 min 1.2 w/cm2 ____ Ionto ____ mA/ min ____ mA

(1) MH to (R) shld (2) Per flow sheet (3) PROM : All planes

c ER in small range ~30-40° (4) US as above to (R) lat

acromion (5) IFC c CP to (R) biceps

ASSESSMENT: Response to treatment/ goal status Good PROM c V/ ABD ~ 150-160° after patient was able to relax.

PLAN: Cont. c POC

Therapist Signature: Kiki Chang, DPT

Date _____ #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:

____ Intrf ____ min ____ MH ____ min ____ CTX/ FTX ____ #lbs Int/ static ____ min ____ fluido ____ min

____ Estim ____ min ____ Manual ____ min ____ Ther ex per flow sheet ____ min ____ paraffin ____ min

____ CP ____ min ____ other ____ min ____ US cont/ pulse ____ min ____ w/cm2 ____ Ionto ____ mA/ min ____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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COMPPN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jackowski
DIAGNOSIS @ [redacted] Repair NEXT MD APPT 3-23-09

Date 3-12-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Muscle spasm isn't as bad, but still there

OBJECTIVE:
Ⓔ Interf. 15 min ① MH 10 min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min ③ Manual 13 min ② Ther ex per flow sheet 25 min ____paraffin ____min
④ CP 15 min ____other ____min ____US cont/ pulse ____min ____w/cm2 ____ionto ____mA/ min ____mA
① MH to Ⓡshld ② Per flow sheet ③ Prom: all planes
⊼ ER; STM to biceps, TPR to bicep; Kinesiotape to biceps
④ IFC ⊼ CP to @shld

ASSESSMENT: Response to treatment/ goal status Reports this shld feels the same. Pain still @ incision anteriorly. Observed ↓d Knot ⊽ TPR to bicepi

PLAN: Cont ⊼ POC

Therapist Signature: Vicki Chong, DPT

Date 3-17-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Cramping is gone, but still hurts + feels like I forgot something today.

OBJECTIVE:
____Interf. ____min ① MH 15 min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min ____Manual ____min ② Ther ex per flow sheet 35 min ____paraffin ____min
____CP ____min ③ Re-eval other ____min ③ US cont/ pulse 9 min 1.2 w/cm2 ____ionto ____mA/ min ____mA
① MH to Ⓡshld ② Per flow sheet
③ Re-eval ④ US ⊼ HC to Ⓡshld

ASSESSMENT: Response to treatment/ goal status Akom: 4/03; ASD 12". ⊗ Problems ⊼ exercises. Denied ice + estim

PLAN: Cont ⊼ POC

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Therapist Signature: Vicki Chong

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COMPPN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Jaskishich
DIAGNOSIS @ [redacted] SLAP Repair NEXT MD APPT 3-23-09

Date 3-12-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Muscle spasm isn't as bad, but still there

OBJECTIVE:
④ Interf. 15 min ① MH 10 min ____CTX/ PTX ____#lbs incl/ static ____min ____fluido ____min
____Estim ____min ③ Manual 15 min ② Ther ex per flow sheet 25 min ____paraffin ____min
④ CP 15 min ____other ____min ____US cont/ pulse ____min ____w/cm2 ____Ionto ____mA/ min ____mA
① MH to Ⓡ shld ② Per flow sheet ③ Prom: all planes
x ER; STM to biceps, TPR to biceps; Kinesiotape to biceps
④ IFC to CP to @ shld

ASSESSMENT: Response to treatment/ goal status Reports this shld feels the same. Pain still @ incision anteriorly. Observed ↓ ER knot ↓ TPR to bicipi

PLAN: Cont c POC

Therapist Signature: Vicki Cheng, DPT

#Rx since last re- eval _____ Rx remaining _____

Date _____

SUBJECTIVE:

OBJECTIVE:
____Interf. ____min ____MH ____min ____CTX/ PTX ____#lbs incl/ static ____min ____fluido ____min
____Estim ____min ____Manual ____min ____Ther ex per flow sheet ____min ____paraffin ____min
____CP ____min ____other ____min ____US cont/ pulse ____min ____w/cm2 ____Ionto ____mA/ min ____mA

ASSESSMENT: Response to treatment/ goal status

PLAN: 24

Therapist Signature:

PROGRESS NOTES

PATIENT Thomas Cotteras DOCTOR Jaskiewicz
DIAGNOSIS L/D Strain. Pectoral NEXT MD APPT 3/2/09

Date 3-4-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: still painful but the cramp went away, so feels better there.

OBJECTIVE:
(2) Interf 15 min (1) MH 10 min ____ CTX/PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min (3) Manual 10 min (2) Ther ex per flow sheet 25 min ____ paraffin ____ min
(5) CP 15 min ____ other ____ min (4) US cont/pulse 9 min 1.5 w/cm2 ____ ionto ____ mA/ min ____ mA
(1) MH to (2) shld (2) Per flow sheet (3) PROM: all ↓ ER, IR, glides (4) WE HC to (2) shld (5) IFC ES CP to (2) shld. (3) Cont: STM to biceps

ASSESSMENT: Response to treatment/ goal status Reported the US caused the shld to hurt + the biceps began to cramp again. Stated that the cramp went up PROM/MT/STM

PLAN: Cont ↑ POC. Add Isometrics if tolerable

Therapist Signature: Kiki Clay PDT

Next MD eval 3/23/09

Date 3-6-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: Shld is painful today. Was doing core exer. this morn'd went back to bed. Shldr muscle spasm is back

OBJECTIVE:
(2) Interf 15 min (1) MH 10 min ____ CTX/PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min (3) Manual 10 min (2) Ther ex per flow sheet 25 min ____ paraffin ____ min
(5) CP 15 min (4) other Ice massage Kinesiotape to biceps min (3) US cont/pulse ____ w/cm2 ____ ionto ____ mA/ min ____ mA
(1) MH to (2) shld (2) Per flow sheet (3) PROM: all planes ↓ ER (4) ice massage to biceps (5) Kinesiotape to biceps (2) for inhibition (2) IFC ES CP to (2) shld

ASSESSMENT: Response to treatment/ goal status Continues to c/o pain in shld + biceps. Reported bicep spasm relaxed a little after PROM

PLAN: Monitor muscle spasm ↑ ice massage + Kinesiotape. Cont ↑ POC

Therapist Signature: Kiki Clay, PDT OTR

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COMPPN 022702

PROGRESS NOTES

PATIENT Thomas Cabrera DOCTOR Jasbeckiak
DIAGNOSIS RD Shp. Repair NEXT MD APPT 3/2/09

Date 3-4-09 #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: still painful but the cramp went away, so feels better there

OBJECTIVE:
(3) Interf 15 min (1) MH 10 min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min (2) Manual 10 min (2) Ther ex per flow sheet 25 min ____ paraffin ____ min
(5) CP 15 min ____ other ____ min (4) US cont/pulse .9 min 1.5 w/cm2 ____ ionto ____ mA/ min ____ mA
① MH + ② sheet ② Per flow sheet ③ PROM : all S ER, inf glide. ④ WBHC to @ shld. ⑤ IFC E CP + ② shld. ③ Cont: STM to bicep

ASSESSMENT: Response to treatment/ goal status Reported the WBE caused his shld to hurt + the biceps began to cramp again. Stated that the cramp went up PROM / MT / STM

PLAN: Cont E POC. Add isometrics if tolerable

Therapist Signature: Yuki Chu DPT

Date _____ #Rx since last re-eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
____ Interf ____ min ____ MH ____ min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min ____ Manual ____ min ____ Ther ex per flow sheet ____ min ____ paraffin ____ min
____ CP ____ min ____ other ____ min ____ US cont/ pulse ____ min ____ w/cm2 ____ ionto ____ mA/ min ____ mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

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Therapist Signature: _____

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR J
DIAGNOSIS (R) SLAP repair NEXT MD APPT 3-2-09

Date 2-27-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "Little better"

OBJECTIVE:
____Interf. ____min (1) MH 10 min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min (3) Manual 15 min (4) Ther ex per flow sheet 25 min ____paraffin ____min
____CP ____min (5) other 10 min (2) US (cont) pulse 8 min 1.5 w/cm2 ____ionto ____mA/ min ____mA
(1) (R) shldr (2) lat acromion c HC
(3) all planes c ER (4) per flow (5) re-eval
(6) cryo c IFC.

ASSESSMENT: Response to treatment/goal status STG #1 & #3 met, others appropriate.

PLAN: Note to MD.

Therapist Signature: Lisa Mustang

Date _____ #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
____Interf. ____min ____MH ____min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min ____Manual ____min ____Ther ex per flow sheet ____min ____paraffin ____min
____CP ____min ____other ____min ____US cont/ pulse ____min ____w/cm2 ____ionto ____mA/ min ____mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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[redacted] [redacted] CUMPTN 022102

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR _____
DIAGNOSIS (R) SLAP repair NEXT MD APPT _____

Date 2-23-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "It still hurts."

OBJECTIVE:
(5) Interf. 15 min (1) MH 10 min ____ CTX/ PTX ____ #lbs Int/ static ____ min ____ fluido ____ min
____ Estim ____ min (3) Manual 15 min ____ Ther ex per flow sheet ____ min ____ paraffin ____ min
(4) CP 15 min ____ other ____ min (2) US cont/ pulse 8 min 1.5 w/cm2 ____ Ionto ____ mA/ min ____ mA
(1) (R) shldr (2) lat deltoid ~ HC
(3) PROM all planes x ER (4) pec flow (5) Cryo ~ IFC

ASSESSMENT: Response to treatment/ goal status Con't to have ↑ ROM ~ AROM vs. PROM. Pain/ spasm @ delt insertion.

PLAN: Con't per protocol.

Therapist Signature: Kim Hurst PT

Date 2-25-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Con't spasms; lifting arm in a.m. to adjust shoulder brace.

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min ____ CTX/ PTX ____ #lbs Int/ static ____ min ____ fluido ____ min
____ Estim ____ min (3) Manual 15 min (4) Ther ex per flow sheet ____ min ____ paraffin ____ min
(5) CP 15 min ____ other ____ min (2) US cont/ pulse 8 min 1.5 w/cm2 ____ Ionto ____ mA/ min ____ mA
(1) (R) shldr (2) post - deltoid ~ HC
(3) ↑ ROM to planes (3) pec flow
~ ifb PROM all planes x ER

ASSESSMENT: Response to treatment/ goal status Pt. con't to have difficulty relaxing & con't ↑ ROM.

PLAN: Progress per protocol

Therapist Signature: Kim Hurst PT

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PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR _____
DIAGNOSIS (R) SLAP repair NEXT MD APPT _____

Date 2-23-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "It still hurts."

OBJECTIVE:
(5) Interf. 15 min (1) MH 10 min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min (3) Manual 15 min ____Ther ex per flow sheet ____min ____paraffin ____min
(5) CP 15 min ____other ____min (2) US cont/ pulse 8 min 1.5 w/cm2 ____ionto ____mA/ min____mA
(1) (R) subdel (2) lat acromion c HC
(3) PROM all planes x ER (4) posture (5) Cryo c IFC

ASSESSMENT: Response to treatment/ goal status: Con't to have ↑ ROM c AROM vs. PROM. Pain / spasm @ delt insertion.

PLAN: Con't per protocol.

Therapist Signature: Kim Hunt PT

Date _____ #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: _____

OBJECTIVE:
____Interf. ____min ____MH ____min ____CTX/ PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min ____Manual ____min ____Ther ex per flow sheet ____min ____paraffin ____min
____CP ____min ____other ____min ____US cont/ pulse ____min ____w/cm2 ____ionto ____mA/ min____mA

ASSESSMENT: Response to treatment/ goal status _____

PLAN: _____

Therapist Signature: _____

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PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR Quirk/Thiele
DIAGNOSIS ® SLAP repair NEXT MD APPT

Date 2-18-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "It's really hurting."

OBJECTIVE:
___ Interf. ___ min (1) MH 10 min ___ CTX/ PTX ___ #lbs int/ static ___ min ___ fluido ___ min
___ Estim ___ min ___ Manual ___ min ___ Ther ex per flow sheet ___ min ___ paraffin ___ min
___ CP ___ min ___ other ___ min (2) US cont/ pulse 8 min 1.5 w/cm2 ___ ionto ___ mA/ min ___ mA
(1) ® shld, (2) lat acromion c HC
(3) PROM all planes x FR (4) per flow
(5) cryo c IFC in sitting

ASSESSMENT: Response to treatment/ goal status Slowly ↑ ROM

PLAN: Con't per protocol.

Therapist Signature: Kim Hurst PT

Date 2-20-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "Really hurts today." Started getting a spasm / cramping pain @ lateral upper arm

OBJECTIVE:
(4) Interf. 15 min (1) MH 10 min ___ CTX/ PTX ___ #lbs int/ static ___ min ___ fluido ___ min
___ Estim ___ min (3) Manual 20 min ___ Ther ex per flow sheet ___ min ___ paraffin ___ min
(4) CP 15 min ___ other ___ min (2) US cont/ pulse 9 min 1.5 w/cm2 ___ ionto ___ mA/ min ___ mA
(1) MH to ® shld (2) US c HC to ® lat. acromion / Mid biceps / lateral arm (3) PROM: ↓ ABD, IR, STM + MFR to biceps
(5) IFC c CP to ® shld

ASSESSMENT: Response to treatment/ goal status Noted tensed muscle @ mid-biceps; released a little w MFR, but still painful/sore

PLAN: Cont c POC

Therapist Signature: Kiko Chng DPT

PATIENT Thomas Cortijo DOCTOR Gaskamp
DIAGNOSIS (R) SLAP repair NEXT MD APPT

Date 2-11-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: IE

OBJECTIVE:
_____Interf ____min ____MH ____min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min (3) Manual 15 min ____Ther ex per flow sheet ____min ____paraffin ____min
(4) cp 10 min (1) other 30 min (2) US cont/ pulse 8 min 1.5 w/cm2 ____ionto ____mA/ min ____mA
(1) IE (2) (R) delt c HC (3) MFR distal delt
(4) in sitting

ASSESSMENT: Response to treatment/ goal status Pt. has ↓ ROM & ↑ DOP s/p (R) scope c SLAP repair. Goals (4WK) (1) (R) c. HEP (2) PROM WNL (3) AROM elevation to 120° (8WK) (1) Full pain free AROM (2) Lift 50# from floor safely (3) RTW-full duty.

PLAN: Pt. to be seen 3x weekly for 10 WKS for stretching, strengthening, MT, US, IFC, MHP, cryo & HC when appropriate.

Therapist Signature: Kim Nurse PT

Date 2-13-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Still hurting.

OBJECTIVE:
____Interf ____min (1) MH 10 min ____CTX/PTX ____#lbs int/ static ____min ____fluido ____min
____Estim ____min (3) Manual 15 min (4) Ther ex per flow sheet 20 min ____paraffin ____min
(5) cp 10 min ____other ____min (2) US cont/ pulse 8 min 1.5 w/cm2 ____ionto ____mA/ min ____mA
(1) (R) shldr (2) c HC @ 1.5 w/cm2 (3) PROM all planes x
ER (@ pec flow) (5) in sitting

ASSESSMENT: Response to treatment/ goal status Pain @ deltoid, ↑ ROM c AA activities VS. PROM.

PLAN: Add UBE NV.

Therapist Signature: Kim Nurse PT

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PATIENT PROGRESS AND TREATMENT RECORD

Name Contreras, Thomas Case No.

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
11/10/8	M	S: Sldr has been hunting. "the whole thing." Doesn't matter if active or inactive.	
		O: UBEX7; pulleys; wt TB Rocks; green TB scap therax; Lt 30#; sldr ABD 20#; TPR ⓟ post sldr girdle. VSx5 pulsed 1.2 w/cm² ⓐ ant sldr/AC jt.	
		A: A lot more m. tone / ↑ tension palpable today. Most likely the reason his whole sldr hurts. Therax still performed well, thru difficulty	
		P: Cont tx reg	
			MP
11/14/8	F	~~S: (MP)~~	~~MP~~
		S: Pt with feral portion of ant sldr hunting test. but today's been a good day.	
		O: UBEX7; pulleys; green TB Rocks, scap therax; Lt 30#; sldr ABD 20# - 2x12. VSx5 pulsed 1.2 w/cm² ⓐ ant sldr/AC jt.	
		A: Full AROM but of poor quality in elevation. √, ABD strength testing produces pn but not w/ kind strength Hx's. ↑ m. tone in sldr girdle producing much of his pn & he guards significantly, but no structural defects noted c testing of sldr.	
		P: Cont tx reg	
			MP

PATIENT PROGRESS AND TREATMENT RECORD

PATIENT PROGRESS AND TREATMENT RECORD

Name Contreras, Thomas Case No.

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
11/10/8	M	S: Shldr has been hurting, "the whole thing." Doesn't matter if active or inactive.	
		O: UBE x 7; pulleys; w/ TB Parts; green TB exc. therex; Lab 30#; shldr ABD 0#; TPR (R) post shldr girdle. VSx5 w/ hand 12 oz/cm² (R) c/ shldr/AC jt.	
		A: A bit more m. tone/↑ tension palpable today. Most likely the reason his whole shldr hurts. Therex still performed well, thus difficulty	
		P: Cont tx as	JAB
		223	

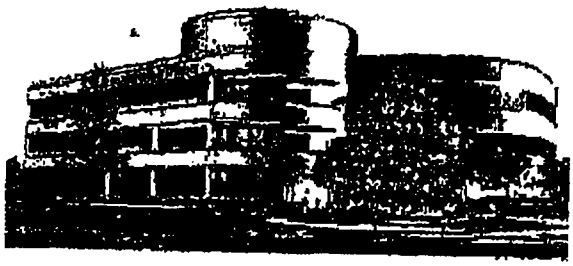
PATIENT PROGRESS AND TREATMENT RECORD

PATIENT PROGRESS AND TREATMENT RECORD

Name Contreras, Thomas Case No.

DATE	DAY	PATIENT'S REMARKS	DOCTOR'S REMARKS
10/30/8	R	S: Pretty sore yest. Also thinks he ends up slacking in it which doesn't help O: UBEx7; pullup for EROM elevation; blue TB Rocks, scap Hexex; Lats 30#, flex 30#; sldr ABD, press 3# - 2x12 add. US x5 pulsed 1.5w/cm² @ ant sldr. A: Able to do all of his Hexex but the way he's taking him into elevation & his c/o pn. Doesn't seem confined around AC area, more soft tissue P: Cont Txmy	MS
11/3/8	M	S: Still sore in sldr anteriorly O: UBEX7; pullups for EROM elevation; blue TB Rocks, scap Hexex; Lats 30#, flex 30#; sldr ABD 3#, press 5# - 2x12. PNF D1/D2 BR. US x5 pulsed 1.4 w/cm² @ Bartpes A: Pt. c/o discomf/pn in ant sldr in (R) pectoral area, but he was able to perform all Hexex & excellent form. P: Cont Txmy	MS
11/6/8	R	S: sldr hurts from reaching up to grab curtain rod at Home Depot. Musculoskeletal sore from Monday's Tx "but not more joint pn." O: UBEX7; pullup; blue TB; Rocks; scap Hexex; Lats; flex 30#, sldr ABD 3#, press 5# - 2x12. PNF D1/D2 BR. US x5 1.0 w/cm² pulsed to @ AC region. A: AC area pretty inflamed today c (+) AC Compression Test. Decreased active & his pn but as long as sldr stay 90° in biceps; his discomf, though still there, was minimal P: Cont Txmy	MS

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State Budget & Control Board
South Carolina Retirement Systems

FAX

Date 2/9/2011

Number of pages 3
including cover sheet

TO: Karl Ristow

Re: Thomas Contreras

Phone

FAX 843-559-7362

FROM: Evelyn C. Byrd
SC Retirement Systems
Customer Claims
PO Box 11960
Columbia, SC
29211-1960

Phone 803-737-6861

Fax 803-737-7752

Phone

CC:

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

Please complete and return the attached 6201 via fax at 737-7752 ASAP.

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Form 6253
Revised 02/03/2004
Print or type in black ink

EMPLOYER'S DISABILITY EMPLOYMENT STATUS REPORT

To Be Completed by Applicant's Payroll/Benefits Officer
State Budget and Control Board
South Carolina Retirement Systems
Attention: Customer Services Annuity Claims
PO Box 11960, Columbia, SC 29211-1960

☐ SCRS
☒ PORS
☐ GARS

The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.

Employee Name: THOMAS CONTRERAS

Social Security Number: -7473

Employer: St. Johns Fire District

Employer Code: 910.07

Position Title: Captain III

1. Is the position title shown above correct?
☒ Yes ☐ No (please explain)

2. Annual salary on date of disability:
$ 47,985.31

3a. Is the employee currently working?
☒ No (last day physically worked): 10/10/2010 MM-DD-YYYY (skip to Question 4a)
☐ Yes (proceed to Question 3b)

3b. Is the employee performing all regular duties?
☐ Yes (skip to Question 6a)
☐ No (proceed to Question 3c)

3c. In what capacity is the employee currently working?
☐ Light duty* ☐ Diminished capacity* ☐ Leave without pay (not terminated) (attach copy of Personnel Policy)
☐ Reduced hours
☐ Other (please explain):

*Attach letter explaining current duties in relation to normal work functions.

3d. Date member was placed in status shown at left: MM-DD-YYYY

4a. Is this employee terminated?
☒ No (skip to Question 5)
☐ Yes (date of termination): MM-DD-YYYY
(proceed to Question 4b)

4b. Last day compensation was earned (including pay continuation, using annual and sick leave): MM-DD-YYYY

4c. Amount of lump-sum payments for unused leave
Annual leave $
Sick leave $

4d. Number of days of unused leave: (complete and proceed to Question 6a)
Annual leave
Sick leave

6. Employee's current payroll status (check one and indicate appropriate date):
☐ On annual leave (date leave began):
☐ On leave without pay (date leave began):
☐ On sick leave (date leave began):
☐ Applied for leave under sick leave bank (date leave begins):
☒ Other (please explain): Workers Compensation

6a. Was this employee injured on the job?
☐ No ☒ Yes (date of injury): 10-08-2008 MM-DD-YYYY

6b. Is employee on leave without pay (not terminated) pending settlement of a Workers' Compensation claim?
☐ No ☐ Claim settled (date): MM-DD-YYYY
☒ Yes

I hereby certify that to the best of my knowledge, the information above correctly reflects the records of the employing entity.

Prepared by: Evonne B. King Title: BookKeeper

Signature: Evonne B. King Date: 11-15-2010 Telephone: (843) 559-9194

Return completed form to the SC Retirement Systems (address above).

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

Form 6254
Revised 11/26/2007

Print or type in black ink

EMPLOYER'S DESCRIPTION OF DISABILITY APPLICANT'S JOB

(TO BE COMPLETED BY APPLICANT'S SUPERVISOR)

State Budget and Control Board
South Carolina Retirement Systems
ATTENTION: CUSTOMER ANNUITY CLAIMS
PO Box 11960, Columbia SC 29211-1960

Retirement System
☐ SCRS
☒ PORS
☐ GARS

The individual indicated below has applied for disability retirement benefits. Please complete the information on the remainder of this form, and return it to the address listed above as soon as possible. Upon receipt of this completed form, the employee's application will be processed.

DISABILITY APPLICANT/EMPLOYEE INFORMATION

1. Last Name & Suffix	2. First/Middle Name	3. Social Security Number
CONTRERAS	THOMAS	7473

4. Position Title	5. Employer	6. Employer Code
CAPTAIN	ST JOHN'S FIRE DISTRICT	910.07

Date employee started this position: 04/01/1997 (MM-DD-YYYY) Date employee stopped work in this position because of disability: 10/08/2008 (MM-DD-YYYY)

IN THIS JOB DID THE EMPLOYEE:

1. Use machines, tools, or equipment of any kind? ☑ Yes ☐ No
2. Use technical knowledge of any kind? ☑ Yes ☐ No
3. Do any writing, complete reports, or perform similar duties? ☑ Yes ☐ No
4. Have supervisory responsibilities? ☑ Yes ☐ No

DESCRIBE BASIC DUTIES OF JOB BELOW AND ATTACH EMPLOYEE'S POSITION DESCRIPTION.
ALSO, EXPLAIN ALL "YES" ANSWERS ABOVE BY GIVING A FULL DESCRIPTION OF:

A. Type of machines, tools, or equipment used, and exact operations performed.
B. The technical knowledge or skills involved.
C. Type of writing done and nature of reports.
D. The number of people supervised and the extent of supervision.

REQUIRED TO OPERATE ON AN EMERGENCY SCENE ALL FIRE FIGHTING EQUIPMENT, INCLUDING RESCUE TOOLS, LADDERS, SCBA, CHAIN SAWS AND OTHER THINGS. MUST BE ABLE TO WORK WITH COMPUTERS AND COMPLETE FIRE REPORTS, EMPLOYEE EVALUATIONS, ETC... THIS POSITION SUPERVISES 3 TO 7 PERSONNEL DURING THE SHIFT AND MORE ON EMERGENCY

DESCRIBE THE KIND AND AMOUNT OF PHYSICAL ACTIVITY THIS JOB INVOLVED DURING A TYPICAL DAY IN TERMS OF:

A. CHECK NUMBER OF HOURS A DAY:

	1	2	3	4	5	6	7	8
WALKING	☐	☐	☐	☐	☐	☐	☐	☒
STANDING	☐	☐	☐	☐	☐	☐	☐	☒
SITTING	☐	☐	☐	☐	☐	☐	☒	☐
HANDLE, GRAB, OR GRASP LARGE OBJECTS	☐	☐	☐	☐	☐	☒	☐	☐
WRITE, TYPE, OR HANDLE SMALL OBJECTS	☐	☐	☐	☐	☐	☐	☐	☒

B. CHECK HOW OFTEN:

BENDING	☐ NEVER	☐ OCCASIONALLY	☐ FREQUENTLY	☒ CONSTANTLY
REACHING	☐ NEVER	☐ OCCASIONALLY	☐ FREQUENTLY	☒ CONSTANTLY

C. LIFTING AND CARRYING:

THIS EMPLOYEE OCCASIONALLY (UP TO 1/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES:

- ☐ LESS THAN 10 LBS. — Kinds of objects lifted: PORTABLE RADIO, SMALL HAND TOOLS, BOOKS
- ☐ 10 LBS. — Kinds of objects lifted: CHAIN SAW, FIRE HOSE, OTHER FIREFIGHTING EQUIPMENT
- ☐ 20 LBS. — Kinds of objects lifted: LADDERS, FIRE HOSE, SCBA
- ☐ 50 LBS. OR MORE — Kinds of objects lifted: LIQUID FOAM BUCKETS, PATIENTS, GENERATORS, RESCUE TOOLS

THIS EMPLOYEE FREQUENTLY (1/3 TO 2/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES:

- ☐ LESS THAN 10 LBS. — Kinds of objects lifted: PORTABLE RADIO, SMALL HAND TOOLS, BOOKS
- ☐ 10 LBS. — Kinds of objects lifted: CHAIN SAWS, FIRE HOSE, OTHER FIREFIGHTING EQUIPMENT
- ☐ 20 LBS. — Kinds of objects lifted: LADDERS, FIRE HOSE, SCBA
- ☐ 50 LBS. OR MORE — Kinds of objects lifted: LIQUID FOAMS, PATIENTS, GENERATORS, RESCUE TOOLS

NAME OF SUPERVISOR (PLEASE PRINT)	TITLE
JACKIE STANLEY	OPERATIONS CHIEF

PHONE	DATE	SIGNATURE	Position Description Attached
843-559-9194	11/10/2010	Jackie Stanley	☑ Yes ☐ No

Return completed form to the SC Retirement Systems (address above).
Please call SC Retirement Systems Customer Service with any questions: (800) 868-8002 (in state) or (803) 737-6800, or cs@retirement.sc.gov

ST. JOHNS FIRE DISTRICT

Position Description

POSITION TITLE: Captain

DEPARTMENT: Operations

STATUS: **Non-Exempt,** Full-time

GENERAL NATURE OF WORK: This lead firefighter performs under limited supervision, is responsible for station and crew assigned to his/her command, and is responsible for a broad range of administrative and technical duties. This classification differs form that of the Engineer in that it assumes greater supervisory responsibilities over the assigned station. The Battalion Chief through conferences, and review of records and reports supervises all work.

EXAMPLES OF DUTIES:

Provides administrative assistance to the Battalion Chief in areas such as policy development and implementation.

Responsible for the operation and maintenance of assigned fire equipment and apparatus.

Transmits orders and assumes command in emergency situations until relieved by the Battalion Chief or designate.

Plans, assigns, supervises, and schedules the activities of the officers and members of station assigned, as well as inspects the stations and equipment.

Conducts or assists with scheduled in-service training along with arranging specialized training when opportunities are made available and is responsible for general efficiency of all personnel assigned.

Provides a motivational atmosphere for the members of their unit on a daily basis by setting a good example, positive attitude and demeanor.

Responsible for administrative reports, and logs as required by Standard Operating Guidelines.

Prepares the apparatus assignment schedules for assigned station.

22'9

Captain, cont'd.

Attends and participates in public functions for the purpose of promoting fire prevention, and establishing favorable public relations.

Directs the investigation of and responds to citizen complaints. Effectively relates to and communicates with the community.

Remains abreast of developments affecting fire prevention and suppression, and takes appropriate actions to ensure station is in compliance with all laws and ordinances. Appraises conditions of work and takes necessary steps to improve operations.

Manages the processing of information via a medium-sized business computer system.

Performs all other duties deemed necessary by the Fire Chief.

NOTE: **The listing of functions and responsibilities is representative and not exhaustive. It should not be construed as a detailed description of all work requirements that may be inherent in the job nor shall it be construed as giving exclusive title to every function described.**

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS:

Extensive knowledge of modern methods, practices and techniques in fire prevention and suppression

Working knowledge of the geography of the Fire District.

Good knowledge of modern organizational, planning, and budget preparation practices.

Ability to maneuver around a fire scene and observe all portions structures. This may require the climbing of ladders to access upper floors.

Must be able to communicate both verbally and in written form, and have the visual and physical abilities to operate all fire department vehicles.

Extensive knowledge of Fire District codes and ordinances, and state laws governing fire prevention, suppression, investigation, and inspection at the local government level.

Considerable knowledge of the functions, organizations, staffing and operating procedures of outlying Fire Departments.

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Captain, cont'd.

Ability to establish and maintain harmonious working relationships with other employees, other departments, district officials, and the public in achieving fire prevention and suppression goals.

Ability to meet the physical standard NFPA 1582.

Ability to meet standards of NFPA 1001 and 1002, and NFPA 1021 "Standard for a Fire Officer".

Ability to function, react quickly, calmly, and professionally under varying emergency conditions and hazardous environments.

Physical strength, agility, and freedom from physical impairments which might hinder effective job performance.

REQUIREMENTS:

High School diploma or equivalent. Five years of fire service experience with at least two years experience being at the supervisory/management level; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

Must possess a valid S.C. drivers license with a good driving record.

Must possess a current Class E drivers license, CDL preferred.

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Home Office Use Only

Allstate
Workplace Division

CLAIM FORM AND INSTRUCTIONS

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489 8:00 A.M. to 8:00 P.M. Eastern Standard Time

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

INSTRUCTIONS FOR FILING CLAIMS

- Please fill out the sections which apply to your specific claim.
- Enclose the information requested and include your policy number. To obtain your policy number call **1-800-348-4489.**
- You may **fax** your claim to us at **1-904-992-2899.** Please allow 48 hours for our records to be updated with information confirming receipt of your fax or claim.
- or, You may mail your claim to: **Allstate Workplace Division**
  Attn: Claim Department
  1776 American Heritage Life Drive
  Jacksonville, Florida 32224-6687
- Additional claim forms are available on our website at www.ahlcorp.com.
- If you are filing a claim within the first 12 to 24 months your policy is in force, additional information may be required. Please notify your doctor we will be contacting him/her and provide him/her with a copy of your authorization to release information to us.
- **FOR ALL CLAIMS (First Claim or Continued Claim):**
  - ☐ Complete PART 1: Section A – POLICYHOLDER and,
  - ☐ Sign the Authorization (Page 2)

PART 1

Section A – POLICYHOLDER

Employer Name (Company/Address): ST. JOHNS FIRE DEPT Occupation: FIREFIGHTER

1. Name: First: THOMAS Middle: _____ Last: CONTRERAS
   Social Security Number: _____7473 Date of Birth: _____ (MO/DAY/YR) ☑ Male ☐ Female
2. Home Number: (840) 729-4429 E-mail: THOMASCONTRERAS@MINDLOGY.NET Avg. Monthly Earnings: 3,449.38

PATIENT

3. Name: First: THOMAS Middle: _____ Last: CONTRERAS
4. Date of Birth: _____ (MO/DAY/YR) Age: 46 ☑ Male ☐ Female
5. This person is your: SELF (ex: self, wife, son, etc.) Is he/she a full-time student? ☐ Yes ☐ No If yes, please submit proof of student status.

Section B – TYPE OF CLAIM: ☑ FIRST CLAIM ☐ CONTINUED CLAIM

✓ ACCIDENT/DISABILITY ☐ Routine Pregnancy ☐ Ongoing Disability	Policy No.(s):	_____
_____ CANCER ☐ Wellness Benefit ☐ Intensive Care	Policy No.(s):	_____
_____ HEART/STROKE	Policy No.(s):	_____
_____ HOSPITAL INDEMNITY	Policy No.(s):	_____
_____ CRITICAL ILLNESS	Policy No.(s):	_____
_____ WAIVER OF PREMIUM	Policy No.(s):	_____

PLEASE NOTE: Failure to complete this information will cause a delay in the processing of your claim.

Allstate Workplace Division is the marketing name for American Heritage Life Insurance Company (home office: Jacksonville, Florida), a wholly-owned subsidiary of The Allstate Corporation (home office: Northbrook, Illinois)

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If you filing a claim for disability or waiver of premium, please have your employer and physician complete PARTS 2 & 4.

PART 2 ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: Thomas Contreras Age: (46)

1. Diagnosis: Grade 1 Lateral Sprain (L) Ankle
2. If condition is due to pregnancy, what is expected delivery date? Date ___/___/___ MO/DAY/YR
3. When did symptoms first appear or accident happen? Date 9/27/07 MO/DAY/YR
4. When did patient first consult you for this condition? Date 9/28/07 MO/DAY/YR
5. Has patient ever had same or similar condition? (If "yes," state when and describe.) ☐ Yes ☑ No
6. Describe any other diseases or infirmity affecting present condition. ø
7. Nature of surgical or obstetrical procedure, if any (describe fully). ø
8. Is patient unable to perform job duties? ☑ Yes ☐ No If yes, from 9/27/07 through 10/8/07
9a. What specific job duties is patient unable to perform? full duty
9b. Specific RESTRICTIONS (What the patient should not do and why). Please quantify in hours, weight, etc. ø
9c. Specific LIMITATIONS (What the patient cannot do and why). ø
10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?
11. Date patient last examined by you: 10/24/07 Frequency of visits: ☐ weekly ☑ monthly ☐ other
12. Is patient: ☐ ambulatory ☐ bed confined ☐ house confined ☐ other
13. If patient is hospitalized, give name and address of hospital.
Hospital: City: State:
14a. Date admitted: ___/___/___ MO/DAY/YR Date discharged: ___/___/___ MO/DAY/YR
14b. When do you expect patient to resume partial duties? ___/___/___ MO/DAY/YR Full duties? 10/8/07 MO/DAY/YR
14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities? ___/___/___ MO/DAY/YR
15. Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☑ No (Not work Related - At Home)
If "yes," explain.
Name and address of referring physician if any.
Name: Address:
City: State: Zip
16. Have you completed paperwork for any other insurance company? ☐ Yes ☐ No Social Security Disability? ☐ Yes ☐ No

If you are claiming CONTINUING DISABILITY, please have your employer and physician complete PARTS 3 & 4.

PART 3 ATTENDING PHYSICIAN'S STATEMENT FOR CONTINUING DISABILITY

FIRST CLAIM FOR DISABILITY due to Accident or to Sickness: ___/___/___ MO/DAY/YR

1. Is this claim for continuation of a previous disability? ☐ Yes ☐ No
2a. Diagnosis:
2. Describe any other diseases or infirmity affecting present condition.
3. Date of initial disability due to this diagnosis ___/___/___ MO/DAY/YR
4. Is patient unable to perform job duties? ☐ Yes ☐ No If yes, may return to work ☐ part-time ☐ full-time on: ___/___/___ MO/DAY/YR
List any work restrictions: If No, date expected to return to work: ___/___/___ MO/DAY/YR

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

PHYSICIAN VERIFICATION

Signed: PA-C MD Date: 10/24/07 MO/DAY/YR Phone: (843) 958-2500
Street Address: 2093 Henry Tecklenburg Dr., Ste 200
City/Town: Charleston, SC 29414
State/Province: SC Zip Code: 29407

VD2117 (02/04) 4 of 6

If you filing a claim for disability or waiver of premium, please have your employer and physician complete PARTS 2 & 4.

PART 2 ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: Thomas Contreras Age: 46

1. Diagnosis: Ankle sprain
2. If condition is due to pregnancy, what is expected delivery date? Date ___/___/___ MO/DAY/YR
3. When did symptoms first appear or accident happen? Date 9/27/07 MO/DAY/YR
4. When did patient first consult you for this condition? Date 11/15/07 MO/DAY/YR
5. Has patient ever had same or similar condition? (If "yes," state when and describe.) ☐ Yes ☑ No
6. Describe any other diseases or infirmity affecting present condition. 0
7. Nature of surgical or obstetrical procedure, if any (describe fully). 0
8. Is patient unable to perform job duties? ~~☑ Yes~~ BD ☒ No If yes, from ___ through ___
9a. What specific job duties is patient unable to perform?
9b. Specific RESTRICTIONS (What the patient should not do and why). Please quantify in hours, weight, etc.
9c. Specific LIMITATIONS (What the patient cannot do and why).
10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?
11. Date patient last examined by you: 1/15/08 Frequency of visits: ☐ weekly ☐ monthly ☑ other every 6 wks
12. Is patient: ☑ ambulatory ☐ bed confined ☐ house confined ☐ other
13. If patient is hospitalized, give name and address of hospital.
Hospital: City: State:
14a. Date admitted: ___/___/___ MO/DAY/YR Date discharged: ___/___/___ MO/DAY/YR
14b. When do you expect patient to resume partial duties? ___/___/___ MO/DAY/YR Full duties? 2/12/08 BD MO/DAY/YR
14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities? ___/___/___ MO/DAY/YR
15. Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☐ No
If "yes," explain.
Name and address of referring physician if any.
Name: Blake Ohlsen Address: 2093 Henry Tecklenburg Drive
City: Charleston State: SC Zip 29414
16. Have you completed paperwork for any other insurance company? ☐ Yes ☑ No Social Security Disability? ☐ Yes ☑ No

If you are claiming CONTINUING DISABILITY, please have your employer and physician complete PARTS 3 & 4.

PART 3 ATTENDING PHYSICIAN'S STATEMENT FOR CONTINUING DISABILITY

FIRST CLAIM FOR DISABILITY due to Accident or to Sickness: ___/___/___ MO/DAY/YR

1. Is this claim for continuation of a previous disability? ☐ Yes ☐ No
2a. Diagnosis:
3. Describe any other diseases or infirmity affecting present condition.
4. Date of initial disability due to this diagnosis ___/___/___ MO/DAY/YR
5. Is patient unable to perform job duties? ☐ Yes ☐ No If yes, may return to work ☐ part-time ☐ full-time on: ___/___/___ MO/DAY/YR
List any work restrictions: If No, date expected to return to work: ___/___/___ MO/DAY/YR

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

PHYSICIAN VERIFICATION

Signed: _____, MD Date: 02/11/2008 MO/DAY/YR Phone: 843 958-2500
Street Address: 2093 Henry Tecklenburg Dr.
City/Town: Charleston, SC
State/Province: SC 734 Zip Code: 29414

AWD2117 (02/04)

INSTRUCTIONS FOR FILING ACCIDENT CLAIMS:

- ☐ A copy of the hospital bill. Make sure the bill includes your diagnosis and the number of days you were in the hospital. If you were treated in the emergency room or a doctor's office, please include a copy of these bills also.
- ☐ **PART 2: Attending Physician's Statement** should be completed and signed by your doctor

We may also need:

- ☐ A copy of the **accident report** if the accident was investigated by the police or sheriff.
- ☐ A copy of the **blood alcohol report** or **drug screening** if the patient was tested for alcohol or drugs.
- ☐ A **certified copy of the death certificate** if the patient is deceased.

Section C ACCIDENT POLICY CLAIMS.

Please attach itemized bill(s), including date(s) of service, diagnosis code(s), procedure codes(s) and charge(s).

Date of accident: 9/27/07 (MO/DAY/YR) Injury: 9/27/07 (MO/DAY/YR) Time of accident: _____ ☐ a.m. ☐ p.m.

Where did it happen? Home Tell us exactly how your accident/injury happened: I WAS CUTTING A TREE BRANCH I FELL INTO A DITCH STEPPED ON A LARGE OAK TREE ROOT

Did your injuries occur while you were working for pay or profit? ☐ Yes ☒ No ☐ On the job ☒ Off the job

Have you ever had a similar injury? NO If so, please tell us when: ___/___/___ (MO/DAY/YR)

***If you are claiming disability due to your accident, please have your physician complete the* ATTENDING PHYSICIAN STATEMENT, PART 2 and your employer complete the EMPLOYER'S STATEMENT, PART 4.**

INSTRUCTIONS FOR FILING FIRST CLAIM FOR DISABILITY (due to Accident or Sickness) AND WAIVER OF PREMIUM:

- ☐ **PART 2: Attending Physician's Statement** should be completed and signed by your doctor.
- ☐ **PART 4: Employer's Statement** should be completed, including your monthly salary and pre-tax information, and signed by your employer. If you are self-employed, also send us a copy of your current business license and your most recent quarterly tax records. Additional information may be required.

Section D DISABILITY AND WAIVER OF PREMIUM CLAIMS

INJURY OR ILLNESS YOU ARE CLAIMING: _____

Date you were first treated for your illness or injury: ___/___/___ (MO/DAY/YR) Date you were last treated for your illness or injury: ___/___/___ (MO/DAY/YR)

Date of your accident or the date you first noticed the symptoms of your illness: ___/___/___ (MO/DAY/YR)

If you are claiming an injury, did your injury occur at work? ☐ Yes ☐ No

List all physicians seen in the past five (5) years:

Name	Address	Phone	Specialty	Dates Consulted	Reason for Consult

List all hospital confinements in the past five (5) years:

Name	Address	From/To	Reason Confined

List all pharmacies used in the past five (5) years: (include address and phone number)

I have been unable to work since: ___/___/___ (MO/DAY/YR) I returned to work on a ☐ part-time ☐ full-time basis: ___/___/___ (MO/DAY/YR)

Describe why you are unable to work: _____

Are you receiving Disability Benefits (Salary Continuation, Sick Pay, Social Security Disability Income, or Worker's Compensation) from any other source? If "yes," from whom? _____

***Please submit a copy of your payment statement with this form.* Please have your treating physician complete the ATTENDING PHYSICIAN STATEMENT, PART 2 and your employer complete the EMPLOYER'S STATEMENT, PART 4**

Section E DISABILITY CLAIM FOR ROUTINE PREGNANCY (6 weeks for vaginal delivery, or 8 weeks for C-Section)

If disabled due to complications of pregnancy, before or after delivery, please complete Section D.

