

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SCWCC No. 1004411

RECEIVED

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SC Court of Appeals

Cynthia Walton, Employee, Claimant,

Respondent,

v.

Union County Carnegie Library, Employer,
SC Association of Counties, SIF, Carrier,

Appellants.

RECORD ON APPEAL

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**APPELLATE PANEL
DECISION AND ORDER
OF
THE SOUTH CAROLINA WORKER'S COMPENSATION
COMMISSION**

WCC FILE NO: 1004411

CYNTHIA WALTON, EMPLOYEE, CLAIMANT,

VS.

**UNION COUNTY CARNEGIE LIBRARY, EMPLOYER,
SC ASSOCIATION OF COUNTIES SIF, CARRIER,
DEFENDANTS.**

Appellate Panel Review held in Columbia,
South Carolina on May 22, 2012, per notices
timely and properly served on all parties of
interest.

Appellate Panel Decision and Order filed
7/16, 2012.

Appearances: Claimant/Respondent represented by Jeremy A. Dantin, of
Harrison, of Harrison, White, Smith & Coggins, P.C.

Defendants/Appellants represented by Richard B. Kale, Jr., of
Willson, Jones, Carter & Baxley, P.A.

STATEMENT OF THE CASE

The parties were heard by Commissioner G. Bryan Lyndon on December 14, 2011, in Spartanburg, South Carolina. On January 30, 2012, Commissioner Lyndon issued the following Order:

- 1) Claimant suffered an admitted injury to her right arm as a result of her March 30, 2010, work-related accident. She also suffered a compensable injury to her right shoulder as a result of that same accident.
- 2) Defendants shall pay medical, hospital, surgical, doctors and nurses bills incurred as a direct result of Claimant's injuries by accident suffered on March 30, 2010, and shall continue to be responsible for such medical care with the choice of providers being left to Defendants.

Within the statutory period, counsel for Defendants filed an Application for Review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on May 22, 2012. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Defendants respectfully submits the following:

1. That the Hearing Commissioner erred in finding that claimant suffered an injury to her right shoulder on March 30, 2010, that error being that such finding was not supported by the greater weight of the credible, reliable, and probative evidence.
2. That the Hearing Commissioner erred in finding that the greater weight of the evidence established that Claimant's right shoulder condition was causally related to her March 30, 2010 motor vehicle accident, that error being that such finding was not supported by the greater weight of the evidence.

3. That the Hearing Commissioner erred in finding that Claimant was a credible witness, that error being that Claimant's testimony was conflicting and inconsistent as to her alleged shoulder injury.
4. That the Hearing Commissioner erred in finding that Claimant was a credible witness, that error being that such finding constituted an abuse of his discretion.
5. That the Hearing Commissioner erred in giving any weight to the report and opinion of Dr. John E. Keith, Jr., that error being Dr. Keith's opinion was not competent, reliable, or probative evidence.
6. That the Hearing Commissioner erred in giving any weight to the report and opinion of Dr. John E. Keith, Jr., that error being that such report was based upon incorrect facts and assumptions.
7. That the Hearing Commissioner erred in giving any weight to the testimony of the Claimant that she mentioned to Dr. Falcon on more than one occasion about her shoulder, that error being that such testimony was not credible, reliable, or probative evidence.
8. That the Hearing Commissioner erred in giving any weight to the testimony that the reason Claimant did not get treatment for her right shoulder was because all the focus was on her hand and wrist, that error being that such testimony was not credible, reliable, or probative evidence.
9. That the Hearing Commissioner erred in finding that the Claimant suffered an injury to her right shoulder on March 30, 2010, that error being that the greater weight of the credible, reliable and probative evidence was that Claimant's shoulder condition was not the result of her motor vehicle accident on March 30, 2010.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50, review the Award, weight the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Panel, by majority vote, **affirms** the Single Commissioner's Decision and Order.

Thus, the Appellate Panel Finds and Concludes as follows:

FINDINGS OF FACT

1. Claimant injured right wrist in an admitted work-related accident on March 30, 2010. Claimant also injured her right shoulder.
2. Defendant to pay all causally related authorized medicals.
3. Claimant was in an admitted MVA. She stated that her arm and shoulder were injured in the accident. Claimant sought immediate medical treatment and mentioned right arm pain.
4. Claimant saw Dr. Falcon for right hand, wrist pain and stated on more than one occasion she told him she mentioned right shoulder pain. His notes do not mention shoulder pain.
5. Claimant stated the reason she did not get treatment for her right shoulder was because all the focus was on her hand and wrist.
6. Claimant had an IME by Dr. Keith and he stated she needs right shoulder surgery due to impingement syndrome.
7. Claimant suffers from fibromyalgia which is not related to this claim.
8. Dr. Falcon was deposed and stated if Claimant had mentioned her shoulder he would have written it down. None of his reports indicate the shoulder.
9. On June 8, 2010 Claimant complained of shoulder problems being improved by using wall pullies during her exercises. This was about two months post-accident and indicates Claimant's shoulder was problematic.
10. I find Claimant to be a credible witness.
11. Compensation Rate: \$254.82.
12. Claimant proved by the greater weight of the evidence that her right shoulder was injured and casually related to the March 30, 2010 motor vehicle accident.
13. Defendant to direct causally related medicals.

RULINGS OF LAW

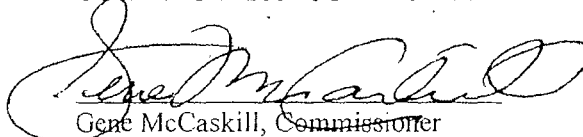
Accordingly, as provided in the South Carolina Laws, 1976, as amended, Section 42-17-40, it is the determination of this Commissioner:

1. Under Section 42-1-130, Claimant was a covered employee at the time in question; and under Section 42-1-140, Defendant-Employer was a covered employer under the Act.
2. Under Section 42-1-160, Claimant did sustain an injury by accident, arising out of and in the course of his employment.
3. Under Section 42-15-60, Claimant has received proper medical care and is entitled to additional medical care, with the choice of providers being left to Defendants.

ORDER

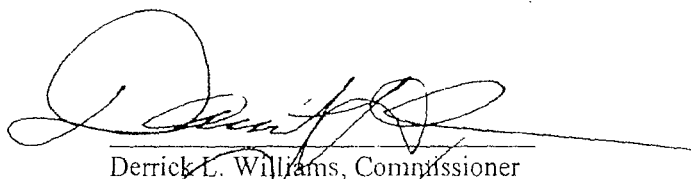
IT IS, THEREFORE, ORDERED that the Decision and Order of the Single Commissioner filed in the above-captioned matter on January 30, 2012, is hereby **affirmed** by the Panel and shall constitute the Decision and Order of the Appellate Panel.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

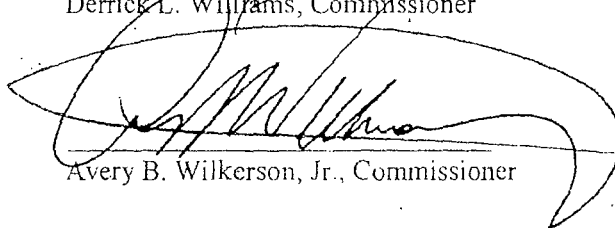

Gene McCaskill, Commissioner

AFFIRMATION

CONCURRING:


Derrick L. Williams, Commissioner

DISSENTING:


Avery B. Wilkerson, Jr., Commissioner

CERTIFICATE OF SERVICE

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

This 16 day of July, 2012
By Valence D. O'Neal
Administrative Assistant to the Commissioner

Richard B. Kale Jr.
Ben C. Harrison
Jeremy A. Dantia

ORDER
OF
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

FILE NO: 1004411

CYNTHIA WALTON, EMPLOYEE, CLAIMANT,

VS.

UNION COUNTY CARNEGIE LIBRARY, EMPLOYER,

SC ASSOCIATION OF COUNTIES SIF, CARRIER,

DEFENDANTS.

Hearing: Held in Spartanburg,
South Carolina on December 14, 2011

Appearances: Claimant represented by Jeremy A. Dantin,
of HARRISON, WHITE, SMITH & COGGINS, P.C.

Defendants represented by

Purpose of Hearing: To determine issues as set forth in Forms 50 and 51, and any
other issues which may have timely come before the
Commissioner.

Decision and Order: BY G. BRYAN LYNDON, COMMISSIONER

Filed: January 30, 2012

1. STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

- (1) Purpose of the hearing is to determine the issues as set forth in the hearing notice and issues pled in Forms 50 and 51, and any other issues which may timely come before the Commissioner.
- (2) Notice of the hearing was timely and properly served upon all parties of interest.
- (3) Claimant's average weekly wage and compensation rate are Three Hundred Eighty-two Dollars & 21/100 (\$382.21) and Two Hundred Fifty-four Dollars & 82/100 (\$254.82), respectively.
- (4) Venue, set in Spartanburg County, is proper as agreed by all parties.
- (5) The Worker's Compensation Commission's file, with the exception of any self-serving hearsay or unstipulated medical reports, is made a part of the record.

2. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence:

ON BEHALF OF CLAIMANT:

- | | |
|---------------|---|
| APA #1 | Records of the Palmetto Health Baptist Medical Center Emergency Room dated March 30, 2010, consisting of pages one (1) through four (4). |
| APA #2 | Records of J. P. Thomas, MD of Occupational Medicine/Minor Care, Spartanburg Internal Medicine dated April 1, 2010, consisting of pages five (5) through seven (7). |
| APA #3 | Records of Daniel Falcon, MD of The Carolina Hand Center dated April 10, 2010 through September 27, 2011, consisting of pages eight (8) through fifteen (15). |

- APA #4** Records of Occupational Therapy at Carolina Hand Center dated May 5, 2010 through August 26, 2010, consisting of pages sixteen (16) through forty-three (43).
- APA #5** Records from John E. Keith, MD of Orthopedic Specialties of Spartanburg dated February 14, 2010 through August 1, 2011, consisting of pages forty-four (44) through fifty-six (56).
- APA #6** Report of Right Shoulder MRI at Orthopedic Specialties of Spartanburg dated March 21, 2011, consisting of page fifty-seven (57).
- EXHIBIT A** Biographical Information
- EXHIBIT B** Transcript of Daniel A. Falcon, M.D. deposition

ON BEHALF OF THE DEFENDANT:

- APA #7** Records of EMS Run Palmetto Health Baptist dated March 30, 2010, consisting of pages fifty-eight (58) through sixty-one (61).
- APA #8** Records of Palmetto Health Baptist dated March 30, 2010, consisting of pages sixty-two (62) through seventy-four (74).
- APA #9** Records of Spartanburg Regional Occupational Medicine dated April 1, 2010, consisting of pages seventy-five (75) and seventy-six (76).
- APA #10** Records of Dr. Daniel A. Falcon dated April 19, 2010 through August 26, 2010, consisting of pages seventy-seven (77) through ninety-four (94).
- APA #11** Records of The Carolina Hand Center Occupational Therapy dated June 6, 2010 through September 23, 2010, consisting of pages ninety-five (95) and ninety-six (96).
- APA #12** Records of Spartanburg Internal Medicine dated August 27, 2007 through February 9, 2010, consisting of pages ninety-seven (97) through one hundred forty-four (144).

3. CLAIMANT BIOGRAPHICAL

Age: Claimant is Forty – Seven (47) years of age
Weight: One Hundred Forty-six pounds (146 lbs.)
Height: Five Feet Four Inches (5' 4")
Sex: Female

Marital Status: Divorced
Spouse: N/A
Children: Four: Josh Meadows 27 yrs. old
Sammy Meadows 23 yrs. old
Kenny Walton 21 yrs. old
Tabitha Walton 19 yrs. old

Education: Finished Ninth Grade; GED
University of South Carolina- Columbia, BA in Psychology

Military History: None

Work History: Homemaker until divorced
2 years (1998 – 2000) - Dynamics – finishing plant – inspector
05/10/2004 – present Union County Carnegie Library, Union, SC
Children's Library Section

4. STATEMENT OF THE CASE

This matter came to be heard before the undersigned Commissioner on the 14th day of December, 2011, in Spartanburg, South Carolina. Claimant contends that in addition to her admitted right arm injury, she sustained a compensable injury to her right shoulder as a result of her admitted March 30, 2010, work-related accident.

Defendants deny any compensable injury to the right shoulder, arguing that no such complaints were noted by a doctor until her attorneys referred her to an orthopedist almost 9 months later, and that Defendants were not placed on notice of such an injury until after that doctor's visit. Defendants further objected to the record dated December 14, 2010, from Claimant's IME physician, Dr. John Keith, on the grounds that it assumes a fact not in evidence – namely, that Claimant's air bag deployed in the accident (which it did not).

5. EVIDENCE OF THE CASE

The only witness presented was Claimant, Cynthia Walton. Claimant testified she has been working with the Union County Carnegie Library ("the Library") since 2004, and has never before filed a workers' compensation claim. Claimant explained that she suffers from fibromyalgia, but never had any injuries, problems or medical treatment specifically for her right shoulder prior to her work accident on March 30, 2010.

According to Claimant, on March 30, 2010, she was in a car wreck that was admittedly work-related. In correcting a note dated December 14, 2010, from Dr. John Keith (orthopedic surgeon), Claimant explained that her air bag did not deploy in this accident. Claimant confirmed that the note was correct in describing her arm getting caught in the steering wheel at the time of the accident.

Claimant confirmed that she testified at her deposition that she could not move her right hand after the accident and that her whole right arm and shoulder hurt when it first happened. Claimant testified that although the carrier in this case has admitted she suffered a right wrist injury as a result of this accident, she does not know why she failed to mention she was having right wrist/hand pain when she was at the hospital in Columbia immediately after the accident, other than to speculate that perhaps she was "pumped up" with adrenaline after the accident. Claimant testified the same would be true regarding her failure to mention right shoulder pain at that time.

Claimant confirmed that she went to Occupational Health in Spartanburg two days after the accident complaining of right arm pain and stating that she was unable to grip with her right hand. Claimant testified that she was told at that time to follow-up with her family

doctor, Dr. Craft. Claimant explained that she called Dr. Craft's office, and was simply referred directly to Dr. Falcon (hand specialist) by Dr. Craft without him ever seeing her.

Approximately 2 ½ weeks later, Claimant was seen by Dr. Falcon. Claimant testified that over the course of her treatment with Dr. Falcon, she mentioned having shoulder pain to him more than once, although she could not recall the exact dates. Claimant testified Dr. Falcon never provided her with any treatment for her shoulder – he only provided treatment for her hand and wrist. Claimant went on to testify that she went through physical therapy as ordered by Dr. Falcon, and that she mentioned having shoulder pain to her physical therapist as well. Again, Claimant could not recall the exact dates on which she mentioned this.

Claimant testified she was still having problems with her right hand/wrist and her right shoulder at the time she was released by Dr. Falcon at the end of September 2010. Claimant confirmed she did not get treatment for her shoulder until December 14, 2010, at which point she was referred to Dr. Keith by attorneys Tom Killoren and Ben Harrison. Claimant explained that she did not seek treatment for her shoulder prior to seeing Dr. Keith because her right wrist/hand was visibly swollen and painful, so the focus was on that problem. According to Claimant, once she was referred to Dr. Falcon, she simply did what he said. Claimant testified that she mentioned her shoulder pain to Mr. Killoren (the attorney representing her on her third-party action) and he told her she needed to get it checked out.

Claimant testified that following her accident and continuing up to the time she first saw Dr. Keith in December 2010, she had not been involved in any other car accidents, falls, or any other injury of any kind involving her right shoulder. Claimant could not think of anything that occurred after her work-related car accident on March 30, 2010, that could

have injured her shoulder. Claimant did testify she was in a "fender-bender" while coming out of the parking lot of Belk's Plaza in Union in January 2011, but that she suffered no injuries and did not go to the doctor. She testified specifically this accident did not cause her right wrist/hand or right shoulder to hurt worse.

Claimant confirmed she is still working at the Library and that she is able to perform her job duties. However, Claimant testified that she still has problems with her right wrist/hand, including weakness, difficulty opening jars, difficulty writing, and squeezing. Claimant testified she did not have these problems prior to her work-related accident, and she did not have any of these problems associated with her fibromyalgia. Claimant further testified that she has problems with her right shoulder, including pain, difficulty with range of motion, and she is unable to lay on her right side at night in bed. Claimant testified she is right-handed.

Claimant testified that she would like to have the surgery on her right shoulder recommended by Dr. Keith.

On cross-examination, Claimant was asked about the position of her hands/arms on the steering wheel at the time her car was hit from behind. Claimant acknowledged that in her deposition she did not testify that her right arm was caught in the steering wheel, but rather testified that she saw she was going to be hit and got stiff and held onto the steering wheel. Claimant confirmed again that she did not mention shoulder pain specifically when she went to Occupational Health on April 1, 2010, and reiterated that she tell Dr. Falcon and her physical therapist that her shoulder hurt.

Claimant was confronted with a record from Dr. Craft dated May 9, 2008, which mentions right shoulder pain. On re-direct, Claimant explained that she never actually

received any treatment for her right shoulder on that occasion nor had she suffered any right shoulder injury at that time.

The medical evidence established that on April 1, 2010, two days after the accident, Claimant went to occupational Health and complained of right arm pain and stated she was unable to grip with her right hand. (APA #2, at 5). Dr. Falcon began treating Claimant for right hand and wrist contusion on April 19, 2010, and treated with him through September 23, 2010. (APA #3, at 15). While none of Dr. Falcon's notes mention anything regarding shoulder pain, the notes from Occupational Therapy show a complaint of shoulder discomfort "that eases off with use of wall pullies" on June 8, 2010, as well as a complaint of pain radiating up her arm occasionally on July 6, 2010. (APA #4, at 26, 32).

On December 14, 2010, Dr. Keith authored an extensive history regarding this patient's complaints and prior treatment, and opined: "It is with a high degree of medical certainty that [Claimant's] right shoulder and wrist pain are directly related to the motor vehicle accident on March 30, 2010." (APA #5, at 45-46). By May 25, 2011, Dr. Keith diagnosed Claimant with persistent impingement syndrome, and recommended right shoulder arthroscopy. (APA #5, at 54).

6. FINDINGS OF FACT

1. Claimant injured right wrist in an admitted work-related accident on March 30, 2010. Claimant also injured her right shoulder.
2. Defendant to pay all causally related authorized medicals.
3. Claimant was in an admitted MVA. She stated that her arm and shoulder were injured in the accident. Claimant sought immediate medical treatment and mentioned right arm pain.
4. Claimant saw Dr. Falcon for right hand wrist pain and stated on more than one occasion she told him she mentioned right shoulder pain. His notes do not mention shoulder pain.

5. Claimant stated the reason she did not get treatment for her right shoulder was because all the focus was on her hand and wrist.
6. Claimant had an IME by Dr. Keith and he stated she needs right shoulder surgery due to impingement syndrome.
7. Claimant suffers from fibromyalgia which is not related to this claim.
8. Dr. Falcon was deposed and stated if Claimant had mentioned her shoulder he would have written it down. None of his reports indicate the shoulder.
9. On June 8, 2010 Claimant complained of shoulder problems being improved by using wall pullies during her exercises. This was about two months post-accident and indicates Claimant's shoulder was problematic.
10. I find Claimant to be a credible witness.
11. Compensation Rate: \$254.82.
12. Claimant proved by the greater weight of the evidence that her right shoulder was injured and casually related to the March 30, 2010 motor vehicle accident.
13. Defendant to direct causally related medicals.

7. RULINGS OF LAW

Accordingly, as provided in the South Carolina Code of Laws, 1976, as amended, Section 42-17-40, it is the determination of this Commissioner:

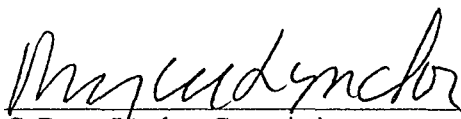
- (1) Under Section 42-1-130, Claimant was a covered employee at the time in question; and under Section 42-1-140, Defendant-Employer was a covered employer under the Act.
- (2) Under Section 42-1-160, Claimant did sustain an injury by accident, arising out of and in the course of his employment.
- (3) Under Section 42-15-60, Claimant has received proper medical care and is entitled to additional medical care, with the choice of providers being left to Defendants.

8. ORDER

IT IS, THEREFORE, ORDERED:

- 1) Claimant suffered an admitted injury to her right arm as a result of her March 30, 2010, work-related accident. . She also suffered a compensable injury to her right shoulder as a result of that same accident.
- 2) Defendants shall pay medical, hospital, surgical, doctors and nurses bills incurred as a direct result of Claimant's injuries by accident suffered on March 30, 2010, and shall continue to be responsible for such medical care with the choice of providers being left to Defendants.

No hearing costs are assessed in this instance. All other issues are held in abeyance at this time.



G. Bryan Lyndon, Commissioner
South Carolina Workers' Compensation Commission

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 certified mail addressed to any unrepresented party.
January 30, 2012

By: Tamara Morris, Administrative Assistant to Commissioner Lyndon

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC Number: 1004411

Cynthia Walton,

Respondent,

v.

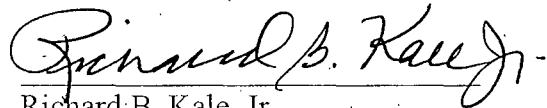
Union County Carnegie Library and
S.C. Association of Counties SIF,

Appellants.

NOTICE OF APPEAL

Pursuant to S.C. Code Ann. §42-17-60, Union County Carnegie Library and S.C. Association of Counties SIF appeal the Order of the Appellate Panel of the South Carolina Workers' Compensation Commission, filed July 16, 2012, on the attached grounds. Appellant received written notice of the entry of the original Order on July 16, 2012.

July 24, 2012



Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272

Other Counsel of Record:

Jeremy A. Dantin, Esquire
Harrison, White, Smith & Coggins, P.C.
P.O. Box 3547
Spartanburg, South Carolina 29304

As S.C. Code Ann. §42-17-60, as amended, provides that the “[n]otice of appeal must state the grounds of the appeal or the alleged errors of law,” the following is provided as an attachment to the Notice of Appeal:

1. That the Commission erred in finding that Respondent suffered an injury to her right shoulder on March 30, 2010, that error being that such finding was not supported by substantial evidence in the record and therefore constitutes an error of law.