Date of Delivery: ___/___/___ (MO/DAY/YR) First Date of Treatment: ___/___/___ (MO/DAY/YR) Type delivery: ☐ Vaginal ☐ C-Section

Dates of Hospital Confinement: ___/___/___ (MO/DAY/YR) Name of Hospital: _____ Phone No.: (___)

Physician's Name: _____

Address: _____ Phone: (___)

Fax: (___)

Treating Physician's Signature: _____ Date: ___/___/___ (MO/DAY/YR) Tax Identification No.: _____

Referring Physician: _____

Mailing Address: _____ 231 Phone No.: (___)

VD2117

(02/04)

P320

PART 4 EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from Sept. 27, 2007 through, Feb 1, 2008.
2. Did insured work light duty or part-time? ☐ Yes ☒ No If yes, give dates _____
3. Prior to inability to work, he/she worked 56 hours per week and is considered ☐ exempt or ☒ non-exempt.
4. When recovered, will he/she resume work? ☒ Yes ☐ No If not why? _____
5. Is this a Workers' Compensation case? ☐ Yes ☒ No Date Workers' Compensation benefits began ___/___/___ MO/DAY/YR
   Name of Workers' Compensation Company _____
6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☒ No
7. Is the employee receiving or has he/she received continued pay? ☒ Yes ☐ No If yes, please complete the following:

Pay Period From	Pay Period To	Amount	Source of Income
9/22/07	10/05/07	1724.70	Accrued Vacation and Sick Leave
10/6/07	10/19/07	1724.69	"
10/20/07	11/02/07	1724.70	"
11/3/07	11/16/07	1784.68	
11/17/07	11/30/07	1904.66	
12/01/07	12/14/07	1724.69	
12/15/07	12/28/07	1724.70	

8. Is the employee covered under any other disability policy through the company? No

[redacted] ☐ No If yes, give date: ___/___/___ MO/DAY/YR

aptain III

841.93 (14.9973 hrly rate)

Fire District Date: 03/04/2008 MO/DAY/YR

ohns Island, SC 29457

l Position: Bookkeeper Telephone number: 843-559-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

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PART 4 EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept. 27, 2007 through, Feb 1, 2008.
2. Did insured work light duty or part-time? ☐ Yes ☒ No If yes, give dates _____
3. Prior to inability to work, he/she worked 56 hours per week and is considered ☐ exempt or ☒ non-exempt.
4. When recovered, will he/she resume work? ☒ Yes ☐ No If not why? _____
5. Is this a Workers' Compensation case? ☐ Yes ☒ No Date Workers' Compensation benefits began ___/___/___ MO/DAY/YR
   Name of Workers' Compensation Company _____
6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☒ No
7. Is the employee receiving or has he/she received continued pay? ☒ Yes ☐ No If yes, please complete the following:

Pay Period From	Pay Period To	Amount	Source of Income
9/22/07	10/05/07	1724.70	Accrued vacation and SICK Leave
10/6/07	10/19/07	1724.69	
10/20/07	11/02/07	1724.70	
11/3/07	11/16/07	1784.68	11
11/17/07	11/30/07	1904.66	
12/01/07	12/14/07	1724.69	11
12/15/07	12/28/07	1724.70	

8. Is the employee covered under any other disability policy through the company? No
9. Has employee returned to work? ☐ Yes ☐ No If yes, give date: ___/___/___ MO/DAY/YR
10. The employee's job title or position is: Captain III
11. Current Salary or Hourly Rate: 44,841.93 (14.9973 hrly rate)

Remarks: _____

Name of Employer: ST. John's Fire District Date: 03/04/2008 MO/DAY/YR

Address: P.O. Box 56, Johns Island, SC 29457

By: Evonne King Official Position: Bookkeeper Telephone number: 843-559-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

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Important: To avoid delay, please sign authorization below.

Note: Due to Internal Revenue Service requirements concerning social security number verification and backup withholding requirements, this form is required to be completed prior to claim payment. Check to be sure that all information is correct before signing.

1. **Section 125:** Were the premiums for your disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☑ No (If in doubt, please ask your employer.)

Taxpayor Identification Number Certification

2. **Federal law requires us to send to the Internal Revenue Service a percentage of any income you may be entitled to unless you certify under penalties of perjury that you have shown your correct Social Security Number and you have not been notified that you are subject to any Internal Revenue Service backup withholding order.**

Under penalties of perjury, I certify that:

A. **The Social Security Number shown in Section A line (1) is my correct taxpayor identification number (or I am waiting for a number to be issued to me), and**

B. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and**

C. **I am a U.S. person (including a U.S. resident alien).**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me (or my dependents) to give such information to American Heritage Life Insurance Company or its designee. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying American Heritage Life in writing of my desire to do so. A photographic copy of this authorization shall be as valid as the original, regardless of date signed. I understand that I or my representative may receive a copy of this authorization by supplying policy number(s) and Insured's name in a written request to the company.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Sign here _____ Date: _____ ☐ Check here if address is new
Claimant

Street Address: _____ City: _____ State: _____ Zip: _____ Telephone No:. ( ) _____

NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, NEW HAMPSHIRE, AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

NOTICE IN CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE IN PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE IN DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE IN TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE IN TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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South Carolina Retirement Systems

EMPLOYER NOTIFICATION OF DISABILITY APPROVAL

KARL RISTOW
ST JOHNS FIRE DISTRICT
PO BOX 56
JOHNS ISLAND SC 29455-0056

SSN: 7473
Appl ID:
System: PORS
Type: Disability
Date: February 09, 2011

Your employee, THOMAS CONTRERAS, was approved for disability retirement benefits on 02/09/2011. With this fax transmission we have included an Employer Certification of Last Day Paid (Form 6201). Please complete the Employer Certification of Last Day Paid and fax it to South Carolina Retirement Systems within three business days. Our fax number is (803) 737-7752.

Since you must certify the last day paid before your employee can begin receiving disability retirement benefits, we appreciate your prompt response so that the benefits your employee is due will not be delayed.

Sections 9-1-1540, 9-9-65, and 9-11-80 of the South Carolina Code of Laws require that a disability retiree have an effective retirement date no earlier than 30 days after the application was filed and no later than 9 months after the application filing date. If your employee does not come off your payroll within 9 months of the date the application was received by South Carolina Retirement Systems, no retirement benefits can be paid and our office will stop processing the claim.

If you have already submitted the Form 6201, have any questions, or would like any further assistance, please call SCRS Customer Service at 1-800-868-9002 or (803) 737-6800. On behalf of your employee, we thank you for your prompt response to this request.

AOH®
"Occupational Medicine Specialist"
"Doctors and More"
Bruce S. Skinner, M.D., AAMRO
Internal Medicine
Associate Medical Director
CORPORATE OFFICES
3625 W. Montague Avenue
P.O. Box 62945
N. Charleston, SC 29419-2945
Phone (843) 207-7130
1-866-282-7935
Fax (843) 207-8633

9/30/09

To: Chief Stanley

From Bruce Skinner AOH

Fax 559-3687

I have circled the pertinent section 6.14.1.7 regarding shoulder strategies

Thanks

Bruce Skinner MD

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6.12.2 Category B medical conditions shall include the following:

(1) Diseases of the kidney
(2) Diseases of the ureter, bladder, or prostate

6.13 Spine and Axial Skeleton.

6.13.1 Category A medical conditions shall include the following:

(1) Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees
(2) History of spinal surgery involving fusion of two or more vertebrae, or rods that are still in place
(3) Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve root compression
(4) Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication
(5) Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
(6) Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (severe — with or without surgery), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
(7) Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
(8) Any spinal or skeletal condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.13.2 Category B medical conditions shall include the following:

(1) Congenital or developmental malformations of the back, particularly those that can cause instability, neurological deficits, pain, or limit flexibility
(2) Scoliosis with angle less than 40 degrees
(3) Arthritis of the cervical, thoracic, or lumbosacral spine
(4) Facet atrophism, high lumbosacral angle, hyperlordosis, Schmorl's nodes, Scheuermann's disease, spina bifida occulta, spondylolisthesis, spondylolysis, or transitional vertebrae
(5) History of infections or infarcts in the spinal cord, epidural space, vertebrae, or axial skeletal joints
(6) History of diskectomy or laminectomy or vertebral fractures

6.14 Extremities.

6.14.1 Category A medical conditions shall include the following:

(1) Bone hardware such as metal plates or rods supporting bone during healing
(2) History of total joint replacement
(3) Amputation or congenital absence of upper-extremity limb (hand or higher)
(4) Amputation of either thumb proximal to the mid-proximal phalanx
(5) Amputation or congenital absence of lower-extremity limb (foot or above)
(6) Chronic non-healing or recent bone grafts
(7) History of more than one dislocation of shoulder without surgical repair or with history of recurrent shoulder disorders within the last 5 years with pain or loss of motion, and with or without radiographic deviations from normal
(8) Any extremity condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.14.2 Category B medical conditions shall include the following:

(1)*History of shoulder dislocation with surgical repair
(2) Significant limitation of function of shoulder, elbow, wrist, hand, or finger due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation
(3) Significant lack of full function of hip, knee, ankle, foot, or toes due to weakness, reduced range of motion, atrophy, unequal length, absence, or partial amputation
(4)*History of meniscectomy or ligamentous repair of knee
(5)*History of intra-articular, malunited, or nonunion of upper or lower extremity fracture
(6)*History of osteomyelitis, septic, or rheumatoid arthritis

6.15 Neurological Disorders.

6.15.1 Category A medical conditions shall include the following:

(1) Ataxias of heredo-degenerative type
(2) Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke
(3) Hemiparalysis or paralysis of a limb
(4)*Multiple sclerosis with activity or evidence of progression within previous 3 years
(5)*Myasthenia gravis with activity or evidence of progression within previous 3 years
(6) Progressive muscular dystrophy or atrophy
(7) Uncorrected cerebral aneurysm
(8) All epileptic conditions including simple partial, complex partial, generalized, and psychomotor seizure disorders other than as allowed in 6.15.1.1
(9) Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
(10) Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
(11) Any neurological condition that results in the candidate not being able to safely perform one or more of the essential job tasks

6.15.1.1 A candidate with epileptic conditions shall have had complete control during the previous 5 years.

6.15.1.2 To be medically qualified a candidate shall meet all of the following:

(1) No seizures for 1 year off all anti-epileptic medication or 5 years seizure free on a stable medical regimen

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ST. JOHN'S FIRE DISTRICT

COMMISSIONERS:

JOHN HART, Chairman
ERIC BRITTON, Vice-Chairman
THOMAS KULICK
SUSANNE HOLLOMAN
ALBERT THOMPSON
SAMUAL BROWNLEE
GENEVA SMITH

P.O. BOX 56
3327 Maybank Hwy.
JOHNS ISLAND, S.C. 29455
PHONE: (843) 559-9194
FAX: (843) 559-3687

KARL E. RISTOW, Fire Chief

FACSIMILE TRANSMITTAL SHEET

TO: Fay Jennings	FROM: Chief Stanley
COMPANY: State Accident Fund	DATE: JANUARY 24, 2011
FAX NUMBER: 803-612-2753	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

X URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT
☐ PLEASE REPLY ☐ PLEASE RECYCLE

Notes/Comments:

Please see attached medical report on Thomas Contreras – his final return to work status states "PERMANT".

We are using the January 21, 2011 date as his final date of employment with St. John's Fire District.

FAXED + MAILED 2 to FAY J. 1/24/11

ROPER ST. FRANCIS HEALTHCARE

Facility:
Palmetto Orthopaedics of Charleston

Facility Address:
615 Wesley Drive, Suite 100
Charleston, SC 29407

FAX COVER SHEET

Date:

From:

To:

Department:

Firm:

Phone:

Phone Number:

Total No. of Pages With Cover:

Fax Number:

Re:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

Notes/Comments:

A not-for-profit health care organization, Roper St. Francis Healthcare is known for delivering high quality healthcare through innovative programs, technologies and practices that produce better outcomes. The 594-bed system comprises more than 20 facilities in four counties. Member hospitals include Bon Secours St. Francis Hospital and Roper Hospital. The organization, which contributes nearly $50 million annually in direct community support, is Charleston's largest private employer with more than 3,800 employees.

PRIVILEGED AND CONFIDENTIAL COMMUNICATION

This message is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient or responsible f delivering this message to the intended recipient, please be aware that any dissemination, distribution or copying of this communication is prohibited. If you have received this message in error, please notify us immediately by calling the phone number listed above. Please return the original message to us at the above address via US mail. We will be happy to reimburse you for the postage. Thank You.

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Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 1-24-11

Patient Name: Thomas Carbaro was seen in our office on today with a diagnosis of Rt Shoulder

Work Related Injury? ___NO ✓YES, DOI: Oct 2008

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE_____

✓ MAY NOT RETURN TO WORK UNTIL PERMANENT

___RETURN APPOINTMENT FOR RE-EVALUATION_____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN ____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****
___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF:_____

___NO USE OF :_____

SCHOOL EXCUSE:
___RETURN TO SCHOOL ON:_____

___NO PE AND/OR SCHOOL SPORTS UNTIL_____

ADDITIONAL COMMENTS:_____

PHYSICIAN SIGNATURE: [signature] 1-24-11

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIlmoil, MD
190 Wingo Way Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

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TRANSMISSION VERIFICATION REPORT

TIME : 01/24/2011 13:22
NAME :
FAX :
TEL :
SER.# : 000GBJ980219

DATE,TIME	01/24 13:21
FAX NO./NAME	18036122753-3592
DURATION	00:00:56
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

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CompEndium Services Inc.

MEDICAL EVENT REPORT FOR: Thomas Contreras 117587473

Case Manager:	Kathrene Averette	Authorization Number:	06041184704199
Claimant Name:	Thomas Contreras	SSN:	7473
Date of Injury:	10/8/2008 17:32	Date of Birth:	
Provider:	Palmetto Orthopedics of Charleston		
Physician:	Palmetto Orthopedics of Charleston		
Address:	615 Wesley Drive, Suite 100		
City:	Charleston SC 29407		
Phone:	843-763-2857		
Date of Visit:	1/21/2011		
Body Part/Diagnosis:			
Assessment:	Palmetto Orthopedics of Charleston - 1/21/11 - ADDENDUM: Mr. Contreras has an 11% permanent shoulder impairment and a 7% right upper extremity impainuent, which is converted to a 4% whole person impairment. James R. DeMarco, M.D		
Plan of Treatment:			
Work Status:			
Test Ordered:		Referrals:	
RX Written:		Next Appt:	

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ACCIDENT/SICKNESS CLAIM REPORT

Please Complete and Mail To:

VFIS
P.O. Box 5126, York, Pennsylvania 17405-9726
Call (717) 741-0911 · Toll Free: (800) 233-1957
Fax (717) 747-7051

PLEASE COMPLETE THIS FORM IN FULL FOR PROMPT SERVICE

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

DATE OF THIS REPORT 11/15/2016

BE COMPLETED BY INJURED PERSON

me THOMAS CONTRERAS — Home Telephone No. (AC) 843-324-5387 — Work Telephone No. (AC) 843-559-9194 — Soc. Sec. No. [redacted]-7473

me Address [redacted] City CHAS State SC Zip 29407

te of Accident or Organization's Activity [redacted] Year [redacted] Occurred [redacted] am pm

te of Birth [redacted] Sex M Weight 200 Height 5'9" Marital Status M

ll-Time/Regular Occupation FIREFIGHTER Income: Weekly [redacted] Yearly [redacted]

me and address of full-time employer ST. JOHNS FIRE DEPT 3327 MAYBANK HWY JOHNS ISLAND SC 29455

nployer Telephone No.: 843-559-9194 Length of employment in this work: 22 YRS

ease completely answer the next three questions:

What activity were you involved in when injured or became ill?

PHYSICAL FITNESS

How did accident or sickness occur?

LIFTING WEIGHTS

What is your injury or sickness?

TORN LABRUM

ive date of first day of full-time occupation missed due to above accident and sickness [redacted]

ive date you were able to return to work [redacted]

ttending Physician's Name, Address and Telephone Number [redacted]

ame and Address of Hospital ST FRANCIS / ROPER HOSPITAL — Dates Hospitalized From [redacted] Year To [redacted] Year

UTHORIZATION TO DOCTOR, HOSPITAL, CLINIC, OR WORKERS' COMPENSATION CARRIER TO RELEASE MEDICAL INFORMATION

ease furnish VFIS, Inc. with information they may request regarding details of my past medical history and physical condition. A notostatic copy of this authorization shall be considered as valid as the original. Your help is greatly appreciated.

T. Cont — Signature of Injured Member or Next of Kin

Self — Relationship

11/15/16 — Date

O BE COMPLETED BY OFFICIAL OF NAMED INSURED ORGANIZATION (must be other than Injured erson)

Was the injured person a member of your organization at the time of the above described incident? (Yes) No

f claimant is a member of organization, please circle type of member: junior (adult) auxiliary (Circle one)

Was the injured person engaged in an authorized activity of your organization at the time of injury or commencement of sickness? (Yes) No

lame and Address of Insured Organization
ST JOHN's FIRE DISTRICT
PO BOX 56
JOHNS ISLAND, SC 29457

- Policy Number CFP-544-01920-0
- Organization Telephone Number 843-559-9194
- Home Telephone Number of Official Signing Below [redacted]

ertify that the above is true.

Signed Darrin K Bezda — Title Finance/Office Mgr — Date 11-15-2016

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Palmetto Orthopaedics
of Charleston
ROPER ST. FRANCIS PHYSICIANS

Copy to FIS

Date: 1-24-11

Patient Name: Thomas Cattaro was seen in our office on today with a diagnosis of Flu Shoulder.

Work Related Injury? ___ NO ✓ YES, DOI: Oct. 2008

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE_____

✓ MAY NOT RETURN TO WORK UNTIL PERMANENT

___RETURN APPOINTMENT FOR RE-EVALUATION_____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN _____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****

___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)

*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF:_____

___NO USE OF :_____

SCHOOL EXCUSE:

___RETURN TO SCHOOL ON:_____

___NO PE AND/OR SCHOOL SPORTS UNTIL_____

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE: _____ 1-20-11

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Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
10 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

TOMMY CONNERAD
LAST DAY 1/21/2011

St. John's Fire District

Employee Out Processing Checklist

On the last day of his/her employment with the District, the exiting employee will meet with the Assistant Chief of Operations or his/her designee to return all Department owned equipment. The Assistant Chief shall initial next to each item on the following equipment list to indicate it was returned. The exiting employee will then meet with the Office Manager or his/her designee to review the administrative items on the list. The Office Manager shall initial next to each item as it is discussed. Finally, the exiting employee may request an exit interview with the Fire Chief or his/her designee. All parties involved in the out processing shall sign this list as acknowledgement that these items have been discussed and that the employee understands them. Finally, the Asst. Chief and Office Manager will complete the notifications and initial when accomplished. Once completed, the checklist should be given to the Payroll Accountant or Office Manager for filing.

EQUIPMENT TO BE RETURNED:

- [TC] Department identification cards (3 issued)
- [NA] Keys (1 key for station and any other specialized keys)
- [NA] Pager
- [NA] Portable radio
- [NA] Chargers
- [NA] Cell phone, if applicable.
- [TC] Work uniforms (T-shirts, work pants, boots, belt, work coat) Also all work out gear
- [TC] Dress uniform (pants, dress shirt, shoes, tie, belt)
- [TC] Bunker gear (pants, coat, boats, gloves, hood, helmet, safety glasses)
- [NA] Employee handbook
- [NA] Any and all other specialized equipment that has been issued to employee

ADMINISTRATIVE ITEMS TO BE REVIEWED:

- [✓] Update contact information if necessary
- [✓] COBRA paperwork for health and dental benefits and, if applicable Flex Plan
- [✓] Standard Life Insurance Company group conversion request
- [✓] PORS or SCRS refund request paperwork including Leaving Covered Employment Brochure
- [✓] 401(k) distribution paperwork, if applicable (Distribution Request form, Distribution Options write-up, Special Tax Notice)
- [✓] Termination of voluntary insurance deductions, if applicable
- [ ] Final paycheck including any unused annual leave balance (check mailed _____, direct deposit with stub mailed on _____) DIR DEP
- [✓] If requested, copy of personnel file
- [—] 1% funds (handled by fire personnel representatives)
- [✓] Termination of access to: vendor accounts, computer network, long distance and security systems
- [—] If military leave, make sure copy of orders are on file.
- [—] Make sure final timesheet and/or attendance records are complete and accurate
- [✓] Check with Training to insure no outstanding reimbursements owed.

* Final check was picked up 02/11/2011. EBK

EXIT INTERVIEW, if requested:

- [ ] Interview conducted on _____ by _____

By signing below, I acknowledge that these items have been discussed and understood.

Assistant Chief of Operations or Designee — Date: 2-3-11

Office Manager or Designee — Date: 2/3/11

Exiting Employee — Date: 2/3/11

NOTIFICATIONS TO BE MADE BY ASSISTANT CHIEF:

- [TC] South Carolina Firefighter Separation paperwork w/ State Fire Marshal

NOTIFICATIONS TO BE MADE BY OFFICE MANAGER: 2U9

- [TC] Separation information to S.C. State Firemen's Association Done by Scott Bernard
- [TC] Prepare Employee Termination Notification Form for 401(k) Plan
- [✓] Notify District computer administrator to remove from District email account.
- [✓] Notify Admin America of term.w/ 5days If Flex Plan Partic.(email: changes@adminamerica.com or fax: 770-992-0723)

Revised July 2008

C:\Shared Forms\HR Forms\Out Checklist

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 1-24-11

Patient Name: Thomas Cortmore was seen in our office on today with a diagnosis of Rt Shoulder

Work Related Injury? ___NO ✓YES, DOI: Oct. 2008

RETURN TO WORK STATUS:

___FULL DUTY ___RESTRICTED DUTY – SEE RESTRICTIONS BELOW

___RETURN DATE_____

✓MAY NOT RETURN TO WORK UNTIL permanent

___RETURN APPOINTMENT FOR RE-EVALUATION_____

MAY RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

___NO LIFTING MORE THAN ____LBS.

___NO OVERHEAD LIFTING

___GROUND LEVEL WORK ONLY, NO LADDERS, STEPS, ETC.

___NO REPEATED BENDING, STOOPING, SQUATTING, AND/OR PUSHING

___NO CONTINUOUS OR PROLONGED STANDING AND/OR SITTING

*****NO MORE THAN _____HOURS/DAY*****
___MINIMUM WALKING, CLIMBING (INCLUDING STAIRS)
*****NO MORE THAN _____HOURS/DAY*****

___LIMITED USE OF:_____

___NO USE OF :_____

SCHOOL EXCUSE:
___RETURN TO SCHOOL ON:_____

___NO PE AND/OR SCHOOL SPORTS UNTIL_____

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE: [signature] 1-24-11

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

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Close out as of
Jan 21, 2011

Co. File # SMG000178 | Clock Number 00420036

Earnings Statement

Worked In Dept: S00
Home Dept: S00

St John's Fire Distr

Period End: 10/15/2010
Pay Date: 10/22/2010

Thomas Contreras

Earnings	Code	Field #	Hours	Amount
Regular			39.00	899.73
	S - Sick	3	41.00	945.87
Gross Pay				**1,845.60**

Deductions	Statutory	Amount
Federal Income Tax		121.57
Social Security		113.00
Medicare		26.43
State Worked In: South Carolina	SC	88.49

	Other	Amount
	K - 401k	85.00
	A - Amer Heritage	12.08
	V - Checking	1,256.01
	I - Insurance	23.08
	R - Scpors-sc Rtrmn	119.96
Net Pay		**0.00**

Memos	Code	Amount

½ OCT

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Co. File # Clock Number
SMG000178 00480052

Worked In Dept: S00
Home Dept: S00

St John's Fire Distr

Earnings Statement

Period End: 11/26/2010
Pay Date: 12/03/2010

Thomas Contreras

Charleston, SC 29407

Earnings	Code	Field #	Hours	Amount
	L - Longevity	3		6,305.68
Gross Pay				**6,305.68**

Deductions	Statutory	Amount
Federal Income Tax		1,160.39
Social Security		389.52
Medicare		91.10
State Worked In: South Carolina	SC	409.10

	Other	Amount
	K - 401k	85.00
	A - Amer Heritage	12.06
	V - Checking	4,135.43
	I - Insurance	23.08
Net Pay		**0.00**

Memos	Code	Amount

252

Amount
6,305.68
6,305.68

Amount
1,160.39
389.52
91.10
409.10

Amount
85.00
12.06
4,135.43
23.08
0.00

Amount

1/31/11

Jerry Contreras stated currently his doctor says he can not be set to work eff. 1/21/11 However he is still employed until he is released by Wkrs Comp

SCRS should have an answer by 2/28/11 as to the disability retirement

769-4429

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C-2 & I spoke w/ J.C. on 2/1/11 & explained that his effective last day of employment would be 1/21/11 the date in his physician statement. He said he would have to verify w/ SCRS that that date would not affect his retirement paperwork that has yet to be approved.

He called back later & said they confirmed what we had told him & he was coming in on 2/ to cut process.

He was also told by us that his WKer's Comp claim would remain open until he signs

a settlement of them.

St. John's Fire District
Physician's Statement

Section A

I, (Print Employees Name) Tommy CONTRERAS
do hereby grant permission to my employer, The St. John's Fire District, to verify the specific information contained below, from my Health Care Provider (the attending Physician),
(Print Name of Health Care Provider) David W Sergison, MD
and grant permission to my Health Care Provider to release the specific information contained within this form upon the request of my employer. I also understand that the information contained within this form shall be fully and accurately completed, and that failure to do so will render this form invalid.

Signature of Employee _____, Date _____

Section B

Below To Be Completed By The Health Care Provider Only (Please Print)

1. Name of Attending Physician: David W Sergison, MD
2. Business Address and Phone: 3312 Maybank
   29455
3. Name of Patient Treated/Examined: Thomas Contreras
4. The attending Physician declares that on (Date) 1/11/10 (Time) 6:11 pm he/she made a personal examination and diagnosis of the patient.
5. Was employee able to return to work immediately after treatment/examination? Yes ___ No ___. If No, please clearly indicate in the space provided below, the date and time the employee may safely return to duty. (Date) 1/13/10 (Time) 6 am.
6. Upon returning to work, are there any concerns associated with either the Patient's condition, or treatment, which may result in workplace dangers to the Patient or coworkers? Yes ____ No ____.
   If Yes, please describe dangers _____

25k

7. Was the employee placed on work restrictions? Yes ✓ No ___.
If Yes, explain 1/11 - 1/13/10

8. Was employee given a follow-up appointment? Yes ___ No ✓.
If Yes, give date and time of appointment. (Date) _____ (Time) _____
Were other appointment dates available? Yes ___ No ___

Comments: _____

Signature and Date of Attending Physician or Designee: [signature] 1/14/10

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St. John's Fire District

PO Box 56
Johns Island, SC 29457
843-559-9194
843-559-3687 (fax)

Policy Number 617H314400

OSHA's Form 301

Injury and Illness Incident Report

Information about the employee

Full Name: Thomas Contreras
Address:
Date Of Accident: 10/8/08
Date Of Birth:
Location of Accident: Station 4
Date Of Hire:9/88
Occupation: firefighter
Marital Status: ☒ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Unknown
Employee Social Security #:
☒ Male ☐ Female

Information about the physician or other health care professional

Name of physician or other health care professional:
If treatment was given away from the worksite, where was it given?
Facility:
Street:
City: State: Zip:

Was employee treated in an emergency room? ☐ Yes ☐ No
Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No

Information about the case

Case number from the *Log:* * *(Transfer the case number from the Log after you record the case.)*

Date of injury of illness: 10/8/08

Time employee began work: 0800AM/PM

Time of event: 1732 AM/PM ☐ Check if time cannot be determined

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Example:* "climbing a ladder while carrying roofing materials." lifting weights

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What happened? 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." I was lifting weights after about the fourth session I felt a pull on my left shoulder.

What was the injury or illness? 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"; "carpal tunnel syndrome." My right shoulder. I feel pain in the back and top of my shoulder.

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

If employee died, when did death occur? Date of death.

Wage Information

Rate: PER: ☐ Hour ☐ bi-weekly (26 Pays) ☐ Annual

Date Return(ed) To Work: Full Pay For Day Of Injury (VAC/Sick)? ☐ Yes ☐ No

Witness Information

Name:
Address:
Phone Number:

Report Completed By

Name:
Title:
Phone Number: Date:

259

93 Henry Tecklenburg Drive
ite 201
arleston, South Carolina 29414

pointments
13) 958-2600

ministration
13) 958-2501

13) 958-2681

ORTHOPAEDIC SPECIALISTS
of
CHARLESTON

April 4, 2008

LETTER OF MEDICAL NECESSITY

nes K. Aymond, M.D.
nneth M. Caldwell, M.D.
m M. J. Ernst, M.D.
m M. Graham, Jr., M.D.
ward L. Hay, M.D. - *Emeritus*
ght McConnell, III, M.D.
n J. McCrosson, M.D.
es C. McIntosh, Jr., M.D.
William Mulbry, Jr., M.D.
es L. Price, Jr., M.D.
hael J. Shereff, M.D.
ph D. Thompson, Jr., M.D.
y L. Bailey, PA-C
liam E. Olmstead, Administrato

To: Allstate Workplace Division

Re: Thomas Contreras

I am the treating Orthopedic Surgeon for Thomas Contreras who sustained a Left Ankle injury on September 27, 2007. As a result, Mr. Contreras had a debilitating third degree ankle sprain that required a series of interventions and physical therapy. From December 21, 2007 through February 2, 2008 he was not able perform his required job duties. He has a follow up appointment scheduled with me on April 4, 2008 to check his progress.

Please contact my office if there are additional questions or concerns.

Sincerely,

Blake L. Ohlson, M.D.
BLO
Orthopedic Spec. Of Charleston
(843) 958-2500
(843) 958-2678 Fax

CATIONS:

ıot Pleasant
Cooper Medical Center
) Hospital Drive, Suite 150
Pleasant, South Carolina 29464

th Charleston
-A Tricom Street
leston, South Carolina 29406

: Ashley
ancis Medical Office Building
Henry Tecklenburg Drive
200
leston, South Carolina 29414

.200

PART 2 EMPLOYER'S STATEMENT

Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing. Please refer to page 2 for notice specific to your state.

1. I hereby certify that Thomas Contreras did not perform any part of his/her work from, Sept 27, 2007 through, Feb 1, 2008.
2. Did insured work light duty or part-time? ☐ Yes ☒ No If yes, give dates _____
3. Prior to inability to work, he/she worked 56 hours per week and is considered ☐ exempt or ☒ non-exempt.
4. When recovered, will he/she resume work? ☒ Yes ☐ No If not why? _____
5. Is this a Workers' Compensation case? ☐ Yes ☒ No Date Workers' Compensation benefits began ___/___/___ MO/DAY/YR
   Name of Workers' Compensation Company _____
6. Section 125: Were the premiums for our disability income policy paid with pre-tax dollars under a Section 125 Plan? ☐ Yes ☒ No
7. Is the employee receiving or has he/she received continued pay? ☐ Yes ☐ No If yes, please complete the following:

Pay Period From	Pay Period To	Amount	Source of Income
12/29/07	1/11/08	1724.70	Accrued Vacation and sick Leave
1/12/08	1/25/08	1724.69	" " "

8. Is the employee covered under any other disability policy through the company? NO
9. Has employee returned to work? ☑ Yes ☐ No If yes, give date: 2/02/08 MO/DAY/YR
10. The employee's job title or position is: Captain III
11. Current Salary or Hourly Rate: 44,841.93 Annual (14.9973 hourly)

Remarks: _____

Name of Employer: ST. John's Fire District Date: 04/11/2008 MO/DAY/YR

Address: P.O. Box 56, Johns Island, SC 29457

By: Lynne King Official Position: Bookkeeper Telephone number: 843-559-9194

NOTE: Please make a copy of the patient's signed authorization to release information for your records.

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SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)

St Johns Fire District
Station 4
12 Sora Rail RoadKiawah IslandSC

CARRIER/ADMINISTRATOR ID NUMBER

REPORT PURPOSE CODE

JURISDICTION

JURISDICTION CLAIM NUMBER

INSURED REPORT NUMBER

SIC CODE

EMPLOYER FEIN

EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)

LOCATION #

PHONE #

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE NO)

State Accident Fund of South Carolina
P.O. Box 102100
Columbia, SC 29221-5000
800-521-6576

POLICY PERIOD

TO

CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO)

CHECK IF APPROPRIATE

[ ] SELF INSURANCE

CARRIER FEIN

POLICY/SELF INSURED NUMBER

ADMINISTRATOR FEIN

AGENT NAME & CODE NUMBER

EMPLOYEE/EMPLOYER

NAME (LAST, FIRST, MIDDLE)

Contreras, Thomas

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE HIRED

9-19-1988

STATE OF HIRE

SC

ADDRESS (INCL ZIP)

Charleston , SC 29407

SEX

[X] MALE
[ ] FEMALE
[ ] UNKNOWN

MARITAL STATUS

[ ] UNMARRIED (SNGL/DIV)
[X] MARRIED
[ ] SEPARATED
[ ] UNKNOWN

OCCUPATION/JOB TITLE

Captain

EMPLOYMENT STATUS

Regular Employment

PHONE

(843) 769-4429

OF DEPENDENTS

0

NCCI JOB CODE

RATE

46,815.03

PER:

[ ] DAY
[ ] WEEK
[X] MONTH
[ ] OTHER

DAYS WORKED/WEEK

4

FULL PAY FOR DAY OF INJURY?

[X] YES [ ] NO

DID SALARY CONTINUE?

[X] YES [ ] NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK

[X] AM [ ] PM

08:00

DATE OF INJURY/ILLNESS

10/08/2008

TIME OF OCCURRENCE

05:32

[ ] AM [X] PM

LAST WORK DATE

10-08-2008

DATE EMPLOYER NOTIFIED

10/08/2008

DATE DISABILITY BEGAN

CONTACT NAME/PHONE NUMBER

Chief Stanley, 843-559-9194

TYPE OF INJURY/ILLNESS

Strain

PART OF BODY AFFECTED

r. shoulder

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?

[X] YES [ ] NO

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

weights

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED

weight lifting

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

weight lifting

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.

Doing daily work out, hurt r. shoulder while lifting weights.

CAUSE OF INJURY CODE

DATE RETURN(ED) TO WORK

IF FATAL, GIVE DATE OF DEATH

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? [ ] YES [X] NO

WERE THEY USED? [ ] YES [X] NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)

St Francis Xavier Hospital Charleston
2091 Henery Mecklinburg Dr
Charleston, SC 29414

HOSPITAL (NAME & ADDRESS)

INITIAL TREATMENT

[ ] NO MEDICAL TREATMENT
[ ] MINOR BY EMPLOYER
[X] MINOR CLINIC/HOSP
[ ] EMERGENCY CARE
[ ] HOSPITALIZED >24 HRS
[ ] FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

WITNESSES (NAME & PHONE #)

Mat Scymaszek ; (843) 559-9194

DATE ADMINISTRATOR NOTIFIED

10-14-2008

DATE PREPARED

10-15-2008

PREPARER'S NAME & TITLE

Chief Stanley

PHONE NUMBER

843-559-9194

SIGNATURE OF PREPARER OR AUTHORIZED EMPLOYER/ORGANIZATION SIGNATURE

WCC FORM 12-A REV. DATE 3/96

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OPERATIONS CHIEF
Jackie Stanley
BATTALION CHIEFS
James Parham, A-Shift
Wayne Carter, B-Shift
Scott Benard, C-Shift
MAINTENANCE
Willie Crooms
Bill Thompson
Dan Colburn
COMMUNICATIONS
Brenda Mitchell

ST. JOHNS FIRE & RESCUE
OPERATIONS DIVISION

P.O. BOX 56
JOHNS ISLAND, S.C. 29457

PHONE: (843) 559-9194
FAX: (843) 559-3687



INCIDENT INVESTIGATION REPORT

REPORT DATE: 10-08-08 **INCIDENT DATE:** 10-08-08

SHIFT: C **BATTALION CHIEF:** Probo

INVESTIGATED BY: Probo **UNIT(S) INVOLVED:** N/A

INCIDENT LOCATION: Station 4

WITNESSES: FF Syzmaczek

EXPLANATION OF INCIDENT: While lifting wieghts Captain Tommy Contreras felt something pull in his right shoulder.

DAMAGE ASSESSMENT: N/A

ACTION TAKEN: Captain Contreras was taken to St. Francis hospital for evaluation and given a drug test.

CORRECTIVE ACTION RECOMMENDED: N/A

CONCLUSION: It is inconclusive as to whether proper lifting techniques were used or it was something unaviodable. Captain Contreras was advised by the doctor to use care when lifting wieghts.

ADDITIONAL INFORMATION:

MEMBER MAKING REPORT:

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ST. JOHN'S FIRE DISTRICT

COMMISSIONERS:

JOHN HART, Chairman
ERIC BRITTON, Vice-Chairman
THOMAS KULICK
SUSANNE HOLLOMAN
ALBERT THOMPSON
SAMUAL BROWNLEE
GENEVA SMITH

P.O. BOX 56
3327 Maybank Hwy.
JOHNS ISLAND, S.C. 29455
PHONE: (843) 559-9194
FAX: (843) 559-3687

KARL E. RISTOW, Fire Chief

FACSIMILE TRANSMITTAL SHEET

TO: LuLa	FROM: Chief Jackie Stanley
COMPANY: State Accident Fund	DATE: OCTOBER 14, 2010
FAX NUMBER: 803-612-2793	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Form 20	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT
☐ PLEASE REPLY ☐ PLEASE RECYCLE

Notes/Comments:

This is an updated Form 20 on our employee Thomas Contreras. His original injury was in 2008. He has been on light duty up until October 11, 2010 when he had a follow-up surgery for the original injury.

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Combined Average Weekly Wage and Compensation Rate

RE: **Thomas Contreras v. St Johns Fire Dist Comm**
WCC#: **0822640**
Date of Accident: **October 8, 2008, which is in the 4th quarter of 2008**

Employer #1, St. John's Fire District, pursuant to Form 20:
AWW: $993.49
CR: $662.36

Employer #2, AMF Triangle Lanes, Pursuant to S.C. Employment Security Commission:
AWW: $180.71
CR: $120.47

Combined Average Weekly Wage: **$1,174.20**

Combined Compensation Rate: **$782.83, which equates to the maximum compensation rate for the year of 2008, in the amount of $661.29**

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South Carolina Workers' Compensation Commission
1612 Marion St. • P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #:
Carrier File #:
Carrier Code #:
Employer FEIN #: 57-6008015

Claimant's Name: Thomas Contreras SSN[redacted]
Address:
City: Charleston State: SC Zip: 29407
Home Phone: (843)769-4429 Work Phone: (843)559-9194
Preparer's Name: Jackie Stanley

Employer's Name: St. John's Fire District
Address: P.O. Box 56
City: Johns Island State: SC Zip: 29457
Insurance Carrier: State Accident Fund
Preparer's Phone #: (843)559-9194

Date of Injury: 10-08-2008 (month day year)

A. Total Wages Paid

1. Check Applicable Method:
   - ☐ Report of earnings of injured employee based on four completed quarters.
   - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: ____
   - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	9/30/2008	$13,182.59
2nd	6/30/2008	$11,905.06
3rd	3/31/2008	$11,773.37
4th	12/31/2007	$14,800.20

Total Paid 2. $ 51,661.22

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. $ 0

4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. $ 51,661.22

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
AVERAGE WEEKLY WAGE: 6. $ 993.49

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $ 662.36

8. The compensation rate is as follows (choose one):
   - ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
   - ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.
   - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
   - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. ____
   - ☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. $ 662.36

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20
Rev. Date 3/97

20 Juc

STATEMENT OF EARNINGS OF INJURED EMPLOYEE

RE: Thomas Contreras v. St Johns Fire Dist Comm
WCC#: 0822640
Date of Accident: **October 8, 2008, which is in the 4th quarter of 2008**

Average Weekly Wage and Compensation rate for AMF Bowling for the 52 weeks prior to Claimant's October 8, 2008, accident at work:

3rd quarter of 2008:	$1,876.16
2nd quarter of 2008:	$2,603.13
1st quarter of 2008:	$2,320.16
4th quarter of 2007:	$2,597.78
	$9,397.23

$9,397.23 divided by 52 weeks = $180.71

Average Weekly Wage: **$180.71**

$180.71 times two and divided by three = $120.47

Compensation Rate: **$120.47**

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SSN Wage Record Inquiry

SSN [redacted]-7473

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
THOMAS CONTRERAS	[redacted]		Original	2012	$549.30	$309.33	$473.66	$760.57
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2011	$3,715.41			
THOMAS CONTRERAS	[redacted]		Original	2011	$285.70	$424.98	$480.73	$554.71
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2010	$12,660.70	$11,558.16	$12,665.60	$9,927.63
THOMAS CONTRERAS	[redacted]		Original	2010	$382.53	$505.45	$196.98	$443.40
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2009	$12,160.96	$10,581.94	$12,634.86	$17,807.67
THOMAS CONTRERAS	[redacted]		Original	2009	$1,101.40	$961.23	$595.91	$654.18
THOMAS CONTRERAS	[redacted]		Original	2008				$120.00
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2008	$11,773.37	$11,905.06	$13,182.59	$15,408.24
THOMAS CONTRERAS	[redacted]		Original	2008	$2,320.16	$2,603.13	$1,876.16	$2,160.27

Next >

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SSN Wage Record Inquiry

SSN [redacted]7473

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2007	$11,612.55	$10,354.93	$11,896.26	$14,800.20
THOMAS CONTRERAS	[redacted]		Original	2007	$1,765.60	$2,147.93	$2,108.06	$2,597.78
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2006	$11,471.08	$9,791.99	$11,670.28	$14,311.32
THOMAS CONTRERAS	[redacted]		Original	2006	$1,733.91	$2,358.49	$2,459.44	$2,628.79
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2005	$9,643.04	$11,104.53	$12,152.93	$13,155.76
THOMAS CONTRERAS	[redacted]		Original	2005	$1,607.47	$1,597.64	$1,753.66	$1,743.56
THOMAS CONTRERAS	145645	ST JOHNS FIRE DISTRICT	Original	2004				$14,353.98
THOMAS CONTRERAS	[redacted]		Original	2004				$2,231.17

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras, Claimant, vs. St Johns Fire Dist Comm, Employer, and State Accident Fund, Carrier, Defendants	)	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF THOMAS CONTRERAS**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET URBANIC, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER:

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

APA	NOTICE OF PHYSICIAN/OTHER	DATE OF REPORT	# OF PAGES

EXHIBITS

APA		DATE	# OF PAGES
12	Claimant's Form 20, from His Second Employer, AMF Bowling Centers, Wherein at the Time of His Workers' Compensation Accident He Had an Average Weekly Wage of $1180.72, with a Corresponding Compensation Rate of $120.49	2008-2007	2 (269.5-271)

13	Claimant's Form 20 from His Second Employer, AMF Bowling Centers, Wherein Claimant Now Has an Average Weekly Wage of $60.65, with a Corresponding Compensation Rate of $40.44	2013 - 2012	2 (272-273)

Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC

Gary Christmas, Esquire
Post Office Box 1896
Mt. Pleasant, South Carolina 29465
Telephone: (843) 849-2800
Facsimile: (843) 884-2007
E-mail: gc@howellandchristmas.com
ATTORNEYS FOR CLAIMANT

Dated this 8th day of May, 2013
Mt. Pleasant, South Carolina.