2. That the Commission erred in finding that Respondent’s right shoulder condition was causally related to her March 30, 2010 motor vehicle accident, that error being that such finding was not supported by substantial evidence in the record and therefore constitutes an error of law.

3. That the Commission erred in finding that Respondent was a credible witness even though her testimony was conflicting and inconsistent as to her alleged shoulder injury, that error being that such finding was not supported by substantial evidence in the record and therefore constitutes an error of law.

4. That the Commission erred in finding that Respondent was a credible witness, that error being that such finding constituted an abuse of discretion.

5. That the Commission erred in giving any weight to the report and opinion of Dr. John E. Keith, Jr., that error being that Dr. Keith’s opinion was not substantial evidence in that his opinion was based upon incorrect assumptions of fact and therefore constitutes an error of law.

6. That the Commission erred in giving any weight to the report and opinion of Dr. John E. Keith, Jr., that error being that Dr. Keith’s opinion was not competent, reliable, or probative evidence.

7. That the Commission erred in giving any weight to Respondent’s testimony that she had mentioned to Dr. Falcon on more than one occasion about her shoulder, that error being that such testimony was not credible, reliable, or probative evidence.

8. That the Commission erred in giving any weight to the testimony of the Respondent that she mentioned to Dr. Falcon on more than one occasion about her shoulder, that error being that such testimony was not supported by substantial evidence in the record and therefore constitutes an error of law.

9. That the Commission erred in giving any weight to the testimony of Respondent that the reason she did not get treatment for her right shoulder was because everyone was focused on her hand and wrist, that error being that such testimony was not credible, reliable, probative, or substantial evidence.

South Carolina Workers' Compensation Commission

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

WCC File # 1004411
Carrier File # 58-229840
Carrier Code # SF930
Employer FEIN 570423177

Cynthia M. Walton

Claimant's Name

SSN

Address

City

State

Zip

Home Phone

Work Phone

Richard B. Kale, Jr.

Preparer's Name

Union County Carnegie Library

Employer's Name

300 E. South Street, Union, SC 29379

Address

City

State

Zip

South Carolina Association of Counties SIF

Insurance Carrier

(864) 527-3272

Phone #

Request for Commission Review by ☐ claimant ☒ employer (check one)

Date of injury: 3/30/2010

The undersigned makes application for review of the findings of the Commissioner in the above captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages, if necessary).

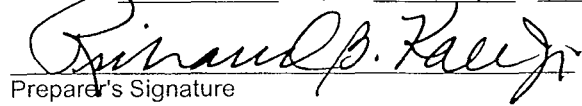
SEE ATTACHED

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that ☒ I have served this document pursuant to R.67-211 by delivering a copy to Jeremy Dantin, Esquire
Name

P.O. Box 3547, Spartanburg, SC 29304; and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202-1715
Address

on the 31st day of January, 2012 by ☒ first class mail; ☐ personal service; ☐ certified mail.



Preparer's Signature

Richard B. Kale, Jr.

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, SC 29607

Check this box if you are not represented by an attorney. ☐

Attorney for Defendants

Title

January 31, 2012

Date

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

4 GROUND FOR REVIEW

1. That the Hearing Commissioner erred in finding that Claimant suffered an injury to her right shoulder on March 30, 2010, that error being that such finding was not supported by the greater weight of the credible, reliable, and probative evidence.
2. That the Hearing Commissioner erred in finding that the greater weight of the evidence established that Claimant's right shoulder condition was causally related to her March 30, 2010 motor vehicle accident, that error being that such finding was not supported by the greater weight of the evidence.
3. That the Hearing Commissioner erred in finding that Claimant was a credible witness, that error being that Claimant's testimony was conflicting and inconsistent as to her alleged shoulder injury.
4. That the Hearing Commissioner erred in finding that Claimant was a credible witness, that error being that such finding constituted an abuse of his discretion.
5. That the Hearing Commissioner erred in giving any weight to the report and opinion of Dr. John E. Keith, Jr., that error being that Dr. Keith's opinion was not competent, reliable, or probative evidence.
6. That the Hearing Commissioner erred in giving any weight to the report and opinion of Dr. John E. Keith, Jr., that error being that such report was based upon incorrect facts and assumptions.
7. That the Hearing Commissioner erred in giving any weight to the testimony of the Claimant that she mentioned to Dr. Falcon on more than one occasion about her shoulder, that error being that such testimony was not credible, reliable, or probative evidence.
8. That the Hearing Commissioner erred in giving any weight to the testimony that the reason Claimant did not get treatment for her right shoulder was because all the focus was on her hand and wrist, that error being that such testimony was not credible, reliable, or probative evidence.
9. That the Hearing Commissioner erred in finding that the Claimant suffered an injury to her right shoulder on March 30, 2010, that error being that the greater weight of the credible, reliable and probative evidence was that Claimant's shoulder condition was not the result of her motor vehicle accident on March 30, 2010.

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723

www.wcc.sc.gov

WCC File #: **1004411**Carrier File #: **580000229840**Carrier Code #: **SF930**Employer FEI #: **570423177**Claimant's Name: Cynthia M. WaltonSSN: [REDACTED]Employer's Name: Union County Carnegie LibraryAddress: [REDACTED]Address: 300 East South StreetCity: [REDACTED] State: [REDACTED] Zip: [REDACTED]City: Union State: SC Zip: 29Home Phone: () - Work Phone: () -Insurance Carrier: SC Association of Counties SIFPreparer's Name: Jeremy A. DantinLaw Firm: HWS&CPreparer's Phone #: (864.) 585 - 5100**Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.****A claim for workers' compensation benefits is made based on the following grounds:****Date of Injury or Illness: 03/30/2010**☒ Injury ☐ Illness ☐ Repetitive Trauma1a. The claimant sustained an injury to **right shoulder, right arm, right hand** (Part(s) of Body Injured) on **03/30/10** in **Richland** county, state of **SC**1b. Body part(s) affected are: **right shoulder, right arm, right hand,**Briefly describe how the accident occurred. **Motor Vehicle Accident**

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 **03/30/2010** (Month/Day/Year) in the following manner: **Reported to Supervisor**☒ 6. Due to injury, the claimant is in need of (check one):☐ (a) medical examination and treatment for: _____☒ (b) additional medical examination and treatment for: **Right Shoulder, Right arm, Right hand including but not limited to a right shoulder arthroscopy as suggested by Dr. John Keith in his 05/25/11 & 08/01/11 reports.**☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: _____☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one): **Pre-mature at this time**☐ (1) General Disability:☐ Total☐ (2) Specific Disability:☐ Total☐ (3) Wage Loss:☐ Partial☐ Partial☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____10a. At the time of the injury, the Claimant was paid weekly wages of **\$382.21**, and demands accounting of days worked and wages earned as provided by law.

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

Union County Carnegie Library11a. Further grounds or unusual aspects of claim: **None**

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

Dr. Jeffrey Craft, Sptg Internal Medicine, 100 E. Wood St., Suite 401, Sptg., SC 29303; Palmetto Health Baptist Medical Center El Columbia, SC; Dr. J. P. Thomas, Occupational Medicine/Minor Care, 8311 Sptg Hwy., Sptg., SC 29301; Dr. Daniel A. Falcon, The Carolina Hand Center, 391 Serpentine Dr., Ste. 440, Sptg., SC 29303, hand surgeon; Dr. John E. Keith, Orthopedic Specialties of Sptg., 303 E. Wood St., Sptg., SC 29303, orthopedic surgeon11c. To the best of your knowledge, did you have any prior permanent disability? **NO;** If yes, describe: _____

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

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.☒ 13b. I am requesting a hearing. A \$25 fee is required.14. Estimated time needed for hearing: **1 hour****I verify the contents of this form are accurate and true to the best of my knowledge.**Preparer's Signature: [Signature]Attorney for Claimant
Titlejdantin@spartanlaw.com
EmailDate: 9/7/11

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.

South Carolina Workers' Compensation Commission

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

WCC File # 1004411
Carrier File # 58-229840
Carrier Code # SF930
Employer FEIN 570423177

Cynthia M. Walton				Union County Carnegie Library					
Claimant's Name				Employer's Name					
[REDACTED] SSN				300 E. South Street, Union, SC 29379					
Address		City	State	Zip	Address		City	State	Zip
Home Phone				Work Phone				South Carolina Association Of Counties SIF	
[REDACTED]				[REDACTED]				Insurance Carrier	
Richard B. Kale, Jr.				(864) 527-3272					
Preparer's Name				Phone #					

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

- 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 injury to right hand/wrist only.
- 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: But see #1
- It is (admitted) that the relationship of employer and employee existed at the time in question. The reasons for denial are: But see #1
- 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: But see #1
- It is (admitted) that notice of injury was given the employer. The reasons for denial are: But see #1
- It is (denied) that the employee needs or is entitled to additional medical care as a result of injury. The reasons for denial are: No medical evidence.
- It is (denied) that the employee is entitled to temporary total disability for the period(s) of: _____
- It is (denied) that the employee is permanently disabled. The reasons for denial are: No medical evidence.
- It is (denied) that the employee has a serious disfigurement.
- It is contended that an average weekly wage of \$ 382.21 applies, according to attached accounting of employee's earnings as provided by law.
- Further contentions or grounds of defense are: Defendants reserve the right to amend.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Jeremy A. Dantin, Esquire,
Name:

P.O. Box 3547, Spartanburg, SC 29304 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202
Address

on the 29th day of September, 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.

Richard B. Kale, Jr.
Preparer's Signature, Attorney for Defendants
Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

Jane C. Watkins
Jane C. Watkins, Certifier

September 29, 2011
Date

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1004411

CYNTHIA WALTON	)	
	)	
CLAIMANT,	)	SC WORKERS' COMPENSATION COMMISSION
	)	
VS.	)	
	)	FULL BOARD HEARING OF
UNION CARNEGIE LIBRARY	)	
	)	CYNTHIA WALTON
EMPLOYER,	)	
	)	VS.
AND	)	
	)	
SC ASSOCIATION OF	)	UNION CARNEGIE LIBRARY
COUNTIES SI FUND	)	
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Full Board Hearing of Cynthia Walton versus Union Carnegie Library, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 2:53 P.M., Tuesday, May 22, 2012, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

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APPEARANCES

FOR THE APPELLANT:

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Greenville, SC 29607

FOR THE RESPONDENT:

Jeremy A. Dantin, Esquire
Harrison, White, Smith & Coggins, P.C.
178 West Main Street
P.O. Box 3547
Spartanburg, SC 29304

COMMISSIONERS PRESENT:

Derrick Williams, Chair
Gene McCaskill
Avery Wilkerson

ALSO PRESENT:

Mr. R. J. Dantin

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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I N D E X

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STIPULATIONS

Commissioner Williams: Madame Court
Reporter, you may call the case.

Court Reporter: Today is May 22nd, 2012.

This is South Carolina Workers' Compensation Case Number 1004411. This is the case of Cynthia Walton, Claimant, versus Union Carnegie Library, Employer, and South Carolina Association of Counties Self-Insurance Fund is the carrier. The Appellant is the Defendant represented by Richard B. Kale, Junior. The Respondent is represented by Jeremy A. Dantin. Each side is allowed ten (10) minutes for oral arguments. The Appellant three (3) minutes in reply. You are requested to argue the grounds of exception and stay within the record. The Single Hearing Commission was Commission Lyndon.

Commissioner Williams: All right. Mr. Kale.

ARGUMENT FOR THE APPELLANT

By Mr. Kale:

May it please the panel? Ms. Walton suffered an admitted right wrist injury in a motor vehicle accident on March 30th of 2010, while she was going to a meeting in Columbia. The Defendants accepted the right wrist injury and provided

1 medical treatment. Subsequently, she also alleged
2 that she injured her right shoulder, which was
3 denied. She was treated initially at Baptist
4 Medical Center ER, then two (2) days later she
5 went to -- to Regional Minor Care in Spartanburg,
6 and then she was referred to Dr. Daniel Falcon at
7 the Carolina Hand Center for treatment of her
8 wrist. According to the medical records she never
9 advised any of the treating physicians that she
10 had injured her right shoulder in the motor
11 vehicle accident. In December of 2010, Mr.
12 Dantin's law firm arranged for her to be evaluated
13 by Dr. John Keith, who is a physician in
14 Spartanburg. Dr. Keith, who had not seen the
15 Claimant until nine and a half (9½) months after
16 the motor vehicle accident, opined that the
17 Claimant suffered her right shoulder injury in
18 that -- in the motor vehicle accident. However,
19 his opinion was based upon two (2) incorrect
20 facts, which we believe undermine his opinion.
21 The first, he assumed that the -- the air bag
22 deployed in the motor, which is uncontested that
23 it did not. The second thing that he assumed was
24 that the Claimant got her arm caught in the
25 steering -- in the steering wheel after she was

1 rear-ended; this, we also contend was not true.
2 In the final analysis Dr. Keith's opinion must
3 fall because of his incorrect information that he
4 based his opinion on. I have handed up a number
5 of documents that are in the record in this case.
6 The first is the ER record from Baptist Medical
7 Center and as you will see from that report she
8 presented with neck pain and headache; no mention
9 of right shoulder. At the hearing on direct
10 examination of the Claimant by Mr. Dantin she
11 testified that her adrenaline was pumping and that
12 she simply forgot to mention that she had a right
13 shoulder injury. When I cross-examined her, her
14 story changed. She said that actually her right
15 shoulder pain did not begin until the next day;
16 so, we have contradictory testimony by the
17 Claimant as to when her right shoulder problems
18 began. But, regardless, of -- of whether it was
19 the next day after she went to the ER, the
20 following day after that she went to Spartanburg
21 Regional -- excuse me -- Spartanburg Occupational
22 Medicine Minor Care, and that record I put in the
23 -- in the documents I've handed up and, again, she
24 never mentions that she hurt her right shoulder.
25 So, this is the day after she says right shoulder

1 pain began; she never mentions it to the doctor.
2 I took doctor -- well, let me -- before I get to
3 that. The next document is the patient
4 information sheet. Three (3) weeks after the
5 motor vehicle accident she goes to see Dr. Falcon
6 at the Carolina Hand Center and completes in her
7 own handwriting a patient information sheet, and
8 if you will see halfway down it says, what type
9 injury do you have? Wrist pain, palm and cannot
10 make a fist. No mention about the right shoulder.
11 I took Dr. Falcon's deposition and we went through
12 every office visit, page by page. And, basically,
13 he said, if Ms. Walton had told me that she had
14 right shoulder pain I would have made a note of it
15 in my records. In none of his reports is there
16 any record that she ever complained about right
17 shoulder. So, based upon all the treating
18 physicians nobody had a record that she ever
19 complained about her right shoulder. I've also
20 put in the report of Dr. Keith, who is the doctor
21 that Mr. Dantin's law firm sent the Claimant to,
22 and I've highlighted two (2) -- the two (2) things
23 that I mentioned at the beginning that he assumed
24 and that is that the air bag did deploy is what he
25 assumed, which is incorrect and that she got her

1 -- her arm caught in the steering wheel, which we
2 also say is incorrect. And finally, I have put in
3 the Claimant's deposition -- excuse me -- not
4 deposition but her hearing testimony. And you
5 will see that basically what she had said at her
6 deposition, and I asked her about this, was that
7 when she was rear-ended she was holding onto the
8 steering wheel tightly. No mention, and she
9 admits this, that her arm got caught up in any way
10 in the steering wheel. And I -- then I would also
11 point out to you, if you go back to that patient
12 information sheet that she filled out with Dr.
13 Falcon, it says how did injury occur? She says
14 holding onto the steering wheel when SUV hit me
15 from behind going about sixty (60) miles per hour.
16 So, her testimony, and she admits this at her
17 deposition, was that she was holding onto the
18 steering wheel. What she puts in the patient
19 information sheet was that she was holding onto
20 the steering wheel. There is no evidence that she
21 was -- her arm got caught in the steering wheel.
22 And, in fact, I cross-examined her about that and
23 basically she says I just really don't remember.
24 I don't remember. So, there's no evidence of any
25 reliability that her arm got caught in the

1 steering wheel. So, we think that basically --
2 well, let me mention one (1) other thing. There
3 is one (1) time in the medical reports where she
4 mentions her shoulder; didn't say that it was hurt
5 in the motor vehicle accident but at one physical
6 therapy visit she complained that her shoulder was
7 -- had some pain but it was helped out when she
8 was working out with the pulleys. Nineteen (19)
9 visits after that at physical therapy she never
10 again mentions her right shoulder. So, that's
11 only -- the only one (1) time that she ever
12 mentions that she had shoulder pain and on that
13 occasion she never said it was in -- as a result
14 of the motor vehicle accident. So, we feel that
15 the overwhelming evidence in this case, the
16 greater weight of the evidence -- or let me put it
17 this way, we believe that the Claimant failed to
18 prove by the greater weight of the evidence that
19 she injured her shoulder in the motor vehicle
20 accident. Not only do you have no medical reports
21 supporting that other than Dr. Keith, who is
22 basically seeing her nine and a half (9½) months
23 later. None of the treating doctors ever noted
24 that she had any right shoulder problem. And Dr.
25 Keith, as a hired doctor to do an independent

1 medical evaluation, makes two (2) assumptions,
2 which we say are inaccurate since he did not
3 witness the accident, since he did not see her
4 immediately after the accident, his opinion is
5 based totally on hypothetical, on information
6 provided. His opinion is only as good as the
7 information provided and if he was given incorrect
8 information, then his opinion is faulty and we
9 believe his opinion in this case is faulty. We
10 would ask that the -- the order of the Single
11 Commissioner finding that she -- that Ms. Walton
12 suffered a right shoulder injury be reversed. Of
13 course, she still has the right wrist injury,
14 which was an admitted case.

15 Commissioner Wilkerson: And we did not take
16 Dr. Keith's deposition, correct?

17 Mr. Kale: No.

18 Commissioner Wilkerson: Okay. I understand.

19 Mr. Kale: And -- and -- and -- and I'll --
20 I'll tell you --

21 Commissioner Wilkerson: Go ahead. I know
22 what I was looking at.

23 Mr. Kale: -- you know, I could have proved
24 that -- that she wasn't even in the car and it
25 wouldn't have changed Dr. Keith's opinion.

1 Commissioner Wilkerson: Okay. All right.

2 Mr. Kale: I mean, it -- it was basically a
3 -- a -- a situation where he was hired to do that
4 opinion. It's their expert. They have a problem
5 with the hypotheticals. They should have
6 corrected the -- the -- the problem with the
7 doctor's opinion.

8 Commissioner Williams: All right. Mr.
9 Dantin?

10 ARGUMENT FOR THE RESPONDENT

11 By Mr. Dantin:

12 Thank you. First of all, it's not an IME.
13 We didn't hire him. We didn't pay him. As a
14 matter of fact, she's still treating with him.
15 But first let's just start with this premise.
16 We're talking a woman who was in a car accident
17 and she was right up here; she was on her way into
18 Columbia. She was rear-ended by a car going over
19 fifty (50) miles an hour and had an admitted
20 injury to her right wrist and hand. It's not
21 inconceivable that she could have also injured her
22 right shoulder in this; we're not talking about
23 some wild reach here. But beyond that let's talk
24 about the opinion of Dr. Keith. Dr. Keith is an
25 Orthopedic Surgeon. All right, he works on

1 shoulders unlike Dr. Falcon, who is a Hand
2 Specialist. Dr. Keith opined that not to a
3 reasonable degree of medical certainty but he
4 actually put in his own words to a high degree of
5 medical certainty he believes that this Claimant's
6 right shoulder was injured in this auto accident;
7 that opinion is not contradicted. The Defendants
8 didn't take his deposition to question him about
9 these problems that they think are an issue. They
10 didn't send her to another --

11 Commissioner Wilkerson: Did --

12 Mr. Dantin: -- they didn't send her to
13 another doctor.

14 Commissioner Wilkerson: -- address the issue
15 about the steering wheel and the air bags.

16 Mr. Dantin: I'll be happy to. First of all,
17 I -- I'm not sure I've never heard an explanation
18 as to why these things are so critically
19 important; certainly, it's nothing that's ever
20 been brought to Dr. Keith's attention. But first
21 of all, you know, we're talking about the -- the
22 position of her hands on the steering wheel.
23 Honestly, my first reaction is I'm not sure why
24 that matters so much, whether she's gripping the
25 steering wheel tightly when she's rear-ended at

1 sixty (60) miles or whether her hand is caught
2 some way in the steering at sixty (60) miles an
3 hour. We still have a wreck that's injuring her
4 right upper extremity --

5 Commissioner Wilkerson: Okay.

6 Mr. Dantin: -- in a high impact collision.
7 I -- I'm not sure that parsing words in that way
8 really makes a difference medically. Insofar as
9 the air bag is concerned, again, we're talking
10 about a rear-end collision; I -- I don't
11 understand why the deployment of the air bag is an
12 issue in terms of, you know, how this could have
13 mechanically hurt her shoulder. She has testified
14 consistently that the air bag did not deploy. I
15 -- I, personally, believe that it was probably
16 just a Scrivener's error in the medical notes
17 saying that it did not because she's consistently
18 testified that it did and it's there in the other
19 medical records as well. But, you know, with
20 regard to Dr. Keith's opinion, when Dr. Falcon's
21 deposition was taken I -- I talked to him about
22 Dr. Keith. He had Dr. Keith's opinion there at
23 the deposition; he reviewed it. I asked him if he
24 knew Dr. Keith; he said he did, thought he was a
25 good Orthopedic Surgeon and said he would defer to

1 him insofar as an assessment and treatment of
2 shoulder injuries. Dr. Keith took a very long
3 history in his initial evaluation of this patient.
4 I showed it to Dr. Falcon, asked him to review it,
5 asked him if he thought there was any information
6 there that Dr. Keith was missing that might have
7 been critical to his review. He said no, he
8 thought he had everything he needed. Then I asked
9 Dr. Falcon if he had any reason to question Dr.
10 Keith's opinion. He said he didn't question Dr.
11 Keith's opinion; I think that's very important to
12 understand. You know, insofar as Dr. Falcon is
13 concerned, we -- we stipulated actually at the
14 deposition and we stipulated again at the hearing
15 that Dr. Falcon testified that, yeah, if somebody
16 would have told me that they would have had a
17 shoulder injury I'd have noted it. You can take
18 that for what it's worth just like you can all
19 other witness testimony. You know, I can tell you
20 that Commissioner Lyndon, who had the opportunity
21 to observe this Claimant testify, made a specific
22 finding that she was credible. Well, we're
23 talking about a forty-seven (47) year old college
24 graduate; she graduated here from USC. She's the
25 Librarian at the Union County Carnegie Library,

1 has been since May 2004. She's never had a work
2 Comp claim before. There's -- there's nothing
3 about this woman that screams I'm not credible.
4 Beyond that, Dr. Falcon testified that he didn't
5 recall any conversation about right shoulder pain
6 but then again he explained that the treatment
7 plan was focused on the right wrist and hand. You
8 all are familiar with Dr. Falcon and his partner,
9 Dr. Essman, they're Hand Specialists; that's what
10 the do. I asked him, you know, if he was treating
11 her specifically for her hand and wrist would he
12 have been asking her questions about other
13 injuries. He said, no, not necessarily. I asked
14 him in the past have you ever treated somebody for
15 hand and wrist problems when they also had other
16 issues. He said, sure. And I said well would you
17 ask them about those other issues on those
18 occasions. Again, he said, no, not necessarily.
19 You know, I think this is an issue where initially
20 -- and -- and this is in the testimony at the --
21 at the hearing, the day the following the accident
22 she had significant swelling in her wrist and her
23 hand, and it was obvious and open to -- you know,
24 to her and to anybody else. I mean, she was
25 swollen to the point where she couldn't make a

1 fist. So, she went to the doctor and, I mean,
2 that was, you know, an obvious injury sitting
3 right there in front of your face and she was
4 evaluated for it and referred to a Hand Specialist
5 based on that. It's -- it's not incredible at all
6 to think that the treatment at that point by the
7 Hand Specialist is going to be focusing on her
8 wrist and hand and not on some other issue.
9 There's no evidence here that she hurt herself in
10 any other way. There were no intervening
11 accidents. Again, we're talking about a high
12 impact rear-end collision that injured her right
13 arm and she's got a right shoulder injury and --
14 and incidentally, that's not in dispute; in fact,
15 Dr. Keith says she needs surgery for it. So,
16 there's definitely an injury there and, again, it
17 follows this car accident. You know, finally, you
18 know, I would just point out with regard to the
19 physical therapy records, it -- it is significant
20 to note that, you know, during this course of
21 treatment -- and she treated with Dr. Falcon from
22 April 2010 until September 2010. You know, he
23 said, you know, I would have noted any mention of
24 shoulder pain, but the Physical Therapist did note
25 it one (1) time. Now, I mean, I think it's

1 significant insofar as it -- it supports the fact
2 that she had some shoulder discomfort during this
3 period. She claims she was telling Dr. Falcon;
4 you know, he says differently. You know, again, I
5 think that's something that you can weigh; I think
6 it's something that Commissioner Lyndon weighed.
7 And in this case we would submit that his -- Dr.
8 Falcon's focus on the wrist and the hand, you
9 know, probably just shaded him to where he was
10 just focusing on that and not really addressing
11 anything about her shoulder, and -- and that's
12 fairly common in our experience. This is a case,
13 again, where we've got an admitted work related
14 accident, result of a high speed rear-end
15 collision, Respondent's testimony was found
16 credible by the person who watched her testify.
17 The opinion of Dr. Keith in this case is not
18 contradicted and he was never deposed. They never
19 sought another Orthopedist to dispute anything
20 that he said. There's the physical therapy note
21 that shows that she was having shoulder discomfort
22 during this period, and there's no question that
23 she has a shoulder injury. On top of all that, no
24 other evidence that she was injured in any other
25 way; we submit that the Single Commissioner got it

1 right. Thank you.

2 Commissioner Williams: All right. Mr. Kale?

3 REPLY FOR THE APPELLANT

4 By Mr. Kale:

5 First of all, let me talk about Dr. Keith.
6 Jeremy said that they didn't send her to Dr. Keith
7 for an independent medical evaluation. Let me
8 just read the very first sentence of his report.
9 "Ms. Walton is a forty-six (46) year old lady sent
10 by her Attorney, Ben Harrison and Tom Killoren,
11 for evaluation of her right hand, arm, and
12 shoulder pain." So, I think that right there
13 shows that they sent her to Dr. Keith for -- for
14 an independent medical evaluation to support their
15 claim. Mr. Dantin also said I don't know why it's
16 -- it's -- it's important or critical about
17 whether the air bag went off or whether she got
18 her arm caught in the steering wheel. Well, don't
19 you have to prove how the injury occurred? I
20 mean, you just can't say, well, she had a motor
21 vehicle accident in March of 2010, and then some
22 time later she's saying she had a shoulder injury
23 without any explanation as to how she hurt her
24 shoulder. We know she was restrained with -- with
25 a seatbelt. We know the bag didn't deploy. How

1 did she hurt herself? That's -- Dr. Keith never
2 says how the injury would have been caused by the
3 motor vehicle accident, which is a critical point
4 to determine, you know, for compensability.

5 Commissioner Wilkerson: And the arm is
6 accepted, right?

7 Mr. Kale: The wrist, she injured her right
8 wrist.

9 Commissioner Wilkerson: Okay.

10 Mr. Kale: Yes, that's accepted.

11 Commissioner Wilkerson: Okay.

12 Mr. Kale: So, you have a situation where Dr.
13 Keith gives -- gives a conclusion but no basis for
14 the conclusion because he never says how the
15 injury could have occurred in the motor vehicle
16 accident. And -- and it is important that he's
17 assuming incorrect facts. When you're basing your
18 opinion on hypothetical because he wasn't at the
19 accident somebody is telling him this information.
20 It's either her Attorneys or Ms. Walton are
21 feeding him this information and they're telling
22 him two (2) things that are incorrect. And he --
23 he says that -- that -- that Commissioner Lyndon
24 judged her -- her credibility.

25 Commissioner Williams: Finish -- finish that

1 thought. Go ahead.

2 Mr. Kale: I would say look at those excerpts
3 that I gave you. She's contradicting herself
4 constantly in there. She's saying on the one (1)
5 hand, first, that her -- her arm got caught. Then
6 when I cross-exam her she says she can't remember
7 how it happened. Everything happened so fast she
8 doesn't remember. So, I would say that you can
9 re-judge credibility.

10 Commissioner Williams: All right. That'll
11 conclude this hearing. Thank you all.

12 (THERE BEING NO FURTHER ARGUMENTS, THE FULL COMMISSION
13 HEARING CONCLUDED AT 3:16 P. M.)
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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1004411

 **COPY**

EMPLOYEE/CLAIMANT: CYNTHIA M. WALTON

EMPLOYER: UNION COUNTY CARNEGIE LIBRARY

CARRIER: SC ASSOCIATION OF COUNTIES SIF

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 14TH DAY
OF DECEMBER, 2011, COMMENCING AT THE HOUR OF 1:10 P.M.,
IN SPARTANBURG, SOUTH CAROLINA, BEFORE THE HONORABLE G.
BRYAN LYNDON, ATTENDED BY COUNSEL AS FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

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

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

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

6 BY COMMISSIONER LYNDON:

7 TODAY'S DATE IS DECEMBER 14TH, 2011. THIS IS
8 SOUTH CAROLINA WORKERS' COMPENSATION CASE FILE
9 NUMBER 1004411. CYNTHIA WALTON IS THE CLAIMANT,
10 REPRESENTED BY ATTORNEY JEREMY DANTIN, VERSUS
11 EMPLOYER, UNION COUNTY CARNEGIE LIBRARY. THE SOUTH
12 CAROLINA ASSOCIATION OF COUNTIES SELF-INSURED FUND
13 IS THE CARRIER. DICK KALE IS THE ATTORNEY FOR THE
14 DEFENDANT. THE PURPOSE OF THIS HEARING IS TO
15 DETERMINE ISSUES RAISED ON FORMS 50 AND 51. THE
16 CLAIMANT'S AVERAGE WEEKLY WAGE IS 382.21, HER COMP
17 RATE 254.82, AND THE DATE OF ACCIDENT IS 3/30/2011.

18 BY MR. DANTIN:

19 2010.

20 BY MR. KALE:

21 TEN.

22 BY THE COMMISSIONER:

23 TEN; I'M SORRY. I'M SORRY. ANY OBJECTIONS TO
24 APAs, JURISDICTION, VENUE, OR ANY OTHER ITEMS?

25 BY MR. DANTIN:

1 NONE, COMMISSIONER.

2 BY MR. KALE:

3 NONE TO THE ADMISSION. I DO HAVE THE OBJECTION
4 THAT I MADE AS TO DR. KEITH'S OPINION THAT I HAD
5 STATED BEFORE.

6 BY THE COMMISSIONER:

7 I'LL NOTE THAT OBJECTION.

8 BY MR. KALE:

9 IT ASSUMES FACTS NOT IN THE RECORD.

10 BY THE COMMISSIONER:

11 AND THAT WAS VERY SIMPLY, JUST TO CLARIFY IT SO
12 THAT IT WILL BE OUT, THAT HIS REPORT INDICATED THAT
13 AN AIR BAG INFLATED AND THAT SOMEHOW OR ANOTHER
14 INJURED THIS LADY'S RIGHT ARM OR IT GOT TIED UP IN
15 THE STEERING WHEEL, AND I BELIEVE ALL THE EVIDENCE,
16 INCLUDING HER DEPOSITION TESTIMONY AND SHE'LL
17 TESTIFY TODAY THAT AN AIR BAG DID NOT DEPLOY.
18 RIGHT?

19 BY MR. DANTIN:

20 CORRECT.

21 BY THE COMMISSIONER:

22 OKAY. THEN IF THERE ARE NO OTHER OBJECTIONS
23 THE COMMISSION FILE BECOMES A PART OF THE RECORD
24 WITH THE EXCEPTION OF SELF-SERVING DECLARATIONS AND
25 UNSTIPULATED MEDICAL REPORTS.

1 PRIOR TO GOING ON THE RECORD, WE HAD A
2 PREHEARING CONFERENCE, REVIEWING A LOT OF THE
3 MEDICALS AS WELL AS THE DEPOSITION TESTIMONY OF DR.
4 FALCON, AND IT'S THE POSITION OF THE CLAIMANT THAT
5 AS A RESULT OF THIS ADMITTED MOTOR VEHICLE ACCIDENT
6 -- SHE WAS REAR-ENDED BY ANOTHER AUTOMOBILE -- THAT
7 IN ADDITION TO INJURING HER RIGHT ARM, WHICH WOULD
8 BE HER WRIST AND HAND, SHE ALSO SUFFERED AN INJURY
9 TO HER RIGHT SHOULDER, AND SHE SEEKS SURGERY
10 CONSISTENT WITH THE RECOMMENDATION OF DR. KEITH, WHO
11 IS AN I.M.E., FOR THIS INJURED SHOULDER. COUNSEL
12 STATES THAT WHILE THE MEDICAL RECORDS MAY NOT
13 INDICATE THAT THE CLAIMANT COMPLAINED ABOUT HER
14 SHOULDER, SHE'LL TESTIFY THAT SHE DID. THIS WOULD
15 BE SPECIFICALLY TO DR. FALCON. THAT ALSO A MEDICAL
16 REPORT INDICATES THAT -- AND THIS WAS IN JUNE, I
17 BELIEVE -- DURING SOME OF THE THERAPY THAT SHE WAS
18 UNDERGOING THAT HER SHOULDER WAS PAINFUL USING THE
19 WALL PULLEYS. APPARENTLY, THIS WAS EXERCISE FOR HER
20 WRIST AND HER ARM. AND THAT SHE WAS REFERRED TO DR.
21 KEITH AND DR. FALCON, IN HIS -- FOR A SECOND
22 OPINION. DR. FALCON, IN HIS DEPOSITION TESTIMONY,
23 DID STATE THAT HE WOULD DEFER OR NOT QUARREL WITH
24 ANY CONCLUSIONS, APPARENTLY, DR. KEITH DREW. SO,
25 WHAT SHE SIMPLY SEEKS IS THIS SHOULDER SURGERY.

1 THE POSITION OF THE DEFENDANT IS IT'S ADMITTED
2 A MOTOR VEHICLE ACCIDENT -- SHE WAS REAR-ENDED. BUT
3 THE WRIST AND ARM ARE THE ONLY BODY PARTS THAT WERE
4 ACCEPTED, AND THE REASON FOR THAT IS -- OR, WOULD BE
5 THAT SHE TREATED FOR MONTHS AND MONTHS -- IN FACT,
6 THE DEFENDANT APPARENTLY WAS NOT ON NOTICE FOR THE
7 SHOULDER UNTIL WELL AFTER NINE MONTHS AFTER THE 50
8 WAS FILED. THAT SHE TREATED FOR ABOUT FIVE AND A
9 HALF MONTHS WITH DR. FALCON, AND HE WAS ASKED IN HIS
10 DEPOSITION -- IN FACT, COUNSEL MADE IT A POINT TO GO
11 OVER EACH INDIVIDUAL OFFICE VISIT, ALL OF WHICH WERE
12 SILENT ABOUT THE SHOULDER APPARENTLY, AND ASKED IF
13 SHE HAD MENTIONED THE SHOULDER WOULD HE HAVE
14 INCORPORATED THAT IN HIS REPORT. HE SAID HE WOULD
15 HAVE, AND THE REPORTS ARE SILENT ABOUT THE SHOULDER.
16 SO COUNSEL STATES THAT IT'S NOT A FACT THAT,
17 ACCORDING TO DR. KEITH, THAT THIS IS SOMETHING THE
18 CLAIMANT COMPLAINED ABOUT. ALSO, COUNSEL STATES
19 THAT IF DR. FALCON AGREED OR DEFERRED TO DR. KEITH
20 IN ANY WAY, HE WAS ASSUMING FACTS THAT WERE NOT
21 NECESSARILY TRUE, SPECIFICALLY THE AIR BAG. SO, HE
22 WAS DRAWING A CONCLUSION BASED ON A FAULTY PREMISE,
23 ACCORDING TO COUNSEL, WHEN HE MADE HIS OPINION NINE
24 MONTHS LATER THAT THIS CLAIMANT'S SHOULDER WAS A
25 PART OF THIS ACCIDENT. SO, FOR THOSE REASONS, THE

1 FACT THAT THE ONE TIME SHE DID MENTION HER SHOULDER,
2 JUNE 8TH OF 2010, AND NEVER AGAIN FOR MONTHS, THAT
3 BODY PART IS DENIED. HOWEVER, AS I STATED, THE
4 WRIST/ARM IS DENIED. ANY ARM PAIN THE CLAIMANT
5 COMPLAINED ABOUT, COUNSEL STATES, WOULD BE ARM PAIN
6 REFERRED DUE TO THE WRIST AND NOT SHOULDER.

7 AND YOU ALL CAN ADD TO THAT AS YOU SEE FIT.

8 **BY MR. KALE:**

9 ONE THING I JUST WANT TO CLARIFY, BECAUSE YOU
10 SAID RIGHT WRIST AND ARM, IT'S THE RIGHT WRIST. THE
11 RIGHT WRIST MAY BE A PART OF THE ARM FOR YOUR
12 PURPOSES, BUT I DIDN'T WANT IT TO SOUND LIKE WE
13 ADMITTED TO TWO BODY PARTS.

14 **BY THE COMMISSIONER:**

15 AND I MIS-SPOKE. IT IS A RIGHT WRIST. ANY
16 RATING, I WOULD PRESUME, WOULD BE TO THE RIGHT UPPER
17 EXTREMITY, BUT IT IS THE WRIST.

18 **BY MR. DANTIN:**

19 AND, COMMISSIONER, THE ONLY OTHER THING THAT WE
20 WOULD ADD FROM THE CLAIMANT'S PERSPECTIVE, BECAUSE
21 WE ARE HERE TODAY TO DETERMINE WHETHER THE SHOULDER
22 IS GOING TO BE A PART OF THIS CLAIM, WE WOULD TAKE
23 THE POSITION THAT ANY P.P.D. WOULD BE PREMATURE AT
24 THIS TIME.

25 **BY THE COMMISSIONER:**

1 ALL RIGHT.

2 BY MR. KALE:

3 JUST ONE THING, I WANTED TO MAKE ANOTHER POINT.
4 YOU MENTIONED THAT SHE WAS REFERRED TO DR. KEITH FOR
5 A SECOND OPINION.

6 BY THE COMMISSIONER:

7 I MEANT I.M.E.

8 BY MR. KALE:

9 I.M.E. AND THAT'S BY THE DEFENDANTS. I WANTED
10 TO MAKE THAT CLEAR IN THE RECORD THAT THAT WAS DONE
11 BY HER ATTORNEYS AND NOT BY THE DEFENDANTS.

12 BY THE COMMISSIONER:

13 OKAY. MS. WALTON, WOULD YOU STATE YOUR FULL
14 NAME FOR THE RECORD.

15 BY THE WITNESS:

16 CYNTHIA WALTON.

17

18 * * * * *

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

22 CYNTHIA WALTON,

23 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
24 FOLLOWS:

25 BY THE COMMISSIONER:

1 ANSWER ANY QUESTIONS YOUR ATTORNEY MAY HAVE,
2 PLEASE.

3 **DIRECT EXAMINATION BY MR. DANTIN:**

4 Q. CYNTHIA, NOW YOU STARTED WORKING WITH THE LIBRARY IN
5 UNION COUNTY IN 2004; IS THAT CORRECT?

6 A. YES, SIR.

7 Q. AND HAVE YOU EVER FILED A WORKERS' COMP CLAIM
8 PREVIOUSLY?

9 A. NO.

10 Q. NOW, YOU HAVE FIBROMYALGIA, CORRECT?

11 A. YES.

12 Q. DO YOU RECALL WHEN YOU WERE FIRST DIAGNOSED WITH
13 FIBROMYALGIA?

14 A. ABOUT TEN YEARS AGO.

15 Q. AND WHAT SYMPTOMS OR PROBLEMS DO YOU ATTRIBUTE TO
16 YOUR FIBROMYALGIA?

17 A. MY FEET, MY LEGS, MY HANDS, AND MY NECK.

18 Q. NOW, WHEN YOU SAY YOUR FEET, DO YOU HAVE PAIN IN
19 THOSE AREAS?

20 A. YEAH.

21 Q. NOW, DO YOU TREAT WITH A DOCTOR FOR THIS PROBLEM
22 CURRENTLY?

23 A. YES.

24 Q. AND WHO IS THAT?

25 A. DR. MACHIMADA.

1 Q. OKAY. AND DO YOU TAKE MEDICATION FOR FIBROMYALGIA?

2 A. YES.

3 Q. WHAT MEDICATION ARE YOU TAKING?

4 A. CYMBALTA, LYRICA, TRAMADOL, AND FLEXERIL.

5 Q. THE FLEXERIL IS A MUSCLE RELAXER?

6 A. MUSCLE RELAXER.

7 Q. THE OTHER MEDICATIONS, ARE THOSE FOR PAIN?

8 A. PAIN.

9 Q. AND WERE YOU TAKING PAIN MEDICATION FOR YOUR
10 FIBROMYALGIA PRIOR TO YOUR ACCIDENT ---

11 A. YES.

12 Q. --- ON MARCH 30TH, 2010?

13 A. YES.

14 Q. OKAY. AND HAVE YOU CONTINUED TAKING THAT PAIN
15 MEDICATION SINCE THEN?

16 A. YES.

17 Q. NOW, PRIOR TO MARCH 30TH, 2010, HAD YOU EVER HAD ANY
18 INJURIES, PROBLEMS, OR MEDICAL TREATMENT
19 SPECIFICALLY WITH YOUR RIGHT SHOULDER?

20 A. NO.

21 Q. YOU HAD A CAR WRECK ON MARCH 30TH, 2010, WHICH IS
22 ADMITTEDLY WORK RELATED?

23 A. UH-HUH.

24 Q. WE'VE TALKED A LOT ABOUT HOW THAT ACCIDENT HAPPENED,
25 SO I'M NOT GOING TO GET YOU TO DO THAT AGAIN. BUT

1 ONE THING I DID WANT YOU TO LOOK AT IS WHAT WE'VE
2 NUMBERED AS APA NUMBER FIVE AT PAGE 44. OKAY? AND
3 I BELIEVE YOU'VE SEEN THIS NOTE ---

4 A. YES.

5 Q. --- FROM DR. KEITH PREVIOUSLY, CORRECT?

6 A. YES.

7 Q. AND I JUST WANT TO, FOR THE RECORD, CONFIRM DR.
8 KEITH IN THIS NOTE WRITES THAT YOUR AIR BAG
9 DEPLOYED. IS THAT ACCURATE?

10 A. NO.

11 Q. IT NEVER DEPLOYED, DID IT?

12 A. NO.

13 Q. NOW, HE ALSO WROTE THAT YOUR ARM GOT CAUGHT IN THE
14 STEERING WHEEL. IS THAT ACCURATE?

15 A. YES.

16 Q. OKAY. NOW, YOU TESTIFIED AT YOUR DEPOSITION THAT
17 YOU COULDN'T MOVE YOUR HAND AFTER THE ACCIDENT AND
18 THAT YOUR WHOLE ARM AND SHOULDER HURT WHEN IT FIRST
19 HAPPENED. DO YOU RECALL THAT?