Combined Average Weekly Wage and Compensation Rate

RE: Thomas Contreras v. St Johns Fire Dist Comm
WCC#: 0822640
Date of Accident: October 8, 2008, which is in the 4th quarter of 2008

Employer #1, St. John's Fire District, pursuant to Form 20:
AWW: $993.49
CR: $662.36

Employer #2, AMF Triangle Lanes, Pursuant to S.C. Employment Security Commission:
AWW: $180.72
CR: $120.49

Combined Average Weekly Wage: $1,174.21

Combined Compensation Rate: $782.85, which equates to the maximum compensation rate for the year of 2008, in the amount of $661.29

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 0822640
Carrier File #:
Carrier Code #:
Employer FEIN #: 54-1221662

Claimant's Name: Thomas Contreras SSN:
Address:
City: Charleston State: SC Zip: 29407
Home Phone: 843 324 5387 Work Phone:
Preparer's Name: Patricia Westfield

Employer's Name: AMF Triangle Lanes / AMF Bowling Centers Inc
Address: 7313 Bell Creek Road
City: Mechanicsville State: VA Zip: 23111
Insurance Carrier:
Preparer's Phone #: 804-559-6303

Date of Injury: October 8, 2008 (month day year)

A. Total Wages Paid

1. Check Applicable Method:
   - ☐ Report of earnings of injured employee based on four completed quarters.
   - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
   - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	9/30/2008	$1876.16
2nd	6/30/2008	$7603.13
3rd	3/31/2008	$2370.16
4th	12/31/2007	$2597.78

Total Paid 2. $ 9397.23

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. $
4. Add lines 2 and 3. TOTAL WAGES PAID: 4. $ 9397.23
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
   AVERAGE WEEKLY WAGE: 6. $ 180.72

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $ 120.49
8. The compensation rate is as follows (choose one):
   - ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
   - ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.
   - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
   - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
   - ☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. $ 120.49

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	10/05/2007	40.75	350.05
CONTRERAS, THOMAS	10/19/2007	31.00	276.29
CONTRERAS, THOMAS	11/02/2007	48.75	418.77
CONTRERAS, THOMAS	11/16/2007	47.50	408.03
CONTRERAS, THOMAS	11/30/2007	49.75	427.36
CONTRERAS, THOMAS	12/14/2007	38.00	326.43
CONTRERAS, THOMAS	12/28/2007	45.50	390.85
CONTRERAS, THOMAS	01/11/2008	46.50	399.43
CONTRERAS, THOMAS	01/25/2008	42.75	367.22
CONTRERAS, THOMAS	02/08/2008	45.75	393.00
CONTRERAS, THOMAS	02/22/2008	49.25	423.06
CONTRERAS, THOMAS	03/07/2008	42.50	365.08
CONTRERAS, THOMAS	03/21/2008	43.00	372.37
CONTRERAS, THOMAS	04/04/2008	48.25	414.47
CONTRERAS, THOMAS	04/18/2008	46.25	404.29
CONTRERAS, THOMAS	05/02/2008	45.75	395.00
CONTRERAS, THOMAS	05/16/2008	41.00	382.19
CONTRERAS, THOMAS	05/30/2008	65.00	558.35
CONTRERAS, THOMAS	06/13/2008	29.25	251.26
CONTRERAS, THOMAS	06/27/2008	23.00	197.57
CONTRERAS, THOMAS	07/11/2008	16.00	137.44
CONTRERAS, THOMAS	07/25/2008	23.75	204.02
CONTRERAS, THOMAS	08/08/2008	51.00	438.10
CONTRERAS, THOMAS	08/22/2008	41.50	404.62
CONTRERAS, THOMAS	09/03/2008	45.75	407.18
CONTRERAS, THOMAS	09/19/2008	32.00	284.80
			9397.23

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 0822640
Carrier File #:
Carrier Code #:
Employer FEIN #: 54-1221662

Claimant's Name: Thomas Contreras SSN:
Address:
City: Charleston State: SC Zip: 29407
Home Phone: 843 324 5387 Work Phone:
Preparer's Name: Patricia Westfield

Employer's Name: AMF Triangle Lanes / AMF Bowling
Address: 7313 Bell Creek Road Centers, Inc
City: Mechanicsville State: VA Zip: 23111
Insurance Carrier:
Preparer's Phone #: 804-559-6303

Date of Injury: October 8, 2008 (month day year)

A. Total Wages Paid

1. Check Applicable Method:
   - ☐ Report of earnings of injured employee based on four completed quarters.
   - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
   - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	6/30/2012	$ 309.33
2nd	9/30/2012	$ 473.66
3rd	12/31/2012	$ 760.57
4th	3/30/2013	$ 1610.08

Total Paid 2. $ 3153.64

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. $
4. Add lines 2 and 3. TOTAL WAGES PAID: 4. $ 3153.64
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
AVERAGE WEEKLY WAGE: 6. $ 60.65

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $ 40.44

8. The compensation rate is as follows (choose one):
   - ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
   - ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.
   - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
   - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
   - ☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. $ 40.44

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20
Rev. Date 3/97

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STATEMENT OF EARNINGS OF INJURED EMPLOYEE

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Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	04/13/2012	2.48	22.79
CONTRERAS, THOMAS	04/27/2012	0.62	5.70
CONTRERAS, THOMAS	05/11/2012	8.48	77.93
CONTRERAS, THOMAS	05/25/2012	11.03	101.36
CONTRERAS, THOMAS	06/08/2012	4.33	39.80
CONTRERAS, THOMAS	06/22/2012	6.72	61.75
CONTRERAS, THOMAS	07/06/2012	4.96	45.58
CONTRERAS, THOMAS	07/20/2012	4.05	37.22
CONTRERAS, THOMAS	08/03/2012	5.28	48.53
CONTRERAS, THOMAS	08/17/2012	2.85	26.19
CONTRERAS, THOMAS	08/31/2012	3.38	31.06
CONTRERAS, THOMAS	09/14/2012	15.30	140.61
CONTRERAS, THOMAS	09/26/2012	15.72	144.47
CONTRERAS, THOMAS	10/12/2012	12.03	110.56
CONTRERAS, THOMAS	10/26/2012	18.63	171.21
CONTRERAS, THOMAS	11/07/2012	28.03	257.60
CONTRERAS, THOMAS	11/23/2012	8.93	82.07
CONTRERAS, THOMAS	12/07/2012	6.94	63.78
CONTRERAS, THOMAS	12/21/2012	8.20	75.35
CONTRERAS, THOMAS	01/04/2013	2.45	22.52
CONTRERAS, THOMAS	01/18/2013	12.32	113.22
CONTRERAS, THOMAS	02/01/2013	28.91	265.68
CONTRERAS, THOMAS	02/15/2013	32.28	296.65
CONTRERAS, THOMAS	03/01/2013	34.75	319.35
CONTRERAS, THOMAS	03/15/2013	31.75	291.78
CONTRERAS, THOMAS	03/29/2013	32.74	300.88
			3153.64

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

Thomas Contreras, Claimant, vs. St Johns Fire Dist Comm, Employer, and State Accident Fund, Carrier, Defendants	)	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF THOMAS CONTRERAS**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET URBANIC, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER:

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

APA	NOTICE OF PHYSICIAN/OTHER	DATE OF REPORT	# OF PAGES

EXHIBITS

APA		DATE	# OF PAGES
14	Claimant's Analysis for His Combined Average Weekly Wage and Compensation Rate and Analysis for Back Due Temporary Partial and/or Permanent Partial Benefits	2013 - 2011	26 (274-299)

Claimant requests that the Commission file be made a part of the record; Claimant reserves the right to offer rebuttal evidence and exhibits.

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee: Claimant, Thomas Contreras and witness, Geneva McCauly. Claimant reserves the right to call any and all witnesses listed by Defendant.

HOWELL & CHRISTMAS, LLC

Gary Christmas, Esquire
Post Office Box 1896
Mt. Pleasant, South Carolina 29465
Telephone: (843) 849-2800
Facsimile: (843) 884-2007
E-mail: gc@howellandchristmas.com
ATTORNEYS FOR CLAIMANT

Dated this 14th day of May, 2013
Mt. Pleasant, South Carolina.

Hearing before Commissioner Gene McCaskill, on May 14, 2013

RE: Thomas Contreras v. St Johns Fire Dist Comm
WCC#: 0822640
Date of Accident: October 8, 2008

1. **Combined Average Weekly Wage and Compensation Rate:**

Employer #1, St. John's Fire District, pursuant to Form 20 (APA#11, p. 266):
AWW: $993.49
CR: $662.36

Employer #2, AMF Triangle Lanes, Pursuant to Form 20 (APA #12, p. 270):
AWW: $180.72
CR: $120.49

Combined Average Weekly Wage: $1,174.21

Combined Compensation Rate: $782.85, which equates to the maximum compensation rate for the year of 2008, in the amount of $661.29.

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2. **Claimant is seeking Temporary Partial Wage Loss in the amount of $13,001.01, for the period of January 21, 2011, through May 16, 2011, for a total of 17 weeks.**

August 7, 2012 = 2nd maximum medical improvement date post Claimant's 4th surgery

Check Date	Gross Pay
1/21/11	$73.43
2/4/11	$58.74
2/18/11	$56.25
3/4/11	$35.60
3/18/11	$26.70
4/1/11	$35.60
4/15/11	$38.45
4/29/11	$44.15
5/13/11	$91.13
Total:	**$460.05**

Based on Claimant's combined average weekly wage, for 17 weeks he would have been entitled to $19,961.57 (Claimant's combined average weekly wage of $1,174.21, times 17 weeks). Claimant only earned $460.05, during those 17 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of $, for the period of January 21, 2011, through May 16, 2011 ($19,961.57 minus $460.05 = $19,501.52; $19,501.52 times two and divided by three = $13,001.01).

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3. Claimant seeking Permanent Partial Wage Loss, in the amount of $62,739.65, for the period of May 17, 2011, through December 21, 2012, for a total of 83 weeks.

Check Date	Gross Pay
5/27/11	$104.22
6/10/11	$41.74
6/24/11	$69.69
7/8/11	$48.34
7/22/11	$51.83
8/5/11	$36.02
8/19/11	$46.14
9/2/11	$36.31
9/16/11	$139.22
9/30/11	$122.87
10/14/11	$94.57
10/28/11	$59.09
11/10/11	$70.39
11/25/11	$174.15
12/9/11	$65.07
12/23/11	$91.44
1/6/12	$37.22
1/20/12	$85.92
2/3/12	$104.59
2/17/12	$102.84
3/2/12	$63.41
3/16/12	$97.33
3/30/12	$57.99
4/13/12	$22.79
4/27/12	$5.70
5/11/12	$77.93
5/25/12	$101.36
6/8/12	$39.80
6/22/12	$61.75
7/6/12	$45.58
7/20/12	$37.22
8/3/12	$48.53
8/17/12	$26.19
8/31/12	$31.06
9/14/12	$140.61
9/26/12	$144.47
10/12/12	$110.56
10/26/12	$171.21
11/7/12	$257.60
11/23/12	$82.07
12/7/12	$63.78

275

12/21/12	$75.35
Total:	**$3,349.95**

Based on Claimant's combined average weekly wage, for 83 weeks he would have been entitled to $97,459.43 (Claimant's combined average weekly wage of $1,174.21, times 83 weeks). Claimant only earned $3,349.95, during those 83 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of $, for the period of May 17, 2011, through December 21, 2012 ($97,459.43 minus $3,349.995 = $94,109.48; $94,109.48 times two and divided by three = $62,739.65).

4. **Claimant seeking Permanent Partial Wage Loss in the amount of $12,458.55, for the period of January 1, 2013, through May 10, 2013, or a total of 18 weeks.**

Check Date	Gross Pay
1/4/13	$22.52
1/18/13	$113.22
2/1/13	$265.68
2/15/13	$296.65
3/1/13	$319.35
3/15/13	$291.78
3/29/13	$300.88
412/13	$335.35
4/26/13	$253.28
5/10/13	$249.24
Total:	**$2,447.95**

Based on Claimant's combined average weekly wage, for 18 weeks he would have been entitled to $21,135.78 (Claimant's combined average weekly wage of $1,174.21, times 18 weeks). Claimant only earned $2,447.95, during those 18 weeks. Therefore, he is entitled to permanent partial wage loss in the amount of $12,458.55, for the period of January 1, 2013, through May 10, 2013 ($21,135.78 minus $2,447.95 = $18,687.83; $18,687.83 times two and divided by three = $12,458.55).

Total Amount Claimant is Seeking for Temporary Partial and/or Permanent Partial Benefits: $88,199.21

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R07345

AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

5/10/2013 14:34:08
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Tax ID	Emp Number	Employee Name										
	430640	CONTRERAS, THOMAS										
1	REGULAR	3.93	34.98	34.98	3.93	***	Gross Wages		34.98	34.98		
							FED INCOME TAX		5.00	5.00	33.58	33.
							FED SS W/H		1.47	1.47	34.98	34.
							FED MED W/H		.51	.51	34.98	34.
							SC STATE W/H				33.58	33.
							401k DEDUCTION		1.40	1.40		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		81594759		Check Date: 1/7/2011					
*** Total Pay/Hours	Gross:	3.93	34.98	34.98	3.93		*** Total Employee Deductions		8.38	8.38		
	Taxbl:		33.58	33.58			*** Total Employer Deductions					
							*** Net Pay		26.60	26.60		
1	REGULAR	8.25	73.43	108.41	12.18	***	Gross Wages		73.43	108.41		
							FED INCOME TAX		5.00	10.00	70.49	104.
							FED SS W/H		3.08	4.55	73.43	108.
							FED MED W/H		1.06	1.57	73.43	108.
							SC STATE W/H				70.49	104.
							401k DEDUCTION		2.94	4.34		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		81719099		Check Date: 1/21/2011					
*** Total Pay/Hours	Gross:	8.25	73.43	108.41	12.18		*** Total Employee Deductions		12.08	20.46		
	Taxbl:		70.49	104.07			*** Total Employer Deductions					
							*** Net Pay		61.35	87.95		
1	REGULAR	6.60	58.74	167.15	18.78	***	Gross Wages		58.74	167.15		
							FED INCOME TAX		5.00	15.00	56.39	160.
							FED SS W/H		2.47	7.02	58.74	167.
							FED MED W/H		.85	2.42	58.74	167.
							SC STATE W/H				56.39	160.
							401k DEDUCTION		2.35	6.69		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		81802247		Check Date: 2/4/2011					

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Pay Code	Description		Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	Gross:	6.60	58.74	167.15	18.78		*** Total Employee Deductions		10.67	31.13		
		Taxbl:		56.39	160.46			*** Total Employer Deductions					
								*** Net Pay		48.07	136.02		
1	REGULAR		6.32	56.25	223.40	25.10		*** Gross Wages					
								FED INCOME TAX		56.25	223.40		
								FED SS W/H		5.00	20.00	54.00	214.-
								FED MED W/H		2.36	9.38	56.25	223.-
								SC STATE W/H		.82	3.24	56.25	223.-
								401k DEDUCTION		2.25	8.94	54.00	214.-
Current Employee: CONTRERAS, THOMAS				Current Check Control Number:		81881811		Check Date: 2/18/2011					
***	Total Pay/Hours	Gross:	6.32	56.25	223.40	25.10		*** Total Employee Deductions		10.43	41.56		
		Taxbl:		54.00	214.46			*** Total Employer Deductions					
								*** Net Pay		45.82	181.84		
1	REGULAR		4.00	35.60	259.00	29.10		*** Gross Wages					
								FED INCOME TAX		35.60	259.00		
								FED SS W/H		5.00	25.00	34.18	248.-
								FED MED W/H		1.50	10.88	35.60	259.-
								SC STATE W/H		.52	3.76	35.60	259.-
								401k DEDUCTION		1.42	10.36	34.18	248.-
Current Employee: CONTRERAS, THOMAS				Current Check Control Number:		82050024		Check Date: 3/4/2011					
***	Total Pay/Hours	Gross:	4.00	35.60	259.00	29.10		*** Total Employee Deductions		8.44	50.00		
		Taxbl:		34.18	248.64			*** Total Employer Deductions					
								*** Net Pay		27.16	209.00		
1	REGULAR		3.00	26.70	285.70	32.10		*** Gross Wages					
								FED INCOME TAX		26.70	285.70		
								FED SS W/H		5.00	30.00	25.63	274.-
								FED MED W/H		1.12	12.00	26.70	285.-
										.38	4.14	26.70	285.-

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H				25.63	274.2
							401k DEDUCTION		1.07	11.43		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		82158377		Check Date: 3/18/2011					
*** Total Pay/Hours	Gross:	3.00	26.70	285.70	32.10		*** Total Employee Deductions		7.57	57.57		
	Taxbl:		25.63	274.27			*** Total Employer Deductions					
							*** Net Pay		19.13	228.13		
1 REGULAR		4.00	35.60	321.30	36.10		*** Gross Wages		35.60	321.30		
							FED INCOME TAX		5.00	35.00	34.18	308.2
							FED SS W/H		1.49	13.49	35.60	321.2
							FED MED W/H		.52	4.66	35.60	321.2
							SC STATE W/H				34.18	308.2
							401k DEDUCTION		1.42	12.85		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		82190633		Check Date: 4/1/2011					
*** Total Pay/Hours	Gross:	4.00	35.60	321.30	36.10		*** Total Employee Deductions		8.43	66.00		
	Taxbl:		34.18	308.45			*** Total Employer Deductions					
							*** Net Pay		27.17	255.30		
1 REGULAR		4.32	38.43	359.75	40.42		*** Gross Wages		38.45	359.75		
							FED INCOME TAX		5.00	40.00	36.91	345.2
							FED SS W/H		1.62	15.11	38.45	359.2
							FED MED W/H		.56	5.22	38.45	359.2
							SC STATE W/H				36.91	345.2
							401k DEDUCTION		1.54	14.39		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		82309139		Check Date: 4/15/2011					
*** Total Pay/Hours	Gross:	4.32	38.45	359.75	40.42		*** Total Employee Deductions		8.72	74.72		
	Taxbl:		36.91	345.36			*** Total Employer Deductions					
							*** Net Pay		29.73	285.03		
1 REGULAR		4.96	44.15	403.90	45.38		*** Gross Wages		44.15	403.90		

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							FED INCOME TAX		5.00	45.00	42.38	387.
							FED SS W/H		1.85	16.96	44.15	403.
							FED MED W/H		.64	5.86	44.15	403.
							SC STATE W/H				42.38	387.
							401k DEDUCTION		1.77	16.16	-	
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		82441965		Check Date: 4/29/2011					
*** Total Pay/Hours	Gross:	4.96	44.15	403.90	45.38		*** Total Employee Deductions		9.26	83.98		
	Taxbl:		42.38	387.74			*** Total Employer Deductions					
							*** Net Pay		34.89	319.92		
1 REGULAR		10.24	91.13	495.03	55.62	***	Gross Wages		91.13	495.03		
							FED INCOME TAX		5.00	50.00	87.48	475.
							FED SS W/H		3.83	20.79	91.13	495.
							FED MED W/H		1.32	7.18	91.13	495.
							SC STATE W/H				87.48	475.
							401k DEDUCTION		3.65	19.81		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		82529705		Check Date: 5/13/2011					
*** Total Pay/Hours	Gross:	10.24	91.13	495.03	55.62		*** Total Employee Deductions		13.80	97.78		
	Taxbl:		87.48	475.22			*** Total Employer Deductions					
							*** Net Pay		77.33	397.25		
1 REGULAR		11.71	104.22	599.25	67.33	***	Gross Wages		104.22	599.25		
							FED INCOME TAX		5.00	55.00	100.05	575
							FED SS W/H		4.38	25.17	104.22	599
							FED MED W/H		1.51	8.69	104.22	599
							SC STATE W/H		.03	.03	100.05	575.
							401k DEDUCTION		4.17	23.98		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		82598761		Check Date: 5/27/2011					
*** Total Pay/Hours	Gross:	11.71	104.22	599.25	67.33		*** Total Employee Deductions		15.09	112.87		
	Taxbl:		100.05	575.27			*** Total Employer Deductions					
							*** Net Pay		89.13	486.38		

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1	REGULAR	4.69	41.74	640.99	72.02	***	Gross Wages		41.74	640.99		
							FED INCOME TAX		5.00	60.00	40.07	615.
							FED SS W/H		1.75	26.92	41.74	640.
							FED MED W/H		.60	9.29	41.74	640.
							SC STATE W/H			.03	40.07	615.
							401k DEDUCTION		1.67	25.65		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		82800201		Check Date: 6/10/2011					
*** Total Pay/Hours	Gross:	4.69	41.74	640.99	72.02		*** Total Employee Deductions		9.02	121.89		
	Taxbl:		40.07	615.34			*** Total Employer Deductions					
							*** Net Pay		32.72	519.10		
1	REGULAR	7.83	69.69	710.68	79.85	***	Gross Wages		69.69	710.68		
							FED INCOME TAX		5.00	65.00	66.90	682.
							FED SS W/H		2.93	29.85	69.69	710.
							FED MED W/H		1.01	10.30	69.69	710.
							SC STATE W/H			.03	66.90	682.
							401k DEDUCTION		2.79	28.44		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		82893671		Check Date: 6/24/2011					
*** Total Pay/Hours	Gross:	7.83	69.69	710.68	79.85		*** Total Employee Deductions		11.73	133.62		
	Taxbl:		66.90	682.24			*** Total Employer Deductions					
							*** Net Pay		57.96	577.06		
1	REGULAR	5.26	48.34	759.02	85.11	***	Gross Wages		48.34	759.02		
							FED INCOME TAX		5.00	70.00	46.41	728.
							FED SS W/H		2.03	31.88	48.34	759.
							FED MED W/H		.71	11.01	48.34	759.
							SC STATE W/H			.03	46.41	728.
							401k DEDUCTION		1.93	30.37		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		83015626		Check Date: 7/8/2011					
*** Total Pay/Hours	Gross:	5.26	48.34	759.02	85.11		*** Total Employee Deductions		9.67	143.29		

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Taxbl:		46.41	728.65			*** Total Employer Deductions					
							*** Net Pay		38.67	615.73		
1	REGULAR	5.64	51.83	810.85	90.75		*** Gross Wages		51.83	810.85		
							FED INCOME TAX		5.00	75.00	49.76	778.4
							FED SS W/H		2.18	34.06	51.83	810.2
							FED MED W/H		.75	11.76	51.83	810.2
							SC STATE W/H			.03	49.76	778.4
							401k DEDUCTION		2.07	32.44		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83093915		Check Date: 7/22/2011					
*** Total Pay/Hours	Gross:	5.64	51.83	810.85	90.75		*** Total Employee Deductions		10.00	153.29		
	Taxbl:		49.76	778.41			*** Total Employer Deductions					
							*** Net Pay		41.83	657.56		
1	REGULAR	3.92	36.02	846.87	94.67		*** Gross Wages		36.02	846.87		
							FED INCOME TAX		5.00	80.00	34.58	812.4
							FED SS W/H		1.51	35.57	36.02	846.2
							FED MED W/H		.52	12.28	36.02	846.2
							SC STATE W/H			.03	34.58	812.4
							401k DEDUCTION		1.44	33.88		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83229886		Check Date: 8/5/2011					
*** Total Pay/Hours	Gross:	3.92	36.02	846.87	94.67		*** Total Employee Deductions		8.47	161.76		
	Taxbl:		34.58	812.99			*** Total Employer Deductions					
							*** Net Pay		27.55	685.11		
1	REGULAR	5.02	46.14	893.01	99.69		*** Gross Wages		46.14	893.01		
							FED INCOME TAX		5.00	85.00	44.29	857
							FED SS W/H		1.94	37.51	46.14	893.4
							FED MED W/H		.67	12.95	46.14	893.4
							SC STATE W/H			.03	44.29	857

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83339760		401k DEDUCTION		1.85	35.73		
*** Total Pay/Hours	Gross:	5.02	46.14	893.01	99.69	Check Date:	8/19/2011					
	Taxbl:		44.29	857.28		*** Total Employee Deductions			9.46	171.22		
						*** Total Employer Deductions						
						*** Net Pay			36.68	721.79		
1 REGULAR		3.95	36.31	929.32	103.64	*** Gross Wages			36.31	929.32		
						FED INCOME TAX			5.00	90.00	34.86	892.
						FED SS W/H			1.52	39.03	36.31	929.
						FED MED W/H			.53	13.48	36.31	929.
						SC STATE W/H				.03	34.36	892.
						401k DEDUCTION			1.45	37.18		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83393387							
*** Total Pay/Hours	Gross:	3.95	36.31	929.32	103.64	Check Date:	9/2/2011					
	Taxbl:		34.86	892.14		*** Total Employee Deductions			8.50	179.72		
						*** Total Employer Deductions						
						*** Net Pay			27.81	749.60		
1 REGULAR		15.15	139.22	1,068.54	118.79	*** Gross Wages			139.22	1,068.54		
						FED INCOME TAX			5.00	95.00	133.65	1,025.
						FED SS W/H			5.85	44.88	139.22	1,068.
						FED MED W/H			2.01	15.49	139.22	1,068.
						SC STATE W/H			.64	.67	133.65	1,025.
						401k DEDUCTION			5.57	42.75		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83477505							
*** Total Pay/Hours	Gross:	15.15	139.22	1,068.54	118.79	Check Date:	9/16/2011					
	Taxbl:		133.65	1,025.79		*** Total Employee Deductions			19.07	198.79		
						*** Total Employer Deductions						
						*** Net Pay			120.15	869.75		
1 REGULAR		13.37	122.87	1,191.41	132.16	*** Gross Wages			122.87	1,191.41		
						FED INCOME TAX			5.00	100.00	117.96	1,143.

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							FED SS W/H		5.16	50.04	122.87	1,191.
							FED MED W/H		1.79	17.28	122.87	1,191.
							SC STATE W/H		.35	1.02	117.96	1,143.
							401k DEDUCTION		4.91	47.66		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83546726		Check Date: 9/30/2011					
*** Total Pay/Hours	Gross:	13.37	122.87	1,191.41	132.16		*** Total Employee Deductions		17.21	216.00		
	Taxbl:		117.96	1,143.75			*** Total Employer Deductions					
							*** Net Pay		105.66	975.41		
1 REGULAR		10.29	94.57	1,285.98	142.45	***	Gross Wages		94.57	1,285.98		
							FED INCOME TAX		5.00	105.00	90.79	1,234.
							FED SS W/H		3.97	54.01	94.57	1,285.
							FED MED W/H		1.37	18.65	94.57	1,285.
							SC STATE W/H			1.02	90.79	1,234.
							401k DEDUCTION		3.78	51.44		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83630047		Check Date: 10/14/2011					
*** Total Pay/Hours	Gross:	10.29	94.57	1,285.98	142.45		*** Total Employee Deductions		14.12	230.12		
	Taxbl:		90.79	1,234.54			*** Total Employer Deductions					
							*** Net Pay		80.45	1,055.86		
1 REGULAR		6.43	59.09	1,345.07	148.88	***	Gross Wages		59.09	1,345.07		
							FED INCOME TAX		5.00	110.00	56.73	1,291.
							FED SS W/H		2.48	56.49	59.09	1,345.
							FED MED W/H		.85	19.50	59.09	1,345.
							SC STATE W/H			1.02	56.73	1,291.
							401k DEDUCTION		2.36	53.80		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83688142		Check Date: 10/28/2011					
*** Total Pay/Hours	Gross:	6.43	59.09	1,345.07	148.88		*** Total Employee Deductions		10.69	240.81		
	Taxbl:		56.73	1,291.27			*** Total Employer Deductions					
							*** Net Pay		48.40	1,104.26		

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1	REGULAR	7.66	70.39	1,415.46	156.54	***	Gross Wages		70.39	1,415.46		
							FED INCOME TAX		5.00	115.00	67.57	1,358.5
							FED SS W/H		2.96	59.45	70.39	1,415.-
							FED MED W/H		1.02	20.52	70.39	1,415.-
							SC STATE W/H			1.02	67.57	1,358.1
							401k DEDUCTION		2.82	56.62		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83823244		Check Date: 11/10/2011					
*** Total Pay/Hours	Gross:	7.66	70.39	1,415.46	156.54		*** Total Employee Deductions		11.80	252.61		
	Taxbl:		67.57	1,358.84			*** Total Employer Deductions					
							*** Net Pay		58.59	1,162.85		
1	REGULAR	18.95	174.15	1,589.61	175.49	***	Gross Wages		174.15	1,589.61		
							FED INCOME TAX		5.00	120.00	167.18	1,526.
							FED SS W/H		7.31	66.76	174.15	1,589.
							FED MED W/H		2.53	23.05	174.15	1,589
							SC STATE W/H		1.24	2.26	167.18	1,526.
							401k DEDUCTION		6.97	63.59		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83912546		Check Date: 11/25/2011					
*** Total Pay/Hours	Gross:	18.95	174.15	1,589.61	175.49		*** Total Employee Deductions		23.05	275.66		
	Taxbl:		167.18	1,526.02			*** Total Employer Deductions					
							*** Net Pay		151.10	1,313.95		
1	REGULAR	7.08	65.07	1,654.68	182.57	***	Gross Wages		65.07	1,654.68		
							FED INCOME TAX		5.00	125.00	62.47	1,588
							FED SS W/H		2.74	69.50	65.07	1,654
							FED MED W/H		.94	23.99	65.07	1,654
							SC STATE W/H			2.26	62.47	1,588
							401k DEDUCTION		2.60	66.19		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		83964274		Check Date: 12/9/2011					
*** Total Pay/Hours	Gross:	7.08	65.07	1,654.68	182.57		*** Total Employee Deductions		11.28	286.94		
	Taxbl:		62.47	1,588.49			*** Total Employer Deductions					
							*** Net Pay		53.79	1,367.74		

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

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Date From: 1/1/2011
Date Thru: 12/31/2011

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1	REGULAR	9.95	91.44	1,746.12	192.52	***	Gross Wages		91.44	1,746.12		
							FED INCOME TAX		5.00	130.00	87.78	1,676.
							FED SS W/H		3.84	73.34	91.44	1,746.
							FED MED W/H		1.33	25.32	91.44	1,746
							SC STATE W/H			2.26	87.78	1,676.
							401k DEDUCTION		3.66	69.85		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		84018028		Check Date: 12/23/2011					
***	Total Pay/Hours Gross:	9.95	91.44	1,746.12	192.52	***	Total Employee Deductions		13.83	300.77		
	Taxbl:		87.78	1,676.27		***	Total Employer Deductions					
						***	Net Pay		77.61	1,445.35		

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

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Page: 1
Date From: 1/1/2012
Date Thru: 4/30/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Tax ID	Emp Number	Employee Name										
	430640	CONTRERAS, THOMAS										
1	REGULAR	4.05	37.22	37.22	4.05	***	Gross Wages		37.22	37.22		
							FED INCOME TAX		5.00	5.00	35.73	35.
							FED SS W/H		1.56	1.56	37.22	37.
							FED MED W/H		.54	.54	37.22	37.
							SC STATE W/H				35.73	35.
							401k DEDUCTION		1.49	1.49		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		84209351		Check Date: 1/6/2012					
***	Total Pay/Hours Gross:	4.05	37.22	37.22	4.05	***	Total Employee Deductions		8.59	8.59		
	Taxbl:		35.73	35.73		***	Total Employer Deductions					
						***	Net Pay		28.63	28.63		
1	REGULAR	9.35	85.92	123.14	13.40	***	Gross Wages		85.92	123.14		
							FED INCOME TAX		5.00	10.00	82.48	118.
							FED SS W/H		3.61	5.17	85.92	123.
							FED MED W/H		1.25	1.79	85.92	123.
							SC STATE W/H				82.48	118.
							401k DEDUCTION		3.44	4.93		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		84261853		Check Date: 1/20/2012					
***	Total Pay/Hours Gross:	9.35	85.92	123.14	13.40	***	Total Employee Deductions		13.50	21.89		
	Taxbl:		82.48	118.21		***	Total Employer Deductions					
						***	Net Pay		72.62	101.25		
1	REGULAR	11.38	104.59	227.73	24.78	***	Gross Wages		104.59	227.73		
							FED INCOME TAX		5.00	15.00	100.41	218
							FED SS W/H		4.39	9.56	104.59	227.
							FED MED W/H		1.51	3.30	104.59	227
							SC STATE W/H		.04	.04	100.41	218.
							401k DEDUCTION		4.18	9.11		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		84389751		Check Date: 2/3/2012					

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Pay Code	Description		Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	Gross:	11.38	104.59	227.73	24.78		*** Total Employee Deductions		15.12	37.01		
		Taxbl:		100.41	218.62			*** Total Employer Deductions					
								*** Net Pay		89.47	190.72		
1	REGULAR		11.19	102.84	330.57	35.97		*** Gross Wages		102.84	330.57		
								FED INCOME TAX		5.00	20.00	98.73	317
								FED SS W/H		4.32	13.88	102.84	330
								FED MED W/H		1.49	4.79	102.84	330
								SC STATE W/H		01	.05	98.73	317
								401k DEDUCTION		4.11	13.22		
Current Employee: CONTRERAS, THOMAS				Current Check Control Number:		84508326		Check Date: 2/17/2012					
***	Total Pay/Hours	Gross:	11.19	102.84	330.57	35.97		*** Total Employee Deductions		14.93	51.94		
		Taxbl:		98.73	317.35			*** Total Employer Deductions					
								*** Net Pay		87.91	278.63		
1	REGULAR		6.90	63.41	393.98	42.87		*** Gross Wages		63.41	393.98		
								FED INCOME TAX		5.00	25.00	60.87	378
								FED SS W/H		2.67	16.55	63.41	393
								FED MED W/H		.92	5.71	63.41	393
								SC STATE W/H			.05	60.87	378
								401k DEDUCTION		2.54	15.76		
Current Employee: CONTRERAS, THOMAS				Current Check Control Number:		84658931		Check Date: 3/2/2012					
***	Total Pay/Hours	Gross:	6.90	63.41	393.98	42.87		*** Total Employee Deductions		11.13	63.07		
		Taxbl:		60.87	378.22			*** Total Employer Deductions					
								*** Net Pay		52.28	330.91		
1	REGULAR		10.59	97.33	491.31	53.46		*** Gross Wages		97.33	491.31		
								FED INCOME TAX		5.00	30.00	93.44	47
								FED SS W/H		4.09	20.64	97.33	49
								FED MED W/H		1.41	7.12	97.33	49

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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H			.05		
	Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		84707464		401k DEDUCTION		3.89	19 65	93 44	471
	*** Total Pay/Hours Gross:	10.59	97.33	491.31	53.46		Check Date: 3/16/2012					
	Taxbl:		93 44	471.66			*** Total Employee Deductions		14.39	77.46		
							*** Total Employer Deductions					
							*** Net Pay		82.94	413.85		
1	REGULAR	6.31	57.99	549.30	59 77	***	Gross Wages		57.99	549.30		
							FED INCOME TAX		5.00	35.00	55.67	52
							FED SS W/H		2.43	23.07	57.99	54
							FED MED W/H		.84	7.96	57.99	54
							SC STATE W/H			.05	55.67	52
	Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		84811780		401k DEDUCTION		2.32	21.97		
	*** Total Pay/Hours Gross:	6.31	57.99	549.30	59.77		Check Date: 5/30/2012					
	Taxbl:		55 67	527.33			*** Total Employee Deductions		10.59	88.05		
							*** Total Employer Deductions					
							*** Net Pay		47.40	461 25		
1	REGULAR	2.48	22.79	572.09	62.25	***	Gross Wages		22.79	572 09		
							FED INCOME TAX		5.00	40 00	21 88	54
							FED SS W/H		.96	24 03	22 79	57
							FED MED W/H		.34	8 30	22.79	57
							SC STATE W/H			05	21 88	54
	Current Employee: CONTRERAS, THOMAS		Current Check Control Number:		84962844		401k DEDUCTION		91	22 88		
	*** Total Pay/Hours Gross:	2.48	22 79	572.09	62.25		Check Date: 4/13/2012					
	Taxbl:		21.88	549.21			*** Total Employee Deductions		7 21	95.26		
							*** Total Employer Deductions					
							*** Net Pay		15.58	476.83		
1	REGULAR	.62	5.70	577.79	62.87	***	Gross Weges		5.70	577.79		

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AMF BOWLING CENTERS, INC.
Historical Payroll Register
Detail by Check Control Number
Employees Sorted by Address Number

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Page: 1
Date From: 4/13/2012
Date Thru: 12/31/2012

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours
Tax ID	Emp Number	Employee Name			
	430640	CONTRERAS, THOMAS			
1	REGULAR	2.48	22.79	572.09	62.25

DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Gross Wages		22.79	572.09		
	FED INCOME TAX		5.00	40.00	21.88	549.2
	FED SS W/H		.96	24.03	22.79	572.0
	FED MED W/H		.34	8.39	22.79	572.0
	SC STATE W/H			.05	21.88	549.2
	401k DEDUCTION		.91	22.88		
	Check Date: 4/13/2012					
***	Total Employee Deductions		7.21	95.26		
***	Total Employer Deductions					
***	Net Pay		15.58	476.83		

Current Employee: CONTRERAS, THOMAS
Current Check Control Number: 84962844
*** Total Pay/Hours
Gross: 2.48 22.79 572.09 62.25
Taxbl: 21.88 549.21

AMF SUPPORT CTR PAYROLL

1	REGULAR	.62	5.70	577.79	62.87

***	Gross Wages	5.70	577.79		
	FED INCOME TAX	5.00	45.00	5.47	554.6
	FED SS W/H	.24	24.27	5.70	577.7
	FED MED W/H	.08	8.38	5.70	577.7
	SC STATE W/H		.05	5.47	554.6
	401k DEDUCTION	.23	23.11		
	Check Date: 4/27/2012				
***	Total Employee Deductions	5.55	100.81		
***	Total Employer Deductions				
***	Net Pay	.15	476.98		

Current Employee: CONTRERAS, THOMAS
Current Check Control Number: 85063939
*** Total Pay/Hours
Gross: .62 5.70 577.79 62.87
Taxbl: 5.47 554.68

1	REGULAR	8.48	77.93	655.72	71.35

***	Gross Wages	77.93	655.72		
	FED INCOME TAX	5.00	50.00	74.81	629.4
	FED SS W/H	3.27	27.54	77.93	655.7
	FED MED W/H	1.13	9.53	77.93	655.7
	SC STATE W/H		.05	74.81	629.4
	401k DEDUCTION	3.12	26.23		

Current Employee: CONTRERAS, THOMAS
Current Check Control Number: 85126899
Check Date: 5/11/2012

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Pay Code	Description		Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	Gross:	8.48	77.93	655.72	71.35		*** Total Employee Deductions		12.52	113.53		
		Taxbl:		74.83	629.49			*** Total Employer Deductions					
								*** Net Pay		65.41	542.39		
1	REGULAR		11.03	101.36	757.08	82.38	***	Gross Wages		101.36	757.08		
								FED INCOME TAX		5.00	55.00	97.31	726.1
								FED SS W/H		4.26	31.80	101.36	757.(
								FED MED W/H		1.47	10.98	101.36	757.(
								SC STATE W/H			.05	97.31	726.3
								401k DEDUCTION		4.85	30.28		
Current Employee:	CONTRERAS, THOMAS			Current Check Control Number:		85271711		Check Date: 5/25/2012					
***	Total Pay/Hours	Gross:	11.03	101.36	757.08	82.38	***	Total Employee Deductions		14.78	128.11		
		Taxbl:		97.31	726.80		***	Total Employer Deductions					
							***	Net Pay		86.58	628.97		
1	REGULAR		4.33	39.80	796.88	86.71	***	Gross Wages		39.80	796.88		
								FED INCOME TAX		5.00	60.00	38.21	765.(
								FED SS W/H		1.67	33.47	39.80	796.(
								FED MED W/H		.57	11.55	39.80	796.(
								SC STATE W/H			.05	38.21	765.(
								401k DEDUCTION		1.59	31.87		
Current Employee:	CONTRERAS, THOMAS			Current Check Control Number:		85422541		Check Date: 6/8/2012					
***	Total Pay/Hours	Gross:	4.33	39.80	796.88	86.71	***	Total Employee Deductions		8.83	136.94		
		Taxbl:		38.21	765.01		***	Total Employer Deductions					
							***	Net Pay		30.97	659.94		
1	REGULAR		6.72	61.75	858.63	93.43	***	Gross Wages		61.75	858.63		
								FED INCOME TAX		5.00	65.00	59.28	824.(
								FED SS W/H		2.59	36.06	61.75	858.(
								FED MED W/H		.90	12.45	61.75	858.(

AMF SUPPORT CTR PAYROLL
05/13/13 MON 15:46 FAX 8045596264
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							SC STATE W/H			.05		
							401k DEDUCTION		2.47	34.34	59.28	824.2
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		85718018		Check Date: 6/22/2012					
*** Total Pay/Hours	Gross:	6.72	61.75	858.63	93.43							
	Taxbl:		59.28	824.29			*** Total Employee Deductions		10.96	147.90		
							*** Total Employer Deductions					
							*** Net Pay		50.79	710.73		
1	REGULAR	4.96	45.58	904.21	98.39	***	Gross Wages		45.58	904.21		
							FED INCOME TAX		5.00	70.00	43.76	868.4
							FED SS W/H		1.92	37.98	45.58	904.2
							FED MED W/H		.66	13.11	45.58	904.2
							SC STATE W/H			.05	43.76	868.4
							401k DEDUCTION		1.82	36.16		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		85816603		Check Date: 7/6/2012					
*** Total Pay/Hours	Gross:	4.96	45.58	904.21	98.39							
	Taxbl:		43.76	868.05			*** Total Employee Deductions		9.40	357.30		
							*** Total Employer Deductions					
							*** Net Pay		36.18	746.91		
1	REGULAR	4.05	37.22	941.43	102.44	***	Gross Wages		37.22	941.43		
							FED INCOME TAX		5.00	75.00	35.73	903.7
							FED SS W/H		1.56	39.54	37.22	941.4
							FED MED W/H		.54	13.65	37.22	941.4
							SC STATE W/H			.05	35.73	903.7
							401k DEDUCTION		1.49	37.65		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		85921219		Check Date: 7/20/2012					
*** Total Pay/Hours	Gross:	4.05	37.22	941.43	102.44							
	Taxbl:		35.73	903.78			*** Total Employee Deductions		8.59	165.89		
							*** Total Employer Deductions					
							*** Net Pay		28.63	775.54		
1	REGULAR	5.28	48.53	989.96	107.72	***	Gross Wages		48.53	989.96		

AMF SUPPORT CTR PAYROLL
05/13/13 MON 15:46 FAX 8045596284
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		85977600
*** Total Pay/Hours	Gross:	5.28	48.53	989.96	107.72
	Taxbl:		46.59	950.37	
1 REGULAR		2.85	26.19	1,016.15	110.57
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86102784
*** Total Pay/Hours	Gross:	2.85	26.19	1,016.15	110.57
	Taxbl:		25.14	975.51	
1 REGULAR		3.33	31.06	1,047.21	113.95
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86204676
*** Total Pay/Hours	Gross:	3.33	31.06	1,047.21	113.95
	Taxbl:		29.82	1,005.33	

DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	FED INCOME TAX		5.00	80.00	46.59	950.3
	FED SS W/H		2.04	41.58	48.53	989.9
	FED MED W/H		.70	14.35	48.53	989.9
	SC STATE W/H			.05	46.59	950.3
	401k DEDUCTION		1.94	39.59		
	Check Date: 8/3/2012					
	*** Total Employee Deductions		9.68	175.57		
	*** Total Employer Deductions					
	*** Net Pay		38.85	816.39		
	*** Gross Wages		26.19	1,016.15		
	FED INCOME TAX		5.00	85.00	25.14	975.5
	FED SS W/H		1.10	42.68	26.19	1,016.
	FED MED W/H		.38	14.73	26.19	1,016.
	SC STATE W/H			.05	25.14	975.5
	401k DEDUCTION		1.05	40.64		
	Check Date: 8/17/2012					
	*** Total Employee Deductions		7.53	183.10		
	*** Total Employer Deductions					
	*** Net Pay		18.66	833.05		
	*** Gross Wages		31.06	1,047.21		
	FED INCOME TAX		5.00	90.00	29.82	1,005.3
	FED SS W/H		1.10	43.98	31.06	1,047.2
	FED MED W/H		.45	15.18	31.06	1,047.2
	SC STATE W/H			.05	29.82	1,005.3
	401k DEDUCTION		1.24	41.38		
	Check Date: 8/31/2012					
	*** Total Employee Deductions		7.99	191.09		
	*** Total Employer Deductions					
	*** Net Pay		23.07	856.12		

AMF SUPPORT CTR PAYROLL
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
1	REGULAR	15.30	140.61	1,187.82	129.25	***	Gross Wages		140.61	1,187.82		
							FED INCOME TAX		5.00	95.00	134.99	1,140.32
							FED SS W/H		5.91	49.89	140.61	1,187.82
							FED MED W/H		2.04	17.22	140.61	1,187.82
							SC STATE W/H		.66	.71	134.99	1,140.32
							401k DEDUCTION		5.62	47.50		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86350518		Check Date: 9/14/2012					
*** Total Pay/Hours	Gross:	15.30	140.61	1,187.82	129.25							
	Taxbl:		134.99	1,140.32			***Total Employee Deductions		19.23	210.32		
							***Total Employer Deductions					
							*** Net Pay		121.38	977.50		
1	REGULAR	15.72	144.47	1,332.29	144.97	***	Gross Wages		144.47	1,332.29		
							FED INCOME TAX		5.00	100.00	138.69	1,279.60
							FED SS W/H		6.07	55.96	144.47	1,332.29
							FED MED W/H		2.10	19.32	144.47	1,332.29
							SC STATE W/H		.73	1.44	138.69	1,279.60
							401k DEDUCTION		5.78	53.28		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86420791		Check Date: 9/28/2012					
*** Total Pay/Hours	Gross:	15.72	144.47	1,332.29	144.97							
	Taxbl:		138.69	1,279.01			***Total Employee Deductions		19.68	230.00		
							***Total Employer Deductions					
							*** Net Pay		124.79	1,102.29		
1	REGULAR	12.03	110.56	1,442.85	157.00	***	Gross Wages		110.56	1,442.85		
							FED INCOME TAX		5.00	105.00	106.14	1,385.70
							FED SS W/H		4.64	60.60	110.56	1,442.85
							FED MED W/H		1.60	20.92	110.56	1,442.85
							SC STATE W/H		.14	1.58	106.14	1,385.70
							401k DEDUCTION		4.42	57.70		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86616929		Check Date: 10/12/2012					
*** Total Pay/Hours	Gross:	12.03	110.56	1,442.85	157.00							
							***Total Employee Deductions		15.80	245.80		

AMF SUPPORT CTR PAYROLL
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Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Addl Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
	Taxbl:		106.14	1,385.15			*** Total Employer Deductions		94.76	1,197.05		
							*** Net Pay					
1	REGULAR	18.63	171.21	1,614.06	175.63		*** Gross Wages					
							FED INCOME TAX		171.21	1,614.06		
							FED SS W/H		5.00	110.00	164.36	1,549.2
							FED MED W/H		7.19	67.79	171.21	1,614.1
							SC STATE W/H		2.48	23.40	171.21	1,614.1
							401k DEDUCTION		1.19	2.77	164.36	1,549.2
									6.85	64.55		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		86671821		Check Date: 10/26/2012					
*** Total Pay/Hours	Gross:	18.63	171.21	1,614.06	175.63		*** Total Employee Deductions		22.71	268.51		
	Taxbl:		164.36	1,549.51			*** Total Employer Deductions					
							*** Net Pay		148.50	1,345.55		
1	REGULAR	28.03	257.60	1,871.66	203.66		*** Gross Wages					
							FED INCOME TAX		257.60	1,871.66		
							FED SS W/H		5.00	115.00	247.30	1,796.1
							FED MED W/H		10.82	78.61	257.60	1,871.6
							SC STATE W/H		3.74	27.14	257.60	1,871.6
							401k DEDUCTION		3.25	6.02	247.30	1,796.1
									10.30	74.85		
Current Employee:	CONTRERAS, THOMAS		Current Check Control Number:		86814861		Check Date: 11/7/2012					
*** Total Pay/Hours	Gross:	28.03	257.60	1,871.66	203.66		*** Total Employee Deductions		33.11	301.62		
	Taxbl:		247.30	1,796.81			*** Total Employer Deductions					
							*** Net Pay		224.49	1,570.04		
1	REGULAR	8.93	82.07	1,953.73	212.59		*** Gross Wages					
							FED INCOME TAX		82.07	1,953.73		
							FED SS W/H		5.00	128.00	78.79	1,875.4
							FED MED W/H		1.45	82.06	82.07	1,953.7
							SC STATE W/H		1.19	28.33	82.07	1,953.7
										6.02	78.79	1,875.4

AMF SUPPORT CTR PAYROLL
562
05/13/13 MON 15:47 FAX 8045598264
P385
0006

05/13/13 MON 15:47 FAX 8045598264 AMF SUPPORT CTR PAYROLL 007 P386

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
							401k DEDUCTION		3.28	78.13		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86906571		Check Date: 11/23/2012					
*** Total Pay/Hours	Gross:	8.93	82.07	1,953.73	212.59		*** Total Employee Deductions		12.92	314.54		
	Taxbl:		78.79	1,875.60			*** Total Employer Deductions					
							*** Net Pay		69.15	1,639.19		
1 REGULAR		6.94	63.78	2,017.51	219.53	***	Gross Wages		63.78	2,017.51		
							FED INCOME TAX		5.00	125.00	61.23	1,936.1
							FED SS W/H		2.68	84.74	63.78	2,017.:
							FED MED W/H		.92	29.25	63.78	2,017.:
							SC STATE W/H			6.02	61.23	1,936.:
							401k DEDUCTION		2.55	80.68		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		86935567		Check Date: 12/7/2012					
*** Total Pay/Hours	Gross:	6.94	63.78	2,017.51	219.53		***Total Employee Deductions		11.15	325.69		
	Taxbl:		61.23	1,936.33			***Total Employer Deductions					
							*** Net Pay		52.63	1,691.82		
1 REGULAR		8.20	75.35	2,092.86	227.73	***	Gross Wages		75.35	2,092.86		
							FED INCOME TAX		5.00	130.00	72.34	2,009.
							FED SS W/H		3.16	87.90	75.35	2,092.:
							FED MED W/H		1.10	30.35	75.35	2,092.:
							SC STATE W/H			6.02	72.34	2,009.
							401k DEDUCTION		3.01	81.69		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		87073516		Check Date: 12/21/2012					
*** Total Pay/Hours	Gross:	8.20	75.35	2,092.86	227.73		***Total Employee Deductions		12.27	337.96		
	Taxbl:		72.34	2,009.17			***Total Employer Deductions					
							*** Net Pay		63.08	1,754.90		

Pay Code	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
Tax ID	Emp Number	Employee Name										
	430640	CONTRERAS, THOMAS										
1	REGULAR	32.74	300.88	1,610.08	175.20	***	Gross Wages		300.88	1,610.08		
							FED INCOME TAX		5.00	35.00	288.84	1,545.4
							FED SS W/H		18.65	99.82	300.88	1,610.0
							FED MED W/H		4.37	23.35	300.88	1,610.0
							SC STATE W/H		4.55	22.04	288.84	1,545.4
							401k DEDUCTION		12.04	64.41		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		88473706	Check Date: 3/29/2013						
*** Total Pay/Hours	Gross:	32.74	300.88	1,610.08	175.20	***Total Employee Deductions			44.61	244.62		
	Taxbl:		288.84	1,545.67		***Total Employer Deductions						
						*** Net Pay			256.27	1,365.46		
1	REGULAR	36.49	335.35	1,945.43	211.69	***	Gross Wages		335.35	1,945.43		
							FED INCOME TAX		5.00	40.00	321.94	1,867.1
							FED SS W/H		20.80	120.62	335.35	1,945.4
							FED MED W/H		4.86	28.21	335.35	1,945.4
							SC STATE W/H		5.74	27.78	321.94	1,867.6
							401k DEDUCTION		13.41	77.82		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		88546215	Check Date: 4/12/2013						
*** Total Pay/Hours	Gross:	36.49	335.35	1,945.43	211.69	***Total Employee Deductions			49.81	294.43		
	Taxbl:		321.94	1,867.61		***Total Employer Deductions						
						*** Net Pay			285.54	1,651.00		
1	REGULAR	27.56	253.28	2,198.71	239.25	***	Gross Wages		253.28	2,198.71		
							FED INCOME TAX		5.00	45.00	243.15	2,110.4
							FED SS W/H		15.70	136.32	253.28	2,198.4
							FED MED W/H		3.67	31.88	253.28	2,198.4
							SC STATE W/H		3.14	30.92	243.15	2,110.4
							401k DEDUCTION		10.13	87.95		
Current Employee: CONTRERAS, THOMAS			Current Check Control Number:		88663850	Check Date: 4/26/2013						

AMF SUPPORT CTR PAYROLL
L62
P387
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Pay Code	Description		Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
***	Total Pay/Hours	Gross:	27.56	253.28	2,198.71	239.25		*** Total Employer Deductions		37.64	332.07		
		Taxbl:		243.15	2,110.76			*** Total Employer Deductions					
								*** Net Pay		215.64	1,866.64		
1	REGULAR		27.12	249.24	2,447.95	266.37	***	Gross Wages		249.24	2,447.95		
								FED INCOME TAX		5.00	50.00	239.27	2,350.1
								FED SS W/H		15.45	151.77	249.24	2,447.1
								FED MED W/H		3.62	35.50	249.24	2,447.1
								SC STATE W/H		3.04	33.95	239.27	2,350.1
								401k DEDUCTION		9.97	97.92		
Current Employee: CONTRERAS, THOMAS				Current Check Control Number:		38786438		Check Date: 5/10/2013					
***	Total Pay/Hours	Gross:	27.12	249.24	2,447.95	266.37		*** Total Employee Deductions		37.08	369.15		
		Taxbl:		239.27	2,350.03			*** Total Employer Deductions					
								*** Net Pay		212.16	2,078.80		

AMF SUPPORT CTR PAYROLL
P388
05/10/13 FRI 14:48 FAX 8045596264

Alpha Name	Check Date	Hours	Gross Pay
CONTRERAS, THOMAS	04/13/2012	2.48	22.79
CONTRERAS, THOMAS	04/27/2012	0.62	5.70
CONTRERAS, THOMAS	05/11/2012	8.48	77.93
CONTRERAS, THOMAS	05/25/2012	11.03	101.36
CONTRERAS, THOMAS	06/08/2012	4.33	39.80
CONTRERAS, THOMAS	06/22/2012	6.72	61.75
CONTRERAS, THOMAS	07/06/2012	4.96	45.58
CONTRERAS, THOMAS	07/20/2012	4.05	37.22
CONTRERAS, THOMAS	08/03/2012	5.28	48.53
CONTRERAS, THOMAS	08/17/2012	2.85	26.19
CONTRERAS, THOMAS	08/31/2012	3.38	31.06
CONTRERAS, THOMAS	09/14/2012	15.30	140.61
CONTRERAS, THOMAS	09/26/2012	15.72	144.47
CONTRERAS, THOMAS	10/12/2012	12.03	110.56
CONTRERAS, THOMAS	10/26/2012	18.63	171.21
CONTRERAS, THOMAS	11/07/2012	28.03	257.60
CONTRERAS, THOMAS	11/23/2012	8.93	82.07
CONTRERAS, THOMAS	12/07/2012	6.94	63.78
CONTRERAS, THOMAS	12/21/2012	8.20	75.35
CONTRERAS, THOMAS	01/04/2013	2.45	22.52
CONTRERAS, THOMAS	01/18/2013	12.32	113.22
CONTRERAS, THOMAS	02/01/2013	28.91	265.68
CONTRERAS, THOMAS	02/15/2013	32.28	296.65
CONTRERAS, THOMAS	03/01/2013	34.75	319.35
CONTRERAS, THOMAS	03/15/2013	31.75	291.78
CONTRERAS, THOMAS	03/29/2013	32.74	300.88
			3153.64

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

WCC File #	0822640
Carrier File #	2008-4604
Carrier Code #	500 SF
Employer FEIN	576008015

Thomas Contreras	St. Johns Fire District Commission
Claimant's Name SSN	Employer's Name
Charleston, SC 29407	P.O. Box 56 Johns Island, SC 29457
Address City State Zip	Address City State Zip
843-769-4429	State Accident Fund
Home Phone # Work Phone #	Insurance Carrier
Margaret M. Urbanic	(843) 577-2026
Preparer's Name	Phone #

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

√ Injury ____ Illness ___ Repetitive Trauma

1. Compensation Rate: $ 661.29 2. AWW: $ 993.49 Da te of Injury: 10/8/08
3. Type of Injury and body part(s): right shoulder only.
4. Facts In Controversy: This case should be limited to 42-9-30 as the only body part injured was the shoulder. Issue as to whether the Claimant has any permanency. Claimant is not on Social Security and has not applied for Social Security. Carrier denies that allocation language is appropriate. Claimant testified that he has applied for various jobs not reported in the vocational report prepared by Jean Hutchinson. Claimant has applied to be a manager at a bowling alley; federal jobs with salary range between between $35,000-$90,000 (4/29/13 Clmt.Deposition pp 3/32).
5. Legal issues involved: N/A.
6. Unusual problems: Claimant has submitted a separate form 20 from his employer at AMF Lanes as required by 67.1603 (H) Furthermore in Claimant's deposition he testified that he worked 14 hours a week at a current rate of $9.18 which is a comp rate of $85.67. Claimant had the same injury to his left shoulder in 2005.
7. Witnesses (designate if expert)*: Employer rep, Jackie Stanley. Defendants reserve the right to call additional witnesses at the hearing.
8. Exhibits: A) Claimant Deposition 4/29/13; B) Form 19 12/13/06.
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) See Attached APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. James DeMarco, Palmetto Orthopaedics or Charleston, 615 Wesley Drive, Suite 100, Charleston, SC 29407.
11. Impairment rating(s); body part(s); physician and date of opinion: On September 4, 2012, Dr. James DeMarco assigned a 9% impairment rating to right upper extremity which converts to a 15% impairment to right shoulder.
12. I am amending my Form 50/51 in the follow manner: N/A.

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

SIGNATURE Email: purbanic@clawsonandstaubes.com

Date of hearing: May 14, 2013 Time needed for hearing: 2:30 PM
On Behalf of: [ ] Claimant [X] Employer

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

WCC Form #58 Rev. Date 9/07 **Pre-Hearing Brief**

58

STATE OF SOUTH CAROLINA)
) BEFORE THE
COUNTY OF CHARLESTON) SOUTH CAROLINA WORKERS'
) COMPENSATION COMMISSION
)
) W.C.C. FILE NO. 0822640
THOMAS CONTRERAS,)
) **NOTICE OF EVIDENCE TO BE**
Claimant,) **INTRODUCED AS DIRECT**
) **EVIDENCE ON BEHALF OF ST.**
v.) **JOHNS FIRE DISTRICT**
) **COMMISSION/STATE ACCIDENT**
ST. JOHNS FIRE DISTRICT) **FUND**
COMMISSION,)
)
Employer,)
)
STATE ACCIDENT FUND,)
)
Carrier.

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND GARY CHRISTMAS, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE (PROPONENT), pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, St. Johns Fire District Commission, and Carrier, State Accident Fund, herewith submits the following reports/physicians or other evidence on behalf of the Employer, St. Johns Fire District Commission, and Carrier, State Accident Fund:

APAS	PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
1	Dr. David Jaskwhich	Lowcountry Orthopaedics	12/12/08-10/28/09	00001-00010
2	Dr. James DeMarco	Palmetto Orthopaedics of Charleston	9/24/10-8/7/12	00011-00023
3	Charleston Physical Therapy		10/29/8-10/30/08	00024-00027
4	Roper Hospital		10-11-10	00028-00044

APAS	PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
5	St. Francis Hospital		10/8/08	00045-00051
6	Dr. Donald Olofsson	Tricounty Radiology	8/26/09	00052-00054
7	Dr. James Taggart	Trident Diagnostics	1/20/09	00055
8	Dr. James DeMarco Physician's Statement **14B**		9/4/12	00056

Exhibits

A.	Claimant's Deposition 4/29/13
B	Form 19 12/13/06

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination, and, should you desire to exercise that right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer/Carrier.

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

1. Jackie Stanley.

CLAWSON AND STAUBES, LLC

Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, St. Johns Fire District Commission, and Carrier, State Accident Fund.

Charleston, South Carolina

May 3, 2013.

Progress Notes

TIENT: Thomas Contreras DOCTOR: Jastrzebski

AGNOSIS: (R) Shoulder debridement NEXT MD APPT:

ate 10/18/07 #Rx since last re-eval: Rx remaining:

JBJECTIVE: Feel good today - hurts today

BJECTIVE

___Interf.	___min	(1) MH	10 min	___CTX/PTX	___#lbs Int/static	___fluido	___min		
___E-stim	___min	___manual	___min	(1) therex per flow sheet	___min	___paraffin			
___CP	___min	___other	___min	___US cont/pulse	___min	___Ionto	___mA/min		

(R) MHP x10 (R) Shoulder (2) Therex per flow sheet

SSESSMENT: Response to treatment / Goal Status TX focus pulled daily 2° to MD appt. Soreness & guarding but able to complete exercises

AN: To see MD for appt. Cont to progress strengthening to tolerance and work related activities

Therapist Signature [illegible] PT/OTR

ate #Rx since last re-eval: Rx remaining:

JBJECTIVE:

BJECTIVE

___Interf.	___min	___MH	___min	___CTX/PTX	___#lbs Int/static	___fluido	___min		
___E-stim	___min	___manual	___min	___therex per flow sheet	___min	___paraffin			
___CP	___min	___other	___min	___US cont/pulse	___min	___Ionto	___mA/min		

SSESSMENT: Response to treatment / Goal Status

LAN:

Therapist Signature

2889 Tricom Street, Suite B • Charleston, SC 29406 • Phone (843) 553-6343 • Fax (843) 553-6404 • [illegible]

COMPPN 022702

PROGRESS NOTES

PATIENT Thomas Contreras DOCTOR [illegible]
DIAGNOSIS (R) SI AC sprain NEXT MD APPT 3-2-09

Date 2-27-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: "Little better"

OBJECTIVE:
_____ Interf. ____ min (1) MH 10 min ____ CTX/PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min (3) Manual 15 min (4) Ther ex per flow sheet 25 min ____ paraffin ____ min
____ CP ____ min (5) other 10 min (2) US (circle) pulse 8 min 1.5 w/cm2 ____ iomto ____ mA/ min ____ mA
(1) (2) x 10 dr. (2) Int oscillation 2 HC
(3) All planes x ER (4) per flow (5) re-assess
(6) Grip c IFC

ASSESSMENT: Response to treatment/ goal status STG #1 #3 met, others appropriate.

PLAN: Note to MD.

Therapist Signature: [signature]

Date 3-2-09 #Rx since last re- eval _____ Rx remaining _____

SUBJECTIVE: Moving better, but still really painful. New script from Dr. J.

OBJECTIVE:
(5) Interf. 15 min (1) MH 10 min ____ CTX/ PTX ____ #lbs int/ static ____ min ____ fluido ____ min
____ Estim ____ min (4) Manual 15 min (2) Ther ex per flow sheet 30 min ____ paraffin ____ min
(5) CP 15 min ____ other ____ min (3) US (circle) pulse 6 min 1.5 w/cm2 ____ iomto ____ mA/ min ____ mA
(1) ✓ (2) Per flow (3) c HC @ Int. shld.
(4) All planes x ER (5) IFC c cryo, sitting

ASSESSMENT: Response to treatment/ goal status IR PROM great today. Still exhibits painful ↓ ER & abd.

PLAN: Add isometrics as tolerated.

Therapist Signature: [signature] PT

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00002

CONTRERAS, THOMAS 47 yrs.
M

Charleston, SC 29407
(843) 763-4429 2880
Jaskwhich MD, David H 01/29/09

Palmetto Anesthesia of Charleston, LLC

CONSENT FOR INTERSCALENE / INFRACLAVICULAR BLOCK

This nerve block provides excellent pain relief of the shoulder and portion of the upper extremity. It is based upon nerves emerging between the muscles at the base of the neck. The patient lies on his back with the neck turned to the side. A short needle is inserted beneath the skin where local anesthetic is then injected.

I hereby authorize a member of Palmetto Anesthesia of Charleston to provide interscalene or infraclavicular analgesia for my upcoming surgical procedure. I understand that the practice of anesthesia is not an exact science and no guarantees can be made regarding the outcome of this procedure. A doctor from the anesthesia department has explained to me that there may be complications resulting from this type of injection. I understand that these complications may include, but are not limited to the following:

1. failure to work
2. spinal anesthesia
3. seizures
4. partial block
5. nerve damage
6. infection
7. drug reaction
8. damage to blood vessels
9. difficulty breathing

I understand that the above complications are rare; however these complications may occur regardless of the experience, care, skill or amount of training of the anesthesiologist. I also understand that there are alternative forms of pain relief available to me. The above benefits and risks of the procedure have been satisfactorily explained to me. All questions have been answered and I believe I have sufficient information to give this informed consent.

X [signature]
Patient or person authorized to consent for the Patient

1-29-09 / 1315
Date and Time

[signature]
Witness

1-29-09 / 1315
Date and Time

I have discussed the contents of this form with the patient, as well as the risks, hazards, and potential complications of anesthesia, in addition to the alternatives of anesthesia.

[signature]
Physician Signature

1-29-09 / 1315
Date and Time

(Pre-procedure timeout completed, site marked and verified.

[signature]
Anesthesia Provider

X [signature]
Patient or person authorized to consent for the patient

Post Office Box 308, Ladson, South Carolina 29456-0308
843-553-7070 ~ Fax 843-553-2223

LOWCOUNTRY OUTPATIENT SURGERY CENTER

CONSULTATION REQUEST

REQUEST DATE: 1-29-09

TO CONSULT AND/OR SERVICE: Anes TIME: 1315

FOR POST-OPERATIVE PAIN RELIEF:

- ☐ FEMORAL NERVE BLOCK
- ☐ LATERAL FEMORAL CUTANEOUS NERVE BLOCK
- ☒ INTERSCALENE NERVE BLOCK
- ☐ ANKLE BLOCK
- ☐ AXILLARY NERVE BLOCK
- ☒ OTHER: Supra Clav Cervical Plexus Block

M.D

SIGNATURE OF ATTENDING PHYSICIAN

CONSULTATION REPORT

CONSULTATION DATE: 1-29-09

H. Jaw. Ca + R.O.P. Interscalene + Supraclav
Supra Clavic block performed w/ 20cc of
R.O.P. 150mg, etc. Good Conduct + 21 related
& Cathetered w/ out complications + 2 ml lidocaine
flows to 0.5 ml for 48 hour PCA pump
#1440

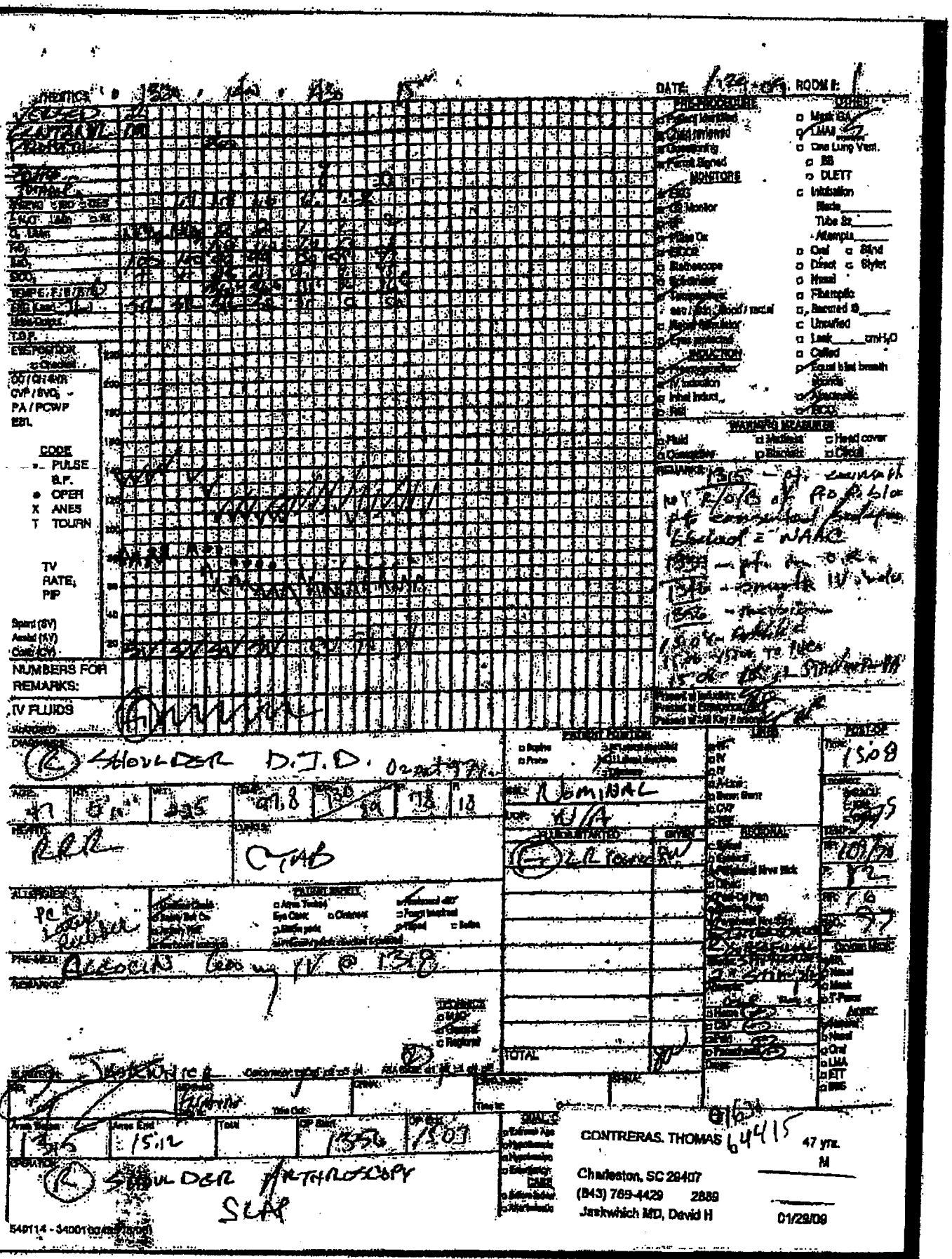
DICTATED:
○ YES
✗ NO

CONTRERAS, THOMAS 47 yrs. M

Charleston, SC
(843) 789-4429 2889
Jaskwhich MD, David H 01/29/09

27

00004



CONTRERAS, THOMAS 4415 47 yrs. M
Charleston, SC 29407
(843) 769-4429 2889
Jaskwhich MD, David H
01/29/09

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PREANESTHESIA EVALUATION

Proposed Surgery: (L) SHOULDER ARTHROSCOPY

Allergies: PCN → hives, LATEX → hives

Current Medications: BENICAR, GLUCOPHAGE, ALLEGRA, TRICOR, SYNTHROID, PREVACID

Comments:

Vitals: Wt 170 lbs, Ht 5'5", BMI 32

CARDIOVASCULAR: Cardiac S/S; ⊖ transfusion Rx

RESPIRATORY: ⊕ ½ TOB; ⊕ INHL

ENDOCRINE, MOLDING HEPATIC: ⊕ liver; ⊕ thyroid; ⊕ DM x 10 yrs., Accu-checks now

GI: ⊕ GERD - PPI (Prevacid)

CENTRAL NERVOUS: ⊖ SZ ⊖ HA ⊖ CVA/TIA

GU: ⊖ complaint

DENTAL STATUS: ⊖

PREVIOUS ANESTHESIA COMPLICATIONS PATIENT AND/OR FAMILY: ⊖ SH ⊖ NAUSEA

DERMATOLOGIC: ⊖

PROPOSED ANESTHETIC: GA + PCA/Epidural

Tobacco User: ☐ No ☐ Yes, ½ PPD for 10 yrs, Quit

"Street Drug" User: ☐ No ☐ Yes, Frequency:

Pregnant: ☐ No ☐ Yes, Frequency:

DATE: 1/29/09 TIME: 1315

PRE-INDUCTION EVALUATION

Vital Signs: See Anesthesia Record; ASA: 1 2 3 4 5 E

Drug(s) Given During:

Events:

Instructions for Care Explained and Understood:

Pre-induction check is explained and signed for as directed. Questions answered and proper anesthesia consent signed.

1/29/09 1315

Date of last oral intake: A/D 1 qNJ

POST-ANESTHESIA VISIT

PRESENCE OR ABSENCE OF COMPLICATIONS: N/V, A/D, ½ MAC, NVH

1/29/09

PATIENT IDENTIFICATION:

47 yrs. M

Charleston, SC 29407 (843) 766-4428 2589

Jaskowiak MD, David H

01/29/09

34001000 (5/02)

12-19-08

Surgery Scheduling

Patient Chart Number 105774 Doctor BG

Patient Thom Cotton Age 47

Time: 30 min. 45 min. 1.0 1.5 (2.0) 2.5

Procedure: (R) L Shoulder SLAP Tear

	CPT	Diagnosis		CPT	Diagnosis		CPT	Diagnosis
Knee scope, plica	29876	727.9	Shld scope, SLAP rep	29807	840.7	Carpal tunnel release	64721	354.0
Knee scope, Synovectomy	29875	716.1	Shld scope, debrid lesion	29822	716.11	Trigger finger release	26055	727.05
Knee scope, chondroplasty	29877	717.7	Shld scope, debrid arthritis	29823	716.19	Dupuytren's release	26040	727.04
Knee scope, miscell.	29879	717.7	Shld scope, Mumford	29824	716.11	Ganglion Excision	25111	727.43
Knee scope, lat release	29873	717.7	SAD, open Mumford	23120	716.19	Ex distal radius, primary	25607	813.41
Knee scope, meniscectomy & lat	29880	717.40	Shld scope, BAD	29826	726.10	Ex distal radius, ORIF	25609	813.41
Knee scope, meniscectomy or lat	29881	717.40	Shld scope, RC repair	29827	727.61	ORIF, distal ulnar	25650	813.41
Knee scope, meniscal repair	29882	717.40	Shld, open RC repair	23412	727.61	ORIF, humeral condyle	24516	812.4
Knee scope, ACL	29888	717.83	Shld, open tendon repair	23466	718.31	ORIF, Tibial, sub pilon	27822	824.8
ACL Graft Auth. Required	L1832	717.83	Lumbar Discectomy	63030	722.10	ORIF, Med malleolus fx	27766	824.6
			PDF	22612	721.3	Tendon Fixation to bone	27780	727.09
			ACDF	63075	721.3			

Assistant: (Y) N If Available

Schedule: ASAP (1-2 weeks) Whatever

Admissions: (SDS) 23 hr observation Adl Admit Admit day before

Facility: (BSC) TMC SMC TSC HSC

Anesthesia: General (Regional) Local stand by Local by Surgeon

Needs in OR: X-Rays (MRI) MRI Report

Equipment:

Films: Here Outside Facility where films were done

Surgery: Date Time Date Posted With

H & P: Scheduled with Date Time

PAT: Date Time

(Order of Shoulder & cardiac thirdy)

Insurance Verification

Patient's Address

Phone Numbers (H) (W) (Cell) 324-6387

DOB SS#

Insurance Company W/ Comp

Policy Number Group Number

Authorization

32

00007

PATIENT:	CONTRERAS, THOMAS
MEDICAL RECORD #:	2889
DATE OF SURGERY:	01/29/09
SURGEON:	David Jaskwhich, M.D.
ASSISTANT:	Jason Trigiani, PA-C
ANESTHESIA:	Scalene block/General
PREOPERATIVE DIAGNOSIS:	1. Right shoulder pain and superior labral tear with bursitis. (726.10) 2. Right shoulder superior labral tear, anterior-posterior (SLAP).
POSTOPERATIVE DIAGNOSIS:	1. Right shoulder pain and superior labral tear with bursitis. (726.10) 2. Right shoulder superior labral tear, anterior-posterior (SLAP).
OPERATION:	1. Right shoulder arthroscopy with extensive debridement of bursa, synovium, labrum and bone. (29823) 2. Arthroscopic repair of superior labrum anterior-posterior (SLAP) tear. (29807)
ESTIMATED BLOOD LOSS:	Minimal
FLUIDS:	Less than 500

INDICATIONS: The patient is a 47-year-old gentleman with a superior labral tear and inflammation of the right shoulder who has failed conservative treatment.

PROCEDURE: The patient was taken to the operating room and anesthesia was administered. He was taken to the operating room and placed in the decubitus position. The right arm was suspended in 10 pounds of traction. The right arm was then prepped and draped in the usual sterile fashion. A posterior portal was established and a survey of the joint was performed.

ARTHROSCOPIC FINDINGS: The glenohumeral joint cartilage surfaces were intact. There was a superior labral tear with a Buford complex anteriorly and some fraying of the anterior labrum from the 3 o'clock to the 5 o'clock position. The biceps tendon itself was intact. The rotator cuff was intact. In the subacromial space there was evidence of a significant bursitis present and thickening of the bursa and redness.

A subacromial decompression was carried out with excision of bursa and excision of bone in the subacromial space. The cuff was inspected and found to be intact from the bursal side.

The subacromial space was entered. The labrum was débrided as was the neck of the glenoid and débrided back to stable tissue. The Buford complex was identified. The anterior labrum was débrided as well. The superior labrum was

PATIENT: CONTRERAS, THOMAS
MEDICAL RECORD #: 2689
DATE OF SURGERY: 01/29/09

débrided in the area of the superior labral tear and it appeared to be unstable. Decision was made to proceed with a limited repair of the SLAP tear.

A large working portal was placed anteriorly. A 2.9 Bioraptor anchor was placed at the 12 o'clock position and the superior labrum was secured with a suture anchor into its natural position. Care was taken to avoid undue tension on the biceps tendon and the Buford complex was not closed.

The scope was then removed. The portals were closed with nylon. A sterile dressing was applied.

The patient was transferred to PACU in stable condition.

The first assistant was essential for completion of the case providing assistance with retraction and positioning of the arm.

DAVID JASKWHICH, M.D.

DD: 01/29/09
DT: 01/30/09
DJ/ETS:ftw 0129-015

Lowcountry Orthopaedics and Sports Medicine
93 A Springview Lane
Summerville, SC 29485
Phone: (843)797-5050

NAME: CONTRERAS, THOMAS	DATE OF EXAM: 12/12/2008
DOB:	Patient No: 105794
Physician: SPEARMAN, JAMES	

MRI RIGHT SHOULDER

HISTORY: Right shoulder rotator cuff tendinitis.

TECHNIQUE: Routine MRI of the shoulder was performed on a 1.0 Tesla GE MRI utilizing fat saturated axial PD, oblique coronal T1, oblique coronal fat saturated PD and T2, and oblique sagittal PD/T2 sequences.

FINDINGS: The patient was imaged in mild internal rotation. The anterior supraspinatus tendon demonstrates irregularity without a defect and no confirmation of a full-thickness rotator cuff tear. The appearance of the supraspinatus does suggest tendinitis. There is no atrophy of the rotator cuff muscles.

No glenohumeral joint effusion. No significant fluid in the subacromial/subdeltoid bursa.

The long head biceps tendon is grossly intact. Deformity of the superior glenoid labrum posterior to the biceps labral anchor is suspicious for a tear and there is question of a tiny para-labral cyst medial and superior. Remaining labrum is unremarkable.

The AC joint demonstrates moderate degenerative changes and hypertrophic bone formation. There is a curved acromion.

IMPRESSION:
1. Supraspinatus tendinitis. No evidence of a full-thickness rotator cuff tear.
2. Probable superior labral tear.
3. Moderate AC joint arthrosis.

James A. Thesing, D.O.
Electronic Signature - Final Report

DD: 12/12/2008/DT: 12/14/2008

Reports are Considered Preliminary until Marked with Electronic Signature

00010

CONTRERAS, THOMAS J

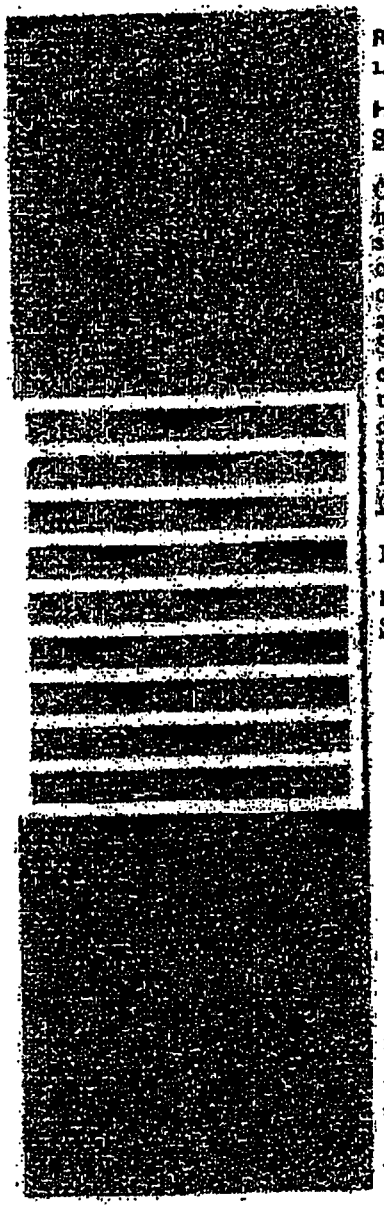
50 Y old Male, DOB: 1
CHARLESTON, SC 29407
Home: 843-224-5387

Guarantor: CONTRERAS, THOMAS J Insurance: THOMAS COOPER TTC Payer ID: PAPER

Appointment Facility: Palmetto Ortho Of Chas W Ashly

08/07/2012

JAMES R DEMARCO, MD



Reason for Appointment
1. EST PATIENT WC

History of Present Illness
Symptomatic:
Mr Contreras is here for follow up on his right shoulder. On 3/29/12, he had arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. This is the second surgery we have done on this shoulder. On 10/11/10, he has an arthroscopic SAD and excision of glenohumeral ligament form a previous SLAP repair and debridement. This is all result of a workers comp injury that took place on 10/8/2008. He has finished up supervised PT at Charleston PT on Wesley Drive and is doing well. he still gets some muscle spasms and pain if he leans on his arm, but nothing terrible. He uses Flector Patches, but has stopped the Celebrex.
Other Medical Providers/Suppliers:
CC Note to Workers Comp and Charleston PT Wesley Drive.

Examination
Shoulder Exam:
ROM
Right ATE *145*
Right ER at 0 *45*
Right IR at 0 *L2*
Right ER at 90 *90*
Right IR at 90 *45*

Rotator Cuff
Right IS *5 /EXT 50/ADD 60*
Right Napolean *5*
Right SS *5*

Impingement
Right Hawkins *Negative*
Right Reverse Hawkin's *Negative*
General Examination:
The patient's shoulder was examined. The wounds were clean and dry. There is no evidence of infection. There was expected ecchymosis and mild edema. There is no evidence of DVT in the upper extremity. The upper extremity was grossly neurologically and vascularly intact. Motor function

was also intact distally.

Assessments

1. Shoulder pain - 719.41 (Primary), Status post arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacromial decompression and bursectomy, and long head of biceps tenodesis. Date of surgery March 28, 2012 DOI 10/8/2008 work comp

Treatment

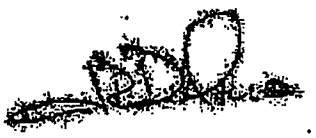
1. Shoulder pain

At this point the patient is at MMI and has permanent partial restrictions of less than 40 pounds of overhead lifting with both hands and no more than 20 pounds with his right arm overhead. Less than 50 pounds of two-handed carrying and pushing and pulling. He can do a light to medium level job. He has permanent partial impairment of 9%. 3% for biceps atrophy, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. I do not predict any further surgical intervention in the next year however if he regresses with his pain he may need repeat corticosteroid injections, anti-inflammatories and/or physical therapy.

this is all within a reasonable degree of medical certainty and is determined by the evaluation of permanent impairment fifth edition AMA press.

Follow Up

prn



Electronically signed by JAMES DEMARCO MD, MD on 08/07/2012 at 04:27 PM EDT

Sign off status: Completed

Palmetto Ortho Of Chas W Ashly
615 WESLEY DR

00012

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS
James R. DeMarco, MD

615 Wesley Drive
Suite 100
Charleston, SC 29407
(843) 763-2857 Office
(843) 763-2868 Fax

Patient Name: CONTRERAS, THOMAS
DOB:
CHART: 3-64-06-7

Date of Service: 11/22/2011

MR 7473

CHIEF COMPLAINT: Status post right shoulder SAD and excision of glenohumeral ligament from a previous SLAP repair and debridement. Date of surgery 10/11/2010. Worker's comp. Mr. Contreras returns today. He was having a flareup of pain, I last saw him in May. He ran out of Celebrex, started hurting some more. Thera-Band exercises seemed to be a hit or a miss with him; can help or they can flare him up. He did some yardwork this past weekend, and his shoulder has become somewhat painful. He still has pain over the anterior aspect of the shoulder even when he just hangs it down or relaxes behind him in extended position. It gets flared up by the simplest of procedures, whether it is lifting or doing light yardwork; even if he comes off the Celebrex, he continues to have pain and discomfort.

PHYSICAL EXAM: General cervical shoulder shows ATE of 140, ER 50, IR to L3 with some pain. SARER 85. SIR of 55. Extension 55 with pain. Abduction 110. Adduction 60. Supraspinatus 4+. He has continued tenderness over the long head of the biceps and coracoid. Positive coracoid impingement symptoms. Tenderness over the AC joint, 1. Infraspinatus 5. Subscap 5. Hawkins 0. Reverse Hawkins 0. Elbows, wrists and neuro reveal full range of motion appropriate for the patient's age without tenderness, effusion, instability, ecchymosis, edema, atrophy or spasticity.