20 **BY MR. KALE:**

21 OBJECT TO THE LEADING, YOUR HONOR.

22 **BY THE COMMISSIONER:**

23 TRY NOT TO SUGGEST THE ANSWER, IF YOU WOULD,
24 PLEASE.

25 **BY MR. DANTIN:**

1 SURE. WELL, IT'S ACTUALLY THE FIRST PART OF MY
2 QUESTION.

3 **DIRECT EXAMINATION RESUMED BY MR. DANTIN:**

4 Q. IN YOUR DEPOSITION YOU TESTIFIED THAT YOUR HAND HURT
5 IMMEDIATELY AFTER THE ACCIDENT AND YOUR WHOLE ARM
6 AND SHOULDER HURT WHEN IT FIRST HAPPENED. DO YOU
7 RECALL THAT TESTIMONY?

8 A. YES.

9 Q. OKAY. MY QUESTION IS, YOU WERE TRANSPORTED TO THE
10 HOSPITAL IN COLUMBIA AFTER THE ACCIDENT, AND YOU
11 COMPLAINED EARLY OF HEADACHE, NECK AND LOW BACK
12 PAIN, KNEE PAIN, AND APPARENTLY YOU REPORTED THAT
13 YOU SUFFERED FIBROMYALGIA.

14 A. UH-HUH.

15 Q. OKAY. MY QUESTION IS, THE CARRIER IN THIS CASE HAS
16 ADMITTED THAT YOU SUFFERED A RIGHT WRIST INJURY, BUT
17 YOU DIDN'T MENTION ANYTHING ABOUT IT AT THE
18 HOSPITAL. DO YOU KNOW WHY YOU DIDN'T MENTION
19 ANYTHING ABOUT YOUR RIGHT WRIST OR HAND PAIN AT THAT
20 TIME?

21 A. NO. I MEAN, I WAS JUST KIND OF PUMPED UP ON
22 ADRENALINE, AND I JUST DON'T REMEMBER. I MEAN, I
23 DON'T. I DON'T KNOW WHY.

24 Q. AND WOULD THE SAME BE TRUE FOR NOT MENTIONING RIGHT
25 SHOULDER PAIN?

1 BY MR. KALE:

2 YOUR HONOR, THAT'S EXTREMELY LEADING.

3 BY THE COMMISSIONER:

4 YES. TRY NOT TO SUGGEST THE ANSWER.

5 BY MR. DANTIN:

6 OKAY.

7 DIRECT EXAMINATION RESUMED BY MR. DANTIN:

8 Q. DO YOU KNOW WHY YOU DIDN'T MENTION RIGHT SHOULDER
9 PAIN AT THAT TIME?

10 A. NO.

11 Q. NOW, YOU WENT TO OCCUPATIONAL HEALTH IN SPARTANBURG
12 TWO DAYS LATER?

13 A. UH-HUH.

14 Q. OKAY. AND THE NOTE THERE SAID THAT YOU WERE
15 COMPLAINING OF RIGHT ARM PAIN AND THAT YOU WERE
16 UNABLE TO GRIP WITH YOUR RIGHT HAND. YOU WERE TOLD
17 TO FOLLOW UP WITH YOUR DOCTOR, WHO IS DR. CRAFT, I
18 BELIEVE?

19 A. YES, SIR.

20 Q. AND DID YOU CONTACT DR. CRAFT?

21 A. YES.

22 Q. AND WHAT DID DR. CRAFT DO FOR YOU?

23 A. HE JUST REFERRED ME TO DR. FALCON.

24 Q. OKAY. AND TWO AND A HALF WEEKS LATER ---

25 A. YES.

1 Q. --- YOU FIRST SAW DR. FALCON?
2 A. YES, SIR.
3 Q. AND WAS THAT REGARDING YOUR RIGHT HAND AND WRIST
4 PAIN?
5 A. YES.
6 Q. DID YOU EVER MENTION HAVING ANY SHOULDER PAIN TO DR.
7 FALCON?
8 A. YES.
9 Q. MORE THAN ONCE?
10 A. YES.
11 Q. DO YOU RECALL THE EXACT DATES YOU MENTIONED THIS TO
12 HIM?
13 A. NO.
14 Q. DID HE EVER PROVIDE YOU WITH ANY TREATMENT FOR YOUR
15 SHOULDER?
16 A. NO.
17 Q. JUST FOR YOUR HAND AND WRIST?
18 A. YES.
19 Q. YOU ALSO WENT THROUGH PHYSICAL THERAPY ORDERED BY
20 DR. FALCON. DID YOU EVER MENTION HAVING ANY
21 SHOULDER PAIN TO THE PHYSICAL THERAPIST?
22 A. YES.
23 Q. MORE THAN ONCE?
24 A. YES.
25 Q. DO YOU KNOW THE EXACT DATES YOU MENTIONED THAT TO

1 THE THERAPIST?

2 A. NO, SIR.

3 Q. YOU WERE RELEASED BY DR. FALCON AT THE END OF
4 SEPTEMBER 2010. WERE YOU STILL HAVING PROBLEMS WITH
5 YOUR RIGHT HAND AND WRIST?

6 A. YES.

7 Q. WERE YOU STILL HAVING PROBLEMS WITH YOUR RIGHT
8 SHOULDER?

9 A. YES.

10 Q. NOW, EVENTUALLY -- AND THIS HAS BEEN DISCUSSED
11 BEFORE AS WELL -- MY PARTNERS TOM KILLOREN AND BEN
12 HARRISON GOT YOU AN APPOINTMENT WITH DR. JOHN KEITH,
13 AN ORTHOPEDIC SURGEON, AND YOU SAW HIM ON DECEMBER
14 13TH, 2010?

15 A. UH-HUH.

16 Q. WHY DIDN'T YOU GET TREATMENT FROM ANOTHER DOCTOR
17 REGARDING YOUR RIGHT SHOULDER BEFORE THAT TIME?

18 A. JUST AT THE TIME THE FOCUS WAS ON MY HAND AND MY
19 WRIST. I MEAN, THE PAIN WAS -- AND, PLUS, IT WAS A
20 VISIBLE -- IT WAS VISIBLE BECAUSE IT WAS SWOLLEN AND
21 EVERYTHING. IT WAS JUST MORE PAIN, AND WHEN I GOT
22 TREATMENT FROM DR. FALCON, YOU KNOW, I JUST PRETTY
23 MUCH DONE WHAT HE SAID. THEN I MENTIONED IT TO DR.
24 -- I MEAN, TO MR. KILLOREN THAT MY SHOULDER WAS
25 HURTING, AND HE JUST TOLD ME THAT I NEEDED TO GET IT

1 CHECKED OUT.

2 Q. FOLLOWING YOUR ACCIDENT AND UP TO THE TIME THAT YOU
3 SAW DR. KEITH IN DECEMBER OF 2010, HAD YOU HAD ANY
4 OTHER CAR ACCIDENTS?

5 A. NO.

6 Q. ANY FALLS?

7 A. UH-UH.

8 Q. ANY OTHER INJURY OF ANY KIND INVOLVING YOUR RIGHT
9 SHOULDER?

10 A. NO, SIR.

11 Q. CAN YOU THINK OF ANYTHING THAT OCCURRED AFTER YOUR
12 WORK-RELATED CAR ACCIDENT ON MARCH 30TH, 2010, THAT
13 COULD HAVE INJURED YOUR RIGHT SHOULDER?

14 A. NO.

15 Q. NOW, YOU TESTIFIED IN YOUR DEPOSITION THAT YOU WERE
16 INVOLVED IN A FENDER-BENDER AT BELK'S PLAZA IN
17 JANUARY OF THIS YEAR; IS THAT CORRECT?

18 A. YES, SIR.

19 Q. OKAY. DID THIS HAPPEN IN A PARKING LOT?

20 A. YES, SIR. I WAS COMING OUT OF THE PARKING LOT AND A
21 CAR HIT ME.

22 Q. DID YOU HAVE ANY INJURIES IN THAT ACCIDENT?

23 A. NO.

24 Q. DID IT MAKE YOUR RIGHT SHOULDER OR RIGHT WRIST OR
25 HAND HURT WORSE?

1 A. NO, SIR.

2 Q. DID YOU EVEN SEE A DOCTOR?

3 A. NO.

4 Q. WHEN YOU SAW DR. KEITH IN DECEMBER OF 2010, DID YOU
5 DESCRIBE ALL YOUR PROBLEMS TO HIM?

6 A. YES.

7 Q. DR. KEITH HAS NOW RECOMMENDED SURGERY ON YOUR RIGHT
8 SHOULDER?

9 A. YES.

10 Q. ARE YOU STILL WORKING AT THE LIBRARY?

11 A. YES.

12 Q. AND ARE YOU ABLE TO DO YOUR JOB?

13 A. YES.

14 Q. ARE YOU LEFT-HANDED OR RIGHT-HANDED?

15 A. RIGHT-.

16 Q. WHAT PROBLEMS DO YOU HAVE WITH YOUR RIGHT WRIST AND
17 HAND CURRENTLY?

18 A. I JUST CAN'T GRIP. I CAN'T OPEN JARS, AND I CAN'T
19 GRIP ANYTHING REAL TIGHT, AND I JUST HAVE A LOT OF
20 WEAKNESS IN MY HAND, AND WHEN I WRITE I HAVE TO STOP
21 AND REST MY HAND AND THEN I -- I CAN WRITE; I JUST
22 CAN'T DO IT FOR A LONG TIME.

23 Q. DID YOU HAVE ANY OF THESE PROBLEMS WITH YOUR HAND
24 BEFORE MARCH 30TH, 2010?

25 A. NO, SIR.

1 Q. BECAUSE YOU HAD FIBROMYALGIA THAT HAD PREEXISTED
2 THAT TIME, AND YOU HAD HAD SOME PAIN IN YOUR HAND
3 BEFORE THAT TIME, CORRECT?

4 A. YEAH, I HAD PAIN JUST KIND OF HERE. I DIDN'T HAVE
5 IT IN MY WRIST.

6 Q. SO IT'S DIFFERENT FROM THE PAIN THAT YOU HAVE ---

7 A. YEAH.

8 **BY MR. KALE:**

9 OBJECTION, YOUR HONOR, TO THE LEADING AGAIN.

10 **DIRECT EXAMINATION RESUMED BY MR. DANTIN:**

11 Q. WHAT PROBLEMS ARE YOU HAVING WITH YOUR RIGHT
12 SHOULDER CURRENTLY?

13 A. NOW?

14 Q. CORRECT.

15 A. I JUST HAVE A LOT OF PAIN, AND THEN IT -- AND I
16 CAN'T LAY ON IT LIKE IF I LAY ON IT AT NIGHT AND
17 STUFF LIKE THAT. I CAN'T RAISE IT REAL HIGH. I
18 MEAN, I CAN RAISE IT UP, BUT I CAN'T DO IT LIKE I
19 CAN THIS ARM. I JUST HAVE A LOT OF PAIN.

20 Q. DO YOU WANT TO HAVE THE SURGERY RECOMMENDED BY DR.
21 KEITH?

22 A. YES.

23 **BY MR. DANTIN:**

24 NO FURTHER QUESTIONS.

25 **CROSS EXAMINATION BY MR. KALE:**

1 Q. MS. WALTON, I BELIEVE YOU ARE 47 YEARS OF AGE; IS
2 THAT CORRECT?

3 A. YES, SIR.

4 Q. AND YOU HAVE WORKED WITH THE UNION COUNTY CARNEGIE
5 LIBRARY SINCE MAY 10TH OF 2004?

6 A. YES, SIR.

7 Q. AND YOUR JOB IS IN THE CHILDREN'S SERVICES
8 DEPARTMENT, CORRECT?

9 A. YES, SIR.

10 Q. AND I BELIEVE YOUR JOB DUTIES REQUIRE YOU TO PLAN
11 READING FOR CHILDREN, THINGS OF THAT NATURE?

12 A. YES, SIR.

13 Q. NOW, ON MARCH 10 OF 2010 YOU WERE ATTENDING A
14 MEETING IN COLUMBIA?

15 A. UH-HUH.

16 **BY MR. DANTIN:**

17 MARCH 30TH. SORRY.

18 **CROSS EXAMINATION RESUMED BY MR. KALE:**

19 Q. EXCUSE ME; MARCH 30TH. ON MARCH 30TH OF 2010 YOU
20 WERE ATTENDING A MEETING IN COLUMBIA, CORRECT?

21 A. YES, SIR.

22 Q. AND AS YOU WENT ACROSS THE BRIDGE THAT GOES INTO
23 COLUMBIA RIGHT WHERE ELMWOOD DRIVE STARTS, THAT'S
24 WHERE YOU HAD YOUR ACCIDENT; YOU WERE REAR-ENDED?

25 A. YES, SIR.

1 Q. AND YOU INJURED YOUR RIGHT WRIST IN THAT ACCIDENT?

2 A. YES, SIR.

3 Q. OKAY. NOW, WHEN YOU WERE -- BEFORE THE ACCIDENT
4 WERE YOU AWARE THIS OTHER CAR WAS GOING TO REAR-END
5 YOU?

6 A. I REMEMBER LOOKING. I COULD HEAR. I COULD HEAR. I
7 MEAN, I DIDN'T REALLY KNOW IT, BUT I COULD HEAR, AND
8 I KIND OF BRACED UP 'CAUSE I COULD HEAR THEM
9 SLAMMING ON BRAKES. BUT I DIDN'T REALLY ---

10 Q. YOU DIDN'T LOOK IN YOUR REARVIEW MIRROR OR ANYTHING
11 TO SEE IF THEY WERE COMING?

12 A. WELL, I JUST REMEMBER KNOWING IT WAS COMING.

13 Q. BUT WERE YOU LOOKING STRAIGHT AHEAD? YOU KEEP
14 TURNING YOUR HEAD TO THE LEFT LIKE YOU WERE LOOKING
15 BACK OVER YOUR SHOULDER. WHICH WAY WERE YOU
16 LOOKING?

17 A. WELL, I REALLY DON'T KNOW ALL OF THAT BECAUSE ---

18 Q. YOU CAN'T REMEMBER?

19 A. --- I CAN'T REMEMBER EVERYTHING. BUT I KNOW I WAS
20 BRACING 'CAUSE I COULD HEAR.

21 Q. AND WERE YOU WEARING YOUR SEATBELT AT THE TIME?

22 A. YES, SIR.

23 Q. AND DID THE AIR BAG DEPLOY?

24 A. NO, SIR.

25 Q. NOW, WHEN I TOOK YOUR DEPOSITION, YOU RECALL THAT?

1 A. YES, SIR.

2 Q. BASICALLY I ASKED YOU WHAT HAPPENED IN THE
3 COLLISION; DO YOU RECALL THAT?

4 A. YES, SIR.

5 Q. AND YOUR RESPONSE -- AND I'LL READ IT TO YOU AND
6 I'LL ASK YOU IF THAT'S YOUR TESTIMONY. YOUR
7 RESPONSE AT THAT TIME, "IT HAPPENED SO FAST I
8 ACTUALLY DO NOT KNOW. I JUST REMEMBER HEARING THE
9 CAR SQUEAL KIND OF. I KNEW IT WAS GOING TO HIT ME,
10 AND I JUST KIND OF GOT REAL STIFF AND HELD ON TO THE
11 STEERING WHEEL. BUT I REALLY DON'T KNOW WHAT
12 HAPPENED AFTER THAT. IT WAS JUST OVER WITH." DO
13 YOU REMEMBER THAT? SO, YOUR TESTIMONY AT THE
14 DEPOSITION WAS YOU WERE HOLDING ON TO THE STEERING
15 WHEEL WHEN THE ACCIDENT HAPPENED; IS THAT CORRECT?

16 A. YES, SIR.

17 Q. THERE'S NOTHING IN YOUR TESTIMONY THAT INDICATES
18 THAT YOUR ARM IN ANY WAY GOT CAUGHT UP IN THE
19 STEERING WHEEL, IS THERE? IS THAT A YES OR NO?

20 A. I GUESS NOT IF I SAID -- I GUESS NOT.

21 Q. YOU NEVER MENTIONED THAT IN THE DEPOSITION, THAT
22 YOUR ARM GOT CAUGHT UP IN THE STEERING WHEEL IN ANY
23 WAY, CORRECT?

24 A. BUT MY ARM -- I MEAN, I DON'T KNOW. I MEAN, I DON'T
25 KNOW, YOU KNOW.

1 Q. YOU DON'T KNOW WHAT HAPPENED?

2 A. I MEAN, I KNOW WHAT HAPPENED. I KNOW EVERYTHING
3 HAPPENED REALLY FAST, AND I KNOW THAT MY ARM GOT
4 HURT; I KNOW THAT.

5 Q. BUT YOU DON'T KNOW THAT IT GOT CAUGHT UP IN ANY WAY
6 IN THE STEERING WHEEL, DO YOU?

7 A. DO I KNOW FOR SURE THAT IT DID?

8 Q. YES.

9 A. I MEAN, I DON'T KNOW 100 PERCENT.

10 Q. BUT YOU DON'T REMEMBER ANYTHING OTHER THAN HOLDING
11 -- IN YOUR DEPOSITION YOU SAID YOU DIDN'T REMEMBER
12 ANYTHING OTHER THAN HOLDING ON TO THE STEERING
13 WHEEL?

14 A. WELL, THAT'S TRUE.

15 Q. NOW, AT YOUR DEPOSITION YOU ALSO TESTIFIED THAT YOUR
16 SHOULDER PAIN BEGAN IMMEDIATELY AT THE TIME OF THE
17 ACCIDENT, CORRECT?

18 A. YES, SIR; IT DID.

19 Q. AND WE GOT THE REPORTS FROM PALMETTO BAPTIST E.R.
20 THERE'S NO MENTION OF RIGHT SHOULDER. DID YOU NOT
21 TELL THEM THAT YOU WERE HAVING RIGHT SHOULDER PAIN?

22 A. NO, SIR. I DIDN'T TELL THEM I WAS HAVING HAND PAIN
23 OR WRIST PAIN EITHER.

24 Q. OKAY. BUT DIDN'T YOU TESTIFY AS FAR AS THE WRIST
25 PAIN IT DIDN'T START UNTIL THE NEXT DAY?

1 A. ALL UP MY WHOLE ARM DIDN'T START HURTING 'TIL THE
2 NEXT DAY.

3 Q. BUT YOU TESTIFIED AT YOUR DEPOSITION YOU HAD
4 IMMEDIATE RIGHT SHOULDER PAIN?

5 A. WELL, I HAD -- I HAD SHOULDER PAIN THE NEXT DAY, AND
6 ARM -- MY WHOLE ARM AND STUFF HURT.

7 Q. SO ARE YOU SAYING NOW YOU DIDN'T HAVE IMMEDIATE
8 RIGHT SHOULDER PAIN?

9 A. I MEAN, I'M NOT LYING. I'M JUST TELLING YOU THAT MY
10 ARM AND STUFF HURT AFTER THE ACCIDENT.

11 Q. AND YOUR RIGHT SHOULDER?

12 A. AFTER THE ACCIDENT.

13 Q. AND THAT WAS THE DAY OF THE ACCIDENT THAT YOU HAD
14 THE RIGHT SHOULDER PAIN?

15 A. IT WAS THE DAY AFTER THAT MY ARM AND MY HAND AND
16 WRIST HURT.

17 Q. OKAY, YOUR ARM, YOUR HAND, AND YOUR WRIST. MY
18 QUESTION IS, WHEN I TOOK YOUR DEPOSITION YOU SAID
19 THAT YOU HAD RIGHT SHOULDER PAIN IMMEDIATELY?

20 A. YOU ASKED ME IF IT HURT, AND I SAID, YEAH, IT DID
21 HURT. AS SOON AS I -- AFTER THE WRECK -- AFTER I
22 WENT TO THE EMERGENCY ROOM AND THE ADRENALINE -- I
23 WAS PUMPING ON ADRENALINE DURING THE EMERGENCY TIME
24 WHEN I -- WHEN I WAS COMPLAINING OF A HEADACHE AND
25 STUFF LIKE THAT. AND THEN THE NEXT DAY IS WHEN I

1 STARTED HAVING PAIN, A LOT OF PAIN IN MY HAND AND MY
2 SHOULDER, WRIST, AND STUFF.

3 Q. NOW, YOUR TESTIMONY IS YOU TOLD DR. FALCON THAT YOU
4 WERE HAVING RIGHT SHOULDER PROBLEMS, CORRECT?

5 A. UH-HUH.

6 Q. AND HOW MANY TIMES DID YOU TELL HIM THAT?

7 A. HOW MANY TIMES HAVE I TOLD HIM THAT?

8 Q. YES.

9 A. SEVERAL TIMES.

10 Q. MORE THAN TWO?

11 A. YES.

12 Q. MORE THAN FIVE?

13 A. I DON'T KNOW. I'VE BEEN TO THE DOCTOR AT LEAST TEN
14 TIMES, AND I JUST DON'T REMEMBER IF I TOLD HIM THAT
15 EVERY SINGLE TIME. I'M SURE I DID.

16 Q. YOU'RE SURE YOU DID TELL HIM TEN TIMES?

17 A. I DON'T KNOW. I DON'T KNOW. I DON'T REMEMBER EVERY
18 SINGLE TIME I WENT TO THE DOCTOR EXACTLY WHAT WAS
19 SAID.

20 Q. DID YOU REPORT RIGHT SHOULDER PAIN TO THE PHYSICIAN
21 AT SPARTANBURG REGIONAL MINOR CARE?

22 A. I TOLD HIM I HAD ARM PAIN.

23 Q. YOU DIDN'T SAY ---

24 A. I DID HAVE ARM PAIN.

25 Q. YOU DID NOT SAY YOU HAD SHOULDER PAIN?

1 A. EXCUSE ME?

2 Q. YOU DID NOT TELL THE PHYSICIAN ---

3 A. I GUESS I DIDN'T.

4 Q. --- AT SPARTANBURG REGIONAL MINOR CARE THAT YOU HAD
5 SHOULDER PAIN?

6 A. I REALLY DON'T REMEMBER, BUT I GUESS I DIDN'T. I
7 REALLY DON'T REMEMBER EVERYTHING THAT HAPPENED THAT
8 DAY.

9 Q. WELL, IF IT'S NOT IN HIS REPORT, WOULD YOU THEN
10 ASSUME THAT YOU DID NOT TELL HIM OF THAT?

11 A. I DON'T KNOW. DR. FALCON DIDN'T PUT WHEN I TOLD HIM
12 MINE WAS. HE DIDN'T PUT IT IN HIS. I MEAN, I JUST
13 DON'T REALLY KNOW.

14 Q. SO YOU DON'T KNOW WHETHER YOU TOLD THE PHYSICIAN AT
15 SPARTANBURG REGIONAL?

16 A. I DON'T KNOW EXACTLY EVERYTHING I SAID. I MEAN, I
17 REMEMBER THAT, YOU KNOW, I WAS THERE -- A VISIBLE --
18 I HAD A VISIBLE PAIN, WHICH WAS MY HAND, THAT
19 EVERYBODY SEEMED TO FOCUS ON MORE THAN THEY DID
20 ANYTHING ELSE.

21 Q. NOW, YOU WERE SENT TO DR. KEITH BY ONE OF YOUR
22 ATTORNEYS, THOMAS KILLOREN, CORRECT? OR WAS THAT
23 BEN HARRISON WHO DID IT?

24 A. THEY JUST ADVISED ME TO BE CHECKED OUT IN CASE
25 ANYTHING WAS WRONG BECAUSE I WAS HURTING. I MEAN, I

1 WAS AND, YOU KNOW, TO JUST BE CHECKED OUT SINCE MY
2 FAMILY DOCTOR NEVER SAW ME AFTER I HAD THIS CAR
3 WRECK, AND NOBODY REALLY FULLY CHECKED ME.

4 Q. DID YOU MAKE THE APPOINTMENT WITH DR. KEITH, OR DID
5 YOUR ATTORNEYS MAKE THE APPOINTMENT?

6 A. THEY MADE THE FIRST APPOINTMENT, BUT THEN I HAD --
7 THEN MY DOCTOR HAD TO -- MY FAMILY DOCTOR REFERRED
8 ME THERE.

9 Q. NOW, YOUR TESTIMONY ON DIRECT EXAMINATION WAS THAT
10 PRIOR TO MARCH 30TH OF 2010 YOU NEVER HAD ANY
11 PROBLEMS WITH YOUR RIGHT SHOULDER; IS THAT CORRECT?

12 A. RIGHT.

13 Q. LET ME SHOW YOU A REPORT FROM YOUR FAMILY DOCTOR,
14 MAY 9TH OF 2008, THAT'S PAGE 112 OF MY APAs. READ
15 WHAT IT SAYS UNDER HISTORY.

16 A. WHO IS THIS FROM? LET'S SEE.

17 Q. IT'S DR. CRAFT.

18 A. "HERE TODAY FOR AN APPOINTMENT. COMPLAINS ABOUT
19 PAIN..."

20 Q. IS THAT ABDOMEN PAIN, ABD?

21 A. NO, BUT THAT WAS ON MY LEFT SIDE.

22 Q. MY QUESTION IS, IT SAYS, "COMPLAINTS OF ABD PAIN."
23 IS THAT ABDOMEN PAIN? ISN'T THAT AN ABBREVIATION
24 FOR ABDOMEN?

25 A. I GUESS.

1 Q. AND RIGHT SHOULDER, DOES IT NOT?

2 A. THAT'S WHAT IT SAYS. THAT'S WHEN THEY THOUGHT I WAS
3 HAVING A GALLBLADDER ATTACK. I WAS HAVING
4 GALLBLADDER PROBLEMS, WHICH I STILL HAVE NOW.

5 Q. AND, IN FACT, YOU'VE GOT A LOT OF PERSONAL MEDICAL
6 PROBLEMS, DO YOU NOT?

7 A. YES, SIR. BUT, I MEAN, THERE'S CLEARLY A DIFFERENCE
8 BETWEEN THE PAIN I HAD AFTER THE ACCIDENT THAN AT
9 THAT TIME WHEN I WAS HAVING GALLBLADDER PROBLEMS
10 WITH MY STOMACH.

11 Q. YOU SUFFER FROM ANXIETY AND DEPRESSION, CORRECT?

12 A. YES. IN THE PAST, YES, I HAVE.

13 Q. TMJ?

14 A. WHICH IS FIBROMYALGIA. THE FIBROMYALGIA CAUSES THE
15 PAIN IN MY FACE.

16 Q. AND YOU HAVE FIBROMYALGIA IN OTHER PARTS OF YOUR
17 BODY?

18 A. YES.

19 Q. FATIGUE?

20 A. UH-HUH.

21 Q. SCIATICA?

22 A. YES.

23 Q. IF YOU'D SAY YES INSTEAD OF UH-HUH, UH-UH, THAT
24 WOULD MAKE IT CLEARER.

25 A. I SAID YES.

1 Q. SCIATICA?

2 A. YES.

3 Q. RIGHT HIP?

4 A. YES.

5 Q. AND IT SAYS DEGENERATIVE JOINT DISEASE OF THE DORSAL
6 SPINE?

7 A. YES. AND I'M BEING TREATED BY -- DR. CHITTUM HAS
8 GIVEN ME SHOTS FOR THE PAIN IN MY HIP.

9 Q. AFTER THIS MOTOR VEHICLE ACCIDENT YOU CONTINUED TO
10 WORK FOR THE LIBRARY, CORRECT?

11 A. YES.

12 Q. AND YOU DID NOT LOSE MORE THAN SEVEN DAYS OF WORK?

13 A. NO, BECAUSE WE HAD SUMMER READING AT THE TIME, AND I
14 FELT OBLIGATED, SINCE WE DIDN'T HAVE ANYBODY THERE,
15 TO DO MY JOB BECAUSE EVEN WITH MY LEFT HAND I DID MY
16 JOB BECAUSE I JUST DIDN'T WANT TO JUST NOT TO DO IT
17 BECAUSE THEY WAS DEPENDING ON ME TO DO SUMMER
18 READING.

19 Q. AND EVEN TODAY YOU'RE STILL WORKING YOUR REGULAR
20 JOB?

21 A. YES.

22 Q. FULL TIME?

23 A. YES.

24 Q. NO RESTRICTIONS?

25 A. NO.

- 1 Q. AND BASICALLY YOUR JOB DUTIES, DO THEY INCLUDE
2 PLANNING STORY TIMES?
- 3 A. YES.
- 4 Q. READING STORY TIMES?
- 5 A. YES.
- 6 Q. HELPING THE PUBLIC WITH RESEARCH?
- 7 A. YES.
- 8 Q. CHECKING OUT BOOKS?
- 9 A. YES.
- 10 Q. AND RESHELVING BOOKS WHEN NECESSARY?
- 11 A. YES.
- 12 Q. I THINK YOU HAVE AN ASSISTANT THAT HELPS YOU DO
13 THAT, DOESN'T HE? NOW, YOU TESTIFIED THAT YOU WERE
14 HAVING PAIN IN YOUR RIGHT HAND PRIOR TO THIS
15 ACCIDENT DUE TO YOUR FIBROMYALGIA, CORRECT?
- 16 A. NOT THE PAIN I HAVE NOW. I MEAN, THE FIBROMYALGIA
17 PAIN IS CLEARLY DIFFERENT THAN WHAT I HAD FROM THE
18 WRECK.
- 19 Q. AND BASICALLY YOU'VE HAD X-RAYS OF YOUR WRIST, AND
20 IT DIDN'T SHOW ANY FRACTURES?
- 21 A. NO.
- 22 Q. NO LIGAMENT DAMAGE?
- 23 A. WELL, THEY DIDN'T DO LIGAMENT ---
- 24 Q. WELL, THEY DID AN MRI, DID THEY NOT?
- 25 A. NOT ON MY HAND.

1 Q. NOT ON YOUR HAND?

2 A. NO, ONLY ON MY SHOULDER.

3 Q. BASICALLY, THE ONLY DIAGNOSIS THAT DR. FALCON HAS
4 MADE IS THAT YOU HAD A CONTUSION TO YOUR HAND; IS
5 THAT CORRECT?

6 A. UH-HUH.

7 Q. IS THAT A YES?

8 A. YES.

9 **BY MR. KALE:**

10 THAT'S ALL THE QUESTIONS I HAVE.

11 **BY THE COMMISSIONER:**

12 OKAY. MR. DANTIN?

13 **BY MR. DANTIN:**

14 THANK YOU, COMMISSIONER.

15 **REDIRECT EXAMINATION BY MR. DANTIN:**

16 Q. CYNTHIA, GOING BACK TO THIS DOCTOR'S NOTE FROM MAY
17 OF 2008, DID YOU HAVE A RIGHT SHOULDER INJURY AT
18 THAT TIME?

19 A. NO. IT WAS JUST PAIN IN MY STOMACH HERE.

20 Q. AND ACCORDING TO THE NOTE YOU DIDN'T EVEN GET ANY
21 TREATMENT FOR YOUR RIGHT SHOULDER AT THAT VISIT?

22 A. NO. THEY JUST DONE GALLBLADDER TESTS.

23 Q. WITH REGARD TO THE EXACT POSITION OF YOUR HAND AND
24 ARM AT THE TIME OF THE ACCIDENT, YOU TESTIFIED AT
25 YOUR DEPOSITION THAT YOU GOT STIFF AND, HELD ON TO

1 THE STEERING WHEEL, AND THEN IN DR. KEITH'S REPORT
2 HERE IT'S MENTIONED THAT YOUR HAND GOT CAUGHT IN THE
3 STEERING WHEEL. YOUR HAND AND ARM WERE IN THE
4 PROXIMITY OF THE STEERING WHEEL; IS THAT SAFE TO
5 SAY?

6 BY MR. KALE:

7 OBJECT TO THE LEADING, YOUR HONOR.

8 REDIRECT EXAMINATION RESUMED BY MR. DANTIN:

9 Q. WAS YOUR HAND AND ARM IN THE PROXIMITY OF THE
10 STEERING WHEEL?

11 A. YES.

12 Q. DO YOU THINK YOUR MEMORY WAS FRESHER IN DECEMBER OF
13 LAST YEAR REGARDING THE ACCIDENT THAN IT EVEN IS
14 TODAY?

15 A. YES.

16 BY MR. DANTIN:

17 NO FURTHER QUESTIONS.

18 BY THE COMMISSIONER:

19 MR. KALE?

20 BY MR. KALE:

21 NO FURTHER QUESTIONS.

22 BY THE COMMISSIONER:

23 ARE THERE ANY OTHER WITNESSES?

24 BY MR. DANTIN:

25 NO OTHER WITNESSES.

1 BY MR. KALE:

2 NONE FROM THE DEFENSE.

3 BY THE COMMISSIONER:

4 IF THERE'S NOTHING ELSE, THEN THAT CONCLUDES
5 THE HEARING.

6 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
7 CONCLUDED AT THE HOUR OF 1:40 P.M.)

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #1004411

CYNTHIA M. WALTON,
Claimant,

vs.

UNION COUNTY CARNEGIE LIBRARY,
SOUTH CAROLINA ASSOCIATION OF COUNTIES,
Employer-Insurer.

COPY

DEPOSITION OF DANIEL A. FALCON, M.D.

DATE TAKEN: December 5, 2011
TIME BEGAN: 11:30 a.m.
TIME ENDED: 12:00 p.m.
LOCATION: The Carolina Hand Center
391 Serpentine Drive, Suite 440
Spartanburg, South Carolina 29303

REPORTED BY: Kathleen M. Gula
Gallagher Court Reporting
864-234-5744

1 DANIEL A. FALCON, M.D., being duly sworn, testified as
2 follows:

3 EXAMINATION BY MR. KALE:

4 Q. Dr. Falcon, my name is Richard Kale. I'm
5 representing Union County and its workers' comp
6 carrier, which is the Association of Counties Self
7 Insurance Fund. Would you give us your full name
8 for the record?

9 A. Daniel Aaron Falcon.

10 Q. And you are a medical doctor?

11 A. Yes.

12 Q. And your speciality is, I believe, orthopedic
13 surgery, and you're a hand specialist, correct?

14 A. General surgery, primary boards, and hand surgery,
15 specialty boards.

16 Q. Okay. And are you board certified?

17 A. Yes.

18 Q. In what?

19 A. Both.

20 Q. Now, in your practice have you had occasion to
21 treat Cynthia Walton?

22 A. Yes.

23 Q. And I believe the first visit that you had with
24 her was on April 19th of 2010?

25 A. Yes.

1 Q. And on that visit did she complete a Patient
2 Information Sheet?

3 A. Yes.

4 Q. And on that Patient Information Sheet, what were
5 her main complaints?

6 A. She records on the sheet, which is quite
7 preliminary, wrist pain, palm, cannot make a fist.

8 Q. And did she indicate anything on that Patient
9 Information Sheet about having any problems with
10 her right shoulder?

11 A. No.

12 Q. Now, when you actually saw her, what history did
13 she give at that visit?

14 A. She gave a history of blunt trauma from an impact,
15 relating this to a motor vehicle accident
16 approximately three weeks before that visit.

17 Q. And did she complain of any problems with her
18 right shoulder in that office visit?

19 A. Well, I don't specifically recall any conversation
20 about that, and I have to say I focused my exam
21 and medical treatment plan to what is dictated and
22 indicated here.

23 Q. And that would be the right wrist?

24 A. That would be the right wrist and hand and fingers
25 and everything related to that.

1 Q. If she was complaining about problems with her
2 right shoulder, would you have made a note in your
3 report about that?

4 A. I would have.

5 Q. Okay. Now, did you do a physical examination at
6 that time?

7 A. Yes.

8 Q. And what did you examine?

9 A. I examined her right hand and wrist.

10 Q. And what was your diagnosis?

11 A. Contusion.

12 Q. Contusion to the hand?

13 A. Yes.

14 Q. And what treatment did you start at that point in
15 time?

16 A. Plaster mobilization and finger range of motion
17 exercises with assistance of therapy.

18 Q. Then I believe the next visit that you had with
19 her was on April 27th of 2010?

20 A. Yes.

21 Q. Okay. And what complaints did she have on that
22 office visit?

23 A. Well, it says chief complaint. It's a follow-up
24 visit, and I don't know if complaint is the right
25 word, but here I am monitoring her progress and

1 see that she is already demonstrating some
2 improvement.

3 Q. Noted in that report, her chief complaint was her
4 right wrist, correct?

5 A. Yes.

6 Q. And did you make the same diagnosis at that point
7 in time?

8 A. Yes.

9 Q. Did you record any complaints about her right
10 shoulder?

11 A. No.

12 Q. Would you have recorded any history if she had
13 complained about her right shoulder?

14 A. Yes.

15 Q. Now, the next visit was May 4th of 2010, correct?

16 A. Yes.

17 Q. And did you do a physical examination at that
18 time?

19 A. Yes.

20 Q. And what body part did you examine?

21 A. The exam was confined to the hand and fingers.

22 Q. And did she make a complaint of any right shoulder
23 problem on that visit that you recorded?

24 A. No.

25 Q. Would you have recorded a complaint to the right

1 shoulder if she had made one?

2 A. Yes.

3 Q. Then I believe the next visit was May 27th of
4 2010?

5 A. Yes.

6 Q. How was she doing at that point in time?

7 A. She was making progress.

8 Q. And did you do a physical examination?

9 A. Yes.

10 Q. And what did that involve?

11 A. That was limited to the hand and wrist and showed
12 that she was improving. There was less swelling,
13 better motion, good sensation.

14 Q. What was your diagnosis on that visit?

15 A. Contusion of the wrist.

16 Q. Did she make a complaint about the right shoulder
17 on that visit?

18 MR. DANTIN:

19 Object to form.

20 MR. KALE:

21 Okay. We don't have a judge here, so --

22 MR. DANTIN:

23 I'm sorry. I object to form because the doctor
24 has testified before that he can only testify
25 regarding what he has written down. My objection

1 would be --

2 EXAMINATION RESUMED BY MR. KALE:

3 Q. Doctor, do you note any complaints about the right
4 shoulder on that visit?

5 A. No.

6 Q. If she had complained about the right shoulder,
7 would you have recorded that in your office note?

8 A. Yes.

9 Q. Okay. I believe the next visit is June 30th of
10 2010; is that correct?

11 A. Yes.

12 Q. And what was her chief complaint on that visit?

13 A. Well, I'm still treating her and seeing her for
14 the right hand or wrist contusion.

15 Q. And how was she doing on that particular visit?

16 A. She's still making progress, and I see that I
17 started dynamic flexion splinting, which is using
18 rubber bands to pull the fingers down and gain
19 more motion.

20 Q. And was your diagnosis the same?

21 A. Yes.

22 Q. Did you record that she made any complaint about
23 having any problem with her right shoulder on that
24 visit?

25 A. No.

1 Q. would you have made a note about it if she had
2 complained?

3 A. Yes.

4 Q. Then the next visit is July 28th of 2010, and was
5 this just a follow-up again for her right hand
6 contusion?

7 A. Yes.

8 Q. And did you do a physical examination at that
9 time?

10 A. Yes.

11 Q. And what did that physical examination show?

12 A. Improvement, although there was still limited
13 flexion, good sensation.

14 Q. And the limited flexion, was that in her hand?

15 A. The fingers.

16 Q. The fingers?

17 A. Yes.

18 Q. Okay. And did you continue to make a diagnosis of
19 contusion of the wrist?

20 A. Yes.

21 Q. Did you note that she made any complaint about the
22 right shoulder on that visit?

23 A. No.

24 Q. would you have made a record if she had been
25 complaining about the right shoulder?

1 A. Yes.

2 Q. The next visit is August 26th. How was she doing
3 on that visit?

4 A. That visit showed improved finger motion, but
5 there seems to be more stiffness in the wrist.
6 The fingertips are really moving nicely now and
7 she can bring them into the palm.

8 Q. And was your diagnosis the same?

9 A. Yes.

10 Q. On that visit did you record that she made any
11 complaint about her right shoulder?

12 A. No.

13 Q. If she had made a complaint on that office visit,
14 would you have made note of that in your office
15 note?

16 A. Yes.

17 MR. DANTIN:

18 And I'll stipulate to those final two things with
19 regard to the last record as well.

20 MR. KALE:

21 Okay. Let's just go ahead and go through these.

22 EXAMINATION RESUMED BY MR. KALE:

23 Q. September 23, 2010, I believe is the next visit?

24 A. Yes.

25 Q. Okay. And how was she doing at that visit?

1 A. Continued improvement overall. She has made good
2 progress and improvement is what I record.

3 Q. And at that point in time did you believe that she
4 had reached maximum medical improvement?

5 A. Yes.

6 Q. And did you discharge her from your care?

7 A. Yes.

8 Q. On that office visit did she make any complaint
9 about her right shoulder that you recorded in your
10 office note?

11 A. No.

12 Q. If she had complained about her right shoulder in
13 that office visit, would you have made note of
14 that?

15 A. Yes.

16 Q. Now, during the treatment that you gave to Ms.
17 walton, I believe she also had occupational
18 therapy; is that correct?

19 A. Yes.

20 Q. Let me hand you a copy of her occupational
21 therapy. And I believe that occupational therapy
22 was done here at The Carolina Hand Center; is that
23 correct?

24 A. Yes.

25 Q. Okay. If you would review through all of those

1 notes and see if the therapist ever makes a note
2 of any problem with her right shoulder.

3 A. (Witness reviewing notes.) Yes.

4 Q. Okay. When?

5 A. June 8th, 2010.

6 Q. And what does it say?

7 A. Patient reports compliance with hand exercises at
8 home and reports the exercises make her hand feel
9 better. Patient reports shoulder discomfort that
10 eases off with use of wall pulleys. Patient
11 issued wall pulleys for use at home.

12 Q. And that's how many months after her work
13 accident?

14 A. About three months -- two months. About two
15 months.

16 Q. Well, the date of accident is March 30th.

17 A. Okay.

18 MR. DANTIN:

19 I'll stipulate that it was approximately two
20 months.

21 MR. KALE:

22 well, I don't know how you count months, but --

23 MR. DANTIN:

24 You can do it exactly if you want to add up the
25 days with a calendar because I'm sure that's going

1 to be important.

2 EXAMINATION RESUMED BY MR. KALE:

3 Q. And this was something that was happening at home?

4 A. well, I don't know because I didn't explore that
5 in my office visits.

6 Q. We've gone through the office notes. Did she ever
7 come in after that and say I'm having problems now
8 with my right shoulder?

9 MR. DANTIN:

10 And I object to the extent that we've gone through
11 the records and the doctor has already testified
12 to the fact that --

13 MR. KALE:

14 That's fine.

15 EXAMINATION RESUMED BY MR. KALE:

16 Q. Go ahead, Doctor.

17 MR. DANTIN:

18 well, let me finish my objection. The doctor has
19 already testified that his testimony is based on
20 what he has written down. He's testified that he
21 hadn't recorded that, and I'll stipulate to that.

22 EXAMINATION RESUMED BY MR. KALE:

23 Q. Okay. Go ahead and answer.

24 A. No.

25 Q. Normally if somebody is having a problem to an

1 extent that they would voice a complaint about it,
2 even if you're not going to treat them, would you
3 put that complaint in your notes?

4 A. Yes.

5 Q. Would you have made a referral to another doctor
6 if you're not going to treat a shoulder problem?

7 A. Yes.

8 Q. Did that ever occur in the treatment of Ms.
9 Walton?

10 A. No.

11 Q. Did she ever complain to you that you made note of
12 that she was having any problems doing physical
13 therapy, that you made a record of?

14 A. No.

15 Q. That's all the questions I have.

16 EXAMINATION BY MR. DANTIN:

17 Q. Doctor, have you ever treated someone for a hand
18 injury or a hand issue and they also had other
19 injuries that you weren't treating?

20 A. Yes.

21 Q. And on those occasions would you necessarily be
22 discussing their other injuries that you weren't
23 treating with those particular patients?

24 A. Not necessarily.

25 Q. Now, you mentioned this earlier in your testimony,

1 that you were treating her specifically for her
2 hand and the wrist and the finger issues. Do you
3 recall what the specific reason for the referral
4 to you was?