PLAN: At this point, Mr. Contreras continues to complain persistently of long head of the biceps and bicipital groove pain. There is approximately a 5 cm section of the long head of the biceps that we are unable to visualize arthroscopically on a routine arthroscopy; however, on selected patients with persistent pain in this area, we will go and take down the transverse ligament and the bursal sac in this area and visualize the long head of the biceps and certainly at this point do a biceps tenodesis on him. I would also do a coracoid decompression to take off the impingement that he is getting from his coracoid onto the anterior subscapularis and bicipital groove area. He has failed injections, it has been over a year, he continues having pain, and the 1 thing about him is that he has been completely consistent with where his pain is, directly over the bicipital groove. We looked at his biceps in the intraarticular portion. I pulled in as much of the biceps into the joint, and this is typically what we do, and in that region it appeared normal and so I did not decide to look further or release anything. We did remove his previous sutures from his previous repair and did a bursectomy and decompression, ah AC joint resection. This did help with some of the other pain, but he is left with biceps pain which now needs to be addressed. This is still considered as worker's comp injury as directly and causely related to his injury on 10/08/2008. This is absolutely the last thing that can be done in the shoulder, and after doing a tenodesis, a coracoid decompression, I told him whatever pain or discomfort is left in the shoulder he will have to live with. We will need to get clearance from worker's comp, and his postoperative course would be similar with physical therapy a couple times a week starting around 4-5 weeks postoperatively and going for about 6 or 8 weeks. If we can get this done, I will see him in the end of December for the surgery.

James R. DeMarco, MD

JRD/jf
DD: 11/22/2011 4:38:00 PM
DT: 11/23/2011 8:20:45 AM
16122350

cc: Worker's comp
David Seignious, MD

Palmetto Orthopaedics of Charleston
[illegible] PHYSICIANS

7473 WA

CONTRERAS, THOMAS

DATE OF BIRTH: ____

05/31/11

CHIEF COMPLAINT: Status post right shoulder SAD, excision of glenohumeral [UNCLEAR] previous SLAP repair and debridement. DOS: 10/11/10, Workers' Compensation.

HISTORY: Mr. Contreras returns today. He is having some anterior shoulder pain and discomfort that is worse after sleeping, as he sleeps with his arm elevated over his head. He gets a lot of stiffness and soreness if he does too much with it. He is not having as much pain during the day. He is retired at this point. He does home exercises with light weights.

PHYSICAL EXAMINATION: Exam shows ATE of 140, ER 50, IR to L2-3, SAR ER 85, SAR IR 55, extension 55, abduction 110, adduction 60, supraspinatus 4+, infraspinatus 5, and subscap 5. Tenderness is noted over the long head of the biceps and anterior acromion. Incisions are well healed and he is neurologically and vascularly intact.

PROCEDURE: After discussing with the patient the benefits and risks of a subacromial injection, the patient's right shoulder was sterilely prepped. Then 80 mg of Depo-Medrol and 4 cc of lidocaine were injected without difficulty. The patient tolerated the procedure well.

Wadsell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McIntosh, MD
180 Wingo Way, Suite 301, Mt. Pleasant, South Carolina 29464
Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

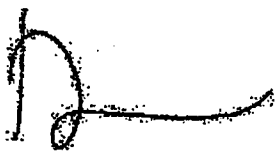
7473 WA
CONTRERAS, THOMAS
01/21/11
DOB:

CHIEF COMPLAINT: Unchanged from previous. DOS: 10/11/10 WC.
HISTORY: Mr. Contreras shoulder is doing fairly well. He is about 4-5 weeks away from retirement at this point. His paper work is in. He feels he is still unable to go back to work. His inflammation and discomfort from being shocked has gone down. He is finishing up his therapy.

PHYSICAL EXAM: He has ATE of 140, ER 50 and IR to L2. SAR ER is 90, SAR IR 55. He has extension of 55, abduction 110 and adduction 60. Rotator cuff strength is 5/5. Supraspinatus is 4+, infraspinatus and subscap are 5. He has some tenderness over the long head of the biceps and anterior clavicle. There is a well healed incision. He is neurologically and vascularly intact.

PLAN: I will keep him out of work. He is in the last 4-5 weeks of retirement and I don't want him to go back and get re-injured. He is doing well at this point. He is not going to be able to return to being a fire fighter. If he needs final permanent restrictions, then he would have to undergo a functional capacity evaluation. He has permanent partial impairment of 7 percent to the right upper extremity, as defined by *The AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition. This converts to 11 percent right shoulder impairment. There is no foreseeable intervention required within the next year for surgery. If he has any other exacerbation of his pain, he may need injections, anti-inflammatories or repeat physical therapy. I will see him back on a prn basis.

James R. DeMarco, M.D. /lm
CC: Workers' Compensation
Charleston PT
DD: 01/21/11
DT: 01/24/11



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04/06/2011 11:14 8437632868 PALMETTO ORTHO PAGE 03/03

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

Date: 5/30/2010

Patient name: Thomas Contreras

DOS: 10/11/2010

To Whom It may Concern,

A Vacutherm Continuous Cold/Compression Therapy Unit is being prescribed for the above referenced patient. Cold therapy is necessary for optimum control of post-surgery edema, the "ultimate enemy" following surgery. Post-surgery swelling and its complications are the most common cause of a lengthy recovery time. With the cold/compression therapy recovery strategy, the pad or "sterile blanket" is applied directly over the surgical site at the end of surgery. With the blanket directly applied to the surgical site, continuous cooling and compression are possible. Water, cooled to an optimum 48F, with constant intermittent compression prevents swelling and pain, allowing the patient a shorter recovery time and faster return to mobility. Most often, patients receiving cold and compression therapy recovery treatment need no medication for pain. It is generally used continuously (around the clock) for 14-21 days.

In my experience with cold/compressiontherapy recovery treatment, I have not only found it to allow patients a shorter recovery time, but also to offer a safer method than traditional ice packs. Ice poses the threat of tissue damage when used for extended periods of time. Icing a surgical or wound site imposes a less than optimal schedule of twenty minutes on, twenty minutes off to prevent these damage from freezing temperatures. This threat is completely avoided with use of the Vacutherm machine, while dramatically reducing the length of the recovery period and virtually eliminating the need for pain medications.

Sincerely,

Louis Demarco, M.D.

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Phone: (843) 884-0302 Fax: (843) 849-9308
615 Wesley Drive, Suite 100, Charleston, South Carolina 29407

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MP-743

Roper Main | Roper Ambulatory | St Francis | ISC

Pre-Admission Physician's Order Form/ Posting Slip

Patient Name/Patient ID Number/Patient Location

Dr Dezarco

Patient Name: Thomas Contreras

Date of Surgery: 9-30-18 Time: 3pm Duration: 90min

Address: Charleston, SC 29407 DOB SSN

Home: 843-769-4429 Work Cell: 843-324-5382

Initial Order - (check one) M Outpatient OR ☐ Inpatient

Consent for: REPAIR OF ROTATOR CUFF, SUBACROMIAL DECOMPRESSION, MUA, DESLIDE Bicep TENDON, RT Shoulder

Diagnosis: RT, Impingement, Tear, Biceps Drug Allergies:

NPO after MN ☐ Anesthesia ☒ General ☐ MAC ☐ Regional ☐ Local

☒ INTERSCALENE Block

IV: Lactated Ringer at KVO (Exception: Normal Saline at KVO for Renal Patients)

Antibiotic(s):

If SIP Procedure: Follow SIP Protocol

For all other procedures: Ancef 1 gm IV Preop. If Penicillin allergic, give Vancomycin 500 mg IV Pre-op.

SCDs Clip Prep Per Protocol

Lab/Tests:

Anesthesia Protocol

CBC with out Diff

Additional Tests:

PHYSICIAN SIGNATURE [signature] DATE 9/24 TIME 0930

Ortho Special Equipment

☐ OEC ☐ Beach Chair ☐ Bean Bag ☐ Power Equip:

Surgery Site:

IMPLANTS: X LATER ATTACH X

Medical Clearance: TELEMED

FOR PRE-ADMISSION TESTING ONLY

DIAGNOSIS ICD-9 CODES: Please circle corresponding number beside test ordered below: 1. 2. 3. 4.

LABS ORDERED PER ANES PROTOCOL:

RN SIGNATURE DATE TIME

Workcomp: Compendium Services Inc.
Case Manager: Kathy Averette, RN
Auth#
ph#: 877-709-2667

CPT=29822
ICD9=71947

00017

Hi Mathy,

678-985-4874

Sorry for the confusion. Here are his notes from his visit in Aug. We are still waiting on most recent dictation. The 2 most applicable ICD9 codes for this surgery are 726.0- adhesive capsulitis & 719.41 Pain in joint - Shoulder. The CPT code is 29822.

Please let me know what I can do to assist.

Thanks,
Danielle

00018

PRESCRIPTION AND PHYSICIAN CERTIFICATE OF MEDICAL NECESSITY

DME TO BE PROVIDED BY:
TriMed Services, LLC.
2612 Larch Lane
Suite 102
Mount Pleasant, SC 29466

Thomas Cantrell — 9-27-10
PATIENT NAME — DATE

DATE OF SURGERY 9-28-10 ex CANCELED — 10-6-10 — DATE OF INJURY _____

ANKLE	KNEE	SHOULDER	WRIST	ELBOW	BACK

EQUIPMENT ORDERED

VASCUTHERM PNEUMATIC COMPRESSION DEVICE (NO SUBSTITUTES)
(E0650 AND APPROPRIATE APPLIANCES)

719.47
ICD-9 PRIMARY DIAGNOSIS

782.3
ICD-9 SECONDARY DIAGNOSIS

A Vascutherm unit is being prescribed for _____. Cold Therapy has been clinically proven to control post-operative edema, the "ultimate enemy" following surgery. There have also been numerous studies providing clinical data which supports the enhanced efficacy of cold therapy combined with compression to further reduce post-operative edema as well as the use of narcotics which significantly REDUCES RECOVERY TIME AS WELL AS HEALTH COSTS.

Post-operative swelling and its complications are the most common cause of a lengthy recovery time. With the cold/compression therapy recovery strategy, the single patient use pad or "sterile blanket" is applied directly over the surgical site and the end of surgery, cold continuous cooling and compression are delivered to reduce edema. Water, conditioned to an optimum temperature by the control unit, with constant intermittent compression, prevents swelling and pain allowing the patient a shorter recovery time and faster return to mobility.

The Vascutherm control unit regulates the temperature of the water circulating through the blanket which eliminates the risk of frostbite. Ice, including units that circulate only ice water, pose the threat of tissue damage when used for extended periods of time without supervision.

Treatment of COMPLETE DECONGESTIVE THERAPY (CDT), is a combination of skin care, exercise, and Manual Lymph Drainage followed by compression therapy. Bandaging and Compression garments are often necessary during and following CDT and stabilizes the retention of protein rich fluid volume in the affected area. Reduction in lymphedema is necessary to reduce the risk of infection and decrease pain in the affected area.

Pressure Setting: ___ Alternating(15 to 25 mmHG) ___ DVT needs for Venous/Arterial Insufficiency
Frequency: ___ Continuous ___ 3 Times/Day ___ 5 Times/Day
Treatment Time: ___ Continuous ___ 30 Min. ___ 60 Min. ___ 90 Min.
Temperature Setting: ___ 40 Degrees ___ 105 degrees ___ Contrast (Hot and Cold)
*USE DVT PREVENTION THERAPY AT ALL TIMES WHEN NON-AMBULATORY: ___Y ___N
Duration of Need: The above described equipment is medically necessary for rental for:
___7 Days ___14 Days ___21 Days

D — FAXED 10-6-10 — 9-27-10
Date

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00019

Corvel Scan Date: 11/15/2010

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

7473 MP
CONTRERAS, THOMAS
09/24/10
DOB:
CHIEF COMPLAINT:

1. Right shoulder loss of internal rotation, status post SLAP repair and removal of sutures with debridement.
2. Long head of the biceps tendinopathy by exam.
3. No evidence of significant rotator cuff pathology.
4. Significant impingement syndrome. DOI: 10/03/08 WC.

HISTORY: Mr. Contreras is still having pain and discomfort in his right shoulder. He is at the point where he is about to give up on getting back into being a firefighter. He has had discomfort that is certainly worse on the right than the left. He still has a little bit on the left. He wants to talk about non-surgical vs. surgical options. He has been doing some physical therapy but really hasn't progressed well with that. He takes some over-the-counter medications. He has some pain with sleep. He is still on restrictions at work.

PHYSICAL EXAM: Exam is recorded on the shoulder exam sheet and is basically unchanged from previous exams. He has ATB of 155, IR to L3-4 and ER 45. SAR ER is 80, SAR IR 20. His rotator cuff strength is 5. Hawkin's is 1, reverse Hawkin's 0 and O'Brien's 0. Partial tear is 0. His elbows and wrists are normal. He is neurologically and vascularly intact. Skin and lymphatics are normal. DTRs are equal bilaterally.

PLAN: The risks and benefits of non-surgical vs. surgical treatment were discussed. The patient has undergone and failed several conservative measures, including a home exercise program, therapy, injections, medications and activity modification. I feel that the benefits of surgery outweigh the risks involved. The patient agrees with this. We talked about the details of the surgical procedure. The patient was given handouts and we discussed the risks and benefits of surgery. We talked about the pre-, peri-op and post-op course and the expected intra-operative and post-operative experience and rehab. I went over the need for pre-operative medical clearance. We gave the patient handouts detailing all of this and all questions were answered. He is as good as he is going to get if he doesn't have surgery. I think he deserves one additional look. He is stiff.

Waddell H. Gilmore III, MD • R. Marshall Hay, MD • James R. DeMarco, MD • Heather M. McGinnis, MD
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615 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 763-2857 Fax: (843) 763-2868

00020

Corvel Scan Date: 6/27/2011

Palmetto Orthopaedics

Palmetto Orthopaedics of Charleston
ROPER ST. FRANCIS PHYSICIANS

WA
7473 [redacted]
CONTRERAS, THOMAS
09/24/10
DOB: [redacted]
PAGE 2

DOS 10/11/10 Dr DeMarco

We need to make sure his biceps is fully released from scar tissue. He may actually need a tenodesis to get rid of this discomfort. We need to return him back to full range of motion with a manipulation as well, decompression and close evaluation of the rotator cuff to make sure there are no subtle partial cuff tears that would need a stem cell stimulation with a microfracture. I told him we could do all of that. We gave him a prescription for Lortab and all appropriate handouts. He will need clearance by Dr. Seignious pre-op. I will see him back once we get clearance from Workers' Compensation for his surgery.

James R. DeMarco, M.D.
CC: David Seignious, M.D. 884-1050
David Jascewitz, M.D. 797-3633
Workers' Compensation
DD: 09/24/10
DT: 09/27/10

[redacted] DOB: 08/25/57
CONTRERAS, THOMAS
[redacted]
10/11/10

Walid H. Gilmore III, MD • R. Marshall Hay MD • James R. DeMarco, MD • Heather M. McIntosh, MD
1301 Wingo Way Suite 301, Mt. Pleasant, South Carolina 29466
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653 Wesley Drive, Suite 100, Charleston, South Carolina 29407
Phone: (843) 769-0857 Fax: (843) 769-2849

Chart #

NEW PATIENT INFORMATION

Name: [illegible] Date: 10/8/10

Age: 49 DOB: Sex: (Male) Female

Family MD: [illegible] Referring MD: WORK COMP

CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS

Date of onset of injury/problem: 2005 10-8-2008

Describe your current orthopaedic problem/injury: SHOULDER PAIN [illegible]

Is your problem/injury related to: *(please check)*

___ Auto-accident ___/___ Work-related accident ___ Other accident ___ Litigation pending

Location *(Example: bottom of foot, left hand, etc)*: RIGHT SHOULDER

Quality *(Example: throbbing, numb, etc)*: SHARP PAIN

Severity *(Example: intolerable, dull, sharp, etc)*: SHARP

Duration *(Example: all day, few minutes, all night, etc)*: ALL DAY

Timing *(Example: upon rising, at end of day, etc)*: [illegible]

Context *(Example: while typing, after exercising, etc)*: WHEN DOING ANYTHING

Modifying Factors *(Example: what improves or worsens symptoms, etc)*: [illegible]

Associated Signs & Symptoms *(Example: tingling, stiffness, etc)*: STIFF [illegible]

MRN: 000774899 DOB: [illegible]
CONTRERAS,THOMAS
Payor: SAA
Phys: DEMARCO-MELJAMES P
ABSTR: 10284-00050

MEDICATIONS

(Please list all long-term medications, current medications, over-the-counter drugs and herbal preparations)

[illegible]

Are you currently taking Coumadin, Plavix, Aspirin, or other blood thinner? YES (NO)

ADVERSE & ALLERGIC DRUG REACTIONS *(please check)*

___ None ___/___ Penicillin ___ Sulfa Drugs ___ Other, please list:

Reaction: [illegible]

(OVER)

00022

10/08/20 11:17 843767 PALMETTO ORTHO

[redacted] DOB: [redacted]
CONTRERAS,THOMAS
Room AKA
SURG: DIAMOND,JAMES R
[redacted]
ACCT# 1028400050 10/11/10

PAST MEDICAL HISTORY

Have you ever or do you currently have any of the following? Please check all that apply:

✓ High Blood Pressure	Stomach Ulcer	Stroke	Rheumatoid Arthritis
✓ High Cholesterol	GI Disease	Seizure/Epilepsy	Osteoarthritis
Congestive Heart Failure	Kidney Disease	Fibromyalgia	Gout
Heart Attack / MI	Hepatitis/Liver Disease	Anxiety	Psoriasis
✓ Asthma	Thyroid Disease	Depression	Sports Inj. Pain
Sleep Apnea	✓ Diabetes	Cancer	Pain
Pneumonia	Blood Clot	MRSA	Lyme Disease
Tuberculosis	Pulmonary Embolism	HIV /AIDS	✓ Latex Allergy

Other medical problems: _____

Past Surgery/Procedures: *(type and date)* SHOULDER LEFT & RIGHT
PATIENT FOOT MASS

Any problem with the following types of anesthesia? *(please check)*
___ General ___ IV Sedation ___ Local ___ Dental Anesthesia

If you checked any of the above types of anesthesia, please explain the problem:

FAMILY HISTORY *(check any family illnesses)*

✓ Diabetes ___ Bleeding problems ___ Anesthesia Problems ___ Other *(describe below)*:

SOCIAL HISTORY

Are you working now? (YES) NO What is your occupation? [redacted]

___ Single ✓ Married ___ Widowed ___ Live Alone ___ Live With Others

Do you smoke tobacco? YES (NO) How much? _____ # of years? _____
Do you drink alcohol? YES (NO) How much? _____
History of substance abuse? YES (NO) If yes, please describe _____
Pregnant or could be pregnant? YES NO

REVIEW OF SYSTEMS

Height: _____ Weight: [redacted]

Please circle and describe the symptoms that pertain to you:

YES (NO) Constitutional *(fever, weight loss, night sweats, etc.)*: _____
YES (NO) HEENT *(vision loss, discharge, balance, head aches, etc)*: _____
YES (NO) Heart *(chest pain, murmur, irregular beats, etc.)*: _____
YES (NO) Vascular *(edema, claudication, varicose veins, etc)*: _____
(YES) NO Respiratory *(asthma, shortness of breath, cough, etc.)*: _____
YES (NO) Gastrointestinal *(GI) (appetite, diarrhea, constipation, etc.)*: _____
YES (NO) Urinary *(problems urinating, incontinence, etc.)*: _____
YES (NO) Musculoskeletal *(arthritis, stiffness, etc.)*: _____
YES (NO) Skin *(acne, rash, sores, etc.)*: _____
YES (NO) Neurological *(seizures, weakness, numbness, fainting, etc.)*: _____
YES (NO) Psychiatric *(depression, mood liability, other)*: _____
YES (NO) Endocrine *(thyroid disturbance, excess sweating, etc)*: _____
YES (NO) Hematologic *(bleeding tendency, anemia)*: _____

Confidence-Baseline

Instructions: Please circle the level of confidence you have for doing each activity today.	Fully confident in my ability to perform	Very confident	Moderate confidence	Some confidence	Not confident in my ability to perform	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to stand	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Kneeling	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
10. Walking-long distance	1	2	3	4	5	9
11. Walking-outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about all the activities you like to do, please mark an "X" at the point on the line that best describes your overall level of confidence in performing these activities today:

I have no confidence that I can do activities that I would want to do.

I have complete confidence that I can do activities that I would want to do.

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Adapted by Dexter Ayres

July 2005 and August 2006 with permission of APTA from Guccione AA, Middleton TJ, Do Valle RF, et al. Testing of a self-report instrument to measure outpatient Physical Therapy improvement in Movement OPTIMAL). *Phys Ther.* 2005;85:515-530.

OPTIMAL INSTRUMENT

Difficulty Rating

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving--lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking--short distance	1	2	3	4	5	9
10. Walking--long distance	1	2	3	4	5	9
11. Walking--outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about *all* of the activities you would like to do please mark an "X" at the point on the line that best describes your *overall* level of difficulty with these activities today.

I have extreme difficulty doing any of the activities that I would like to do.

I have no difficulty doing any of the activities that I would like to do.

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs, kneel,* and *hop* without any difficulty, you would choose: 1. 12 2. 8 3. 13)

1. 4 2. 5 3. 1

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Adapted/revised in July 2005 and August 2008 with permission of APTA from Gladsjo AA, Williams TJ, De Valle RF, et al. Development and testing of a self-report instrument to measure outcome: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). *Phys Ther.* 2006;86:515-530.

PATIENT PROGRESS AND TREATMENT RECORD

Name Cantrell, Thomas Case No.

DATE	DAY	PATIENT'S REMARKS		DOCTOR'S REMARKS
10/25/8	W	S: 47 yo HM c/o @ 2 wks pn. c/o ant shldr pn, 1° c [illegible] pn		
		DOI: 10/8/8 w/ hand pressing, felt shldr pn @ [illegible] pn after he was dismissed. Not 1st time, has been working x 20 months or so.		
		- Glucophage, Lisin, Zocor, trained, FIRO'd		
		- DM, HBP, chol, FIRO		
		AROM	strength	
	✓	WFL pn	4/5	- shldr [illegible] AROM, pn [illegible], 4/5,
	✓	WNL pn EROM	4/5	✓ 4/5
	ABD	WNL slight pn	3+/5	- O E.C., [illegible] pn, Speed's test
	ER	WFL pn	3+/5	
	IR	T12 level pn	4/5	- [illegible] FHP, [illegible]
	RO/AD	WNL pn EROM		
		Tx: UBE x 7, [illegible] TB, [illegible] Thera-Band (blue x 4 wks), Post/pt ed re: anatomy, prognosis, tx plan, purpose, expectations, [illegible]		
		A- Pt. presents c [illegible] shldr, mod, shldr, post/pt ed, HEP, STM. Pt tol tx [illegible], excellent response/3 yo hx, NS shldr, slight rotd on JE. Only 5 comp visits. Only AC jt [illegible] but no true separation detected c special testing. Absolutely positive Speed's/ tight bicep/tendon in response to [illegible]. Not may be 1° problem.		
		P- Add [illegible] to thera-band, STM to [illegible] to decrease pain.		
10/30/8	R	Sent message to Carrie @ 2.45 pm		

PATIENT PROGRESS AND TREATMENT RECORD

00026

Attachment A

Care[IQ] Therapy Program
PATIENT PAIN INDEX FORM

Patient Name: THOMAS CARRERAS
Diagnosis: L5 SACRAL STRAIN
Date of Injury: 8/26
Date: 10/23/8

Pain Index

Please indicate how much pain you feel at this time on the scale below.

No pain — X — Worst pain imaginable

SCORE: 7 / 10

Improvement Index

(Do not complete on initial visit). Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.

No improvement — X — Complete recovery

SCORE: 7 / 10 x 100% = 70

00027

Corvel Scan Date: 10/19/2011

Clm# 17000707 900

Roper Hospital
OPERATIVE REPORT
10/11/2010

CONTRERAS, THOMAS
000774899
James DeMarco, MD

SERVICE: Orthopedics.

ATTENDING: Dr. James DeMarco.

ASSISTANT: None.

PREOPERATIVE DIAGNOSES:
1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type 1 superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthrosis.

POSTOPERATIVE DIAGNOSES:
1. Right shoulder thickening of middle glenohumeral ligament and superior coracohumeral ligament.
2. Right shoulder intra-articular synovitis.
3. Right shoulder type 1 superior labrum anterior to posterior tear.
4. Right shoulder subacromial impingement syndrome and bursitis.
5. Right shoulder acromioclavicular joint osteoarthrosis.

OPERATION:
1. Right shoulder major d bridement of a superior labrum anterior to posterior tear, intra-articular synovitis and release of middle glenohumeral and superior coracohumeral ligaments and rotator interval tissue. (CPT code 29823)
2. Right shoulder subacromial decompression and bursectomy. (CPT code 29826)
3. Right shoulder acromioclavicular joint resection (CPT code 29824).

ANESTHESIA: General with interscalene block.
ANESTHESIOLOGIST: Dr. Elden Sherman.

ESTIMATED BLOOD LOSS: Minimal.

IMPLANTS: None.

COMPLICATIONS: None.

Corvel Scan Date: 10/19/2010

Clmt-1700769906

HISTORY: Mr. Contreras is a 49-year-old gentleman who had an on the job injury as a firefighter and still had pain and discomfort in the right shoulder despite two previous arthroscopies. He had a previous repair superior labrum that did not help. The hardware was then removed and bridement was carried out. He is continuing to have pain and discomfort over that area. He has failed all forms of conservative management including injections, therapy, anti-inflammatories, activity modifications and job restrictions. He has signed a consent and wishes to proceed.

DESCRIPTION OF OPERATION: The patient was brought to the operating room, induced with general anesthesia after receiving an interscalene block. He was given preoperative antibiotics. DVT prophylaxis applied to legs. He was placed in the beach chair position. Time out was called and confirmed. His right arm was then double prepped and draped in the usual sterile manner.

Standard anterior and posterior portals were established into the joint. Chondral surfaces, humeral head and glenoid were within normal limits. He did show some grade 1 to 2 changes on the glenoid but he had normal bare spots on the glenoid and posterior humeral head. There was type 1 SLAP tear and fraying. There was no instability to the superior labrum. The biceps was pulled and the joint seemed to be completely normal. There was significant thickening of the middle glenohumeral ligament with induration of the tissues anteriorly. No previous hardware sutures could be found. The upper subscapularis was intact though again there was encasing of the subscapularis with the superior and middle glenohumeral ligaments keeping it from moving freely, and some of this tissue did interfere also with the biceps gliding in and out of the bicipital groove. The undersurface of the rotator cuff including supraspinatus, infraspinatus, teres minor, were all within normal limits. The axillary pouch showed no loose bodies and there was no significant synovitis inferiorly. Posteriorly there was some labral fraying but was otherwise within normal limits. Went through anterior portal. Good d bridement was carried out of the synovium. The undersurface of the type 1 SLAP tear, the middle glenohumeral and superior coracohumeral ligaments were released back to a stable and much more flexible border. We were able to see that in full internal and external rotation there was no undue pulling on the biceps like it was at the beginning of the case prior to the resection. Once we were happy with the

00029

Corvel Scan Date: 10/19/2010

Clm # 17800 709786 1-15

d bridement within the joint in the subacromial space there was seen to be a mild amount of bursitis. This was removed with the shaver and ArthroCare Wand through both the posterior and lateral portal. The CA ligament was recessed and there was a type 2+ sloping acromion. There was some bursal sided rotator cuff fraying but no significant tearing into the cuff. There was no full thickness or significant partial thickness tear. We then used the 5.5 mm bur and acromioplasty was performed utilizing posterior chamfer technique. Once we were satisfied with the acromioplasty, the AC joint was examined and seen to be quite osteophytic and there was no cartilage present. Therefore, we did a distal clavicle resection taking out about 10 to 12 mm distal clavicle through posterior and then a direct anterior approach with the bur. We checked this from orthogonal views and made sure that the resection was complete and parallel. Once satisfied with that, went in the subacromial space, drained the area after doing a final cleanup, closed the portals with 3-0 nylon, large Steri-Strips. Took the arm through a full range of motion to make sure that was no restrictions and dressed the wound sterilely, awoke the patient and brought to the recovery room in stable condition. No complication. Sponge and needle counts were correct. Total surgical time was 1 hour and 15 minutes.

James DeMarco, MD
TR: ras DD: 10/11/2010 2:35 P TD: 10/12/2010 1:17 P JOB#: 00146408
DOC#: 1828476

cc: James DeMarco, MD

00030

Corvel Scan Date: 6/27/2011

14B

[redacted] PALMETTO ORTHO [redacted] 02/02

MP7473

Roper Main Roper Ambulatory St Francis JJC

CONTRERAS,THOMAS J

Pre-Admission Physician's Order Form/ Posting Slip

[redacted]

ACCT#: 10284-00050 10/07/10

Patient Name: Thomas Contreras Room 3270 Duration 90 mins

Age 10-7-10 Birthdate 3c 1967 Sex M

Height 5ft-7in Weight 144 lbs Chart 843-124-5322

Consent for: Repair of R rotator cuff, biceps tenodesis, RC block

Diagnosis: R rotator cuff tear, impingement Drug Allergies: NKA

RBC after IRV Autologous Donor Homologous Blood Bank

IV's Location: Right ERVO (Exception: Normal Saline or IV/O for Renal Patients)

Antibiotics:

If SIP Procedure: Follow SIP Protocol
For all other procedures: Ancef 1 gm IV Preop. If Penicillin allergic, give Vancomycin 500 mg IV Pre-op.

Foley Cath Prep Per Protocol

Lab Work:
Anesthesia Request:
CBC with out Diff 10-7-10

Additional Tests:

PHYSICIAN SIGNATURE [redacted] DATE 9/24 TIME 0953

Other Special Equipment:

DEC Beach Chair Bean Bag Power Equip:

Ordered By: X LATER Affidavit X

IMPLANTS:

Medical Clearance: Yes No X

FOR PRE-ADMISSION TESTING ONLY: 93010 x 93307

LABS ORDERED FOR PRE-PROCEDURE: UA/UC 1558 PT/PTT, EKG, CBC w/diff

Comments/Allergies/Other: [redacted]

PHYSICIAN SIGNATURE DATE TIME

FAXED

Surgi-Services Inc.

[redacted] Arenetta, RN

[redacted] 10/12/10

CPT=29822

40cc

[redacted]

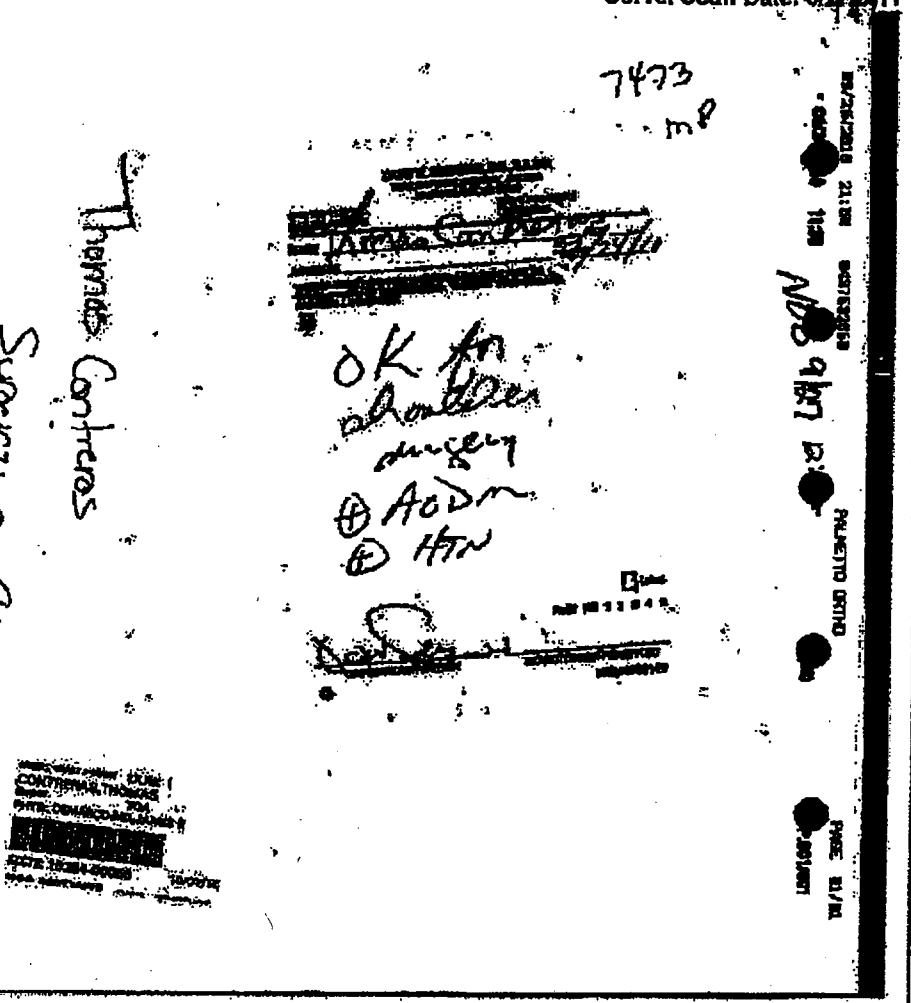
FAXED

ICD9=71947

Patient:CONTRERAS, THOMAS J MRN:000774899 Encounter:1028400050 Page 1 of 2

00031

Corvel Scan Date: 6/27/2011



Acct Identifier

Baptist Hospital
ANESTHESIA POST OP ORDERS – **PACU USE ONLY**

MRN: 000774899 DOB:
CONTRERAS, THOMAS
Room: SAA
Attn: Dr. Branch MD, Kirsten M

ACCT#: 10284-00050 10/11/10

PAIN CONTROL - IV AS NEEDED FOR PAIN

☐ FENTANYL 12.5 micrograms - 50 micrograms	☑ MORPHINE 1 mg - 5 mg
Frequency (check 1) : ☐ q 5 min ☐ q 10 min ☐ q ___ min	Frequency: (check 1) ☐ q 5 min ☐ q 10 min ☐ q 15 min
Maximum dosage ___ micrograms	Maximum dosage 15 mg
☐ DILAUDID 0.2 mg - 0.5 mg	☐ Other:
Frequency (check 1) ☐ q 5 min ☐ q 10 min ☐ q ___ min	Dosage:
Maximum dosage ___ mg	Frequency:

ANTIEMETIC - IV AS NEEDED FOR NAUSEA / VOMITING

☐ ZOFRAN (check 1) ☐ 2 mg OR ☐ 4 mg	☐ DROPERIDOL 0.625 mg
Frequency: times 1 dose	Frequency: times 1 dose
☐ PHENERGAN 6.25 mg - 12.5 mg	☐ Other:
Frequency: (check 1) ☐ q 5 min ☐ q 10 min ☐ Other	Dosage:
Maximum dosage ___ mg	Frequency:

☐ DEMEROL 12.5 mg IV every repeat ___ times for Sobers

☐ O_2 3 LNC for O_2 Sat ≤ ___ for 24 hours

Diagnostic Studies: ☐ Chest Xray ☐ ABGs ☐ Hgb/Hct ☐ Bedside Glucose ☐ BMP ☐

☑ Outpatient: Connect On-Q Pump of Ropivacaine 0.2 % %
Infusion Rate = 2 ml/hour

☐ Inpatient: See Continuous Peripheral Nerve Catheter Post Op Orders

Discharge from PACU per Phase 1 & 2 Recovery PACU Protocol
AND
Anesthesiologist Post Procedure Assessment completed

Other Orders ___

Physician Signature [signature] Date 10/11/10 Time 1135

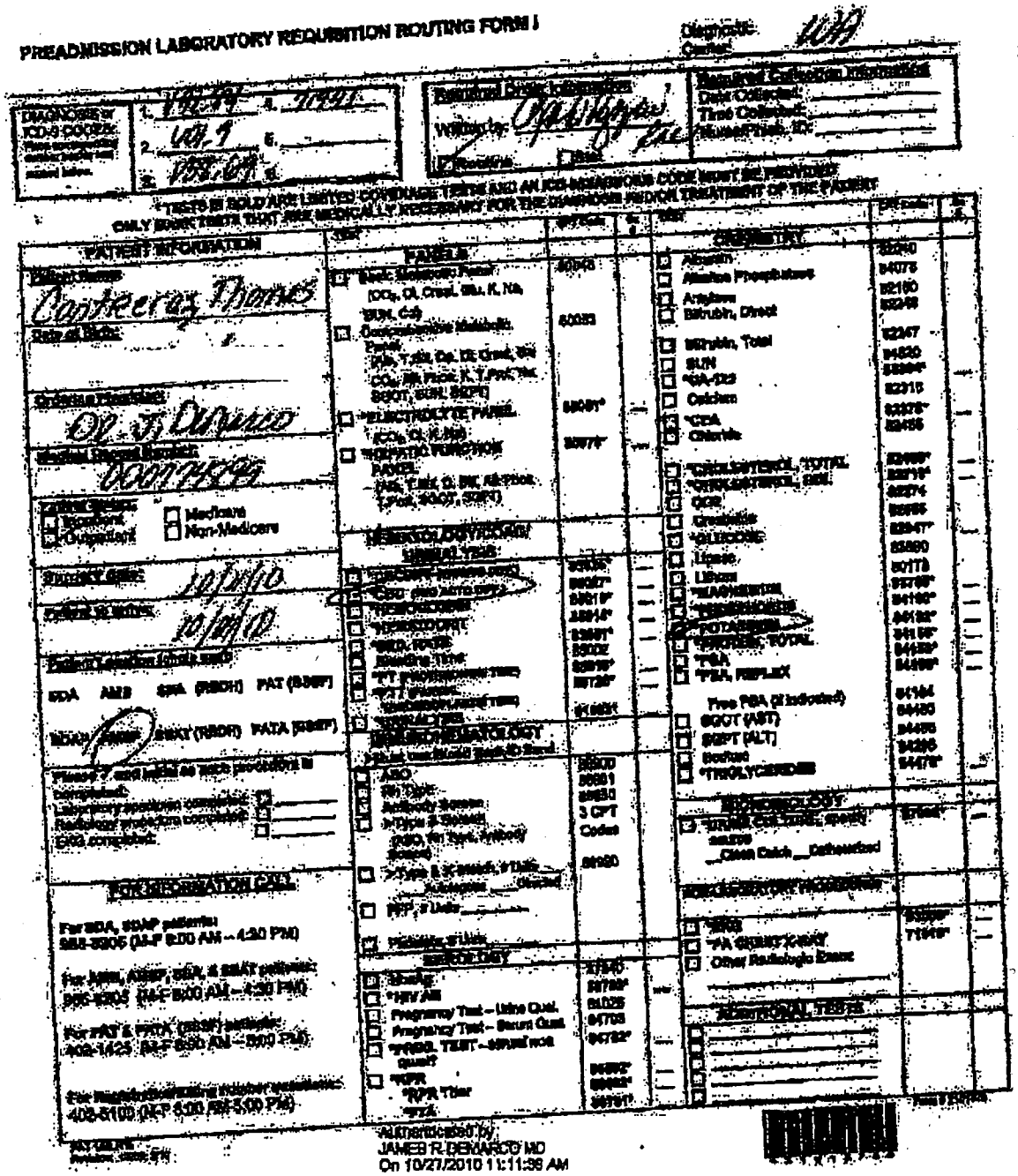
Nurse Signature [signature] Date 10/11/10 Time 1140

ADDITIONAL PACU ORDERS:

DATE	TIME	

1/09; 3/09; 4/09; 5/09; 10/09; 1/10

PREADMISSION LABORATORY REQUISITION ROUTING FORM



PREADMISSION LABORATORY REQUISITION ROUTING FORM

Diagnostic Center: WH

DIAGNOSIS or ICD-9 CODES: 1. 172.7 4. 709.9 2. 401.9 5. 3. 733.01 6.