5 A. Right wrist and hand pain.

6 Q. Okay. You weren't treating her at all for her
7 shoulder pain?

8 A. That's correct.

9 Q. Okay. Bear with me just a moment here. This is
10 from the emergency room at Palmetto Health Baptist
11 Hospital in Columbia on March 30th, 2010. It's
12 the date of the accident. Just take a glance at
13 that.

14 MR. KALE:

15 Well, show me what you're giving him.

16 MR. DANTIN:

17 Sure. Here you go.

18 EXAMINATION RESUMED BY MR. DANTIN:

19 Q. And just glancing at that, I noted that when she
20 went to the ER on the date of the accident, she
21 was complaining of neck pain, back pain,
22 headaches. Do you see all those different types
23 of complaints written down there?

24 A. Yes.

25 Q. Do you see anything about hand pain or wrist pain?

1 A. No.

2 Q. Doctor, this is the next page of that same record.
3 If you look down at the bottom, the diagnoses
4 there include neck pain and then it mentions a
5 history of fibromyalgia and sciatica, some other
6 issues, but there is nothing there about hand pain
7 either, correct?

8 A. Correct.

9 Q. Here you are. Just so you know, I'm not holding
10 out the last page on you. Sorry about that. And,
11 Doctor, I guess my point in this is that it
12 appears that Ms. Walton had other pain that's
13 documented even on the day of the accident that
14 isn't noted in your records either, correct?

15 A. Correct.

16 Q. And those complaints certainly seem to have come
17 from the accident; wouldn't you agree?

18 A. Yes.

19 Q. Doctor, I've noticed when we were going through
20 all that stuff with each one of your records, you
21 know, you said you never noted where she told you
22 about shoulder pain. Was there ever any note in
23 any of those records where you asked her about
24 shoulder pain?

25 A. No.

1 Q. And that's not necessarily something you would
2 have been asking her about because you were
3 treating her for her hand and her wrist and her
4 fingers, correct?

5 A. Yes.

6 Q. Do you know Dr. Keith, Dr. John Keith? He's an
7 orthopedic surgeon in town.

8 A. Yes.

9 Q. Do you believe he's a good orthopedic surgeon, as
10 far as you know?

11 A. Yes.

12 Q. And you don't handle shoulder injuries
13 specifically, do you?

14 A. Correct.

15 Q. Would you defer to Dr. Keith regarding the
16 assessment and treatment of a shoulder injury,
17 generally?

18 A. Yes.

19 MR. DANTIN:

20 Dick, this is the note from December 12th, 2010.

21 MR. KALE:

22 Okay. I'm going to object to it because it's like
23 nine or ten months after the accident and he's
24 seeing her because you referred her to him for an
25 evaluation.

1 MR. DANTIN:

2 Okay. Your objection is noted, but that's not
3 relative to my question.

4 EXAMINATION RESUMED BY MR. DANTIN:

5 Q. Doctor, if you'll look at that note, and I'll give
6 you a minute just to sort of browse through that.
7 And particularly regarding this history, it's
8 rather lengthy, so if you'll just take a moment
9 and browse through that.

10 A. (Witness reviewing notes.)

11 Q. Doctor, we've just gone through your notes from
12 your treatment with Ms. Walton. My question is,
13 is with regard to the history, and I'm sure you
14 just read there where Dr. Keith sort of summarizes
15 her course of treatment even with you. My
16 question is: Does Dr. Keith, to your mind, appear
17 to have an accurate grasp of her history relative
18 to the course of treatment she had with you?

19 MR. KALE:

20 I'm going to object to the form of the question as
21 to what is in the mind of Dr. Keith. I don't see
22 how he can say whether he has an accurate grasp on
23 it.

24 MR. DANTIN:

25 It's based on what he's written there.

1 EXAMINATION RESUMED BY MR. DANTIN:

2 Q. I'm not asking you to read his mind. I'm asking
3 you to read the note.

4 A. Well, his exam focuses on the right lower
5 extremity and the shoulder only.

6 Q. Right. And my question was: I just want to know
7 when he's summarizing the course of treatment, and
8 this is on the first page, that she had with you,
9 I just wanted to know if you thought that was an
10 accurate summation of the course of treatment she
11 had with you?

12 A. It is.

13 Q. Okay. And my next question is, is based on what
14 is written there, is there any information that
15 Dr. Keith does not appear to have based on what he
16 wrote regarding your treatment of her that would
17 be critical in assessing her with regard to her
18 injuries?

19 A. No.

20 Q. Do you have any reason to question Dr. Keith's
21 assessment regarding Ms. Walton's injuries as they
22 relate to causation, particularly with regard to
23 her shoulder?

24 MR. KALE:

25 Let me impose an objection. It's asking the

1 doctor -- basically you're pitting one doctor
2 against the other. You know, Dr. Keith's record
3 speaks for itself. I don't think that Dr. Falcon
4 can bolster his opinion. It has to stand on its
5 own.

6 WITNESS:

7 A. Can you ask me that again?

8 EXAMINATION RESUMED BY MR. DANTIN:

9 Q. Sure. Do you have any reason based on what you've
10 read there, do you have any question regarding Dr.
11 Keith's assessment of this shoulder injury
12 relative to the issue of causation?

13 A. No.

14 Q. Okay. No further questions.

15 REEXAMINATION BY MR. KALE:

16 Q. Let me ask you, and keep those records if you
17 would.

18 A. Sure.

19 MR. KALE:

20 Does he still have the emergency room report, or
21 did he give it back to you?

22 MR. DANTIN:

23 No.

24 (Discussion held off the record.)

25 REEXAMINATION RESUMED BY MR. KALE:

1 Q. Let me hand you back the emergency-room report.
2 In that report does she ever complain about her
3 right shoulder or right upper extremity?

4 A. No.

5 Q. Let me show you another report. Mr. Dantin asked
6 you about whether she complained about her left
7 wrist, left hand in that visit. Let me hand you
8 the record of her family doctor, Dr. Thomas.

9 MR. DANTIN:

10 Let me object. I didn't say --

11 MR. KALE:

12 I'm not finished.

13 MR. DANTIN:

14 But you're mischaracterizing --

15 MR. KALE:

16 Let me finish my question. You said let you
17 finish. Now, you let me finish.

18 MR. DANTIN:

19 All right. You can finish.

20 REEXAMINATION RESUMED BY MR. KALE:

21 Q. Let me hand you Dr. Thomas' report of April 1, and
22 I would ask you if you would review that report.

23 MR. DANTIN:

24 Now, my objection is that I never mentioned
25 anything about the left wrist or left hand.

1 REEXAMINATION RESUMED BY MR. KALE:

2 Q. Go ahead.

3 A. Well, it certainly says here left hand.

4 Q. On that visit with Ms. Walton, does he record any
5 history of having any problems with her right arm,
6 right shoulder?

7 A. No.

8 Q. And that's the day following the accident; is it
9 not, April 1, 2010?

10 A. Yes. He does at the bottom write right wrist
11 pain. There is some inconsistency.

12 Q. But not anything about right shoulder?

13 A. Correct.

14 Q. Let me have that back because I don't have another
15 copy.

16 A. Sure.

17 Q. When he's putting down the history at the top,
18 he's talking about left arm pain, states unable to
19 grip with her left hand; is that correct?

20 A. Yes.

21 Q. And then down at the bottom, the diagnosis is
22 right wrist. Do you think that's just a mistake;
23 that he meant the left wrist? Does it appear to
24 be?

25 A. Well, I think one of them is a mistake.

1 Q. And what were you seeing her for?

2 A. Right hand and wrist.

3 Q. Okay. So actually he has right wrist down at the
4 bottom, but up at the top he said left?

5 A. Yes.

6 Q. One or the other is probably incorrect?

7 A. Probably.

8 Q. Now, if you would look at the reports of Dr.
9 Keith. And again, assume the date of accident is
10 March the 30th of 2010. When did he first see Ms.
11 Walton?

12 A. December 14th, 2010.

13 Q. So that would have been approximately eight months
14 after the accident?

15 A. Yes.

16 Q. Any opinion that he would get, that he would base
17 any of his opinions on would be based on the
18 subjective history that Ms. Walton was giving him;
19 wouldn't he not?

20 A. Correct.

21 Q. Because there is no medical report that indicates
22 she was having right shoulder pain prior to his
23 visit with her in December?

24 MR. DANTIN:

25 I'm going to object because we've already looked

1 at a physical therapy record that notes shoulder
2 pain. Additionally, he goes through an entire
3 history of medical records, which the doctor has
4 already reviewed as well.

5 REEXAMINATION RESUMED BY MR. KALE:

6 Q. Go ahead and answer.

7 A. Can you ask me that again?

8 Q. My question is, is that he saw her eight months
9 after?

10 A. Yes.

11 Q. There was no medical report where anyone had
12 provided treatment for her right shoulder prior to
13 that visit?

14 A. Correct, yes.

15 Q. So any opinion he's giving as to the right
16 shoulder would be based on the patient's history
17 to him?

18 A. Yes.

19 MR. DANTIN:

20 Same objection.

21 REEXAMINATION RESUMED BY MR. KALE:

22 Q. Now, Mr. Dantin asked you about other treatment
23 that she may have been given. That was sort of
24 misleading because she was --

25 MR. DANTIN:

1 I object.

2 MR. KALE:

3 Well, let me finish my question.

4 MR. DANTIN:

5 And I object.

6 REEXAMINATION RESUMED BY MR. KALE:

7 Q. That was sort of misleading because she was
8 getting no other treatment at the time other than
9 through you?

10 A. As far as I know, yes.

11 MR. DANTIN:

12 And my objection specifically is that is not what
13 I said. The doctor was asked specifically about
14 the recap of his own treatment by Dr. Keith in
15 those notes.

16 MR. KALE:

17 The deposition transcript will reflect what you
18 said.

19 REEXAMINATION RESUMED BY MR. KALE:

20 Q. So basically she saw the emergency-room doctor on
21 the day of the accident, saw her family doctor the
22 next day, correct?

23 A. Correct.

24 Q. Then she started treatment with you, and she had
25 treatment for five months?

1 A. Yes.

2 Q. Okay. And none of those medical reports during
3 those five months, other than the one reference in
4 the occupational therapy note, indicates anything
5 about having any problem with her right shoulder?

6 A. Correct.

7 Q. Now, let me ask you this. If you would, you
8 stopped at the one occupational therapy note.
9 would you follow up and go through the rest of
10 them and see if she ever complains again about her
11 right shoulder?

12 A. (Witness reviewing notes.) June 8th is a mention
13 of shoulder discomfort that eases off with wall
14 pulleys.

15 Q. And that's the one you referred to previously. So
16 see if after that she mentions anything about
17 having any problems with her right shoulder.

18 A. There is no other mention.

19 Q. Okay. That's all the questions I have.

20 REEXAMINATION BY MR. DANTIN:

21 Q. I just want to clarify one thing regarding the
22 April 1st, 2010, record. This is the one where
23 there was some confusion about the left versus the
24 right. It says here at the top, complains of left
25 arm pain. It states unable to grip with left

1 hand. And again, you picked up on this, and I was
2 going to point it out to you as well, but even as
3 we move down under Physical Exam, the doctor is
4 looking at the right side here, correct?

5 A. Correct.

6 Q. And again, that's written again under the
7 Impressions and Recommendations, correct?

8 A. Correct.

9 Q. Then actually it looks like there was an X-ray
10 done, and that was done of the right side as well;
11 isn't that correct?

12 A. Correct.

13 Q. Okay. So it does appear that what was intended
14 was right arm pain and unable to grip with right
15 hand?

16 A. Yes.

17 Q. That would make sense and be consistent with your
18 records as well?

19 A. Yes.

20 Q. Okay. Doctor, one last thing. In those physical
21 therapy notes you were looking at, on July 6th,
22 2010, do you see the patient was reporting pain
23 radiating up her right arm occasionally?

24 A. Yes.

25 Q. All right. I have nothing further.

1 REEXAMINATION BY MR. KALE:

2 Q. And does it indicate how far it was radiating up?

3 A. No.

4 Q. That could be just to the forearm?

5 MR. DANTIN:

6 I'd object to the extent that it's speculation.

7 REEXAMINATION RESUMED BY MR. KALE:

8 Q. Go ahead, Doctor.

9 A. I don't know. An arm or correctly above the
10 elbow.

11 Q. well, would you expect from her contusion that it
12 would radiate all the way up to the shoulder?

13 A. No.

14 Q. That's all the questions I have.

15 MR. DANTIN:

16 Nothing further.

17 (DEPOSITION CONCLUDED AT 12:00 P.M.)

18

19

20

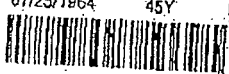
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DRAFT CHART																														
This medical record has not been completed and locked by its author. Information may be incomplete or inaccurate.																														
DESCRIPTION Service: Richmond County A&E Specialist: A&E Unit: A&E MO: Not Available Sig Type: Green Unchecked Vets: G141: N2 Made to Red: Lights / sirens Red other Type: JCRAC + 10 N2 Destination: B1008900952 J16 # 100000 OCA/ARIA: South Carolina 29311 Bar, zip: 29311 Moved Vets: Stretcher Positioning: Semi-Recumbent Made to Red: No Lights/Sirens Receiving: Calhoun Baptist Medical Center Teynor at Marion Street Columbia, South Carolina 29208 803-771-5010 Moved From: Stretcher Pt. Condition: Unchanged CHIEF COMPLAINT Unconscious/trauma B&C-COMMUNIC RESIDUAL, transported by EMS LAST NAME: WALTON First: CYNTHIA Middle: N Address: [REDACTED] City: [REDACTED] County: [REDACTED] United States Phone: [REDACTED] DOB: [REDACTED] SSN: [REDACTED] Age: 45 years Sex: Female Race: White, Non-Hispanic MAR status: None Residence to Case: None Billing Information: None Given	Date: MARCH 10, 2010 Time: 15:30 Crew 1: Jessica Roberts Crew 2: Daniel Chapman Crew 3: Ricky King Destination Status: Patient Choice WALTON, CYNTHIA W B1008900952 MR 000814587 EMS: EMS 07/25/1964 45Y F 																													
Scene Information Description: TRUCK CAR NYC E166 RUMMOOD Chief Complaint (Category: Pain) Location: Head History of Present Illness: AS Y/O/P, UNK, STANDING UPRIGHT ROADSIDE AT SCENE OF TRUCK-CAR MVC. PT APPARENTLY INJURED. WAS REAR-ENDED BY ANOTHER VEHICLE AND THEN STRUCK A SECOND VEHICLE IN FRONT OF HER WHILE TRAVELING AT SLOW SPEED. PT'S VEHICLE WITH MODERATE DAMAGE TO REAR END, AND MINOR DAMAGE TO FRONT. NO AIRBAG DEPLOYMENT. WINDSHIELD INTACT. PT C/O HEADACHE ONLY. PT DENIES +LOC, NO NICK/SCALP LAC. NO CT/DOB. NO WEAR/DIRTYNESS/VISION CHANGES. +PAIN +LIT. PT ANXIOLYTIC WITHOUT DIFFICULTY. PT SECURED TO STRETCHER AND MOVED TO UNIT. PT TRANSPORTED TO BHC FOR FURTHER EVAL OF INJURIES. V/S MONITORED EN ROUTE. PT TRANSPORTED WITHOUT INCIDENT AND WITH CHANGES AS LISTED. REPORT GIVEN ON ARRIVAL.																														
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07:45	100	100	100	100	100	100	100	100	100																					

MRN: B000814587
FIN: B1008900952

Facility: Baptist
Page Number: 25

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A Receiving Nurse or Physician

Richland County EMS

Date: 03-30-2010	Patient: WALTON, CYNTHIA	Age: 45 Years	Type:
Dispatch ID: 816171	Unit: S206	Mode:	
Referring: 126 @ ELMWOOD		Receiving:	
126 @ ELMWOOD			Palmetto Baptist Medical Center
COLUMBIA			Taylor at Marion Streets
			Columbia, SC 29220
			#03-771-3010

As a nurse or physician for the emergency department, I received a verbal report from the crew related to this patient, and accept this patient to continue his/her care.

Kelly Rahn

(Receiving Individual)

WALTON, CYNTHIA W
B1008900952
MR 000814587 EMS, EMS
07/25/1964 45Y F



MRN: B000814587
FIN: B1008900952

Facility: Baptist
Page Number: 26

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B Richland County HIPAA Form

Richland County EMS

Date: 03-30-2010	Patient: WALTON, CYNTHIA	Age: 45 Years	Type:
Dispatch ID: 816171	Unit: S206	Mode:	
Referring: 126 @ ELMWOOD		Receiving:	
126 @ ELMWOOD			
COLUMBIA			
			Palmco Baptist Medical Center
			Taylor at Marion Streets
			Columbia, SC 29220
			803-771-5010

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy upon request. You have the right to request that we restrict how protected health information is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. We will file all charges with your insurance carrier(s) once we have received all the necessary information. Payment is your responsibility as coverage varies by insurance carrier.

Cynthia

Walton

(Patient)

WALTON, CYNTHIA W

B1008900952

MR 000814587 EMS, EMS

07/25/1964

45Y

F



MRN: B000814587
FIN: B1008900952

Facility: Baptist
Page Number: 27

Page 4 of 4

A EMS Unit Crew Member A.

Richland County EMS

Date: 03-30-2010	Patient: WALTON, CYNTHIA	Age: 45 Years	Type:
Dispatch ID: 116171	Unit: S206	Mode:	
Referring: 126 @ ELMWOOD		Receiving:	
126 @ ELMWOOD			Palmetto Baptist Medical Center
COLUMBIA			Taylor at Marion Streets
			Columbia, SC 29220
			803-771-5010

[Signature]
(Crew)

WALTON, CYNTHIA W
B1008900952
MR 000814587 EMS, EMS
07/25/1964 45Y F



23

Acuity

WALTON, CYNTHIA W
B1008900952
MR 000B14587 EMS, EMS
07/25/1964 45Y F

Palmetto Health Baptist Emergency Department Triage Form

Emergency Department Triage Form

Date: 3.30.10 Name: Walton Cynthia ☐ Male ☒ Female Age 45

Accomp. by: self PMD: D. Jeffrey Craft (Grantam) ☐ PMD called ☐ ER MD to see ☐ Pt. called PMD

Mode of Arrival: ☒ EMS ☐ Wheel Chair ☐ Ambulatory ☐ Carried LMP: _____ Pregnant Y / N ☐ EDC _____

Vitals: Temp. 96.7 Pulse 96 Resp. 20 BP 128/83 SPO2 100% Wt. _____

Allergies: PCN, Sulfa

Y / N	Previous Hx. of Latex allergy	Y / N	Hx of Spina Bifida	Y / N	Allergic reaction during surgery/dental procedure
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Chief Complaint: MVC Pain Score 5 /10 Pain Site neck

Complaint Description: first / rear damage Parabulaton MVC Simple on I-40 hit
1st clo head / neck pain frontal end damaged
Intrigue '99 Chicago Permanently
Driver Imp by 1st to spinal precaution
40 head ache & neck pain
& Head trauma

Past Medical History: Fibromyalgia Rhipoid arthritis

Surgical History: hysterectomy ovary removed (R) Ptix: HTN DM CAD

Life Style Hx: ☒ None ☐ Alcohol ☒ Tobacco ☐ Street Drugs ☒

Risk to harm self or others Y / N

Tetanus ☐ > 5 years ☒ < 5 years ☐ Unk. Immun. UTD ☐ Yes ☐ No ☐ Unk. ☐ None Influenza Date yes Pneumonia Date 0
Home Medication:

Azmbalta 260mg
liprica prn 25mg
+ tramadol 50mg ✓

C. spine
Moth in
Fluxant
Ice pack (C) Kun . Bl. sw. + ecchymoses
inf. med. knee

Triage Interventions

L CBC L BMP C CCUA F UPT F Rapid Strep F RSV F Influenza D EKG C BMG _____
 E X-ray _____ J Meds _____
 I Other _____

Visual Acuity w/correction Y / N ☒ Glasses ☐ Contacts ☐ Surgical Correction Left 20/____ Right 20/____ Both 20/____
Triage Nurse Uthay Pal Date 3.30.16 Time 0956
1501 Bmr r 11/09



Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babbette

Age: 45 years

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Attending Physician: Matzner-Abrams DO,
Jennifer Babbette

Date of Birth: [REDACTED]

Discharge Time: 11:45:00 AM

Emergency Department Documentation

Performing Physician:

Performed Date/Time:

Authenticated By:

Authenticated Date/Time:

Matzner-Abrams DO,

3/30/2010 12:02:00

Matzner-Abrams

3/31/2010 12:25:41 PM

Jennifer Babbette

PM

DO, Jennifer Babbette

Emergency Dept

HISTORY OF PRESENT ILLNESS: A 45-year-old female patient of Dr. Jeffrey Craft located in Spartanburg. The patient presents to the emergency department, status post motor vehicle collision with the chief complaint of neck pain and a headache. She says she was ambulatory at the scene. States she was going about 55+ miles an hour on I-26. She was hit from behind when the car in front of her skid to a dead stop and she pushed on her brakes. She said the car behind her just plowed right into her.. She was restrained. There was no airbag deployment. She was driving a 1999 Intrigue. She said she was brought in by EMS without spinal precautions. Now states that her neck hurts worse and she has a headache. There was no head trauma. She does not have any chest pain or difficulty breathing. Did not have any back pain initially, but as time wore on in the ER, she started complaining of some soreness in her low back as well. She complains of some soreness in her left knee and her left foot which has occurred during the time frame that she was here in the ER. She does not have any fever, runny nose or sore throat, sneezing and coughing, does not have any chest pain or difficulty breathing. No belly pain. No nausea or vomiting. No diarrhea or constipation. No frequency, urgency or dysuria. No lightheadedness. No dizziness. No rashes.

REVIEW OF SYSTEMS: Otherwise review of systems is negative.

PAST MEDICAL HISTORY: Fibromyalgia, right-sided sciatica.

PAST SURGICAL HISTORY: Hysterectomy, right salpingo-salpingectomy.

MEDICATIONS:

1. Cymbalta.
2. Lyrica.
3. Tramadol.

ALLERGIES: Allergic to penicillin and sulfa.

FAMILY HISTORY: Hypertension, diabetes, heart disease.

SOCIAL HISTORY: Denies smoking, drinking drug use. She is a librarian from out of town who is here to go to the state library for a conference.

Patient Name: WALTON, CYNTHIA W
MRN: B000814587

Page 1 of 33

Print Date/Time 4/16/2010 10:56 AM

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Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babbette

Age: 45 years

Date of Birth: [REDACTED]

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

Attending Physician: Matzner-Abrams DO,
Jennifer Babbette

PHYSICAL EXAMINATION: She is seen in room 23. Vital Signs:
Temp is 96.7, pulse 96, respiratory rate 20, blood pressure

Emergency Department Documentation

Performing Physician:
Matzner-Abrams DO,
Jennifer Babbette

Performed Date/Time:
3/30/2010 12:02:00
PM

Authenticated By:
Matzner-Abrams
DO, Jennifer Babbette

Authenticated Date/Time:
3/31/2010 12:25:41 PM

128/83, O2 sat is 100% on room air. General: Well-appearing Caucasian female, in no acute distress. HEENT: She is normocephalic and atraumatic. Her pupils reactive equally to light. Tongue is midline. Membranes are moist. Neck: Supple with some limitation in range of motion secondary to pain elicited on the left side of the neck, but there is no spinous or transverse process tenderness on the cervical spine or in the thoracic or lumbar spine. She has no CVA tenderness. Heart: Regular rate and rhythm. Lungs: Clear bilaterally. Abdomen: Soft with good bowel sounds. There is no pelvic rock. Extremities: She is moving them x4 with full range of motion, but there is some tenderness; a little bit of swelling noted in the infero-medial aspect of the left knee as well as some redness noted on the top of the left foot, but there is no gross deformities. There is no decrease in pulses. No decrease in sensation. Skin: Warm and dry, intact. She does have a small ecchymosis noted just inferomedially of the left knee. Pulses are present. Neurological: She is awake, alert and oriented x3.

EMERGENCY DEPARTMENT COURSE/MEDICAL DECISION MAKING: During the ER visit, the patient received a C-spine x-ray which was read as negative by Dr. Hubbard except for some degenerative disk changes at C6-C7 with no acute process. She has been given a copy of this. She has been given a single dosage of Flexeril and Motrin and she does feel a little bit better, although now she states she is starting to find other areas of her body where she is feeling really sore. She has been discharged home with Percocet, Motrin and Flexeril. Has been told to follow up as an outpatient. Police are here and they have given her back her license. She has been warned she will be more stiff and sore. She has been given information on motor vehicle collisions, back pain, neck pain, headache, fibromyalgia, ibuprofen, Flexeril and Percocet. She is to return if anything worsens. Followup as an outpatient.

DIAGNOSES:

1. Neck pain.
2. Multiple contusions, status post motor vehicle collision.
3. History of fibromyalgia.
4. History of sciatica.

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Date of Birth: [REDACTED]

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

D: 03/30/2010 11:37 T: 03/30/2010 15:02 TID: tpm

Job #: 09219 Doc #: 10073871

cc: Matzner-Abrams, D.O. Jennifer

E m e r g e n c y D e p a r t m e n t D o c u m e n t a t i o n

Performing Physician:

Performed Date/Time:

Authenticated By:

Authenticated Date/Time:

Matzner-Abrams DO,

3/30/2010 12:02:00

Matzner-Abrams

3/31/2010 12:25:41 PM

Jennifer Babette

PM

DO, Jennifer Babette

cc: Jeffrey Craft, MD of Spartanburg

SNR

Electronically Signed & Verified on 03/31/2010 12:25
by Matzner-Abrams DO, Jennifer Ba

Client Name: Palmetto Health Baptist
Client Address: TAYLOR AT MARION
COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette
Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Patient Name: WALTON, CYNTHIA W

Patient Address: [REDACTED]
[REDACTED]
Age: 45 years
Date of Birth: [REDACTED]

MRN: B000814587
FIN: B1008900952
Financial Class: Self Pay

Admit Date: 3/30/2010
Admit Time: 10:21:00 AM
Discharge Date: 3/30/2010
Discharge Time: 11:45:00 AM

R a d i o l o g y R e p o r t s

Ordering Provider:
Matzner-Abrams DO, Jennifer
Babette

Ordered Test Name:
CR Cervical Spine 4 Views
Minimum

Accession Number:
CR-10-049659

Exam Date/Time:
3/30/2010 11:02:34 AM

mvc neck pn

Findings:

INDICATION: Trauma to the cervical spine.

C-SPINE - AP, OBLIQUE AND LATERAL VIEWS:

The bony alignment is normal. Moderate disc space narrowing is present at C6-7 with associated anterior and posterior spondylosis. No significant bony encroachment is noted upon the neural foramina bilaterally. There is no evidence of prevertebral soft tissue swelling.

IMPRESSION: Degenerative disc changes at C6-7 with no acute process.

*** Final ***

Trans On: 03/30/2010 11:15y: AYC

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 03/30/2010 12:02

Technologist: Greene, Tiffany D

Client Name: Palmetto Health Baptist

Client Address: TAYLOR AT MARION

COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babbette

Attending Physician: Matzner-Abrams DO,
Jennifer Babbette

Patient Name: WALTON, CYNTHIA W

Patient Address: [REDACTED]

Age: 45 years

Date of Birth: [REDACTED]

MRN: B000814587

FIN: B1008900952

Financial Class: Self Pay

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

ED Systems Review

Systems Review PHED

03/30/10 10:15 am Performed by Chavez RN, Kristin E

Entered on 03/30/10 10:49 am

Systems Review-PHED

Neurological Documentation

Behavior Documentation

EENT Documentation

Respiratory Documentation

Cardiovascular Documentation

Gastrointestinal Documentation

Renal-Urinary Documentation

Musculoskeletal Documentation

Reproductive Documentation

Integumentary Documentation

Neuro System WNL

Behavior WNL

EENT System WNL

Respiratory System WNL

Cardiovascular System WNL

Gastrointestinal Syst WNL

Renal/Urinary System WNL

Musculoskeletal Documentation

Reproductive System WNL

Integumentary System WNL

Musculoskeletal-ED

Muscle-Joint-ED Grid

1. Muscle-Joint
Musculoskeletal Condition
2. Muscle-Joint
Musculoskeletal Condition

Left, Knee

Painful

Head, Neck

Painful

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admit Date: 3/30/2010

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Admit Time: 10:21:00 AM

Date of Birth: [REDACTED]

Discharge Date: 3/30/2010

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Discharge Time: 11:45:00 AM

ED Discharge Summary

Discharge Summary PHED

03/30/10 11:40 am Performed by Chavez RN, Kristin E

Entered on 03/30/10 12:16 pm

Discharge Summary PHED

Patient Disposition

Home or Self Care

Mode of Discharge

Ambulatory

Assisted By

Nurse

Accompanied By

Self

Reassessment of Chief Complaint-ED

Improved

Current Pain-Yes-No

No

IV/INI Discontinued

NA

Valuable-Belonging Return-ED

None taken

Discharge Instructions ED

Instructions Given, Patient Verbalizes

Understanding

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admit Date: 3/30/2010

Admitting Physician: Matzner-Abrams DO,
Jennifer Babbette

Age: 45 years

Admit Time: 10:21:00 AM

Attending Physician: Matzner-Abrams DO,
Jennifer Babbette

Date of Birth: [REDACTED]

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

ED Depart Summary

Performed By:

Performed Date/Time:

Matzner-Abrams DO, Jennifer
Babbette

3/30/2010 11:35:27 AM

Depart Summary

Palmetto Health Emergency Department Depart Summary

PERSON INFORMATION

Name WALTON, CYNTHIA W a

Age 45 Years

DOB 7/25/1964 12:00 AM

Sex Female

Language English

PCP

Marital Status Single

Phone [REDACTED]

MRN B000814587

Visit Id

Acct# B1008900952

Visit Reason MVA / HEADACHE NECK
PAIN

Specialty

Enc Type ERB-Emergency Room

Med Service Emergency Services

Referred by

Track Group B Tracking Group

Discharge

Tracking Id 935890327

Checkout

Checkin 3/30/2010 10:21 AM

Acuity

Dispo Type

Arrival 3/30/2010 10:21 AM

Reg Status

LOS 000 01:14

Address:

416 A E MAIN ST UNION SOUTH CAROLINA 29379

POWERFORMS

SCHEDULING

PHYS DOC NOTES

DEPART REASON INCOMPLETE INFORMATION

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Matzner-Abrams DO, Jennifer Babbette	ED Physician	3/30/2010 10:23 AM	

Patient Name: WALTON, CYNTHIA W
MRN: B000814587

Page 8 of 33

Print Date/Time 4/16/2010 10:56 AM

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Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Date of Birth: [REDACTED]

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Chavez RN, Kristin E ED RN/LPN

3/30/2010 10:49 AM

ED Depart Summary

Performed By:

Performed Date/Time:

Matzner-Abrams DO, Jennifer
Babette

3/30/2010 11:35:27 AM

VITALS INFORMATION

Vital Sign	Triage	Latest
Job		
Involve Family		
Contact		
Pain Onset		
Temp Intravascular		
Pulse Rate		
Respiratory Rate		
Blood Pressure	/	/

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrival	Complete	3/30/2010 10:21 AM	3/30/2010 10:21 AM	3/30/2010 10:21 AM
Triage	Complete	3/30/2010 10:21 AM	3/30/2010 10:22 AM	3/30/2010 10:22 AM
Registration	Complete	3/30/2010 10:22 AM	3/30/2010 10:30 AM	3/30/2010 10:30 AM
Nurse Exam	Complete	3/30/2010 10:22 AM	3/30/2010 10:49 AM	3/30/2010 10:49 AM
MDXam	Complete	3/30/2010 10:22 AM	3/30/2010 10:23 AM	3/30/2010 10:23 AM
ED Bed Assign	Complete	3/30/2010 10:22 AM	3/30/2010 10:22 AM	3/30/2010 10:22 AM

Patient Name: WALTON, CYNTHIA W
MRN: B000814587

Page 9 of 33

Print Date/Time 4/16/2010 10:56 AM

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admit Date: 3/30/2010

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Admit Time: 10:21:00 AM

Date of Birth: [REDACTED]

Discharge Date: 3/30/2010

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Discharge Time: 11:45:00 AM

Radiology	Complete	3/30/2010 10:24 AM	3/30/2010 10:47 AM	3/30/2010 10:47 AM
Meds	Complete	3/30/2010 10:24 AM	3/30/2010 10:47 AM	3/30/2010 10:47 AM
Bee	Complete	3/30/2010 10:24 AM	3/30/2010 10:47 AM	3/30/2010 10:47 AM
Discharge	Request	3/30/2010 11:28 AM		

LOCATION INFORMATION

Arrival	Nurse Unit	Room	Bed
3/30/2010 10:21 AM	B ED	WR	
3/30/2010 10:22 AM	B ED	EX	23

ORDERS INFORMATION

Start Time	Order	Type	Status	Stop Time	Provider
3/30/2010 10:21 AM	Facility Charge Ticket	Health Information Management	Ordered	3/30/2010 10:21 AM	SYSTEM, SYSTEM
3/30/2010 10:23 AM	CR Cervical Spine 4 Views Minimum	Radiology	Ordered	3/30/2010 10:23 AM	Matzner-Abrams DO, Jennifer Babette
3/30/2010 10:30 AM	cyclobenzaprine	Pharmacy	Completed	3/30/2010 10:47 AM	Matzner-Abrams DO, Jennifer Babette

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Date of Birth: [REDACTED]

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

3/30/2010 10:30 AM	ibuprofen	Pharmacy	Completed	3/30/2010 10:47 AM	Matzner-Abrams DO, Jennifer Babette
3/30/2010 10:23 AM	Communication	Patient Care	Ordered		Matzner-Abrams DO, Jennifer Babette
3/30/2010 11:28 AM	Discharge	Patient Care	Ordered	3/30/2010 11:28 AM	SYSTEM, SYSTEM

MEDICAL INFORMATION

Allergy Info:

Prescriptions Given

Prescription

Display

acetaminophen-oxycodone
(acetaminophen-oxycodone
500 mg-5 mg oral tablet)

1 tab, PO, q6hr(s), # 12 tab, Refill(s) 0

cyclobenzaprine (Flexeril)

10 mg, PO, 3xdaily, To be taken for pain. It can make you
sleepy, Supply 5 days, 0 Refill(s)

ibuprofen (Motrin 600 mg
oral tablet)

= 1 tab, PO, 4xdaily, PRN for pain, # 40 tab, 0 Refill(s)

DISCHARGE INFORMATION

Discharge Disposition:

Discharge Location:

PATIENT EDUCATION INFORMATION

Instructions:

MVC, General Precautions; BACK AND NECK PAIN, General; HEADACHE, Unspecified; FIBROMYALGIA;
IBUPROFEN (Adult); FLEXERIL; OXYCODONE AND ACETAM

Follow up:

Patient Name: WALTON, CYNTHIA W
MRN: B000814587

Page 11 of 33

Print Date/Time 4/16/2010 10:56 AM

Client Name: Palmetto Health Baptist
Client Address: TAYLOR AT MARION
COLUMBIA, SOUTH CAROLINA 29220

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette
Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Patient Name: WALTON, CYNTHIA W

Patient Address: [REDACTED]
[REDACTED]

Age: 45 years
Date of Birth: [REDACTED]

MRN: B000814587
FIN: B1008900952
Financial Class: Self Pay

Admit Date: 3/30/2010
Admit Time: 10:21:00 AM
Discharge Date: 3/30/2010
Discharge Time: 11:45:00 AM

With: Address:

When:

Follow Up with primary care
provider

Within 2 to 4 days

Comments:

Call/follow up with primary physician
Continue your current medications
Drink 8 - 10 glasses of water daily
Expect to be stiff & sore
Take meds as directed

DIAGNOSIS

Order Detail

Order Date/Time:	3/30/2010 10:21:34 AM			
Mnemonic:	Facility Charge Ticket			
Department Status:	Type of Order:	Order Status:		
Completed	Health Information Management	Completed		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/31/2010 12:13:02 PM	Complete	SYSTEM, SYSTEM	Daise, Patricia A	N/A
3/30/2010 10:21:34 AM	Order	SYSTEM, SYSTEM	SYSTEM, SYSTEM	Discern Expert
Review Information: N/A				
Order Details: 03/30/10 10:21:34, Stop 03/30/10 10:21:34				
Order Date/Time:	3/30/2010 10:23:24 AM			
Mnemonic:	CR Cervical Spine 4 Views Minimum			
Department Status:	Type of Order:	Order Status:		
Completed	Radiology	Completed		

Patient Name: WALTON, CYNTHIA W
MRN: B000814587

Page 12 of 33

Print Date/Time 4/16/2010 10:56 AM

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Discharge Date: 3/30/2010

Discharge Time: 11:45:00 AM

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Date of Birth: [REDACTED]

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 12:02:19 PM	Complete	Matzner-Abrams DO, Jennifer Babette	Hubbard MD, Charles R	Written (includes fax)
3/30/2010 11:02:46 AM	Status Change	Matzner-Abrams DO, Jennifer Babette	Greene, Tiffany D	Written (includes fax)
3/30/2010 10:53:30 AM	Status Change	Matzner-Abrams DO, Jennifer Babette	Greene, Tiffany D	Written (includes fax)
3/30/2010 10:24:13 AM	Review Information: N/A Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: Nurse Review, Accepted - Chavez RN, Kristin E, 3/30/2010 10:47:33 AM Order Details: 03/30/10 10:23:00, Stat, Reason: mvc neck pn, Transport: Stretcher				
Order Date/Time:	3/30/2010 10:23:24 AM			
Mnemonic:	cyclobenzaprine 10mg tab			

Order Detail

(Continued)

Department Status:	Type of Order:	Order Status:		
Completed	Pharmacy	Completed		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 10:47:14 AM	Complete	Matzner-Abrams DO, Jennifer Babette	Chavez RN, Kristin E	N/A
3/30/2010 10:30:12 AM	Modify	Matzner-Abrams DO, Jennifer Babette	Bradley RPh, Charlotte A	Written (includes fax)
3/30/2010 10:24:13 AM	Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: Nurse Review, Accepted - Chavez RN, Kristin E, 3/30/2010 10:47:33 AM Pharmacist Verify, Not Reviewed - Pharmacist Verify, Accepted - Bradley RPh, Charlotte A, 3/30/2010 10:30:12 AM Order Details: 10 mg, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00				
Order Date/Time:	3/30/2010 10:23:24 AM			
Mnemonic:	Ibuprofen 600 mg tab			
Department Status:	Type of Order:	Order Status:		
Completed	Pharmacy	Completed		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 10:47:18 AM	Complete	Matzner-Abrams DO, Jennifer Babette	Chavez RN, Kristin E	N/A
3/30/2010 10:30:12 AM	Modify	Matzner-Abrams DO, Jennifer Babette	Bradley RPh, Charlotte A	Written (includes fax)
3/30/2010 10:24:13 AM	Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: Nurse Review, Accepted - Chavez RN, Kristin E, 3/30/2010 10:47:33 AM Pharmacist Verify, Not Reviewed - Pharmacist Verify, Accepted - Bradley RPh, Charlotte A, 3/30/2010 10:30:12 AM Order Details: 600 mg, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00 Take with food. Review Information: Nurse Review, Accepted - Chavez RN, Kristin E, 3/30/2010 10:47:33 AM Pharmacist Verify, Not Reviewed - Pharmacist Verify, Accepted - Bradley RPh, Charlotte A, 3/30/2010 10:30:12 AM Order Details: 600 mg, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00				
Order Date/Time:	3/30/2010 10:23:24	Discontinued	3/31/2010 3:08:53 AM	

Patient Name: WALTON, CYNTHIA W

Page 13 of 33

Print Date/Time 4/16/2010

10:56 AM

MRN: B000814587

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Discharge Date: 3/30/2010

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Date of Birth: [REDACTED]

Discharge Time: 11:45:00 AM

AM	Date/Time:			
Mnemonic:	Communication			
Department Status:	Type of Order:	Order Status:		
Discontinued	Patient Care	Discontinued		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/31/2010 3:08:53 AM	Discontinue	Matzner-Abrams DO, Jennifer Babette	SYSTEM, SYSTEM	N/A
Review Information: N/A				
3/30/2010 10:24:14 AM	Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: Nurse Review, Accepted - Chavez RN, Kristin E, 3/30/2010 10:47:33 AM				
Order Details: 03/30/10 10:23:00, Stat, ice pack left knee				
Order Date/Time:	3/30/2010 10:39:08 AM			
Mnemonic:	cyclobenzaprine			
Department Status:	Type of Order:	Order Status:		
Ordered	Pharmacy	Completed		

Order Detail

(Continued)

Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 10:39:08 AM	Order			N/A
Review Information: N/A				
Order Details: 10 mg, 1 tab, MISC, OT, 03/30/10 10:39:18, Stop date 03/30/10 10:39:18				
Order Date/Time:	3/30/2010 10:39:09 AM			
Mnemonic:	ibuprofen			
Department Status:	Type of Order:	Order Status:		
Ordered	Pharmacy	Completed		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 10:39:09 AM	Order			N/A
Review Information: N/A				
Order Details: 600 mg, 1 tab, MISC, OT, 03/30/10 10:39:18, Stop date 03/30/10 10:39:18				
Order Date/Time:	3/30/2010 11:28:37 AM			
Mnemonic:	cyclobenzaprine			
Department Status:	Type of Order:	Order Status:		
Ordered	Pharmacy	Ordered		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 11:28:49 AM	Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: N/A				
Order Details: 10 mg, PO, 3x daily, To be taken for pain. It can make you sleepy, Supply 5 days, 0 Refill(s)				
Order Date/Time:	3/30/2010 11:28:37 AM			
Mnemonic:	acetaminophen-oxycodone			
Department Status:	Type of Order:	Order Status:		
Ordered	Pharmacy	Ordered		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 11:28:49 AM	Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: N/A				
Order Details: 1 tab, PO, q6hr(s), # 12 tab, Refill(s) 0				

Patient Name: WALTON, CYNTHIA W
MRN: B000814587

Page 14 of 33

Print Date/Time 4/16/2010 10:56 AM

Client Name: Palmetto Health Baptist

Patient Name: WALTON, CYNTHIA W

MRN: B000814587

Client Address: TAYLOR AT MARION

Patient Address: [REDACTED]

FIN: B1008900952

Financial Class: Self Pay

COLUMBIA, SOUTH CAROLINA 29220

Admit Date: 3/30/2010

Admit Time: 10:21:00 AM

Admitting Physician: Matzner-Abrams DO,
Jennifer Babette

Age: 45 years

Discharge Date: 3/30/2010

Attending Physician: Matzner-Abrams DO,
Jennifer Babette

Date of Birth: [REDACTED]

Discharge Time: 11:45:00 AM

Order Date/Time:	3/30/2010 11:28:37 AM			
Mnemonic:	ibuprofen			
Department Status:	Type of Order:	Order Status:		
Ordered	Pharmacy	Ordered		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/30/2010 11:28:49 AM	Order	Matzner-Abrams DO, Jennifer Babette	Matzner-Abrams DO, Jennifer Babette	Written (includes fax)
Review Information: N/A				
Order Details: = 1 tab, PO, 4xdaily, PRN for pain, # 40 tab, 0 Refill(s)				

Order Date/Time:	3/30/2010 11:28:52 AM	Discontinued	3/31/2010 3:08:53 AM	
Mnemonic:	Discharge	Date/Time:		
Department Status:	Type of Order:	Order Status:		
Discontinued	Patient Care	Discontinued		
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
3/31/2010 3:08:53 AM	Discontinue	SYSTEM, SYSTEM	SYSTEM, SYSTEM	N/A
3/30/2010 11:28:52 AM	Order	SYSTEM, SYSTEM	SYSTEM, SYSTEM	Discern Expert
Review Information: N/A				

Order Detail

(Continued)

Order Details: 03/30/10 11:28:52, 03/30/10 11:28:52

MRN: B000814587
FIN: B1008900952

Facility: Baptist
Page Number: 18

SCHEDULED MEDS

cyclobenzaprine(Flexeril) 10 mg (Order Id = 844748582.00)
10 mg, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00
Order Entered By: Matzner-Abrams DO, Jennifer Babette
Nurse: Chavez RN, Kristin E accepted on 03/30/10 10:47
Pharmacist: Bradley RPh, Charlotte A accepted on 03/30/10 10:30

ACTION(S)	CHARTED AT	ADMIN TIME(S)	ADMIN DETAIL(S)
-----------	------------	---------------	-----------------

cyclobenzaprine 10mg tab(Flexeril) 1 tab = 10 mg (Order Id = 844748582.00)
10 mg, = 1 tab, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00
Order Modified/Verified By: Bradley RPh, Charlotte A

ACTION(S)	CHARTED AT	ADMIN TIME(S)	ADMIN DETAIL(S)
-----------	------------	---------------	-----------------

Med Given	03/30/10 10:47	03/30/10 10:30	cyclobenzaprine 10 mg PO Performed by: Chavez RN, Kristin E
Complete		03/30/10 10:47	Performed by Chavez RN, Kristin E

Ibuprofen(Motrin) 600 mg (Order Id = 844748637.00)
600 mg, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00
Order Comment: Take with food.
Order Entered By: Matzner-Abrams DO, Jennifer Babette
Nurse: Chavez RN, Kristin E accepted on 03/30/10 10:47
Pharmacist: Bradley RPh, Charlotte A accepted on 03/30/10 10:30

ACTION(S)	CHARTED AT	ADMIN TIME(S)	ADMIN DETAIL(S)
-----------	------------	---------------	-----------------

Ibuprofen 600 mg tab(Motrin) 1 tab = 600 mg (Order Id = 844748637.00)
600 mg, = 1 tab, Tab, PO, OT, Routine, Start Date: 03/30/10 10:30:00, Stop date 03/30/10 10:30:00
Order Comment: Take with food.
Product Note: Take with food or milk.
Order Modified/Verified By: Bradley RPh, Charlotte A

ACTION(S)	CHARTED AT	ADMIN TIME(S)	ADMIN DETAIL(S)
-----------	------------	---------------	-----------------

Med Given	03/30/10 10:47	03/30/10 10:30	Ibuprofen 600 mg PO Performed by: Chavez RN, Kristin E
Complete		03/30/10 10:47	Performed by Chavez RN, Kristin E

MRN: B000814587
FIN: B1008900952

Facility: Baptist
Page Number: 20

Name: CYNTHIA WALTON MRN: B000814587

I, CYNTHIA WALTON, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding.