Referring Doctor Information: Written by: Ofa Ukpai PA

Specimen Collection Information: Date Collected: Time Collected: Nurse/Tech. ID:

*TESTS IN BOLD ARE LIMITED COVERAGE TESTS AND AN ICD-9 DIAGNOSIS CODE MUST BE PROVIDED ONLY SELECT TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS AND/OR TREATMENT OF THE PATIENT

PATIENT INFORMATION

Patient Name: Contreras Thomas

Date of Birth:

Ordering Physician: Dr. J. Dipino

Medical Record Number: 0007748

Patient Status: Inpatient, Outpatient, Medicare, Non-Medicare

Surgery Date: 10/28/10

Pre-Op Visit Date: 10/26/10

Patient Location (circle one): SDA AMB SPA (RBDH) PAT (RBPF) RDAY (RBDH) RNXT (RBDH) PATA (RBPF)

Please circle and initial all tests performed in Department: Laboratory specimen collected: Radiology exam(s) completed: EKG completed:

FOR INFORMATION CALL:

For SDA, SDAP patients: 888-8806 (M-F 8:00 AM – 4:30 PM)

For AMB, AMBP, SPA, & SPAT patients: 996-8205 (M-F 8:00 AM – 4:30 PM)

For PAT & PATA (RBPF) patients: 402-1425 (M-F 8:00 AM – 3:00 PM)

For Registered Nurse Pre-Admission appointments: 402-8100 (M-F 8:00 AM-5:00 PM)

TEST	CPT CODE	Dx	TEST	CPT CODE	Dx
PANELS			**CHEMISTRY**		
☐ *Basic Metabolic Panel (CO2, Cl, Creat, Glu, K, Na, BUN, Ca)	80048		☐ Albumin	82040	
☐ *Comprehensive Metabolic Panel (Alb, T.Bil, Ca, Cl, Creat, BN CO2, Alk Phos, K, T.Prot, Na, SGOT, SGPT)	80053		☐ Alkaline Phosphatase	84075	
☐ *ELECTROLYTE PANEL (CO2, Cl, K, Na)	80051*		☐ Amylase	82150	
☐ *HEPATIC FUNCTION PANEL (Alb, T.Bil, Cl, Bil, Alk Phos, T.Prot, SGOT, SGPT)	80076*		☐ Bilirubin, Direct	82248	
IMMUNOLOGY/SEROLOGY/VIROLOGY			☐ Bilirubin, Total	82247	
URINE TESTS			☐ BUN	84520	
☐ *Microalbumin, Urine	82043*		☐ *HA-125	86304*	
☐ *CEA (pre-ADD-DX)	86037*		☐ Calcium	82310	
☐ *Ferritin	82810*		☐ *CEA	82378*	
☐ *HBA1C	83036*		☐ Chloride	82435	
☐ *Microalbumin, Urine	82043*		☐ *CHOLESTEROL, TOTAL	82465*	
☐ *PT (Prothrombin Time)	85610*		☐ *CHOLESTEROL, HDL	83718*	
☐ *PTT (Partial Thromboplastin Time)	85730*		☐ CO2	82374	
☐ *PSA (Total)	84153*		☐ Creatinine	82565	
HEMATOLOGY			☐ *GLUCOSE	82947*	
☐ ABO	86900		☐ Lipase	83690	
☐ Rh Type	86901		☐ Lithium	80178	
☐ Antibody Screen	86850		☐ *MAGNESIUM	83735*	
☐ Type & Screen (ABO, Rh Type, Antibody Screen)	3 CPT Codes		☐ *PHOSPHORUS	84100*	
☐ Type & Xmatch # Units ____ Crossmatch ____ Declined	86920		☐ POTASSIUM	84132*	
☐ PRP, # Units ____			☐ *PROTEIN, TOTAL	84155*	
☐ Platelets, # Units ____			☐ *PSA	84153*	
SEROLOGY			☐ *PSA, REFLEX Free PSA (if indicated)	84154	
☐ Rubella	86762		☐ SGOT (AST)	84450	
☐ *HIV Ab	86703*		☐ SGPT (ALT)	84460	
☐ Pregnancy Test – Urine Qual.	84703		☐ Sodium	84295	
☐ Pregnancy Test – Serum Quant.	84702*		☐ *TRIGLYCERIDES	84478*	
☐ *RPR, TEST – serum not quant	86592*		**HEMATOLOGY**		
☐ *RPR	86592*		☐ *URINE CULTURE, routine sterile ____Clean Catch ____Catheterized	87086*	
☐ *RPR Titer	86593*		**RADIOLOGY PROCEDURES**		
☐ *PPD	86580*		☐ *EKG	93000*	
			☐ *PA CHEST X-RAY	71010*	
			☐ Other Radiologic Exam		
			ADDITIONAL TESTS		
			☐		
			☐		
			☐		
			☐		

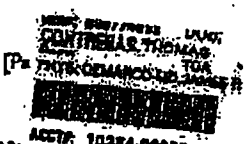
Authenticated by: JAMES R DEMARCO MD On 10/27/2010 11:11:36 AM

Patient:CONTRERAS, THOMAS J MRN:000774899 Encounter:1028400050 Page 1 of 1

00034

Corvel Scan Date: 6/27/2011

150



ACCT#: 10384-00080

POSTOPERATIVE/POSTPROCEDURE PROGRESS N

Complete immediately after operative/procedure

Operation(s)/Procedure(s) Performed and Description(s), Include Implanted Device(s):

Rt shoulder DCR, Debridement, SAD, AC jt resection

Name of Primary Surgeon: D. Mack D

Assistants:

Findings:

Estimated Blood Loss: ☑ No ☐ Yes, list amount

Specimen(s) Removed: No Yes, list below

Postoperative/Post Procedure Diagnosis: Impingement syndrome, SLAP Tear, AC jt OA

Physician Signature: Date: 10/11 Time: 1PM

Roper Hospital

Patient Name: CONTRERAS, THOMAS
Date of Birth: _____ Gender: M
MRN: 000774899 Account Number: 1028400050
Unit: AMB Admit Date: 10/11/10 7:22
Height: 173 cm Weight: 89 kg

Outpatient DISCHARGE Medication Orders

Attending MD: DEMARCO-MD, JAMES R, MD
Allergies: Latex, PENICILLINS

Confirmed Medications

Current Home Medications (Including OTC Herbals - Sorted by Class) *Pharmacy does not dispense herbal supplements*

Medication - *Brand Name*	Dose	Route	Frequency	Last Dose Taken	Continue	Discontinue
fluticasone-salmeterol CFC free 230 mcg-21 mcg/puff AERA - *Advair HFA 230-21mcg*	2 PUFF	Inhalation	TWICE DAILY	10/11/10 0:00	☐	☐
bisoprolol-hydrochlorothiazide 5 mg-6.25 mg TAB - *Ziac*	1 tab	Oral	DAILY	10/11/10 8:00	☐	☐
celecoxib 100 mg CAP - *Celebrex*	100 mg	Oral	TWICE DAILY	10/9/10 0:00	☐	☐
fexofenadine 180 mg TAB - *Allegra*	180 mg	Oral	DAILY	10/10/10 0:00	☐	☐
lovastatin 10 mg TAB - *Mevacor*	10 mg	Oral	DAILY	10/11/10 0:00	☐	☐
multivitamin TAB - *Daily Multiple Vitamins*	1 tab	Oral	DAILY	10/9/10 0:00	☐	☐
omega-3 polyunsaturated fatty acids CAP - *Fish Oil*	Unknown	Oral	DAILY	10/9/10 0:00	☐	☐
omeprazole 20 mg DRC - *Prilosec*	20 mg	Oral	DAILY	10/11/10 0:00	☐	☐

ADDITIONAL DISCHARGE MEDICATIONS

DRUG	DOSE	ROUTE	FREQUENCY	COMMENTS
Ondansetron	4 mg	PO	every 4 hours prn nausea	
Zofran	4 mg	PO	every 4 hours prn nausea	

OUTPATIENT DISCHARGE INSTRUCTIONS:
No changes to home medications unless indicated above.
Please share these instructions and address any questions with your primary care physician.

Physician Signature: _____ Date: 10/11 Time: 0933
Nurse Signature: _____ Date: 10/11 Time: 1140

This is not a Prescription Form.

10/11/2010 07:46:28AM Page 1 of 2

00036

Roper Hospital

Patient Name: CONTRERAS, THOMAS
Date of Birth: [redacted] Gender: M
MRN: 000774899 Account Number: 1028400050
Unit: AMB Admit Date: 10/11/10 7:22
Height: 173 cm Weight: 89 kg

Outpatient DISCHARGE Medication Orders

Discharge patient on (date): ____/____/____

☐ May give patient one dose of outpatient prescription pain medication prior to discharge

Diet: _____

Activity: _____

Dressing/Wound Care: _____

Referrals/Home Care: _____

Additional Instructions: _____

_____

Follow up appt for Lab/Xrays: _____

Follow up appt with MD: _____

_____

_____

OUTPATIENT DISCHARGE INSTRUCTIONS:
No changes to home medications unless indicated above.
Please share these instructions and address any questions with your primary care physician.

Physician Signature: _____ Date: 10/11 Time: 0730

Nurse Signature: _____ Date: 10/11 Time: 1100

This is not a Prescription Form.

10/11/2010 07:45:28AM Page 2 of 2

Patient:CONTRERAS, THOMAS J MRN:000774899 Encounter:1028400050 Page 2 of 2

00037

CONTRERAS,THOMAS
PHYS: DEMARCO-MD,JAMES R
ASCTN: 10284-000050 10/07/10

STANDARD SHOULDER ARTHROSCOPY
POST-OP ORDERS

1. DC home when stable.

2. The patient is to stay in their sling except for showers as below. The patient may come out of the sling to shower, as long as the elbow is kept by the side. The patient is to sleep in the sling.

3. Exercises:
( ) None.
( ) Pendulum exercises.
( ) Range of motion exercises of the elbow with the elbow kept tightly at the side.

4. Pain pump can come out in 72 hours. At that point, the patient can take off all of the dressings except the steri-strip covering the incisions. Remove the clear tape covering the catheter where it enters the skin and pull the catheter straight out of the skin. A Band-Aid may be needed if the pain pump catheter site drains after removal.

5. The patient is to apply ice to the operative site every 2-3 hours for 30 minutes while awake. If the pain pump has been taken out and the openings have been taken off, the patient may get the incisions and the steri-strips wet in the shower.

6. The patient should already have a pain medication prescription.

7. The patient should already have a follow up appointment at my office in 4 to 7 days. Please make one if not already scheduled.

8. Other special orders:

Copy given to patient

Patient:CONTRERAS, THOMAS J MRN:000774899 Encounter:1028400050 Page 1 of 2

00038

UPPER EXTREMITY - ORTHOPEDIC
OUT PATIENT POST OPERATIVE INSTRUCTIONS

GENERAL INFORMATION
- You may experience lightheadedness, dizziness, sleepiness, headache, nausea, sore throat, or muscular pains following surgery
- If you develop a fever, (over 101°), chills, bleeding, pain, swelling, or nausea/vomiting that is greater than instructed to expect, or difficulty breathing, call your doctor
- Your reflexes will be diminished after receiving anesthetic drugs:
  - Do not operate a vehicle for 24 hours
  - Do not drink any alcoholic beverages for 24 hours
  - Do not operate any machine for 24 hours
  - Do not smoke for the next 24 hours
  - Do not stay alone for the next 24 hours
  - Avoid making any important decisions for the next 24 hours

DIET/FLUIDS
- Begin with liquids and light foods (soups, gelatin, etc)
- Progress to normal diet if you experience no nausea

ACTIVITY
- You are advised to go DIRECTLY home from the hospital
- May shower after Pain Pump (if you have one) and dressings are removed
- Restrict your activities and rest for the day

MEDICATIONS
- Follow your Discharge Medication Sheet, as instructed
- If ordered, begin any newly prescribed medications. Discontinue use if: nausea, vomiting, itching or rash develops. Call your doctor

SPECIFIC INSTRUCTIONS:
- If you have a dressing, keep it clean and dry for 72 hours. Then remove the dressing but keep the steri strips in place. Expect some clear of blood tinged drainage from the incision.
- Observe operative areas / fingers for circulation changes: numbness, tingling, pale color, cold to touch
- Apply ice pack to operative site every 2-3 hours for 30 minutes while awake
- If given a sling, keep it on at all times during sleep. Remove sling for exercise and to shower as long as the elbow is kept by your side
- Exercise: ☐ None ☒ Pendulum ☐ Range of Motion of elbow with elbow kept tightly at side
- If you have a Pain Relieving Pump removed after 72 hours by 1) removing tape covering the catheter where it exits the skin; 2) pull the Catheter straight out of the skin; 3) apply a bandaid should it drain. 4) Refer to the brochure for further information.

ADDITIONAL INSTRUCTIONS: Follow Dr. Contreras's Discharge instructions sheet

FOLLOW-UP CARE: Call the office for an appointment.

You should see Dr. Contreras in 4-7 days

These discharge instructions have been explained to patient and/or responsible person. I have read and fully understand the above instructions. I also grant permission for this facility to contact me post procedure for a followup phone call.

10/11/10 | 1235 | [signature] | [signature] Thomas Contreras

Date | Time | Nurse | Patient/Responsible Person

Reviewed: 8/09

[redacted]

[redacted] 10/07/10

00039

MRN: [redacted]
CONTRERAS,THOMAS
DOB: [redacted]
Phys: DEMARCO-MD,JASMIN R

Acct #: 10284-00050 10/11/10 0712

Roper Hospital

To the Patient [or parent, guardian, or legal representative] (YOU) [redacted]

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the HOSPITAL) may provide you inpatient or outpatient services YOU must know what services YOU will receive, consent to them, agree to how to pay for them, and accept how the HOSPITAL will use your medical record. The HOSPITAL requests your consent to TWO (2) different parts of this form. Please read carefully Part I on treatment and other matters AND Part II on the use of your patient information. YOU may request that this form be read to YOU . Be sure to ask any questions YOU may have about it. When YOU fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, THANK YOU very much for your cooperation in meeting the HOSPITAL'S responsibility to YOU and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide YOU medical treatment. YOU consent to all HOSPITAL medical or diagnostic care ordered for YOU during his visit as an outpatient or stay in the HOSPITAL . This consent includes testing for infectious such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect YOU and /or those who provide YOU services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The HOSPITAL will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. YOU agree that the assigned Payment responsibility is covered by current, valid and in effect insurance arrangements and that YOU will promptly pay any required co-pay amounts and unpaid deductibles. If YOU are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the HOSPITAL's services to YOU.

YOU (patient or agent accepting financial responsibility) *guarantee payment* to the HOSPITAL for ALL NONCOVERED SERVICES and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. YOU understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the HOSPITAL. Also, YOU accept that benefit plans may deny payment for what YOU believed were covered services resulting in your responsibility for paying for these services. YOU may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests. If it becomes necessary, the Hospital can assist you in applying for financial assistance through Federal, State and Local programs.

Should any remaining account balance produce a financial burden to YOU , please inform the HOSPITAL of your hardship. The HOSPITAL will then give YOU the opportunity to apply for financial assistance.

VALUABLES

YOU accept full responsibility for your valuables especially money and jewelry. The HOSPITAL does not accept an liability for your valuables. The HOSPITAL expects YOU will entrust any valuables to family or friends for safekeeping or deposit them in the HOSPITAL safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when YOU are an outpatient and must change into a HOSPITAL gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the HOSPITAL for Medicare or Champus benefits is correct and YOU agree to allow the HOSPITAL OR OTHERS that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the HOSPITAL may use a copy rather than the original of this current form. YOU also, acknowledge receipt of the "Important Message from Medicare" or "Important Message from Champus" forms, which does not waive any of your rights for a review or make YOU liable for payment.

[redacted]

Roper Hospital

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the HOSPITAL to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid, or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. YOU agree to allow the HOSPITAL to use your record made during his visit at his time or later to meet its required reporting duties regarding your care and to collect payment for the services YOU received. YOU agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities, as they deem necessary for continuity of care. YOU also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The HOSPITAL originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any other plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payer (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that YOU received the Notice of Information Practices that provides a description of information uses and disclosure practices. YOU accept and understand that YOU:

- Have the right to review the NOTICE prior to signing this consent.
- Accept that the HOSPITAL reserves the right to change the NOTICE and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site
- Have the right to object to the use of your health information for the HOSPITAL's patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The HOSPITAL, however, is not required to agree to the restrictions requested.

_____

_____

- May revoke this consent in writing that YOU provide to the HOSPITAL. The revocation does not apply to any uses of your information made by the HOSPITAL in reliance upon this consent form and on the belief that your consent was still effective.
- Your signature acknowledges that YOU have been provided with information regarding the Lewis Blackman Patient Safety Act and the HOSPITAL's Patient Assistance Program as found in the RSFH Patient Handbook.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART I AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient / Agent _____ Date 10/11/16

If agent, what is relationship to patient? _____
Parent, guardian, legal representative

_____ Date _____
Witness (when form is accepted verbally, by telephone or by electronic means)

Revised: 03-06; 1/09

(P0041)

00041

Short Form History and Physical Report

CONTRERAS,THOMAS
TDA
PHYS:DIMARCO-MD,JAMES R
ACCT#: 10284-00050

10/07/10

Pertinent history (as appropriate to the patient's condition)

Physical Examination	Normal	Abnormal	If Abnormal, Explain Below
1. Mental Status			
2. Heart			
3. Chest/Lungs			

	Normal	Abnormal	Deferred	If Abnormal, Explain Below
4. Head				
5. Ears, Nose, Throat				
6. Neck				
7. Neurological				
8. Lymph Glands				
9. Breasts				
10. Abdomen				
11. Genitalia/Vaginal				
12. Rectal				
13. Muscula-Skeletal				
14. Skin				
15. Other				

Anesthesia Assessment and Plan of Care

Assessment	Plan of Care
Previous problems(s) with sedation and/or anesthesia? ☐No ☐If Yes, describe:	☐ Local ☐ Moderate sedation ☐ Moderate sedation with local anesthesia ☐ If General, see Anesthesia Record

Principal/preoperative diagnosis:

Comorbid conditions: See note

Course of action planned:

Physician Signature: **Date:** 10/11 **Time:** 0823

Update to the History and Physical if appropriate

- ☐ The patient has had no changes
- ☐ The patient has been re-examined and the following changes have occurred:

Physician Signature: **Date:** **Time:**

Origin Date: 06/02, Revised: 01/05, 09/05, 01/06, 07/09, 12/09, 3/10

Corvel Scan Date: 10/19/2010

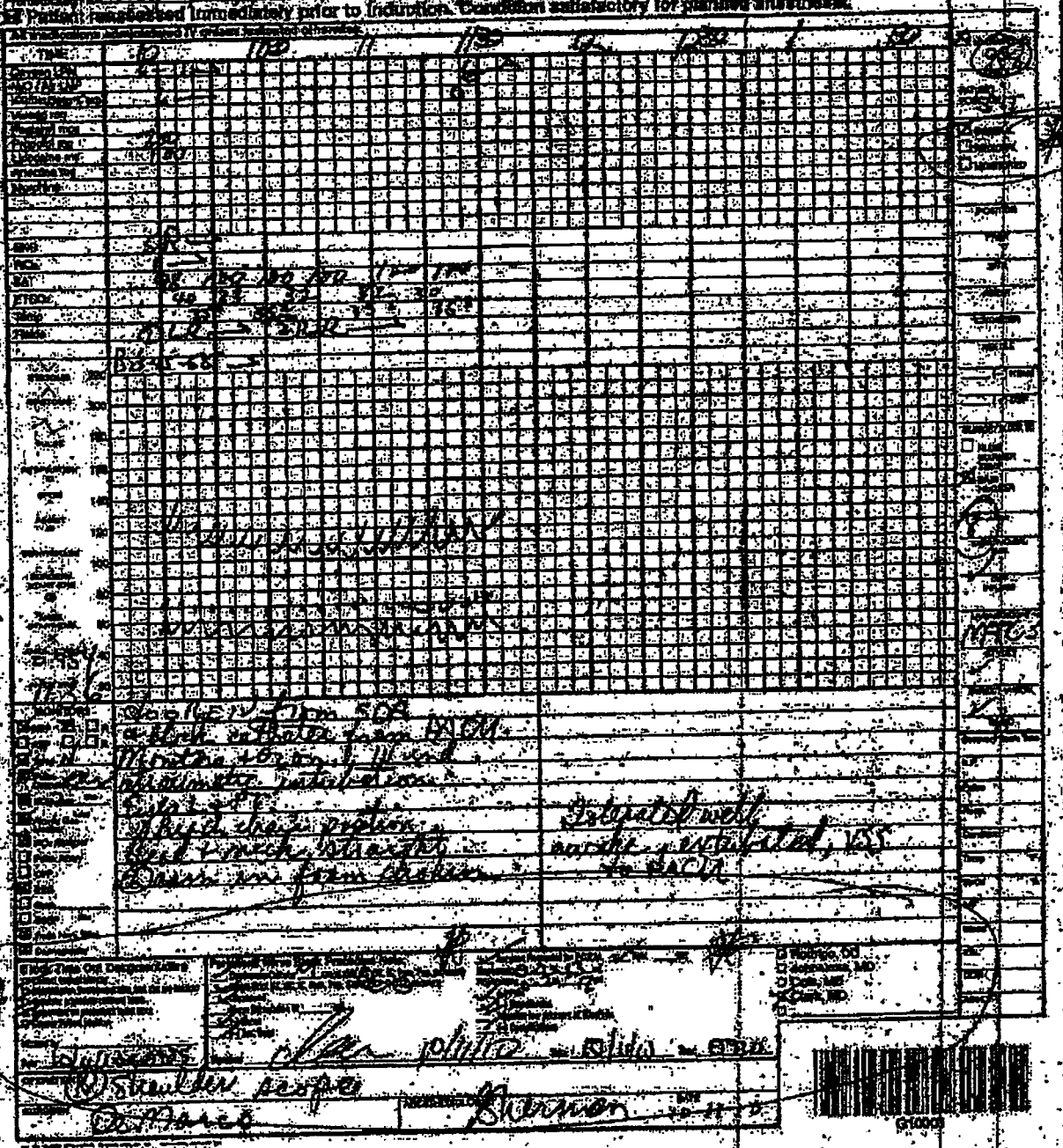
CHART

ROPER HOSPITAL ANESTHESIA RECORD VITAL SIGNS

CONTRERAS, THOMAS

ACCT# 10284 00055 10/07/10

Patient reestablished immediately prior to induction. Condition satisfactory for planned anesthesia.



Patient:CONTRERAS, THOMAS MRN:000724899 Encounter:10284 00055 Page 2 of 2

CHART

Chart#1200009406

[redacted]

ADETA: 10204-00050 10/07/10

PREANESTHESIA EVALUATION

REVIEW OF CLINICAL DATA

- ☑ Yes Patient Medical History Reviewed.
- ☑ Yes Current Meds Reviewed.
- ☑ Yes Allergies Reviewed.
- ☑ Yes ☐ N/A Lab Results Reviewed.
- ☑ Yes ☐ N/A CXR Results Reviewed.
- ☑ Yes ☐ N/A EKG Results Reviewed.

ANESTHESIA HISTORY

- ☐ Yes ☑ No Pt. Hx of Anesthesia Complications
- ☐ Yes ☐ No Family Hx of Anesthesia Complications
- ☐ Yes ☐ No History of Malignant Hyperthermia

AIRWAY EVALUATION

Dentures: ☑ None ☐ Upper ☐ Lower

Caps on Teeth: ☑ None ☐ Yes

Condition of Teeth: WNL

Airway Exam: WNL

PERTINENT PHYSICAL EXAM

	Normal	Comments
EENT		
Respiratory		
Cardiac		
Mental Status		

ASA ASSOCIATION

1 2 3 4 5

ANESTHESIA PLAN

- ☑ General
- ☐ Spinal
- ☐ Epidural
- ☐ Regional Block
- ☑ ART Line
- ☐ Rapid Sequence Intubation
- ☐ MAC
- ☐ Epidural for POPM
- ☐ CVP
- ☐ SWAN

☑ Alternatives, risks of anesthesia, and potential complications were discussed. Patient and/or guardian state understanding and acceptance of anesthesia plan.

Regional Block Consent

☑ Alternatives, benefits, risks and potential complications (including temporary and permanent nerve injury) of single injection peripheral nerve (SPNB) and/or continuous peripheral nerve block (CPNB) for post operative pain management were thoroughly discussed. Patient and/or guardian acknowledge and accept the post operative pain management plan which includes:

___ SPNB: IS, SC, IC, Fem, Pop, SAPI, SCB (11/2, patient ___ and/or ___ CPNB: IS, SC, IC, Fem, Pop, patient

Signature: [signature] Date: 10/11/10 Time: 0855

Comments:

HTN
GERD
COPD
asthma - mild
obesity

NPO

0940

Signature: [signature] 10-11-10 Date ___ Time ___

G10001

00044

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate:
Primary MD: Patient has no PCP

Vital Signs/Data

19:01	98.1 F Oral	89 /min	18 /min	165/97 mm hg	98% on Room air	7/10

Allergies

No known allergies (VS2 10/08/2008 19:01)

Chief Complaint

Soft tissue injury to posterior right shoulder. (VS2 10/08/2008 19:01)

Pre-Hospital Treatment

Patient arrived by private transportation. (VS2) 10/08/2008 19:01

Triage

4 Non Urgent (VS2 10/08/2008 19:01)
No language barrier. (VS2 19:01)
History comes from patient. (VS2 19:01)
Onset of symptoms was about five days. (VS2 19:01)
Patient has no history of tobacco use. (VS2 19:01)
Patient denies use of alcohol. (VS2 19:01)
Patient denies illicit drug use. (VS2 19:01)
Patient is triaged to the Main ER WR. (VS2 19:01)

Height/Weight

Hgt: 68 inch (VS2 10/08/2008 19:01)
Wgt: 103.6 kg (VS2 19:01)

Current Medications

Patient is on medications. (VS2 10/08/2008 19:01)

Nursing Assessment

GENERAL
NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (VS2) 10/08/2008 19:01

MENTAL STATUS
Normal ambulatory status. Alert, oriented and fully verbal. (DD4) 10/08/2008 20:21

NEUROLOGIC
Alert and oriented x3. Speech clear. Responds to commands. Moves all extremities. (DD4) 10/08/2008 20:21

SKIN
Skin is warm, dry and intact with normal color and turgor. The skin over the right shoulder is intact without visible abrasion or laceration. There is pain and swelling noted over the right shoulder. No active bleeding noted over the right shoulder. No local drainage. (DD4) 10/08/2008 20:21

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:49
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate:
Primary MD: Patient has no PCP

Nursing Assessment

HEENT
Eyes, ears and nose without visible drainage. Swallowing without difficulty. No reported change in hearing. No reported chang in vision. (DD4) 10/08/2008 20:21

PULMONARY
Bilateral breath sounds clear. Respirations regular and unlabored. Mucous membranes and nail beds pink. (DD4) 10/08/2008 20:21

CARDIAC
Pulse regular, no complaint of chest pain. Peripheral pulses palpable. No peripheral edema. Capillary refill less than 2 second (DD4) 10/08/2008 20:21

ABDOMINAL
Abdomen soft, non-distended, non-tender. Bowel sounds audible. No complaint of nausea, vomiting, diarrhea, or constipation. (DD4) 10/08/2008 20:21

GU
Able to empty bladder without dysuria. No complaint of frequency or urgency. (DD4) 10/08/2008 20:21

SOFT TISSUE
Neurovascular exam intact. Normal upper extremity capillary refill (less than 2 sec). Normal radial pulse. (DD4) 10/08/2008 20:

Clinician History of Present Illness

right shoulder pain possibly from lifting wts (VS2) 10/08/2008 19:01 Exam started at 20:05 Presenting problem started few hou ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No direct trauma. Patient developed injury while lifting weights. The skin over the right shoulder is intact. No active bleeding or abrasions. Patient complains of pain over the right shoulder. Had a characteristic pulling/reaching type of injury to the right shoulder. No history to suggest any head injury. The patient states that this problem is job related. (SJT) 10/08/2008 20:05

Past Medical and Surgical History

HTN-hypertension; Hypercholestolemia; NIDDM; Asthma; S/P Shoulder surgery left (VS2) 10/08/2008 19:01

Review of Systems

Except as noted all other ROS negative. (SJT) 10/08/2008 20:05

Physical Exam

GENERAL:
The patient is a middle aged adult male in no acute distress. No evidence of significant external trauma. Vital signs OK. Vital signs reviewed. Alert The patient appears to be comfortable. (SJT) 10/08/2008 20:05

PULMONARY:
Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (SJT) 10/08/2008 20:05

NEUROLOGIC:
No motor deficit. No sensory deficit. Alert. (SJT) 10/08/2008 20:05

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-402-1000

Fi

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS
Medical Rec. Number: 000774899
Arrival Date: 10/08/2008 18:48
Visit Date: 10/08/2008 19:01

Account Number: 0828201311
Birthdate:
Primary MD: Patient has no PCP

Physical Exam

MUSCULOSKELETAL:
The patient has mild to moderate joint pain with movement of the right shoulder. Moderately tender to palpation over the right shoulder. No evidence of soft tissue swelling over the right shoulder. No palpable effusion over the right shoulder. The area over the right shoulder shows no sign of contusion. No evidence of hematoma at this site. The overall exam surrounding the right shoulder is consistent with a mild to moderate sprain/strain. Normal AC joint exam. Normal clavicular exam. Humeral head palpable with no defect. Abnormal biceps tendon exam. Normal rotator cuff and bursa exam of the shoulder. Normal shoulder alignment. Distal neurovascular exam normal. The biceps tendon is tender to palpation along the course of the bicipital groove. Contraction of the biceps causes pain along the course of the long head of the biceps tendon. Normal exam of the supraspinatus muscle and tendon. The superior bursa of the shoulder is normal with no evidence of effusion. (SJT) 10/08/2008 20:05

SKIN:
The right elbow is non tender and the patient has a normal adjacent chest wall exam surrounding this shoulder. The skin over th right shoulder is intact with no lacerations or significant abrasions. Skin color is normal. (SJT) 10/08/2008 20:05

SOFT TISSUE:
The rest of the soft tissue exam is normal. (SJT) 10/08/2008 20:05

Progress Notes

The exam supports a bicipital tendinitis. (SJT) 10/08/2008 20:05

Primary Diagnosis

Bicipital Tendonitis, right shoulder (SJT 10/08/2008 20:19)

Non-Drug Orders

PATIENT SPECIFIC DATA weight: 103.60kg/228.4lb;
Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)
PATIENT SPECIFIC DATA height: 172.72cm/68.0in;
Entered (ER 10/08/2008 20:15) In Progress (DD4 20:03) Completed (DD4 20:03) MD Sign (ER 20:15)
XR SHOULDER 2 VIEW MIN Injury Right
Entered (ER 10/08/2008 20:15) In Progress (ER 20:34) MD Sign (SJT 20:15) Notes: Taken to X-ray. Returns from X-ra (DD4 20:03)

Results

XR SHOULDER 2 VIEW MIN Injury Right - films were reviewed by me. (SJT 10/08/2008 20:55)
No radiographic evidance of acute fracture. (SJT 20:55)
No radio-opaque foreign body noted. (SJT 20:55)
No significant degenerative or osteoporotic changes on plain films. (SJT 20:55)
Normal joint space. (SJT 20:55)

Disposition

Patient discharged from department. Condition at discharge - stable. I have reviewed the chart of THOMAS CONTRERAS and is ready for final disposition. - STEVEN J TAYLOR-MD MD. (SJT) 10/08/2008 20:33 Patient discharged from department. Discharged home. Left department with family. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. A disposition has been done for THOMAS CONTRERAS. The dispositioning nurse is DORIS L DAVIS RN (electronic signature). Patient removed from Tracking Board by DORIS L DAVIS RN. (DD4) 10/08/2008 21:06

Final

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
843-405-7000

Emergency Department Chart

Patient Name: CONTRERAS, THOMAS	Account Number: 0828201311
Medical Rec. Number: 000774899	Birthdate: /
Arrival Date: 10/08/2008 18:49	Primary MD: Patient has no PCP
Visit Date: 10/08/2008 19:01	

Discharge Instructions

SHOULDER PAIN
Your exam shows your shoulder pain is due to one of several possible conditions. Tendinitis, bursitis, or an injury to the tendons that surround the joint (the rotator cuff) can all cause similar pain and difficulty moving the shoulder. All these conditions can also lead to a "frozen" immobile shoulder if they are not treated properly. The treatment of these problems is similar.
*Rest the shoulder and avoid any painful movements for the next week. Use a sling for comfort if needed.
*Apply ice packs every few hours to the shoulder for 2-3 days; then begin heat treatments to improve motion when the pain is better.
*Medicine to reduce inflammation and pain is often very helpful.
*Cortisone-like medicine injected into the bursa or around an inflamed tendon can also bring prompt relief. This is usually considered if rest, ice, and medications do not bring relief.
*Shoulder rehabilitation exercises are important in preventing a frozen joint. When your pain improves you should bend forward and gently swing your arm like a pendulum 3-4 times daily to help restore motion. Please see your doctor for further care as advised. Rarely shoulder pain is caused by heart problems; call your doctor, 911, or the emergency room right away if you have severe chest pain, weakness, sweating, breathing difficulty, or nausea.

Additional Instructions

Limit position or activity that makes pain worse. Cold packs to tender area 3-4 times a day. No heat. Take Ibuprofen (Motrin) 800mg (4 tablets) at 11PM, 7AM, 3PM for 1 week. This can recur, so be careful with weight lifting in the future. (SJT) 10/08/2008 20:33

Diagnosis Codes

726.12	Bicipital Tendonitis	Primary Diagnosis: Y
250.00	NIDDM	
272.4	Hypercholesterolemia	
401.1	Borderline diastolic BP determination this visit	
401.1	Moderate elevation of systolic BP this visit	
401.9	Hx of Hypertension	
493.90	Asthma	
719.41	Local tenderness to palpation over right shoulder	
719.41	Pain involving the right shoulder	
719.41	Pain with movement of right shoulder	
726.12	Bicipital tendonitis	
840.9	Sprain/strain of the right shoulder.	
959.2	Soft tissue injury posterior right shoulder	
E917.9	Blunt shoulder injury	
E927	Lifting injury	
V13.8	NIDDM	

CPT Codes

73030-52
94760
99284
99455

Staff Lacerda
BB4 DORIS DAVIS RN
SJT STEVEN TAYLOR-MD MD
VS2 VICKIE SMITH RN

Bon Secours St. Francis Hospital

Name: CONTRERAS,THOMAS
Exam Date: 10/08/08 2014
Ord. Phy.: TAYLOR-MD,STEVEN J

MRN: C000774899
DOB: [redacted]
Pt. Phone#: (843)769-4429
Ord. Phy.#: (843)402-1037
Phy. Fax #: 8434021283

TAYLOR-MD,STEVEN J
2095 HENRY TECKLENBURG DR
DEPT OF EMERGENCY MED
CHARLESTON SC 29414

Acct Nbr : C0828201311
Pat Type : XRC

Chk-in #	Ordnr	Exam	
2084545	0001	30274	XR SHOULDER 2 VIEW MIN'R

Ord Diag: ;injury

RIGHT SHOULDER, THREE VIEWS: 10/08/08

COMPARISON: None

INDICATION: Injury, pain

FINDINGS:

No fracture, dislocation, lytic or sclerotic osseous lesion. No significant glenohumeral joint change. There is minimal hypertrophic change at the AC joint. The visualized thorax is normal.

IMPRESSION:

Minimal hypertrophic change at the AC joint; otherwise negative right shoulder series.

dk

Transcriptionist: DONNA L KAUTZ
Reading Radiologist: MATTHEW J BRADY-MD
Releasing Radiologist: MATTHEW J BRADY-MD
Released Date Time: 10/08/08 2124

FINAL Page 1

2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

00050



PATIENT ID: 0828201311

OCR - CONTRERAS, THOMAS
DEPT: ERC ROOM: - MR: 000774899
Ordered by: MD TAYLOR MD, STEVEN J
Entered by: REED, ERIK - 10/08/08 20:15
Order mode: Written - Session Id: 3003999

Created	Allergy Name	Type	Reaction	Severity / Comments
10/08 19:03	No Known Allergies	Drug Allergy		

WORKERS
RT SHOULDER INJURY

ORDER

Seq#	Action	Order Name	Freq	Priority	Duration	Start	Stop
3	Started	XR SHOULDER 2 VIEWS MIN	ONCE	ROUTINE	1 Time	10/08 20:13	10/08 20:15

Left/Right: Right
Method of Transportation: Call Floor
Reason for Exam?: injury

NSG

Seq#	Action	Order Name	Freq	Priority	Duration	Start	Stop
1	Started	PATIENT SPECIFIC DATA	CONTINUOUS	ROUTINE		10/08 19:01	Indefinite

Patient's weight (kgs or lbs): 103.600000
Instructions: weight: 103.60kg/228.4lb;

Seq#	Action	Order Name	Freq	Priority	Duration	Start	Stop
2	Started	PATIENT SPECIFIC DATA	CONTINUOUS	ROUTINE		10/08 19:01	Indefinite

Patient's height (cms or ins): 172.720000
Instructions: height: 172.72cm/68.0in;

MD Signature (Date) __/__/__ :_____



LAST PAGE

00051

TriCounty Radiology Associates

(843) 529-0800
Mont. Charleston
Summerville
West Ashley

PATIENT: Contreras. Thomas
DOB:
MRN: 41222
PHYSICIAN: David Jaskwhich, MD
DATE: 8/26/2009

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Surgery in January with persistent pain. Injury to shoulder lifting weights one year ago. Surgery in January 2009. Continued pain.

TECHNIQUE: Following standard right shoulder arthrogram, axial T1 proton density, axial, sagittal and coronal, coronal T1-weighted with and without fat sat MRI images of the right shoulder obtained on a high-field 1.5 Tesla MRI.

CONTRAST: Please see report of right shoulder arthrogram for contrast dosing.

FINDINGS: The arthrogram and MRI procedures are both limited by motion artifact and several series repeated on the MRI secondary to motion. The fluid signal in the anterior aspect of the deltoid is related to anesthesia as the patient moved during the examination and approximately three attempts were made at arthrogram with the final attempt successful for an intra-articular injection. The amount of contrast in the joint had resorbed and decompressed prior to the MRI examination. Some of the contrast decompressed beneath the subscapularis muscle. and this can be seen as a variant of normal.

There is mild to moderate osteoarthrosis of the acromioclavicular joint. The acromion is type II. No Hill-Sachs or Bankart deformities. Postoperative change identified of the labrum. There is thickening and irregularity of the anterior labrum and thickening of the middle glenohumeral ligament. This may be related to prior resection or a nondisplaced labral tear from the 2 o'clock through the 5 o'clock position. There is some contrast imbibement at the 2 o'clock through the 3 o'clock position. Trace fluid in the subdeltoid bursa suggesting mild bursitis. No significant contrast in the subdeltoid bursa. The minimal contrast anteriorly is related to the injection site. Mild undersurface irregularity suggesting low grade articular-sided partial tear or prior resurfacing. Minimal increased signal in the supraspinatus and infraspinarus tendons consistent with tendinopathy. No significant brightening on the T2-weighted images. This is consistent with tendinopathy. The subscapularis and teres minor tendons appear intact. The biceps tendon is in the expected location. The intra-articular portion of the biceps tendon demonstrates a mild increased signal and mild thickening suggesting tendinopathy. No significant muscular atrophy or edema of the supraspinatus, infraspinatus, subscapularis or teres minor muscles. There is also irregularity of the superior labrum from the 9 o'clock to 12 o'clock position again suggesting prior repair or a nondisplaced tear. Mild osteoarthrosis of the glenohumeral joint.

The MRI and the arthrogram portions of the examination were limited by motion artifact. Several series of the MRI were repeated secondary to motion artifact and several attempts at the arthrogram were made secondary to motion during that examination.

IMPRESSION:
1. Mild articular-sided irregularity of the supraspinatus and infraspinatus tendons suggesting low grade articular-sided partial tear versus prior resurfacing.
2. There is also mild tendinopathy of the supraspinatus and infraspinatus tendons. No full thickness tendon tear is seen.
3. Irregularity of the glenoid labrum from the 9 o'clock through the 5 o'clock position suggesting prior repair or resurfacing versus a nondisplaced labral tear.Recommend correlation with prior operative note.
4. Mild tendinopathy of the intra-articular portion of the biceps tendon.
5. Mild to moderate osteoarthrosis of the acromioclavicular joint and mild osteoarthrosis of the glenohumeral joint.
6. Postoperative changes noted.

Donald E. Olofsson, DO
DO/lb

00052

177

Patient Name: Contreras, Thomas
MRN: 412212
EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

DD: 8/27/2009 / DT: 8/27/2009
JOB: 8784919

This document has been reviewed and electronically signed by

[redacted]

00053

TriCounty Radiology Associates

(843) 529-0600
North Charleston
Summerville
West Ashley

PATIENT: Contréras. Thomas
DOB:
MRN: 412212
PHYSICIAN: David Jaskwhich, MD
DATE: 8/26/2009

EXAM: ARTHROGRAM RIGHT SHOULDER PRIOR TO MRI

HISTORY: Right shoulder pain.

PROCEDURE: During the patient interview and discussion, risks, benefits and indications of shoulder arthrogram were discussed. Risks including but not limited to bleeding, infection, and possible examination failure and need for repeat were discussed. The patient expressed understanding and gave verbal and written consent to proceed. Following standard sterile prep and drape and utilizing approximately 3 cc of 1% lidocaine without epinephrine for local superficial and deep soft tissue anesthesia, a 22-gauge needle was passed into the glenohumeral joint under fluoroscopic monitoring. Injection of approximately 1 cc of Isovue 300 iodinated contrast to ensure the intraarticular position of the needle. Then, injection of gadolinium contrast performed to achieve good glenohumeral joint distension. Approximately 10 cc of the standard gadolinium mixture was instilled into the shoulder joint. Standard gadolinium contrast mixture was obtained by combining 15 cc of gadolinium solution drawn of a mixture of 0.2 cc of Magnevist gadolinium contrast and 50 cc of normal saline at an approximate 1:200 dilution, and this was mixed with 5 cc of 0.25% bupivacaine. The needle was removed and hemostasis achieved. Limited FluoroSpot images were obtained to document the intraarticular contrast. The patient tolerated the procedure well with no immediate complications. The patient was dismissed to the MRI for subsequent imaging.

IMPRESSION:

1. Post right shoulder arthrogram. Please see report of MRI for complete dictation.
2. Difficult arthrogram secondary to mild patient motion during the examination. Small amount of iodine contrast instilled in the subdeltoid bursa and the gadolinium contrast was verified under direct fluoroscopic guidance to be within the glenohumeral joint.
3. The MRI was delayed by approximately 30 minutes secondary to technical factors and prolonged imaging of the patient prior to this examination. Some of the contrast resorb prior to the MRI images.

Donald E. Olofsson, DO
DO / lb

DD: 8/26/2009 / DT: 8/26/2009
JOB: 8779254

This document has been reviewed and electronically signed by

00054

TRIDENT DIAGNOSTIC SERVICES
9313 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-797-4917
FAX #:

Name: CONTRERAS,THOMAS JR
Phys: BURLESON,ASHLEY
DOB: Age: 47 Sex: M
Acct: D00030439773 Loc: D.TDS
Exam Date: 01/20/2009 Status: DEP CLI
Radiology No:
Unit No: D000477805

EXAMS:
002243045 CHEST AP/PA

EXAM REASON::
PRE OP

INDICATION: Anesthesia clearance.

FINDINGS: A single frontal view of the chest was obtained. Heart size and pulmonary vasculature are within normal limits. Lungs are clear.

IMPRESSION: No active cardiopulmonary disease

** Electronically Signed by JAMES D. TAGGART MD **
** on 01/20/2009 at 1517 **
Reported and signed by: JAMES D. TAGGART, MD

CC: ASHLEY BURLESON; DAVID W SEIGNIOUS

Dictated Date/Time: 01/20/2009 (1517)
Technologist: CHINYERE S RUMPH
Transcribed Date/Time: 01/20/2009 (1517)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 01/20/2009 (1517)
Orig Print D/T: S: 01/20/2009 (1518)
Reprint D/T: 01/26/2009 (1316) BATCH NO: N/A

South Carolina Workers' Compensation Commission
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: Thomas Contreras
Employer's Name: ST JOHNS FIRE DIST COMM
Physician's Name: James R. Demarco
Insurance Carrier: State Accident Fu d
Practice/Clinic: Palmetto Orthopaedics
SCWCC File No: 0822640
Preparer's Name:
Phone:

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: 10/05/2008

Date of first office visit: 8-6-10 Date of last visit: 8-7-12

Diagnosis or nature of injury or illness: Rt Shoulder injury

Body part(s) injured: Rt Shoulder Body part(s) affected:

Date of Maximum Medical Improvement:

Based on the AMA Guidelines, the claimant has sustained a 9 % medical impairment to (e) Upper Extr injured body part(s) and/or 13 % medical impairment to (e) Shoulder 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: This is a continuation of Rt UE to Rt Shoulder

__✓__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:

Treating Physician

Date 8/7/12

9/07

14B

Physician's Statement

00056

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

THOMAS CONTRERAS,)
)
Employee,)
Claimant,)
)
-vs-)
)
ST. JOHNS FIRE DISTRICT)DEPOSITION OF:
)THOMAS CONTRERAS
Employer,)April 29, 2013
)
and)
)
STATE ACCIDENT FUND,)
)
Carrier.)

The deposition of THOMAS CONTRERAS, taken before Lynda A. Bousquet, Professional Court Reporter and Notary Public, at the law offices of Howell & Christmas, 250 Mathis Ferry Road, Suite 102, Mt. Pleasant, South Carolina, on Monday, April 29, 2013, at 3:12 p.m.

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT:
GARY CHRISTMAS, ESQUIRE
Howell & Christmas
250 Mathis Ferry Road
Suite 102
Mt. Pleasant, SC 29464
gc@howellandchristmas.com

REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE
Clawson & Staubes
126 Seven Farms Drive, Suite 100
Charleston, SC 29492
purbanic@clawsonandstaubes.com

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Contreras, Thomas (sworn)

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EXHIBITS

(No exhibits were proffered.)

(THOMAS CONTRERAS, having been first duly sworn, testified as follows:)
EXAMINATION BY MS. URBANIC:
Q Is it Contreras?
A Contreras.
Q Okay. I think we've met a year or so ago. Vaguely, I remember that.
A Uh-huh.
Q My name is Peggy Urbanic. I represent the St. Johns Fire District and the State Accident Fund with regard to your Workers' Compensation case. I'm here to take your deposition, which I'm sure your attorney's explained to you, but basically I'm just going to ask you some questions.
A Okay.
Q If you don't understand one of my questions, just let me know. I'm happy to rephrase it for you. Okay?
A Okay.
Q Can I get your full name, please.
A Thomas Contreras, Jr.
Q And where are you currently residing?
A , Charleston, South Carolina 29407.
Q Okay. Great. Does anybody live with you?

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A My wife.
Q Okay.
A My father-in-law and my mother.
Q So your father-in-law and your mother. So you have got both sides represented?
A Uh-huh.
Q Is that a yes?
A Yes.
Q I just need you to say yes or no because she's taking it all down. What's your wife's name?
A Renee.
Q And your father-in-law's name?
A Stanley Latarry.
Q And your mother?
A Maria Contreras.
Q And does your wife work?
A She's working temporary now.
Q What type of work does she do?
A She's a legal assistant.
Q Oh, okay. Very good. Do you know where she's working currently?
A No, I don't know. I know where it's at.
Q Where is it at?
A Downtown. It's downtown. Right by Tommy Condon's. Right across from it.

Q Okay. Now, do you support your father-in-law and mother?
A No.
Q No. So they are not relying on you for income in any way?
A No.
Q They just reside with you?
A Right.
Q Is that right? Do you have any children?
A Yes.
Q How old are your children?
A My daughter is 24. My son is 28.
Q Is that it?
A That's it.
Q Okay. Do either one of your children rely on you for income?
A No.
Q Do you support them in any fashion?
A No.
Q Okay. All right. How far did you go in school?
A High school.
Q Any vocational, technical school after that?
A No.

Q And you're currently how old?
A Fifty-one.
Q All right. And obviously you have worked as a firefighter. What other type of work have you done as an adult?
A I worked for Domino's Pizza. I installed fireplaces. I did landscaping. Let's see. Home Depot. I work at a bowling alley.
Q Okay. How long were you a firefighter?
A Twenty-two years. Twenty-two.
Q And did you work at any of these other places while you were a firefighter?
A The bowling alley and Home Depot for a little bit.
Q And what did you do at the bowling alley?
A Front desk clerk.
Q Which one?
A Charleston Lanes on Savannah Highway.
Q And how long ago was that?
A I've been with them 12 years now.
Q So you're still with them?
A Yes.
Q Okay. Great. How many hours a week are you working there?
A About 14, sometimes a little more.

Q On average about 14?
A Uh-huh.
Q Is that a yes?
A Yes.
Q Okay. And how much are they paying you?
A 9.18 an hour.
Q And who is your supervisor there?
A Johnny Wise.
Q And you said you're just doing the front desk. What is that? Checking people in, giving them the shoes?
A Yes.
Q That kind of stuff?
A Yes. And I do league coordinator too where I keep up with the paperwork for the leagues.
Q And is that you only work part-time, is that just because they don't need you full-time or --
A They don't have no full-time. They decided to do all part-time.
Q Okay. They don't want to pay anybody benefits?
A Yeah. They won't tell you that, but that's the reason.
Q Okay. Is that mostly a standing job, a sitting job?

Electronically signed by Lynda Bousquet (001-369-759-3178)
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A If I'm working the front desk, it's standing. If I'm doing league coordinator work, I'm sitting.
Q Great. And I think you said you have also worked at Home Depot while you were a firefighter. How long ago was that?
A About 15 years ago.
Q Okay. And was that just as a sales clerk there?
A Lot attendant. I took care of -- helped people put stuff in their cars, put shopping carts back, find something for a customer.
Q Okay. Great. So the Domino's Pizza, a fireplace installer, and landscaper, was that all before you became a firefighter?
A Yes.
Q And I realize you're no longer working as a firefighter; is that correct?
A Right.
Q And have you looked for any other work since leaving the fire district? You're working at the bowling alley, but have you looked for anything else work-wise?
A Yes.
Q What kind of work have you looked for?

A I applied at Wal-Mart, CarMax, and been looking at some federal jobs, but --
Q What kind of federal jobs do we have in Charleston, out of curiosity?
A Well, most of them aren't in Charleston. That's the problem. I have been looking for what I did in the Army, finance clerk. I tried to get into some type of immigration job, but --
Q And are those jobs you have applied online or have you just looked at them or --
A Online.
Q Online. You actually applied for some of those jobs?
A Yeah.
Q Have you gotten a response back from the government?
A Nothing.
Q Nothing. And was that recently you applied for that type of work?
A Probably about two months ago.
Q Okay. All right. And I think you said Wal-Mart, CarMax. When did you apply at Wal-Mart?
A When?
Q Uh-huh.
A Six months ago.

Q Was that just as a store clerk-type position?
A Yes.
Q And did you get any response back from that?
A I didn't pass their little test that they gave me.
Q They've got a test?
A Yeah.
Q What's the test?
A It's one of those tests where they ask the employees if you saw somebody take a soda out the fridge, out the cooler, what do you do, you know: A, tell the employee, B, nothing, or tell the supervisor, you know, like that.
Q And how did you answer?
A Some of them, I said tell the supervisor, but some of them I told them I would just tell the employee to put it back, you know.
Q That's the wrong answer?
A Right. That's what my daughter told me. That's the wrong answer. You got to tell the supervisor and all of them, so.
Q Okay.
A I guess that's why I --

Q Didn't get it. I didn't know they had a test.
A Uh-huh. All these jobs, even AMF has a test. All of them do.
Q And CarMax, was that for sales?
A That was finance rep, was it? It was working in the office.
Q And what happened with that job?
A I never heard anything about it.
Q Never heard back?
A Hu-huh.
Q Do you think if you got like a finance clerk-type position like that you could do that type of work?
A Well, I love that.
Q You like that type of work?
A I love numbers.
Q I don't. So you think you could sit at a desk job, do that type of work all day without any problem?
A Yeah.
Q And you mentioned you were in the Army?
A Uh-huh.
Q When were you in the Army?
A '79 through '84.

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Q And you said you did finance clerk-type position in the Army?
A Yes.
Q Did I hear that? Are you fluent in any languages?
A Spanish.
Q And have you looked for any languages to use your Spanish skills? Have you looked for any jobs to use your Spanish skills?
A No.
Q No. You mentioned the immigration. Was that in hopes -- I mean, would that tie into your Spanish-speaking abilities?
A Yes. Yeah.
Q Was that like an immigration officer or some other --
A Yes.
Q I don't know what other jobs they had with the immigration within the federal government. I always think of the immigration officers. There might be something else. I don't know. You applied for immigration officer?
A Yeah, and some title like that. I'm not going to tell you. I don't know exactly what it was.
Q Do you know what the job expectations were

for that? I mean, was it like a desk job? Was it out --
A It was doing paperwork.
Q All right. Any other jobs you have looked for? Nothing else recently?
A No.
Q Any other -- have you thought about doing any other type of work? Any other plans for the future?
A Yeah. I want to work.
Q I mean, I just didn't know if you thought about it.
A I was hoping to get the manager's job at AMF, but that didn't work, so.
Q At AMF, the bowling alley?
A Yes.
Q When did you apply for that?
A I didn't apply. They moved a manager from somewhere else, but they transferred over.
Q Was that recently?
A About six months.
Q All right. But you could have done that position had you gotten it?
A That was my goal eventually once I retired from the fire department, hopefully be ready to move

into that.
Q Gotcha. All right. So any other thoughts as to what type of work you might be able to do or other jobs you're going to look into?
A I take care of -- I take care of a little snack route but --
Q Okay.
A That's it.
Q Is that with a company or is that --
A That's -- I own that.
Q Oh, you own it?
A Yeah.
Q So what does that mean? Are you filling up snack machines?
A Yes.
Q And how many hours a week does that take?
A About three.
Q And how long have you been doing that type of work?
A Since '95.
Q Oh, okay.
A Everything I do, I always stick with it.
Q You do. Yes. Okay. And how much do you earn off the snack route?
A That, I have never made no money off of that

route for nothing.
Q You've never made any money off of it?
A Hu-huh.
Q Why do you do it?
A Just to have something to do. It's at the fire stations, so I can't charge a lot of money, so.
Q So all the machines are at the different fire stations?
A Yeah. It's four, I think.
Q Okay. Gotcha. Okay. You said you were a firefighter for, was it 22?
A Twenty-two.
Q Twenty-two years. How long were you planning to work as a firefighter?
A Fifty-five.
Q Till age 55?
A Yes.
Q Would that have been 25 years in the service?
A That'd give me 28.
Q Twenty-eight. And what was your rank when you left firefighting?
A Captain.
Q Captain. Did that entail some

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sedentary-type duties, administrative duties as captain?
A Everything.
Q Everything?
A Yes.
Q Okay. The whole job at that point?
A Everything. Supervising, paperwork. I was responsible for the station, the trucks, the guys, the property out there.
Q Uh-huh.
A You know.
Q Making the schedule for the guys, I'm sure.
A Not the schedule. That was the chief's job.
Q Oh, okay. All right. But mostly what you did on a regular basis the time you made captain was more administrative-type work?
A No.
Q No? So when you're captain, tell me what was your typical day like as captain at the fire station.
A I came in. The guys had to check the trucks off. I had to make sure they did that. We had daily duties to do for the day, which could consist of cutting grass, windows. And I also had to make sure our reports were done for the last shift, and I

supervised everybody.
Q How many guys did you supervise?
A It could go from two to five.
Q Okay.
A When I was at Kiawah, I had five guys.
Q Is that the bigger, one of the bigger stations?
A Yes.
Q And how long were you a captain?
A About seven years.
Q And then who was your direct supervisor?
A Battalion Chief Lohr.
Q And did you ever deal with Chief -- is it Stanley? I don't think -- he wasn't the fire chief when you were there?
A He was operations chief.
Q Yeah, but I think he's now acting as the full chief now that --
A Uh-huh.
Q -- other guy up and left.
A Uh-huh.
Q But you did deal with Chief Stanley as operations chief --
A Yes.
Q -- back when you were there? And this

incident happened back in 2008, October 8th?
A Yes.
Q 2008. And how did that -- tell me briefly how the accident happened.
A I was exercising, lifting weights. And when I lift the weight up, my shoulder popped. And this side came down. I had to get the guy that was with me to pull it off me.
Q That was your right shoulder?
A Yes.
Q Are you right-handed or left-handed?
A Left-handed.
Q And I understand you have had some surgeries to your right shoulder?
A Four.
Q Four. As we're sitting here today, how is your right shoulder doing?
A Hurts.
Q Can you raise it up as much as you need to raise it up? I mean, can you lift your arm over your head?
A Yes.
Q Any problems raising your arm over your head with your shoulder?
A I can raise it up, but I can't keep it up.

Q If you had to get something out of a, you know, one of your top kitchen cabinets, could you do it with your right arm if you had to get a bowl or something down from a cabinet?
A My first option would be to ask my wife to get it for me.
Q If your wife's not home.
A Yes. If I had to, yes.
Q Any problems lifting with your right arm?
A Yes.
Q How heavy an object do you think you could lift with your right arm?
MR. CHRISTMAS: Let's correct the record. I think you keep going back and forth between left and right. Do you mean left and right or are you trying to say right every time?
MS. URBANIC: I thought I was saying right every time.
MR. CHRISTMAS: No. There's a couple lefts in there, but just so we know we're talking about the right arm --
MS. URBANIC: I'm talking about the right arm.
MR. CHRISTMAS: Just making sure we're

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clear.
MS. URBANIC: Sorry.
MR. CHRISTMAS: No problem.
BY MS. URBANIC:
Q How heavy an object do you think you can lift with your right arm?
A As far as pounds?
Q Yeah. Or give me an example of an object if it's easier.
A My granddaughter.
Q How old is your granddaughter?
A Two.
Q Two. So how much does she weigh roughly?
A Fifteen pounds.
Q Fifteen pounds?
A Yeah.
Q That's awfully small for a two-year-old.
A That's the last time that I heard. That's -- I don't know about -- I guess she's more now.
Q But if you had to lift up your granddaughter with your right arm, you could lift her up with your right arm?
A I would do it first with my left arm. I wouldn't try with my right one.

Q I'm trying to get an idea what you can and can't do with your right arm. That's why. Could you lift up a gallon jug of milk with your right arm off the table?
A I can take it out like that. To lift it up, that would hurt.
Q All right. Any activities that you don't do now because of the problem with your right shoulder?
A I try not to do anything overhead.
Q And what sort of activities would that be for you?
A If I had to -- like if I was cleaning windows. I know one thing that I want to do but I can't do is like trim the limbs off of a tree. I have a pole bar. I can't hold it up like that.
Q Okay.
A So I don't do that.
Q Okay. Anything else that comes to mind?
A I don't pull with my arm, with that arm. You know, like if I'm getting in the car or something, I won't pull myself in to grab the steering wheel and pull.
Q All right. And have you seen any doctors recently for your right shoulder?
A Recently?

Q Yeah.
A No. Not since Dr. DeMarco cut me off.
Q You haven't --
A Or let me go.
Q Do you have a regular family doctor?
A Yes.
Q Who is family doctor?
A Dr. David Seignious.
Q And where is he?
A On Johns Island on Maybank Highway.
Q And do you go to him on any regular basis for any reason?
A Yes.
Q What do you go to him for?
A He treats me for my diabetes, if I have a cold or something.
Q Have you ever seen him for your right shoulder?
A I have asked him questions, you know, but I have never gone to him to see him. I have asked him questions just to see what Dr. DeMarco is saying and what he seems to think, you know. So he's my doctor, so I let him know what's going on.
Q Has he ever prescribed medication for you? For your shoulder?

A No.
Q Sorry. I shouldn't have meant that in general. I'm sure he's prescribed medication for you. Is your diabetes under control?
A Yes.
Q All right. Now, have you injured any other body parts other than your right shoulder?
A My left shoulder.
Q Okay. And when did you injure your left shoulder?
A I think that was in 2006.
Q So that was before the injury to your right shoulder?
A Yes.
Q And what did you do to your left shoulder?
A Same thing I did to this shoulder, tore a muscle.
Q Tore a muscle?
A Uh-huh.
Q How did you do that?
A Weight lifting, weights.
Q Exact same thing?
A Yes.
Q And you had surgery to your left shoulder as well?

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A Yes.
Q And you had a Workers' Comp claim?
A Yes.
Q For your left shoulder? And is your left shoulder, is that -- how is that doing?
A It hurts sometimes but --
Q How often does your left shoulder hurt?
A Once or twice a week.
Q Is your left shoulder as bad as your right shoulder?
A No.
Q Can you raise your left shoulder overhead?
A I can raise it, yes.
Q Can you keep it overhead if you had to raise it up for some reason?
A No. No.
Q Do you have any problems lifting with your left arm?
A Yes.
Q What kind of problems do you have lifting with your left arm?
A Same thing with my right shoulder. Just pain in my shoulders. I can't -- it's not strong.
Q Is it stronger -- is your left shoulder, left arm stronger than your right?

A Yes.
Q Does your left arm prevent you from doing any activities?
A Anything overhead.
Q Okay. Do you have any hobbies or activities that you used to do that you don't do now because of either one of your shoulders?
A Well, I used to fish a lot, but I sort of cut down on that.
Q What kind of fishing did you do?
A What kind of fishing?
Q Yeah. Like offshore?
A Inshore.
Q Inshore. For anything in particular?
A Whatever got on the hook. That's all.
Q Where would you go fishing?
A Jetties. That's where I like to go.
Q And when is the last time you went fishing?
A Wow. Probably October last year.
Q Okay. October of 2012.
A Yes.
Q And why haven't you been fishing since October?
A I just -- because of my shoulders. I

don't -- I can't -- I can't enjoy it really, you know.
Q So you injured your left shoulder back in 2006. Were you able to go back to work as a firefighter after that injury to your left shoulder?
A Yes.
Q So it wasn't until the 2008 accident that you stopped work as a firefighter?
A Yes.
Q Is that correct? And what -- is the lifting requirement why you can't go back to work as a firefighter?
A The lifting, the training, the work. The actual work itself, I couldn't -- I can't do that stuff.
Q Are you taking any type of pain medication on a regular basis?
A No.
Q Okay. Do you ever take like Tylenol or Aleve or Advil?
A I take Tylenol. I put on BioFreeze. I had some patches that Dr. DeMarco gave me. I use those every now and then. I still got about three of those.

Q Okay. How often do you take Tylenol?
A Maybe twice, two or three times a week.
Q Is that after you do something in particular or just --
A Yes.
Q What sort of activity might you do?
A It could be anything. It could be newspaper, flipping the page, working at the bowling alley, going outside and raking in the yard.
Q Okay. What household chores do you do? Are you responsible for the yard work? Do you do stuff inside? How does that work with you and your wife?
A I take care of the yard.
Q And you do the yard?
A And the cars.
Q Are you able to cut the grass?
A Yes.
Q You mentioned raking. Do you have to rake the leaves every so often?
A Uh-huh. Yes.
Q Are you able to do that?
A Yes.
Q Okay. Do you do any other type of yard work? I don't know what else you might do for your yard. But anything else that you do?

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A I cut the bushes. All the equipment that I have is like most of them are battery-powered so I don't have to crank nothing up.
Q Okay.
A I make the job easier for me.
Q Flip a switch?
A Sometimes I just stop for an hour and wait and go back.
Q And you mentioned the cars. What are you doing with the cars? Washing them?
A Washing them.
Q Do you change the oil?
A No, I can't do that.
Q Is that just because you don't do that or because you physically --
A Because of my shoulder, I can't do that.
Q Do you do any of the household chores, any of the vacuuming or the cleaning or anything like that?
A I do dishes.
Q Does your wife take care of the rest of the house?
A Yes.
Q What's a typical day like for you?
A For me?

Q Uh-huh.
A Sometimes I have to take care of my granddaughter.
Q That's the two-year old?
A Yes.
Q Okay.
A My daughter's in school. I take my mother to the store, go to the bowling alley and do some paperwork, run errands.
Q That pretty much covers it?
A Uh-huh.
Q Is that a yes?
A Yes.
Q Do you still work out? Do you do any type of --
A I tried going to the gym.
Q Uh-huh.
A I ran on a treadmill. And I try lifting a little bit of weights, but after awhile -- I do maybe ten minutes of weights, and then I quit.
Q Okay. And when is the last time you think you tried to go to the gym?
A About three weeks ago.
Q Okay. Do you try to go on a regular basis?

A I was trying to but I stopped for awhile.
Q And why did you stop?
A Because I was gaining weight.
Q You stopped going because you were gaining weight?
A Yes. The doctor said I was working out. So I would get hungry, and I'd eat more. So I stopped, and then I lose weight.
Q Well, I wish that's how it worked for me. If I stopped going to the gym, I wouldn't lose weight. That's not how it's working.
A I lost seven pounds.
Q You were lucky then. Okay. And which gym were you going to?
A Planet Fitness, Citadel Mall.
Q Okay. Of the jobs that you have been looking at, like the federal jobs you mentioned with immigration -- and there was one other federal job. I don't remember which -- what was it? Some sort of finance clerk position? Do you have any idea what the potential wage range was for that? What could you possibly earn if you got one of those jobs?
A The finance clerk, I'm going to say up to 49,000.
Q Okay. Do you know what the base was?

A Probably 35.
Q How about the immigration?
A Immigration was like, I want to say, 50 to 90,000.
Q And how about for the bowling alley manager, do you have any idea what that pay is?
A I don't know how much they make.
Q How about for that CarMax job?
A I think that was a minimum wage job.
Q For the finance?
A Uh-huh.
Q Is that a yes?
A Yes.
Q Have you thought about going to school or doing any type of training to look for work?
A I thought about school.
Q What kind of areas?
A Human resource.
Q Have you looked into any programs?
A (Witness moves head back and forth.)
Q No?
A No. You got to have money to go.
Q Do you have any idea how much they cost?
A No.
Q All right. And what income do you have

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coming in right now? You mentioned your wife is working a temp job.
A The fire department pension.
Q You have been able to collect on that?
A Yes.
Q How much is that?
A I want to say 3,200 a month before taxes.
Q Okay. Any other income coming in?
A Bowling alley.
Q Bowling alley.
A That's maybe 400 a month.
Q Anything else?
A (Witness moves head back and forth.)
Q That's it?
A Yes.
Q Have you ever applied for unemployment?
A No.
Q Have you ever applied for Social Security disability?
A No.
Q And your plan is to get a full-time job somewhere?
A Yes.
Q And since -- you mentioned you injured your left shoulder back in 2006. Have you had any other

injuries to your left shoulder since 2006?
A To my left shoulder?
Q Right. Yes. Correct. Sorry. I didn't mean to say right.
A No. Not --
Q And for the 2008 incident, the injury's to your right shoulder, correct?
A Yes.
Q Any other Workers' Comp accidents?
A No.
Q All right. Any car accidents or any other accidents that you have been involved in?
A I have been in three car accidents.
Q Okay. And when was -- when was the first accident you were in?
A Back in '80 something.
Q In the 1980s?
A Yeah.
Q Were you injured in that accident?
A I had whiplash.
Q Your neck?
A Yes.
Q Did you fully recover from that?
A Yes.
Q When was the second accident?

A The second accident, probably in the '80s, too. Got rear-ended by a tractor-trailer.
Q Okay.
A There wasn't nothing --
Q Any injuries?
A No.
Q And when was the third accident?
A I hit a tractor-trailer.
Q Okay.
A No accident -- no injury there.
Q No injuries. Okay. Other than the surgeries to your shoulders, any other surgeries on any other body parts?
A Both my feet, I had surgery on them. My left foot, I had ankle surgery. And I've had sinus surgery.
Q What did you do to your left ankle or your left foot?
A The foot is bunions. My ankle, I almost broke it.
Q What were you doing to almost break your ankle?
A Trying to cut a tree limb off a house.
Q And you ended up getting surgery?
A About a year later or two years later, yes.

Q Any other ongoing problems with your left ankle or foot?
A No.
Q Any other surgeries?
A No.
Q Any other hospitalizations?
A (Witness moves head back and forth.)
Q No?
A No.
Q Okay. It's been since what, 2010 since you worked for the department? Does that sound about right?
A It's been about two years since I've been out. '11.
Q Maybe it's 2011?
A January, I believe.
Q I knew it had been a little bit of time. Have you been back to see Jean Hutchinson at all or talked to her?
A Who is that?
Q Okay. She's --
A The voc rehab lady?
Q Yeah.
A No, hu-huh, I haven't.
Q So I have a report that's dated back in

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2011. I didn't know if you had talked to her, communicated with her in any way since then?
A No.
Q No. Okay. Have you ever been a part of any other lawsuits?
A No.
Q Have you ever been arrested for any reason?
A I was never arrested. I was accused of doing something, but I never got arrested.
Q What were you accused of doing?
A My wife worked at an apartment complex, and they got robbed overnight. And somebody blamed it on me.
Q But you didn't get arrested for it?
A No.
Q Ever been treated for drug or alcohol --
A No.
Q -- abuse? Have you ever had any psychological or psychiatric counseling?
A No.
MS. URBANIC: I think that's all the questions I have.
EXAMINATION BY MR. CHRISTMAS:
Q I just have a couple. From head to toe,

what all is injured as a result of the work accident?
A As the work accident, my right shoulder and my arm.
Q Which arm?
A Bicep, right side.
Q Okay. And in the shoulder area, where is it?
A The shoulder is right in here.
Q Okay. And on a pain scale of zero to ten, zero being no pain, ten being the worst pain, what's it like in your right shoulder?
A It's a six.
Q What's it like on your worst days?
A Ten.
Q How many bad or worse days do you have in a week?
A About four.
Q Okay. What brings on those bad or worse days?
A Just doing anything regularly during the day, whatever I do. Like I said, if I'm raking grass, if I'm cleaning the window, or just like right now, it's hurting right in here.
Q Does it ever go away?

A No.
Q All right. And the biceps area that you pointed to earlier on that same pain scale of zero to ten, zero being no pain and ten being the worst pain, what's it like in your right biceps?
A About a six.
Q And what's it like on your worst days with that?
A Ten.
Q How many bad or worse days do you have with the right biceps?
A About three or four.
Q Same type of thing that causes that to get worse?
A Yes.
Q Same activities?
A Yes.
Q And you talk about those activities like doing things around the house. Before the accident, did you do anything inside the house like vacuum or any tasks that you used to do that you no longer do?
A I used to vacuum and dust and clean around the house, but --
Q Did you have any problems doing those

activities prior to the work accident?
A Prior to the accident, no.
Q Okay. After the accident, are you able to do those activities?
A No.
Q What keeps you from doing them?
A It's just my, a shoulder pinch or sometimes I hear it pop, so I just stop.
Q Okay. Now, you were asked about your, you know, job duties as a captain in the fire department. Were you still required to do the same type of work load that the other guys were required to do, same physical requirements?
A Yes.
Q And so would you be expected or would you be expected to do the same type of lifting that would be required for any other firefighter?
A Yes.
Q Okay. With the injuries you have now, are you physically able to return to work as a firefighter?
A No.
Q And why not?
A Because now when we're talking about lifting somebody, if I went in to a call and, let's say, a

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burning house and somebody was in there and they weigh over 200 pounds, you know, I couldn't pick them up myself. I couldn't even do CPR because of doing compressions on somebody's chest. I couldn't do that.

Q What would happen if you had to do repeated compressions on somebody's chest with your right shoulder and your right biceps?

A My shoulder, I wouldn't be able to move it sometimes.

Q Okay. Now, you were asked if you were left-handed or right-handed. Which hand do you write with?

A Left hand.

Q Which hand do you do -- when you're firefighting, I imagine you use both arms, but which one do you favor when you were doing your tasks as a firefighter?

A Right hand.

Q And why is that? It's kind of odd to be writing with your left and then be favoring your right. So why is that for you?

A It's just always been more comfortable to do it with my right side than my left-hand side.

Q Okay. Okay. Now, when you do tasks around

the house like the raking and things like that, are you able to do that pain-free?

A No.

Q Okay. Tell me about that. When you're doing the task, what happens to your pain level, if anything?

A If I had a pain pill, I would take it.

Q Okay.

A That's how bad it hurts.

Q Okay. How about when you do the task, did you have to take breaks before the work accident? Say, for example, if you were raking before the work accident, would you be forced to take breaks?

A Oh, no. I could cut grass and trim bushes and all of that without stopping.

Q After the accident, what's it like for you to do these tasks? Do you have to take breaks?

A I do a little bit of work, and then I stop and go back. Sometimes I don't even go back.

Q Why do you have to stop?

A My shoulder hurts.

Q Which shoulder?

A My right shoulder's hurting.

Q And when you take the breaks, how long do you usually break for?

A About ten, 20 minutes.

Q Okay. All right. In the two years or so since you've had to retire from the fire department, have you tried to find the best employment options that you could out there for you?

A Yes.

Q Okay. If you could have found a job or jobs that would pay you more than what you're currently earning, would you be in those jobs today?

A Yes.

Q Have the places you've applied in your efforts, have you found anything better than the employment you're currently employed in?

A No.

Q And you were asked about if you had seen Jean Hutchinson since 2011. Has anything in your physical or work condition changed since that time? Have you gotten better since that time?

A No.

MR. CHRISTMAS: Okay. That's all I have.

MS. URBANIC: I don't have anything else.

(The deposition concluded at 4:00 p.m.)

REPORTER'S CERTIFICATE.

I do hereby certify that the witness whose attached deposition was taken before me in the aforementioned matter was, by me, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by the said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Sworn to and subscribed before me this the 2nd day of May 2013.

Lynda A. Bousquet
Court Reporter and Notary Public
My Commission Expires: 6/2/16

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RF

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

WCC File # 05[illegible]3803
Carrier File # 2005-005942
Carrier Code # 50[illegible] - SF
Employer FEIN 57[illegible]008015

Thomas Contreras
[illegible], Charleston, SC 29407

(843) 769-4429 (home) (work)

ST JOHNS FIRE DIST COMM
P.O. Box 56, Johns Island, SC 29457

Preparer's name: Fay Jennings (803) 896-5853 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				19,000.00
	Total Compensation Paid			19,000.00
6. Total Medical Benefits* Paid				12,229.34
7. Funeral Benefits				

To: Peggy
843-722-2867

( ) Case Denied Date of Injury: 11/17/2005

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: [illegible] RECEIVED JAN 3 2007 S.C. Workers' Comp. Commission Claims Processing Section
Claimant

By: [signature] Employer's Representative Date: 12/13/06

Print or type the name of the person, other than the claimant receiving benefits and sign below.

By: _____

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party	$
B. Attorney's Fee Paid by Employer	$
C. Attorney's Fee Paid by Claimant (Non contingent fees, only)	$

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96 19 STATUS REPORT AND COMPENSATION RECEIPT

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822640

THOMAS CONTRERAS,)
)
Employee,)
Claimant,)
)
-vs-)
)
ST. JOHNS FIRE DISTRICT)DEPOSITION OF:
)THOMAS CONTRERAS
Employer,)April 29, 2013
)
and)
)
STATE ACCIDENT FUND,)
)
Carrier.)

The deposition of THOMAS CONTRERAS, taken before Lynda A. Bousquet, Professional Court Reporter and Notary Public, at the law offices of Howell & Christmas, 250 Mathis Ferry Road, Suite 102, Mt. Pleasant, South Carolina, on Monday, April 29, 2013, at 3:12 p.m.

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT:
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REPRESENTING THE EMPLOYER/CARRIER:

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EXHIBITS

(No exhibits were proffered.)

(THOMAS CONTRERAS, having been first duly sworn, testified as follows:)

EXAMINATION BY MS. URBANIC:

Q Is it Contreras?
A Contreras.
Q Okay. I think we've met a year or so ago. Vaguely, I remember that.
A Uh-huh.
Q My name is Peggy Urbanic. I represent the St. Johns Fire District and the State Accident Fund with regard to your Workers' Compensation case. I'm here to take your deposition, which I'm sure your attorney's explained to you, but basically I'm just going to ask you some questions.
A Okay.
Q If you don't understand one of my questions, just let me know. I'm happy to rephrase it for you. Okay?
A Okay.
Q Can I get your full name, please.
A Thomas Contreras, Jr.
Q And where are you currently residing?
A [redacted], Charleston, South Carolina 29407.
Q Okay. Great. Does anybody live with you?

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A My wife.
Q Okay.
A My father-in-law and my mother.
Q So your father-in-law and your mother. So you have got both sides represented?
A Uh-huh.
Q Is that a yes?
A Yes.
Q I just need you to say yes or no because she's taking it all down. What's your wife's name?
A Renee.
Q And your father-in-law's name?
A Stanley Latarry.
Q And your mother?
A Maria Contreras.
Q And does your wife work?
A She's working temporary now.
Q What type of work does she do?
A She's a legal assistant.
Q Oh, okay. Very good. Do you know where she's working currently?
A No, I don't know. I know where it's at.
Q Where is it at?
A Downtown. It's downtown. Right by Tommy Condon's. Right across from it.

Q Okay. Now, do you support your father-in-law and mother?
A No.
Q No. So they are not relying on you for income in any way?
A No.
Q They just reside with you?
A Right.
Q Is that right? Do you have any children?
A Yes.
Q How old are your children?
A My daughter is 24. My son is 28.
Q Is that it?
A That's it.
Q Okay. Do either one of your children rely on you for income?
A No.
Q Do you support them in any fashion?
A No.
Q Okay. All right. How far did you go in school?
A High school.
Q Any vocational, technical school after that?
A No.

Q And you're currently how old?
A Fifty-one.
Q All right. And obviously you have worked as a firefighter. What other type of work have you done as an adult?
A I worked for Domino's Pizza. I installed fireplaces. I did landscaping. Let's see. Home Depot. I work at a bowling alley.
Q Okay. How long were you a firefighter?
A Twenty-two years. Twenty-two.
Q And did you work at any of these other places while you were a firefighter?
A The bowling alley and Home Depot for a little bit.
Q And what did you do at the bowling alley?
A Front desk clerk.
Q Which one?
A Charleston Lanes on Savannah Highway.
Q And how long ago was that?
A I've been with them 12 years now.
Q So you're still with them?
A Yes.
Q Okay. Great. How many hours a week are you working there?
A About 14, sometimes a little more.

Q On average about 14?
A Uh-huh.
Q Is that a yes?
A Yes.
Q Okay. And how much are they paying you?
A 9.18 an hour.
Q And who is your supervisor there?
A Johnny Wise.
Q And you said you're just doing the front desk. What is that? Checking people in, giving them the shoes?
A Yes.
Q That kind of stuff?
A Yes. And I do league coordinator too where I keep up with the paperwork for the leagues.
Q And is that you only work part-time, is that just because they don't need you full-time or –
A They don't have no full-time. They decided to do all part-time.
Q Okay. They don't want to pay anybody benefits?
A Yeah. They won't tell you that, but that's the reason.
Q Okay. Is that mostly a standing job, a sitting job?

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A If I'm working the front desk, it's standing. If I'm doing league coordinator work, I'm sitting.
Q Great. And I think you said you have also worked at Home Depot while you were a firefighter. How long ago was that?
A About 15 years ago.
Q Okay. And was that just as a sales clerk there?
A Lot attendant. I took care of -- helped people put stuff in their cars, put shopping carts back, find something for a customer.
Q Okay. Great. So the Domino's Pizza, a fireplace installer, and landscaper, was that all before you became a firefighter?
A Yes.
Q And I realize you're no longer working as a firefighter; is that correct?
A Right.
Q And have you looked for any other work since leaving the fire district? You're working at the bowling alley, but have you looked for anything else work-wise?
A Yes.
Q What kind of work have you looked for?

A I applied at Wal-Mart, CarMax, and been looking at some federal jobs, but --
Q What kind of federal jobs do we have in Charleston, out of curiosity?
A Well, most of them aren't in Charleston. That's the problem. I have been looking for what I did in the Army, finance clerk. I tried to get into some type of immigration job, but --
Q And are those jobs you have applied online or have you just looked at them or --
A Online.
Q Online. You actually applied for some of those jobs?
A Yeah.
Q Have you gotten a response back from the government?
A Nothing.
Q Nothing. And was that recently you applied for that type of work?
A Probably about two months ago.
Q Okay. All right. And I think you said Wal-Mart, CarMax. When did you apply at Wal-Mart?
A When?
Q Uh-huh.
A Six months ago.

Q Was that just as a store clerk-type position?
A Yes.
Q And did you get any response back from that?
A I didn't pass their little test that they gave me.
Q They've got a test?
A Yeah.
Q What's the test?
A It's one of those tests where they ask the employees if you saw somebody take a soda out the fridge, out the cooler, what do you do, you know: A, tell the employee, B, nothing, or tell the supervisor, you know, like that.
Q And how did you answer?
A Some of them, I said tell the supervisor, but some of them I told them I would just tell the employee to put it back, you know.
Q That's the wrong answer?
A Right. That's what my daughter told me. That's the wrong answer. You got to tell the supervisor and all of them, so.
Q Okay.
A I guess that's why I --

Q Didn't get it. I didn't know they had a test.
A Uh-huh. All these jobs, even AMF has a test. All of them do.
Q And CarMax, was that for sales?
A That was finance rep, was it? It was working in the office.
Q And what happened with that job?
A I never heard anything about it.
Q Never heard back?
A Hu-huh.
Q Do you think if you got like a finance clerk-type position like that you could do that type of work?
A Well, I love that.
Q You like that type of work?
A I love numbers.
Q I don't. So you think you could sit at a desk job, do that type of work all day without any problem?
A Yeah.
Q And you mentioned you were in the Army?
A Uh-huh.
Q When were you in the Army?
A '79 through '84.

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Q And you said you did finance clerk-type position in the Army?
A Yes.
Q Did I hear that? Are you fluent in any languages?
A Spanish.
Q And have you looked for any languages to use your Spanish skills? Have you looked for any jobs to use your Spanish skills?
A No.
Q No. You mentioned the immigration. Was that in hopes -- I mean, would that tie into your Spanish-speaking abilities?
A Yes. Yeah.
Q Was that like an immigration officer or some other --
A Yes.
Q I don't know what other jobs they had with the immigration within the federal government. I always think of the immigration officers. There might be something else. I don't know. You applied for immigration officer?
A Yeah, and some title like that. I'm not going to tell you. I don't know exactly what it was.
Q Do you know what the job expectations were

for that? I mean, was it like a desk job? Was it out --
A It was doing paperwork.
Q All right. Any other jobs you have looked for? Nothing else recently?
A No.
Q Any other -- have you thought about doing any other type of work? Any other plans for the future?
A Yeah. I want to work.
Q I mean, I just didn't know if you thought about it.
A I was hoping to get the manager's job at AMF, but that didn't work, so.
Q At AMF, the bowling alley?
A Yes.
Q When did you apply for that?
A I didn't apply. They moved a manager from somewhere else, but they transferred over.
Q Was that recently?
A About six months.
Q All right. But you could have done that position had you gotten it?
A That was my goal eventually once I retired from the fire department, hopefully be ready to move

into that.
Q Gotcha. All right. So any other thoughts as to what type of work you might be able to do or other jobs you're going to look into?
A I take care of -- I take care of a little snack route but --
Q Okay.
A That's it.
Q Is that with a company or is that --
A That's -- I own that.
Q Oh, you own it?
A Yeah.
Q So what does that mean? Are you filling up snack machines?
A Yes.
Q And how many hours a week does that take?
A About three.
Q And how long have you been doing that type of work?
A Since '95.
Q Oh, okay.
A Everything I do, I always stick with it.
Q You do. Yes. Okay. And how much do you earn off the snack route?
A That, I have never made no money off of that

route for nothing.
Q You've never made any money off of it?
A Hu-huh.
Q Why do you do it?
A Just to have something to do. It's at the fire stations, so I can't charge a lot of money, so.
Q So all the machines are at the different fire stations?
A Yeah. It's four, I think.
Q Okay. Gotcha. Okay. You said you were a firefighter for, was it 22?
A Twenty-two.
Q Twenty-two years. How long were you planning to work as a firefighter?
A Fifty-five.
Q Till age 55?
A Yes.
Q Would that have been 25 years in the service?
A That'd give me 28.
Q Twenty-eight. And what was your rank when you left firefighting?
A Captain.
Q Captain. Did that entail some

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sedentary-type duties, administrative duties as captain?
A Everything.
Q Everything?
A Yes.
Q Okay. The whole job at that point?
A Everything. Supervising, paperwork. I was responsible for the station, the trucks, the guys, the property out there.
Q Uh-huh.
A You know.
Q Making the schedule for the guys, I'm sure.
A Not the schedule. That was the chief's job.
Q Oh, okay. All right. But mostly what you did on a regular basis the time you made captain was more administrative-type work?
A No.
Q No? So when you're captain, tell me what was your typical day like as captain at the fire station.
A I came in. The guys had to check the trucks off. I had to make sure they did that. We had daily duties to do for the day, which could consist of cutting grass, windows. And I also had to make sure our reports were done for the last shift, and I

supervised everybody.
Q How many guys did you supervise?
A It could go from two to five.
Q Okay.
A When I was at Kiawah, I had five guys.
Q Is that the bigger, one of the bigger stations?
A Yes.
Q And how long were you a captain?
A About seven years.
Q And then who was your direct supervisor?
A Battalion Chief Lohr.
Q And did you ever deal with Chief -- is it Stanley? I don't think -- he wasn't the fire chief when you were there?
A He was operations chief.
Q Yeah, but I think he's now acting as the full chief now that --
A Uh-huh.
Q -- other guy up and left.
A Uh-huh.
Q But you did deal with Chief Stanley as operations chief --
A Yes.
Q -- back when you were there? And this

incident happened back in 2008, October 8th?
A Yes.
Q 2008. And how did that -- tell me briefly how the accident happened.
A I was exercising, lifting weights. And when I lift the weight up, my shoulder popped. And this side came down. I had to get the guy that was with me to pull it off me.
Q That was your right shoulder?
A Yes.
Q Are you right-handed or left-handed?
A Left-handed.
Q And I understand you have had some surgeries to your right shoulder?
A Four.
Q Four. As we're sitting here today, how is your right shoulder doing?
A Hurts.
Q Can you raise it up as much as you need to raise it up? I mean, can you lift your arm over your head?
A Yes.
Q Any problems raising your arm over your head with your shoulder?
A I can raise it up, but I can't keep it up.

Q If you had to get something out of a, you know, one of your top kitchen cabinets, could you do it with your right arm if you had to get a bowl or something down from a cabinet?
A My first option would be to ask my wife to get it for me.
Q If your wife's not home.
A Yes. If I had to, yes.
Q Any problems lifting with your right arm?
A Yes.
Q How heavy an object do you think you could lift with your right arm?
MR. CHRISTMAS: Let's correct the record. I think you keep going back and forth between left and right. Do you mean left and right or are you trying to say right every time?
MS. URBANIC: I thought I was saying right every time.
MR. CHRISTMAS: No. There's a couple lefts in there, but just so we know we're talking about the right arm --
MS. URBANIC: I'm talking about the right arm.
MR. CHRISTMAS: Just making sure we're

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clear.
MS. URBANIC: Sorry.
MR. CHRISTMAS: No problem.
BY MS. URBANIC:
Q How heavy an object do you think you can lift with your right arm?
A As far as pounds?
Q Yeah. Or give me an example of an object if it's easier.
A My granddaughter.
Q How old is your granddaughter?
A Two.
Q Two. So how much does she weigh roughly?
A Fifteen pounds.
Q Fifteen pounds?
A Yeah.
Q That's awfully small for a two-year-old.
A That's the last time that I heard. That's -- I don't know about -- I guess she's more now.
Q But if you had to lift up your granddaughter with your right arm, you could lift her up with your right arm?
A I would do it first with my left arm. I wouldn't try with my right one.

Q I'm trying to get an idea what you can and can't do with your right arm. That's why. Could you lift up a gallon jug of milk with your right arm off the table?
A I can take it out like that. To lift it up, that would hurt.
Q All right. Any activities that you don't do now because of the problem with your right shoulder?
A I try not to do anything overhead.
Q And what sort of activities would that be for you?
A If I had to -- like if I was cleaning windows. I know one thing that I want to do but I can't do is like trim the limbs off of a tree. I have a pole bar. I can't hold it up like that.
Q Okay.
A So I don't do that.
Q Okay. Anything else that comes to mind?
A I don't pull with my arm, with that arm. You know, like if I'm getting in the car or something, I won't pull myself in to grab the steering wheel and pull.
Q All right. And have you seen any doctors recently for your right shoulder?
A Recently?

Q Yeah.
A No. Not since Dr. DeMarco cut me off.
Q You haven't --
A Or let me go.
Q Do you have a regular family doctor?
A Yes.
Q Who is family doctor?
A Dr. David Seignious.
Q And where is he?
A On Johns Island on Maybank Highway.
Q And do you go to him on any regular basis for any reason?
A Yes.
Q What do you go to him for?
A He treats me for my diabetes, if I have a cold or something.
Q Have you ever seen him for your right shoulder?
A I have asked him questions, you know, but I have never gone to him to see him. I have asked him questions just to see what Dr. DeMarco is saying and what he seems to think, you know. So he's my doctor, so I let him know what's going on.
Q Has he ever prescribed medication for you? For your shoulder?

A No.
Q Sorry. I shouldn't have meant that in general. I'm sure he's prescribed medication for you. Is your diabetes under control?
A Yes.
Q All right. Now, have you injured any other body parts other than your right shoulder?
A My left shoulder.
Q Okay. And when did you injure your left shoulder?
A I think that was in 2006.
Q So that was before the injury to your right shoulder?
A Yes.
Q And what did you do to your left shoulder?
A Same thing I did to this shoulder, tore a muscle.
Q Tore a muscle?
A Uh-huh.
Q How did you do that?
A Weight lifting, weights.
Q Exact same thing?
A Yes.
Q And you had surgery to your left shoulder as well?

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A Yes.
Q And you had a Workers' Comp claim?
A Yes.
Q For your left shoulder? And is your left shoulder, is that -- how is that doing?
A It hurts sometimes but --
Q How often does your left shoulder hurt?
A Once or twice a week.
Q Is your left shoulder as bad as your right shoulder?
A No.
Q Can you raise your left shoulder overhead?
A I can raise it, yes.
Q Can you keep it overhead if you had to raise it up for some reason?
A No. No.
Q Do you have any problems lifting with your left arm?
A Yes.
Q What kind of problems do you have lifting with your left arm?
A Same thing with my right shoulder. Just pain in my shoulders. I can't -- it's not strong.
Q Is it stronger -- is your left shoulder, left arm stronger than your right?

A Yes.
Q Does your left arm prevent you from doing any activities?
A Anything overhead.
Q Okay. Do you have any hobbies or activities that you used to do that you don't do now because of either one of your shoulders?
A Well, I used to fish a lot, but I sort of cut down on that.
Q What kind of fishing did you do?
A What kind of fishing?
Q Yeah. Like offshore?
A Inshore.
Q Inshore. For anything in particular?
A Whatever got on the hook. That's all.
Q Where would you go fishing?
A Jetties. That's where I like to go.
Q And when is the last time you went fishing?
A Wow. Probably October last year.
Q Okay. October of 2012.
A Yes.
Q And why haven't you been fishing since October?
A I just -- because of my shoulders. I

don't -- I can't -- I can't enjoy it really, you know.
Q So you injured your left shoulder back in 2006. Were you able to go back to work as a firefighter after that injury to your left shoulder?
A Yes.
Q So it wasn't until the 2008 accident that you stopped work as a firefighter?
A Yes.
Q Is that correct? And what -- is the lifting requirement why you can't go back to work as a firefighter?
A The lifting, the training, the work. The actual work itself, I couldn't -- I can't do that stuff.
Q Are you taking any type of pain medication on a regular basis?
A No.
Q Okay. Do you ever take like Tylenol or Aleve or Advil?
A I take Tylenol. I put on BioFreeze. I had some patches that Dr. DeMarco gave me. I use those every now and then. I still got about three of those.

Q Okay. How often do you take Tylenol?
A Maybe twice, two or three times a week.
Q Is that after you do something in particular or just --
A Yes.
Q What sort of activity might you do?
A It could be anything. It could be newspaper, flipping the page, working at the bowling alley, going outside and raking in the yard.
Q Okay. What household chores do you do? Are you responsible for the yard work? Do you do stuff inside? How does that work with you and your wife?
A I take care of the yard.
Q And you do the yard?
A And the cars.
Q Are you able to cut the grass?
A Yes.
Q You mentioned raking. Do you have to rake the leaves every so often?
A Uh-huh. Yes.
Q Are you able to do that?
A Yes.
Q Okay. Do you do any other type of yard work? I don't know what else you might do for your yard. But anything else that you do?

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A I cut the bushes. All the equipment that I have is like most of them are battery-powered so I don't have to crank nothing up.
Q Okay.
A I make the job easier for me.
Q Flip a switch?
A Sometimes I just stop for an hour and wait and go back.
Q And you mentioned the cars. What are you doing with the cars? Washing them?
A Washing them.
Q Do you change the oil?
A No, I can't do that.
Q Is that just because you don't do that or because you physically --
A Because of my shoulder, I can't do that.
Q Do you do any of the household chores, any of the vacuuming or the cleaning or anything like that?
A I do dishes.
Q Does your wife take care of the rest of the house?
A Yes.
Q What's a typical day like for you?
A For me?

Q Uh-huh.
A Sometimes I have to take care of my granddaughter.
Q That's the two-year old?
A Yes.
Q Okay.
A My daughter's in school. I take my mother to the store, go to the bowling alley and do some paperwork, run errands.
Q That pretty much covers it?
A Uh-huh.
Q Is that a yes?
A Yes.
Q Do you still work out? Do you do any type of --
A I tried going to the gym.
Q Uh-huh.
A I ran on a treadmill. And I try lifting a little bit of weights, but after awhile -- I do maybe ten minutes of weights, and then I quit.
Q Okay. And when is the last time you think you tried to go to the gym?
A About three weeks ago.
Q Okay. Do you try to go on a regular basis?

A I was trying to but I stopped for awhile.
Q And why did you stop?
A Because I was gaining weight.
Q You stopped going because you were gaining weight?
A Yes. The doctor said I was working out. So I would get hungry, and I'd eat more. So I stopped, and then I lose weight.
Q Well, I wish that's how it worked for me. If I stopped going to the gym, I wouldn't lose weight. That's not how it's working.
A I lost seven pounds.
Q You were lucky then. Okay. And which gym were you going to?
A Planet Fitness, Citadel Mall.
Q Okay. Of the jobs that you have been looking at, like the federal jobs you mentioned with immigration -- and there was one other federal job. I don't remember which -- what was it? Some sort of finance clerk position? Do you have any idea what the potential wage range was for that? What could you possibly earn if you got one of those jobs?
A The finance clerk, I'm going to say up to 49,000.
Q Okay. Do you know what the base was?

A Probably 35.
Q How about the immigration?
A Immigration was like, I want to say, 50 to 90,000.
Q And how about for the bowling alley manager, do you have any idea what that pay is?
A I don't know how much they make.
Q How about for that CarMax job?
A I think that was a minimum wage job.
Q For the finance?
A Uh-huh.
Q Is that a yes?
A Yes.
Q Have you thought about going to school or doing any type of training to look for work?
A I thought about school.
Q What kind of areas?
A Human resource.
Q Have you looked into any programs?
A (Witness moves head back and forth.)
Q No?
A No. You got to have money to go.
Q Do you have any idea how much they cost?
A No.
Q All right. And what income do you have

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coming in right now? You mentioned your wife is working a temp job.
A The fire department pension.
Q You have been able to collect on that?
A Yes.
Q How much is that?
A I want to say 3,200 a month before taxes.
Q Okay. Any other income coming in?
A Bowling alley.
Q Bowling alley.
A That's maybe 400 a month.
Q Anything else?
A (Witness moves head back and forth.)
Q That's it?
A Yes.
Q Have you ever applied for unemployment?
A No.
Q Have you ever applied for Social Security disability?
A No.
Q And your plan is to get a full-time job somewhere?
A Yes.
Q And since -- you mentioned you injured your left shoulder back in 2006. Have you had any other

injuries to your left shoulder since 2006?
A To my left shoulder?
Q Right. Yes. Correct. Sorry. I didn't mean to say right.
A No. Not --
Q And for the 2008 incident, the injury's to your right shoulder, correct?
A Yes.
Q Any other Workers' Comp accidents?
A No.
Q All right. Any car accidents or any other accidents that you have been involved in?
A I have been in three car accidents.
Q Okay. And when was -- when was the first accident you were in?
A Back in '80 something.
Q In the 1980s?
A Yeah.
Q Were you injured in that accident?
A I had whiplash.
Q Your neck?
A Yes.
Q Did you fully recover from that?
A Yes.
Q When was the second accident?

A The second accident, probably in the '80s, too. Got rear-ended by a tractor-trailer.
Q Okay.
A There wasn't nothing --
Q Any injuries?
A No.
Q And when was the third accident?
A I hit a tractor-trailer.
Q Okay.
A No accident -- no injury there.
Q No injuries. Okay. Other than the surgeries to your shoulders, any other surgeries on any other body parts?
A Both my feet, I had surgery on them. My left foot, I had ankle surgery. And I've had sinus surgery.
Q What did you do to your left ankle or your left foot?
A The foot is bunions. My ankle, I almost broke it.
Q What were you doing to almost break your ankle?
A Trying to cut a tree limb off a house.
Q And you ended up getting surgery?
A About a year later or two years later, yes.

Q Any other ongoing problems with your left ankle or foot?
A No.
Q Any other surgeries?
A No.
Q Any other hospitalizations?
A (Witness moves head back and forth.)
Q No?
A No.
Q Okay. It's been since what, 2010 since you worked for the department? Does that sound about right?
A It's been about two years since I've been out. '11.
Q Maybe it's 2011?
A January, I believe.
Q I knew it had been a little bit of time. Have you been back to see Jean Hutchinson at all or talked to her?
A Who is that?
Q Okay. She's --
A The voc rehab lady?
Q Yeah.
A No, hu-huh, I haven't.
Q So I have a report that's dated back in

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2011. I didn't know if you had talked to her, communicated with her in any way since then?
A No.
Q No. Okay. Have you ever been a part of any other lawsuits?
A No.
Q Have you ever been arrested for any reason?
A I was never arrested. I was accused of doing something, but I never got arrested.
Q What were you accused of doing?
A My wife worked at an apartment complex, and they got robbed overnight. And somebody blamed it on me.
Q But you didn't get arrested for it?
A No.
Q Ever been treated for drug or alcohol --
A No.
Q -- abuse? Have you ever had any psychological or psychiatric counseling?
A No.
MS. URBANIC: I think that's all the questions I have.
EXAMINATION BY MR. CHRISTMAS:
Q I just have a couple. From head to toe,

what all is injured as a result of the work accident?
A As the work accident, my right shoulder and my arm.
Q Which arm?
A Bicep, right side.
Q Okay. And in the shoulder area, where is it?
A The shoulder is right in here.
Q Okay. And on a pain scale of zero to ten, zero being no pain, ten being the worst pain, what's it like in your right shoulder?
A It's a six.
Q What's it like on your worst days?
A Ten.
Q How many bad or worse days do you have in a week?
A About four.
Q Okay. What brings on those bad or worse days?
A Just doing anything regularly during the day, whatever I do. Like I said, if I'm raking grass, if I'm cleaning the window, or just like right now, it's hurting right in here.
Q Does it ever go away?

A No.
Q All right. And the biceps area that you pointed to earlier on that same pain scale of zero to ten, zero being no pain and ten being the worst pain, what's it like in your right biceps?
A About a six.
Q And what's it like on your worst days with that?
A Ten.
Q How many bad or worse days do you have with the right biceps?
A About three or four.
Q Same type of thing that causes that to get worse?
A Yes.
Q Same activities?
A Yes.
Q And you talk about those activities like doing things around the house. Before the accident, did you do anything inside the house like vacuum or any tasks that you used to do that you no longer do?
A I used to vacuum and dust and clean around the house, but --
Q Did you have any problems doing those

activities prior to the work accident?
A Prior to the accident, no.
Q Okay. After the accident, are you able to do those activities?
A No.
Q What keeps you from doing them?
A It's just my, a shoulder pinch or sometimes I hear it pop, so I just stop.
Q Okay. Now, you were asked about your, you know, job duties as a captain in the fire department. Were you still required to do the same type of work load that the other guys were required to do, same physical requirements?
A Yes.
Q And so would you be expected or would you be expected to do the same type of lifting that would be required for any other firefighter?
A Yes.
Q Okay. With the injuries you have now, are you physically able to return to work as a firefighter?
A No.
Q And why not?
A Because now when we're talking about lifting somebody, if I went in to a call and, let's say, a

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burning house and somebody was in there and they weigh over 200 pounds, you know, I couldn't pick them up myself. I couldn't even do CPR because of doing compressions on somebody's chest. I couldn't do that.

Q What would happen if you had to do repeated compressions on somebody's chest with your right shoulder and your right biceps?

A My shoulder, I wouldn't be able to move it sometimes.

Q Okay. Now, you were asked if you were left-handed or right-handed. Which hand do you write with?

A Left hand.

Q Which hand do you do -- when you're firefighting, I imagine you use both arms, but which one do you favor when you were doing your tasks as a firefighter?

A Right hand.

Q And why is that? It's kind of odd to be writing with your left and then be favoring your right. So why is that for you?

A It's just always been more comfortable to do it with my right side than my left-hand side.

Q Okay. Okay. Now, when you do tasks around

the house like the raking and things like that, are you able to do that pain-free?

A No.

Q Okay. Tell me about that. When you're doing the task, what happens to your pain level, if anything?

A If I had a pain pill, I would take it.

Q Okay.

A That's how bad it hurts.

Q Okay. How about when you do the task, did you have to take breaks before the work accident? Say, for example, if you were raking before the work accident, would you be forced to take breaks?

A Oh, no. I could cut grass and trim bushes and all of that without stopping.

Q After the accident, what's it like for you to do these tasks? Do you have to take breaks?

A I do a little bit of work, and then I stop and go back. Sometimes I don't even go back.

Q Why do you have to stop?

A My shoulder hurts.

Q Which shoulder?

A My right shoulder's hurting.

Q And when you take the breaks, how long do you usually break for?

A About ten, 20 minutes.

Q Okay. All right. In the two years or so since you've had to retire from the fire department, have you tried to find the best employment options that you could out there for you?

A Yes.

Q Okay. If you could have found a job or jobs that would pay you more than what you're currently earning, would you be in those jobs today?

A Yes.

Q Have the places you've applied in your efforts, have you found anything better than the employment you're currently employed in?

A No.

Q And you were asked about if you had seen Jean Hutchinson since 2011. Has anything in your physical or work condition changed since that time? Have you gotten better since that time?

A No.

MR. CHRISTMAS: Okay. That's all I have.

MS. URBANIC: I don't have anything else.

(The deposition concluded at 4:00 p.m.)

REPORTER'S CERTIFICATE.

I do hereby certify that the witness whose attached deposition was taken before me in the aforementioned matter was, by me, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by the said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Sworn to and subscribed before me this the 2nd day of May 2013.

Lynda A. Bousquet
Court Reporter and Notary Public
My Commission Expires: 6/2/16

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Thomas Contreras
[illegible], Charleston, SC 29407

(843) 768-4429 (home) (work)

ST JOHNS FIRE DIST COMM
P.O. Box 56, Johns Island, SC 29457

Preparer's name: Fay Jennings (803) 896-5853 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				19,000.00
Total Compensation Paid				19,000.00
6. Total Medical Benefits* Paid				12,229.34
7. Funeral Benefits				

To: Peggy
843-722-2867

( ) Case Denied Date of Injury: 11/17/2015

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: [illegible] RECEIVED JAN 3 2007 Division of Claims Processing S.C. Workers' Comp. Comm. Claimant

By: [signature] Employer's Representative

Date: 12/13/06

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party	$
B. Attorney's Fee Paid by Employer	$
C. Attorney's Fee Paid by Claimant (Non contingent fees, only)	$

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of first payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96 19 STATUS REPORT AND COMPENSATION RECEIPT

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: 0822640
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Thomas Contreras SSN:
Address:
City: Charleston State: SC Zip: 29407

Employer's Name: St. Johns Fire Dist Comm
Address: PO Box 56
City: Johns Island State: SC Zip: 29457

Home Phone: 843-324-5387 Work Phone:
Insurance Carrier: State Accident Fund

Preparer's Name: Margaret M. Urbanic Law Firm: Clawson and Staubes, LLC Preparer's Phone #: 843-577-2026

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☑ Employer (check one) Date of Injury or Illness: 10/08/2008 (m/d/yyyy)

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

Whether the Single Commissioner erred in Finding of Fact #9 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 19 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 21 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 22 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 23 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 24 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 25 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 26 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact # 28 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in ordering that the Claimant suffered permanent partial wage loss.

Whether the Single Commissioner erred in ordering the calculation of the permanent partial wage loss.

See attachment.

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

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

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

SCWCC
SEP 05 2013
JUDICIAL

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Gary Christmas, Esquire **address** P.O. Box 1898 Mt. Pleasant, SC 29465 **on the** 3rd **day of** September 2013.
by **first class postage** **certified mail** **personal service.**

Preparer's Signature | Attorney (Title) | purbanic@clawsonandstaubes.com (Email) | 9/3/2013 (Date)

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC Form # 30
Revised 7/13

30

SCWCC REQUEST FOR COMMISSION REVIEW
SEP 05 2013
JUDICIAL

Attachment to Form 30

Whether the Single Commissioner erred in ordering temporary partial wage loss as a Form 17 had been signed and filed with the Commission.

Whether the Single Commissioner erred in the calculation of temporary partial wage loss.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 1002925

Thomas Contreras, Employee/Claimant, ... Appellant,

v.

St. John's Fire District, Employer, and State Accident Fund, Carrier, ... Respondents.

INITIAL BRIEF OF APPELLANT

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Attorneys for Appellant

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OCT 22 2014
SC Court of Appeals

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STATEMENT OF ISSUES ON APPEAL

1. Whether the Appellate Panel erred in reversing the Single Commissioner § 42-9-20 disability award and finding the injury was limited to the shoulder, when Appellant suffered a permanent loss of earnings capacity from distinct injuries resulting in physical affect and impairment to multiple scheduled body parts (shoulder, arm, and clavicle).

2. Whether the Appellate Panel erred in finding "That the Single Commissioner did not find the clavicle compensable and that issue was not appealed," when the issue was not specifically addressed nor decided with finality by the Single Commissioner decided with finality, nor required to be appealed by the prevailing party at trial.

STATEMENT OF THE CASE

This workers' compensation appeal arises out of work-related injuries to the right arm, shoulder and clavicle sustained by the Appellant, Thomas Contreras, on October 8, 2008 in his employment with the St. Johns Fire District (hereinafter "St. John's."). St. John's accepted Contreras's claim and began providing various benefits under Title 42, the Workers' Compensation Act. Contreras received medical treatment primarily from Dr. James DeMarco. Dr. DeMarco ultimately performed four surgeries on Contreras – all for the shoulder, with the last including surgery to the arm itself (the long head of the biceps muscle). [APA #4, p. 54). As a result of these injuries, Contreras is unable to return to his previous employment as a firefighter. He reached MMI on August 7, 2012.

On February 8, 2013, Contreras filed a Form 50 (Employee's Request for Hearing) seeking additional medical treatment and disability compensation. He specifically alleged he had suffered a permanent loss of earnings capacity as defined under S.C. Code Ann. § 42-9-20 (2007). [Form 50].

St. John's timely filed a Form 51(Employer's Answer), admitting a "right shoulder injury only."

A hearing was held before Commissioner Gene McCaskill on May 14, 2013. Contreras testified on his own behalf. Evidence was presented regarding medical treatment, the extent of injuries and impairment, and vocational evidence establishing Contreras' injury related loss of earnings capacity.

Commissioner McCaskill issued a Decision and Order on August 27, 2013, making the following pertinent findings of fact:

That, I find, that on or about October 8, 2008, Claimant suffered injury by accident

arising out of and in the course and scope of employment, wherein he injured his **right shoulder and right upper extremity**. [SC Order, page 20, Finding of Fact #3 (emphasis added)].

That, based on the record as a whole, I conclude the greater weight of the evidence, dictates that the Claimant has suffered permanent partial wage loss, pursuant to S.C. Code Ann. § 42-9-20. [SC Order, page 23, Finding of Fact #23].

Based on these findings, Commissioner McCaskill ordered St. John's to pay 340 weeks of permanent partial disability to Contreras, along with providing ongoing post-MMI medical treatment.

St. John's timely filed a Form 30 (Notice of Appeal) on September 3, 2013. [Form 30].

The Appellate Panel heard oral arguments on December 16, 2013. The Appellate Panel issued a Decision and Order on May 5, 2014. The Appellate Panel affirmed in part, reversed in part and remanded to the jurisdictional Commissioner for a determination of an award to the Claimant's right shoulder under 42-9-30. [FC Order].

Specifically, the Appellate Panel deleted the injury to the right upper extremity in Commissioner McCaskill's finding of fact #3, changing it to read: "Claimant suffered an injury to his right shoulder on October 8, 2008 in the course and scope of his employment." [FC Order, page 11, Finding of Fact 4]. Although still finding Contreras had proven an actual loss of earning capacity, the Appellate Panel reversed the award for lost earning capacity based on the injury being limited to the shoulder alone. As such, the Appellate Panel held the award should be made under the scheduled member statute, section 42-9-30, rather than under Section 42-9-20.

The Panel also added five other findings relevant to this appeal:

That Dr. DeMarco, the authorized treating orthopedic surgeon, issued a rat5ing on August 7, 2012. Dr. DeMarco found that the Claimant had a 9% permanent partial impairment to the shoulder and that **this included 3% biceps atrophy**, 3% for loss of internal rotation, 2% for loss of forward flexion and 1% for pain and muscle spasm. There is no separate rating to the upper extremity. [FC Order, page 12,

Finding of Fact 7 (emphasis added)].

Dr. Hughes, an orthopedist, performed an IME at the Claimant's request and issued a 14% permanent impairment rating to the Claimant's right shoulder and a 10% rating for the clavicle injury. [FC Order, page 12, Finding of Fact 8].

That the Single Commissioner did not find the clavicle compensable and that issue was not appealed. [FC Order, page 12, Finding of Fact].

That the Claimant's injury is limited to the right shoulder. [FC Order, page 15, Finding of Fact 32].

Claimant is entitled to an award under 42-9-30 for the right shoulder. [FC Order, page 15, Finding of Fact 33].

On June 3, 2014, Contreras timely filed his Notice of Appeal to the Court of Appeals.

STATEMENT OF THE FACTS

Thomas Contreras was employed with the St. John's Fire District for twenty-two years, rising to the rank of Captain. He also worked part-time in a bowling alley and as a vending machine tender.

As being a firefighter requires great physical strength and stamina, St. John's requires its employees to engage in physical training. On October 8, 2008, Contreras injured his right shoulder and right bicep while lifting weights at the fire station. [Tr. Page 21, lines 3-2].

Following the injury, Contreras never returned to fighting fires. After undergoing 4 operations to his shoulder – including one specifically to the biceps in his right arm – Contreras was formally terminated from the Fire Department in January21, 2011 due to his physical limitations. [Tr. Page 19, line 9-page 20, line 20; page 25, lines 12-18; APA 10, page 231].

Dr. DeMarco performed all 4 surgeries.[1] The fourth and final surgery was done on March

[1]Dr. DeMarco operated on January 29, 2009; October 1, 2009; October 11, 2010; and March 29, 2012. [APA4, pages 56-73].

29, 2012. Dr. DeMarco described it as "arthroscopic major debridement of intra-articular synovitis with coracoid decompression, subacrominal decompression and bursectomy, and long head of biceps tenodesis."[2] [APA 2, page 19]. The surgery involved implanting a "biceps tenodesis screw." [APA 4, page 56]

Contreras described it in layperson's terms:: "The fourth surgery was the bicep where he cut it up right in here and moved it and screwed it to the bone." Contreras stated he still had pain and permanent problems in both his right shoulder and bicep. [Tr. Page 24, line 24-page 25, line 11].

Dr. DeMarco's records confirm that the fourth surgery was specifically intended - albeit unsuccessfully – to alleviate arm pain, specifically "biceps tendinopathy" [APA 4, pages 56-57]. Dr. DeMarco described the scenario at length on November 22, 2011:

> At this point Mr. Contreras continues to complain persistently of **long head of the biceps** and bicipital groove pain. . . . He has failed injections, it has been over a year, he continues having pain, and the 1 thing about him is that he has been completely consistent with where his pain is, directly over the bicipital groove. [The previous surgeries] did help with some of the other pain, but he is left with **biceps pain** which now need to be addressed. This is still considered as workers' comp injury as directly and causely [sic] related to his injury on 10/08/2008. [APA 3, page 30 (emphasis added)].

Dr. DeMarco definitively confirmed that both the shoulder and arm were injured and affected in a questionnaire response on October 24, 2012. Dr. DeMarco agreed: "Most probably, and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder and right upper extremity, (right biceps) are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work." He further confirmed: "Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a

---

[2]The biceps is a two-headed muscle that lies on the upper arm between the shoulder and the elbow. It is made up of two bundles of muscles - the long head and short head. The surgery was specifically to address "long head of the biceps pain."[APA 4, page 56].

result of his October 8, 2008 accident at work." [APA 3, page 16]. Finally, when he did address the permanent impairment rating, he specifically assigned a 3% permanent impairment for "biceps atrophy." [APA 3, page 20].

The second opinion doctor, Dr. Hughes, agreed. He signed a similar questionnaire, stating: "Most probably and to a reasonable degree of medical certainty, Mr. Contreras' injuries to his right shoulder, right upper extremity, right biceps and clavicle are caused by and/or aggravated by the injuries he sustained in his October 8, 2008, accident at work." [APA 2, page 9]. Dr. Hughes added the "injuries to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and clavicle as a result of his October 8, 2008 accident at work." [APA 2, page 9].

Dr. Hughes examined Contreras on October 6, 2011 – before the third and fourth surgeries. He assigned impairment ratings of 14% to the arm and 10% to the upper extremity. Notably, he also opined Contreras was limited to 10 pounds lifting due to "Limited strength and endurance secondary to right arm impairment and [acromio-clavicular joint] resection." [APA 2, pages 9-11]. Dr. Hughes assigned the impairment rating and restrictions to the right arm even before the unsuccessful biceps tenodesis.

Both doctors concurred that Contreras is unable to return to work as a fire fighter. Both doctors stated he would need additional post-MMI treatment.

After his medical termination from the fire department in 2011, Contreras continued working part time as a cashier at the bowling alley. He hoped to be offered a manager job, but none was forthcoming. He sought work with the Federal Government and elsewhere, with no success.

Contreras underwent an Employability Evaluation by a certified vocational consultant, Jean Hutchinson, on October 10, 2011. [APA 1, pages 1-8]. The vocational expert reviewed Contreras'

physical limitations, work history, education, and transferable skills. She opined:

> I am of the opinion that Mr. Conteres [sic] is unable to perform the required job tasks of his former work as a fire department chief, is unable to return to his past employment as a landscape laborer, and does not have transferable skills to perform other work that is within his residual restrictions. [APA 1, page 8].

Hutchinson further noted Contreras is earning $8.00 per hour working approximately five hours per week in an accommodated position. She opined should his physical limitations resolve to the point where he has more function and stamina, [he] can expect to earn at or near minimum wage ($7.25 - $8.00 per hour) and would continue to experience a significant loss of earning capacity." [APA 1, page 8].

STANDARD OF REVIEW

The Administrative Procedures Act ("APA") provides the standard for judicial review of decisions by the Commission. Pierre v. Seaside Farms, Inc., 386 S.C. 534, 540, 689 S.E.2d 615, 618 (2010); Lark v. Bi-Lo, Inc., 276 S.C. 130, 133-34, 276 S.E.2d 304, 306 (1981). Under the APA, the appellate court can reverse or modify the decision of the Commission if the substantial rights of the appellant have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. S.C. Code Ann. § 1-23-380(5)(d), (e) (Supp. 2011).

"[T]he guiding principle undergirding our workers' compensation system [is] that the Act is to be liberally construed in favor of the claimant. The second is the equally compelling evidentiary principle that an award may not rest upon surmise, conjecture, or speculation." Hutson v. S.C. State Ports Authority, 399 S.C. 381, 732 S.E.2d 500 (2012). The Commission's decision "must be founded on evidence of sufficient substance to afford a reasonable basis for it." Wynn v. People's

Natural Gas Co. of S. C., 238 S.C. 1, 12, 118 S.E.2d 812, 818 (1961).

The Commission is permitted to disregard medical evidence only when there is other competent evidence in the record to support their conclusion. Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 716 S.E.2d 123 (Ct. App. 2011). Where a finding is based on "the medical opinion of the single commissioner, adopted by the Commission," rather than on the opinion of a medical provider, the finding must be reversed as unsupported by substantial evidence. Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012). A conclusion by the Commission "based on rank speculation . . . cannot now be used as the basis for denying [an injured worker's] claim for lost wages. Hutson at 504, 732 S.E.2d 694.

ARGUMENT

The primary issue on appeal is a repeat of virtually the same error[3] made by the Appellate Panel in Beckman v. Sysco Columbia, LL, Op. No. 5205 (S.C.Ct.App. withdrawn, submitted and refiled July 9, 2014)(Shearouse Adv.Sh. No. 27 at 42)(reversing commission's finding that "only Beckman's back was affected by the admitted injury by accident," where the evidence showed he suffered from radiculopathy as a result of his back injury).

In the instant case, although Contreras undoubtedly suffered a serious injury to his shoulder, he also injured his right arm, specifically the biceps. The arm injury was serious enough to require a separate surgery, resulted in definable permanent impairment ratings, and left him with permanent pain, weakness, muscle atrophy and restrictions.

The evidence shows Contreras's injury is not limited to his shoulder. He therefore proved his right to proceed under the loss of earnings capacity statutes. S.C. Code Ann. § 42-9-20 (2007). As the undisputed evidence shows he suffered an actual loss of earnings capacity, the Appellate Panel must be reversed and the disability award of the Single Commissioner should be reinstated.

1. The Appellate Panel erred in reversing and remanding for a scheduled member disability award to the shoulder when the evidence showed disability should have been awarded under the loss of earnings capacity statute.

At the Commission, Contreras consistently argued that his injury was not limited to his shoulder – such that the disability award should have been made for loss of earnings capacity under S.C. Code Ann. § 42-9-20 (2007). Contreras adduced proof that he injured a second body part – the biceps muscle in his upper extremity – and that his upper extremity injury had caused additional

[3]The Court's original opinion in Beckman was issued on March 19, 2014 – three months after the Appellate Panel heard the case on December 16, 2013.

disability. Contreras also proved injury to his clavicle. This proof, combined with the definitive proof of an actual loss of earnings capacity, confirm that the Appellate Panel erred in reversing the Single Commissioner's disability award. See Beckman v. Sysco Columbia, LL, Op. No. 5205 (S.C.Ct.App. withdrawn, submitted and refiled July 9, 2014)(Shearouse Adv.Sh. No. 27 at 42)(reversing and remanding to determine "eligibility for an award under section 42-9-20 of the South Carolina Code because substantial evidence shows his injury is not confined to a scheduled member.").

A. Framework for Disability Compensation in Workers' Compensation Cases.

The Workers' Compensation Act provides three methods to obtain compensation for permanent disability: 1) total disability under S.C. Code Ann. § 42-9-10; 2) partial disability under S.C.Code Ann. § 42-9-20; and 3) scheduled disability under S.C. Code Ann. § 42-9-30. The first two methods are premised on the economic model. Under the economic model, the injured worker must prove an actual loss of earnings capacity. The third method conclusively relies upon the medical model with its presumption of lost earning capacity. Wigfall v. Tideland Utils., Inc., 354 S.C. 100, 580 S.E.2d 100 (2003). The Commission is required to apply whichever statute provides the greatest benefits for the Claimant. See Brown v. Owen Steel Co., 316 S.C. 278, 280, 450 S.E.2d 57, 58 (Ct. App. 1994)("The policy behind allowing a claimant to proceed under the general disability § 42-9-10 and § 42-9-20 allows for a claimant whose injury, while falling under the scheduled member section, nevertheless affects other parts of the body and warrants providing the claimant with the opportunity to establish a disability greater than the presumptive disability provided for under the scheduled member section.").

In this case, the Single Commissioner made a § 42-9-20 disability award for partial loss of

earning capacity under the economic model. The Appellate Panel reversed, remanding for a lesser § 42-9-30 award of specific disability to the shoulder under the medical model. See S.C. Code Ann. § 42-9-30 (14)(2007)(providing compensation for loss of use of the shoulder). Had Contreras not suffered the injury to his upper extremity, such that his injury was *entirely* limited to his shoulder, then he would be limited to significantly less compensation under the medical model– not withstanding the fact he suffered a significant loss of his pre-injury earning capacity.

The basic rule set out in Singleton states, "Where the injury is confined to the scheduled member, and there is no impairment of any other part of the body because of such injury, the employee is limited to the scheduled compensation." Singleton v. Young Lumber Co., 236 S.C. 454, 471, 114 S.E.2d 837, 845 (1960). The principle espoused in Singleton recognizes "the common-sense fact that, when two or more scheduled injuries [or a scheduled and non-scheduled injury] occur together, the disabling effect may be far greater than the arithmetical total of the schedule allowances added together." Wigfall, 354 S.C. 100, 106-07, 580 S.E.2d at 103. This rule is colloquially referred to as the "two-body part rule."

The part of Singleton relevant to this case states, "To obtain compensation in addition to that scheduled for the injured member, claimant must show that some other part of his body is affected." [Id.]. The point here is that if two or more scheduled members are injured, the claimant is entitled to proceed under general disability as a matter of law without further inquiry. However, if the actual injury is confined strictly to one body part, the claimant can still proceed under the general disability statutes if he can "show that some other part of his body is affected." Id. See, also Simmons v. City of Charleston, 349 S.C. 64, 75, 562 S.E.2d 476, 482 (Ct.App.2002) (injury to scheduled member that affected other parts of body compensable as general disability). It is enough that the other body part

be *affected.* There is no requirement that a separate impairment rating be given (although the Court should note was given a separate impairment rating for his biceps injury). "The Singleton Court intended 'impairment' to encompass a physical deficiency." Wigfall v. Tideland Utilities, Inc., 354 S.C. 100, 103, 580 S.E.2d 100, 101 (2003). Cf. Peoples v. Henry Co., 364 S.C. 123, 611 S.E.2d 527 (Ct. App. 2005)(award of 68% to leg affirmed because ruptured Achilles tendon not limited to foot because pain traveled up into leg); Mixson v. Westinghouse Elec. Corp., 304 S.C. 31, 402 S.E.2d 893 (Ct. App. 2005)(for workers' compensation purposes, there is no requirement that loss of use, or partial loss of use, of member of body requires evidence of direct injury to member itself).

B. Injuries to the Shoulder, Clavicle and Arm/Upper Extremity.

The Single Commissioner found as fact "that on or about October 8, 2008, Claimant suffered injury by accident arising out of and in the course and scope of employment, wherein he injured his **right shoulder and right upper extremity.**"[4] [SC Order, page 20, Finding of Fact #3 (emphasis added)].

In a detailed order, the Commissioner described in detail the evidence on which he relied in reaching this finding. He recounted Dr. Hughes' opinions on the injury to the right upper extremity itself, as well as the opinion that "Claimant's injury to his right shoulder affects his right upper extremity by way of pain and tenderness into his right biceps and clavicle . . ." He noted Dr. Hughes' descriptions of work restrictions specifically to the arm along with separate impairment ratings to the right shoulder (14%) and right upper extremity(10%). [SC Order, page 14-15].

The Commissioner then went into more descriptions of the evaluations and treatment by Dr.

---

[4]In his own handwriting, Dr. Hughes noted the 10% permanent impairment for the clavicle was to the "upper extremity." [APA 2, page 10].

DeMarco from August 6, 2010 through October 14, 2012. As with Dr. Hughes, Dr. DeMarco opined "Claimant's injuries to his right shoulder and upper extremity, (right bicep) are caused and/or aggravated by the injuries that he sustained in his October 8, 2008 accident at work." The Single Commissioner then restated Dr. DeMarco's opinion that: "Mr. Contreras' injuries to his right shoulder affects his right upper extremity by way of radiating pain and tenderness into his right biceps as a result of his October 8, 2008 accident at work." [SC Order, page 15-16; APA 3, page 16]. He noted the permanent impairment rating, particularly that Dr. DeMarco assigned a 3% permanent impairment for "biceps atrophy." [SC Order, page 15-16; APA 3, page 20].

The Single Commissioner did not rely solely on the medical evidence. He also recounted Contreras' testimony, to wit:

> Claimant testified that prior to this work related accident he has never had any pain or symptoms to his right shoulder or bicep. Claimant testified that prior to his work accident, he had not problem with range of motion in his right shoulder, but that he does now because he cannot hold his shoulder in an upward position. Claimant testified that he has pain the front and back of his bicep and pointed to the bicep near the bend of his elbow. Claimant testified that prior to his work-related accident he did not have any problem with strength in his right shoulder but that he does now because if he lifts his shoulder up same causes pain and his right bicep will spasm. [SC Order, page 8].

This testimony is completely consistent with the medical evidence. Not only is the medical evidence and testimony of shoulder *and* arm pain unrefuted, Respondents' counsel never even asked one single question about the above testimony on cross-examination. None of the doctors were cross-examined.

This was the evidence at trial – recounted accurately by the Single Commissioner. Yet, despite this completely one-sided evidence, the Appellate Panel inexplicably reversed the key findings of fact supporting the Single Commissioner's § 42-9-20 disability award. There is no

analysis; no explanation; no reasoning – simply a slightly different set of factual findings with a vastly different result. Certainly there is no evidentiary basis for deleting the Single Commissioner's findings that Contreras injured his right shoulder and right upper extremity." [SC Order, page 20, Finding of Fact #3].

As in Burnette, "The record contains [Contreras's] medical records and testimony, as well as written opinions by [his] treating physicians and a vocational rehabilitation expert. We find no evidence that challenges the conclusions of [Contreras's] doctors concerning [his injuries]." Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012). The Appellate Panel repeated the error it made in Burnette when it substituted its own medical opinions for the opinions of the doctors.

This is the same error made in Beckman when the Appellate Panel disregarded consistent testimony and medical evidence. Beckman v. Sysco Columbia, LL, Op. No. 5205 (S.C.Ct.App. withdrawn, submitted and refiled July 9, 2014)(Shearouse Adv.Sh. No. 27 at 42)(reversing commission's finding that "only Beckman's back was affected by the admitted injury by accident," where the evidence showed he suffered from radiculopathy as a result of his back injury. See, also

This is reversible error. This Court should reverse the finding that the injury is limited to the shoulder and reinstate the Order and Award of the Single Commissioner.

C. Evidence of Loss of Earnings Capacity.

The Single Commissioner made specific and detailed findings regarding Contreras' actual loss of earning capacity. He specifically relied on the undisputed medical evidence that Contreras was unable to return to his previous employment as a firefighter, along with limiting him from nearly any other employment. He also relied on the vocational expert, noting "defendants did not choose

to submit a vocational evaluation in this case." [SC Order page 23; Finding of Fact #20]. This was also noted by the Appellate Panel, who agreed Contreras was unable to return to his previous employment. [FC Order page 13-14, Finding of Fact #19].

After reviewing the evidence, the Single Commissioner made an award for a specific amount under § 42-9-20. This award is undisputedly supported by substantial evidence. The calculations are consistent with Contreras's limited earnings at the time of the hearing – confirmed by the opinion of the vocational expert. See Outlaw v. Johnson Service Co., 254 S.C. 486, 176 S.E.2d 152 (1970)("Loss of earning capacity alone is the criterion and medical opinion as to the extent of physical disability can have no probative value against actual earnings."). Contreras proved the extent of his loss of earning capacity by both expert vocational evidence and by his own unsuccessful search for alternative employment. See Coleman v. Concrete Products, Inc., 245 S.C. 625, 142 S.E.2d 43 (1965)(setting out three alternative methods of proof for lost earnings capacity: (1) expert vocational testimony; (2) testimony of employers who refused to hire the claimant; and (3) "diligent efforts to secure employment.").

The Appellate Panel gave no explanation for reversing the Single Commissioner's disability award. Although never stated explicitly, it must be presumed that the Appellate Panel reversed based on its holding that the injury was limited to the shoulder only. Had the injury been strictly limited to the shoulder, with no injury or affect on the arm whatsoever, then Singleton would apply to limit the award to the shoulder under § 42-9-30.

There is certainly no evidentiary basis for vacating the § 42-9-20 award. The evidence completely supports the award, such that no other result is possible. Cf. Hutson v. S.C. State Ports Authority, 399 S.C. 381, 732 S.E.2d 500 (2012)(reversing denial of § 42-9-20 award where only

evidence of residual earnings capacity was claimant's unsupported speculation that he could open a restaurant, "thus, there is no evidence in the record supporting the commissioner's order."). As such, the Single Commissioner's § 42-9-20 disability award should be reinstated.

2. The Appellate Panel erred in holding the Single Commissioner did not find the clavicle "compensable."

The Appellate Panel added a finding "That the Single Commissioner did not find the clavicle compensable and that issue was not appealed." [FC Order, page 12, Finding of Fact]. This finding is not necessarily critical to reinstating the Single Commissioner's § 42-9-20 award, as the evidence showing the biceps injury and impairment satisfies the "two-body-part rule."

The Single Commissioner found Contreras "injured his **right shoulder and right upper extremity**."[5] [SC Order, page 20, Finding of Fact #3 (emphasis added)]. Strictly speaking, the Single Commissioner did not rule one way or the other on the "compensability" of the clavicle. Although a finding was requested, the order never reached the issue. See Dozier v. American Red Cross, Op. No. 5272 (S.C.Ct.App. Filed September 17, 2014)(Shearouse Adv.Sh. No. 37 at 18)(holding res judicata did not apply because even though issue was raised to Commission, it was "not addressed with finality."). As workers' compensation has no mechanism to address issues raised but not ruled upon, there is no preservation issue here.

Under the Single Commissioner's Order, it was not necessary to address the clavicle as a distinct and separate body part – his findings of injury to the right shoulder and right upper extremity are dispositive. Once Contreras proved an injury and affect on those two body parts, an additional

[5]In his own handwriting, Dr. Hughes noted the 10% permanent impairment for the clavicle was to the "upper extremity." [APA 2, page 10]. Dr. Hughes gave this opinion before Contreras underwent the surgery to his biceps. It can therefore also be inferred that the Single Commissioner considered the clavicle resection to have an affect on the right upper extremity.

finding on the clavicle was surplusage. See Simmons v. City of Charleston, 349 S.C. 64, 75, 562 S.E.2d 476, 482 (Ct.App.2002) (injury to scheduled member that affected other parts of body compensable as general disability). The rule is two body parts – not three or more.

The mention of the clavicle by the Appellate Panel appears designed to bolster the reversal of the Single Commissioner and limit the award to the shoulder only. It is interesting because the Appellate Panel did not make a factual finding – one way or the other – on whether the clavicle had been injured. Instead, it made the singularly curious finding that the lack of a finding was not appealed.

The evidence does show the clavicle was both injured and impaired. Moreover, like the arm/upper extremity and like the shoulder, the clavicle is a separate scheduled member. 25A S.C. Code Reg. 67-1101 (2007)(setting maximum number of weeks for partial loss of use of the clavicle).

The October 11, 20110 surgery included a "Right shoulder acromioclavicular joint resection." [APA 4, page 56]. Dr. DeMarco's surgical report states "we did a **distal clavicle resection** taking out about t10-12 mm distal clavicle . . ." [APA 4, page 56 (emphasis added)]. Dr. Hughes noted this specific surgery when he assigned the 10% permanent impairment for the clavicle (with the handwritten addition that the impairment was to the "upper extremity."). [APA 2, page 10].

As the Single Commissioner did not explicitly address the clavicle with finality, there was no "error" to appeal – particularly since Contreras prevailed at trial. Therefore, to the extent the clavicle injury is relevant to the issues on appeal, the Appellate Panel's finding is erroneous and should be reversed.

CONCLUSION

For the foregoing reasons, the Court should reverse the Decision and Order of the Appellate Panel and reinstate the Order and Award of the Single Commissioner.

Respectfully Submitted,

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