X Cynthia Walton 3-30-2010
Patient Signature Date Provider Signature Date

MRN: B000814587

FIN: B1008900952



Name: CYNTHIA WALTON
MRN: B000814587

13 of 13

Mar/30/10 11:28:51

Occupational Medicine / Minor Care
8311 Spartanburg Hwy Spartanburg SC 29301
864-560-9696 Fax: 864-560-9636

April 22, 2010
Page 1
Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED] 7/13/89

Ins: BLUECHIP(S2) Grp: [REDACTED]

Home: [REDACTED]

Office: [REDACTED]

04/01/2010 - Office Visit: room 6 pain in right hand
Provider: Stephen J.P. Thomas MD
Location of Care: Occupational Medicine / Minor Care

Visit Type: Acute Visit

History of Present Illness:

pt was in MVA in columbia 2 days ago, treated in ER, c/o left arm pain and states unable to grip with left hand. Pt was restrained drive and hit from behind. Pt has been taking ibuprofen and reflexal given in the ER which has helped some.

Vital Signs:

Patient Profile: 45 Years Old Female
Height: 64 inches (162.56 cm)
Weight: 153 pounds (69.55 kg)
Temp: 97.8 degrees F (36.56 degrees C) tympanic
Pulse rate: 74 / minute
Pulse rhythm: regular
Resp: 14 per minute
BP sitting: 128 / 84 (right arm)

Vitals Entered By: Michele Schiraldi, LPN (April 1, 2010 4:37 PM)

Physical Exam

General:

well developed, well nourished, in no acute distress.

Msk:

R wrist and hand with decrease ROM due to pain. More ROM with passive movement. Normal sensation.

Impression & Recommendations:

Problem # 1: WRIST PAIN, RIGHT (ICD-719.43)

Orders:

X-ray wrist complete 3+ views (CPT-73110)
Office visit new expanded prob (99202) (CPT-99202)

Occupational Medicine / Minor Care

8311 Spartanburg Hwy Spartanburg, SC 29301
864-560-9696 Fax: 864-560-9636

April 22, 2010

Page 2

Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED] 13891

Home: [REDACTED]

Office: [REDACTED]

Ins: BLUECHIP(82) Gp: [REDACTED]

xray negatives. Sprained wrist. Will give wrist brace and use ibporfen for inflammation and pain

Allergies:

Added new allergy or adverse reaction of SULFA - Signed

Signed by **Stephen J.P. Thomas MD** on 04/01/2010 at 5:10 PM

CYNTHIA WALTON
Female DOB: 04/01/1991

Home: [REDACTED] Office: [REDACTED]
Ins: BLUECHIP (32) [REDACTED]

04/01/2010 - Imaging Report: XR CONTRACT UPPER EXTREMITY
Provider: Stephen J.P. Thomas MD
Location of Care: Spartanburg Regional Healthcare System

Patient: CYNTHIA WALTON

Note: All result statuses are Final unless otherwise noted.

Tests: (1) XR CONTRACT UPPER EXTREMITY (99920&IMS)

! XR CONTRACT UPPER EXTREMITY

"Result Below..."

RESULT: XR CONTRACT UPPER EXTREMITY

Check In # 0002721905S99920

Right wrist-

Indication- Pain.

Three views are unremarkable for soft tissue or bony abnormalities,
fracture or dislocation.

Transcriptionist- LAURA E WALLACE

Reading Radiologist- Neil H Parnes MD

Releasing Radiologist- Neil H Parnes MD

Released Date Time- 04/02/10 1047

Note: An exclamation mark (!) indicates a result that was not dispersed into the
flowsheet.

Document Creation Date: 04/02/2010 10:48 AM

(1) Order result status: Final

Collection or observation date-time:

Requested date-time:

Receipt date-time:

Reported date-time: 04/01/2010 17:27

Referring Physician:

Ordering Physician: STEPHEN THOMAS (T94327)

Specimen Source:

Source: HBOX

Filler Order Number: 0002721905S99920 HBOX

Lab site:

Signed by Stephen J.P. Thomas MD on 04/05/2010 at 1:22 PM

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home [REDACTED] Work [REDACTED]
Ins: BLUEC-OI (16006)

Patient Information

Name: CYNTHIA WALTON
Address: [REDACTED]
Patient ID: 495267-0407001
Birth Date: [REDACTED]
Gender: Female
Contact By: [REDACTED]
Soc Sec No: [REDACTED]
Resp Prov: Jeffrey M. Craft MD
Referred by: [REDACTED]
Email: CINDIKIDS@YAHOO.COM
Home LOC: Spartanburg Regional Healthcare System

Home Phone: [REDACTED]
Office Phone: [REDACTED]
Fax: [REDACTED]
Status: Active
Marital Status: Undetermined
Race: White
Language: [REDACTED]
MRN: 713891
Emp. Status: [REDACTED]
Sens Chart: No
STAR MRN: 000355125

Problems

WRIST PAIN, RIGHT (ICD-719.43)
MYALGIA (ICD-729.1)
FATIGUE
CYST, SEBACEOUS (ICD-706.2)
GLOBUS DISORDER (ICD-300.11)
DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)
CONSTIPATION CHRONIC (ICD-564.09)
SCIATICA, RIGHT (ICD-724.3)
H/O L TMJ PAIN (ICD-524.62)
H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)
MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)
EAR PAIN, LEFT (ICD-388.70)
DYSPEPSIA (ICD-536.8)
EPIGASTRIC PAIN (ICD-789.06)

Medications

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily
Last Refill: #30 x 8, 02/11/2009, Jeffrey M. Craft MD
LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn
Last Refill: #90 x 6, 02/11/2009, Jeffrey M. Craft MD
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day
Last Refill: #120 x 6, 02/11/2009, Jeffrey M. Craft MD
CLORAZEPATE DIPOTASSIUM 7.5 MG TABS (CLORAZEPATE DIPOTASSIUM) 1 tablet twice a day if needed for stress
Last Refill: #60 x 3, 02/09/2010, Jeffrey M. Craft MD
PRILOSEC 20 MG CPDR (OMEPRazole) 1 qd
Last Refill: #30 x 8, 02/09/2010, Jeffrey M. Craft MD
TAMIFLU 75 MG CAPS (OSELTAMIVIR PHOSPHATE) BID for 5 days
Last Refill: #10 x 0, 03/16/2010, Erica Lattimore MA

Directives

Allergies and Adverse Reactions (! = critical)

IPCN

Occupational Medicine / Minor Care
8311 Spartanburg Hwy Spartanburg, SC 29301
864-560-9696 Fax: 864-560-9636

September 30, 2011

Page 2
Chart Summary

CYNTHIA WALTON

Female DOB [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]
Ins: BLUECH-OI (16006)

ISULFA

Services Due

TD BOOSTER, BP DIASTOLIC, BP SYSTOLIC.

The Carolina Hand Center

PATIENT INFORMATION

Date: 4-19-2010

First Name Cynthia MI _____ Last Name Walton

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone 8 Business Phone _____ Cell Phone _____Sex F Marital Status S Age 45 Social Security # _____ Birth Date _____Employment ☒ Full-time ☐ Part-time ☐ Retired ☒ Student ☐ Self-Employed ☐ Other _____Referring M.D. Dr. Craft Family M.D. SameNearest relative / friend (not living in household) Diane Williams

Nearest relative / friend's telephone number _____

Which is your dominant hand? ☒ Right ☐ Left Which hand/arm is injured? ☒ Right ☐ LeftDate of accident or work injury 3-30-2010 Time of Accident 9:20 AM/PMWhat type injury do you have? (i.e. cut, fracture, etc.) wrist pain, palm,and can not make fist.Where did injury occur? (i.e. home, work, friend's home, etc.) car wreckColumbia SC - Conference for job.How did injury occur? (i.e. fall, working in yard, etc.) holding on to steeringwhen SUV hit me from behind going
about 60 mph.

EMPLOYER INFORMATION

Name Union Carnegie Lib. Telephone 864-427-7140

Address _____

City _____ State _____ Zip Code _____

IF PATIENT IS A MINOR

Parent responsible _____

Address (if different from patient) _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Employer _____ Social Security # _____ Birth Date _____

How may we reach you about appointments or test results?

☐ Regular Mail ☐ Phone/Home ☒ Phone/Work ☒ Cell Phone (unsecured line)

May we leave message on answering machine at home? ☒ Yes ☐ No

May we leave message on voice mail at work? ☒ Yes ☐ No

Health and billing information The Carolina Hand Center collects or receives about you may be disclosed to the following persons in your family: Diane Williams, Sammy & Josh

Josh Meadows, Kenny & Tabatha
Walton.

I have acknowledge that I have reviewed the "Notice of Privacy Policies and Practices" and The Carolina Hand Center Information sheet and been given the opportunity to obtain a copy of the Privacy Policy. I give my permission to The Carolina Hand Center to use and disclose my health information in accordance with the notice provided.

Cynthia Walton Cynthia Walton
Patient Name (print) Signature of Patient/Date

Patient Representative (print)

Signature of Representative/Date

Relationship of Patient Representative to Patient

The Carolina Hand Center

INSURANCE INFORMATION

Primary Insurance Company

BlueChoice SC

Policy Number

Group Number

Certificate Number

Policy Holder's Name

Policy Holder's Employer

Policy Holder's SSN #

Birth Date

Insured's Relationship to Patient

Secondary Insurance Company

Policy Number

Group Number

Certificate Number

Policy Holder's Name

Policy Holder's Employer

Policy Holder's SSN #

Birth Date

Insured's Relationship to Patient

PLEASE READ CAREFULLY

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. However, YOU are responsible for all fees, regardless of insurance coverage. It is also customary to pay for services when treatment is rendered unless prior arrangements have been made. **If your account is not paid, you will be responsible for any fees incurred in the collection of your balance.**

I hereby, assign to THE CAROLINA HAND CENTER, P.C. all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

I understand that return visits will be scheduled based on my medical condition and that it is my responsibility to keep these appointments, or call in advance to reschedule.

Patient Signature:

Date:

Guarantor Signature:

Date:

The Carolina Hand Center
Radiology Report

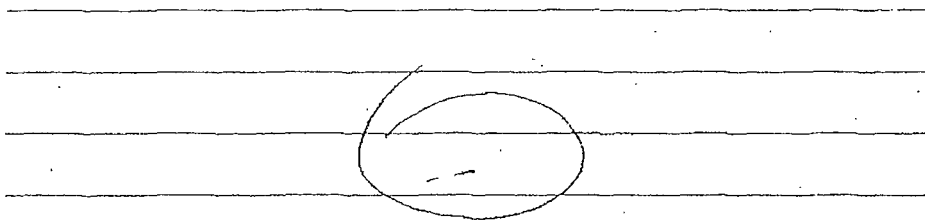
Patient Walton, Cynthia

Date 4-19-10 Account Number 63880

Ordering and Interpreting Physician Falen

Name of Test AP and lateral right wrist
and oblique right wrist

Interpretation _____



Physician Signature _____

Date _____

I certify that I am NOT pregnant Cynthia Walton (pt signature)
LMP _____ Hysterectomy _____

W 151. Bld 129/83
T 107 1279

MEDICAL HISTORY FORM

The following information is very important to your health. Please take time to fully and completely fill out this important information. We are counting on you.

Name: Cynthia Walton Date: 4-19-2010 Age: 45
 Are you currently employed? Yes If so, where? Union Lib.
 Describe your job Children's Lib. (serve children)
 How long have you been at your present job? 6 yrs.
 If you have been at your present job for less than 5 years, give your job history: _____

Do you have or have you had any of the following? (Check all that apply.)

- | | | | |
|--|--|---|---|
| ☐ Visual Loss or change | ☐ Numbness / Tingling | ☐ Broken Bones | ☐ Cancer |
| ☐ Hearing Loss or Change | ☐ Stomach Ulcers | ☐ Foot Ulcers | ☐ Diabetes |
| ☐ Seizures | ☐ Gastrointestinal Bleeding | ☐ Varicose Veins | ☐ HIV |
| ☐ Stroke | ☐ Difficulty Swallowing | ☐ Constipation or Diarrhea | ☐ Anemia |
| ☐ Heart Attack | ☐ Hiatal Hernia | ☐ Blood Clots | ☐ Hypertension |
| ☐ Lung Disease / Asthma | ☐ Heartburn | ☐ Prostate Disorder | ☐ Jaundice |
| ☐ Rheumatic Fever | ☐ Pancreatitis | ☐ Colitis | ☐ Hepatitis |
| ☐ Pneumonia | ☐ Kidney Stones | ☐ Nephritis/Other Kidney Disease | ☐ Weight Changes |
| ☐ Back Injury / Back Pain | ☐ Bladder / Kidney Problems | ☐ On Dialysis? | ☐ Other Problems |
| ☐ Pain in Arms / Legs | ☐ Genital Tract Infections | | ☐ Venereal Disease |

PRIOR SURGERIES: Fibromyalgia

Hyster - Partial - 97

Right ovary - 2002

CURRENT MEDICATIONS:

Fibromyalgia - Cymbalta 60 mg
(as needed) Ultram 50 mg

Are you pregnant? Yes ☒ No

ALLERGIES TO MEDICINE

Are you allergic to any of the following? (Check all that apply.)

- | | |
|--|--------------------------------------|
| ☐ No Known Allergy | ☐ Codeine |
| ☒ Penicillin | ☐ Latex |
| ☒ Sulfa | ☐ Other _____ |

HABITS

Please indicate current / past use of any of the following: Alcohol _____ Tobacco _____ Illegal Drugs _____

FAMILY HISTORY

Has a family member been treated for any of the following? (Check all that apply.)

- | | | |
|--|---|--|
| ☐ Kidney Disease | ☒ Diabetes | ☐ Tuberculosis |
| ☒ Glaucoma | ☐ Cancer | ☒ Stroke |
| ☐ Osteoporosis | ☒ Allergies | ☐ Migraine |
| ☐ Hypertension | ☒ Arthritis | ☐ Mental Illness |
| ☐ Heart Attack | ☐ Gout | ☐ Epilepsy |

Patient / Guarantor Signature _____

The above is true and correct to the best of my belief.

391 Serpentine Drive
Suite 440
Spartanburg, SC, 29303
Telephone: 864-585-4263
Fax: 864-585-9712



James A. Essman, M.D.
Daniel A. Falcon, M.D.

04/19/10

Jeffrey Craft, MD
100 East Wood Street, Suite 401
Spartanburg SC 29303

RE: Cynthia Walton DOB: [REDACTED]

Dear Dr. Craft, MD :

Thank you for sending Cynthia Walton for treatment. It looks like she sustained a contusion to the wrist and hand. More troubling is the difficulty in demonstrating active finger motion. I put her in a plaster splint to stabilize the wrist, and reviewed finger motion exercises. She will see me again in one week.

Sincerely,

Daniel A. Falcon, MD

391 Serpentine Drive
Suite 440
Spartanburg, SC, 29303
Telephone: 864-585-4263
Fax: 864-585-9712



James A. Essman, M.D.
Daniel A. Falcon, M.D.

PATIENT: Cynthia Walton
CONSULTING PHYSICIAN: Jeffrey Craft, MD

DATE OF VISIT: 04/19/10
AGE: 45

CC: Right wrist and hand pain

HPI: This 45 year old female patient presents with 3 weeks of right hand and wrist pain. She reports that this began after a motor vehicle accident. She reports being told that there was no fracture on x-ray, and has been in her wrists brace since that time.

MEDICAL HX: back injury/pain; fibromyalgia

SURGICAL HX: Hysterectomy

Medications: Cymbalta, Ultram

Allergies: Penicillins; Sulfa

EXAMINATION: HEIGHT: 5'4" WEIGHT: 151 lbs 0 oz BMI: 25.9 TEMPERATURE: 96.7 PULSE: 79 B/P: 129/83

right wrist is swollen and tender, with pain to palpation along the dorsal ulnar side. She is quite hesitant to demonstrate active finger motion, although there was no tenderness in the fingers themselves. Sensation was present, and capillary refill was normal. It appears that the hand has not been used much lately, as there is a dry, scaly appearance to the palm.

X-RAYS no fracture or dislocation seen
ordered, taken
and reviewed by
me today:

STUDIES None
REVIEWED:

DIAGNOSIS: -Right hand contusion

PLAN: diagnosis is right hand contusion. However the more important aspect right now is lack of digital motion. I put her in a plaster splint, holding the wrist in slight extension and allowing finger motion. I reviewed finger motion exercises. Followup in one week.

PRESCRIPTION: No data for Prescription

Daniel A. Falcon, MD

Referral Reply Letter(s) - Dated 04/19/10

Craft, MD, Jeffrey - SPECIALTY: Internal Medicine

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 04/27/10

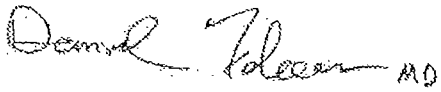
CHIEF COMPLAINT: follow up for right wrist contusion

EXAM: Finger motion is better, with less stiffness and swelling. The fingers were warm, with normal capillary refill.

DIAGNOSIS: -Right hand contusion

PLAN: Continue splinting; F/U in 1 week with therapy.

PRESCRIPTION: No data for Prescription

A handwritten signature in cursive script, reading "Daniel A. Falcon" followed by "MD".

Daniel A. Falcon, M.D.

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

04/27/10 Message previously sent to Karol Young, MS, OTR/L, CHT

Occupational Therapy Order to be performed by Certified Hand Therapist

Patient Name: Cynthia Walton

DOB: [REDACTED]

Diagnostics/Precautions & Date of Onset:

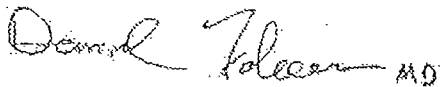
wrist contusion, finger stiffness

Frequency/Duration:

- ☒ Evaluate and treat
- ☐ Referred for Splinting or Orthotics
- ☐ Referred for Comprehensive Upper Extremity Evaluation

Treatment:

ROM

 MD

Daniel A. Falcon, MD

Appointment Date:

Appointment Time:

Approval: 4-27-10 Companion: \$250 ded then 85% with \$1500 out of pocket with 20 day max and no precert.....rkt

Report Date: May 05, 2010 Patient: Walton, Cynthia DOS:

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 05/04/10

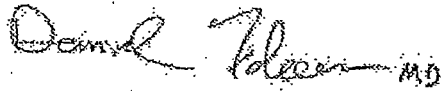
CHIEF COMPLAINT: follow-up for right hand confusion

EXAM: There is less pain and swelling. Finger flexion is demonstrated.

DIAGNOSIS: -Right hand confusion

PLAN: begin therapy today; followup in 3 weeks.

PRESCRIPTION: No data for Prescription

A handwritten signature in cursive script, appearing to read "Daniel A. Falcon", followed by the letters "M.D." in a smaller, more formal font.

Daniel A. Falcon, M.D.

6 3880

The Carolina Hand Center
391 Serpentine Drive, Suite 440
Spartanburg, SC 29303
864-585-4263

(A) Notifier(s):

(B) Patient Name:

(C) Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**NOTE:** If Medicare doesn't pay for (D) ITEM below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D) ITEM below.

(D) <u>ITEM</u>	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:
Wrist Splint	1. Your insurance may not pay for this frequently. 2. This may be considered a non-covered item by your insurance company.	\$59.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
 - Ask us any questions that you may have after you finish reading.
 - Choose an option below about whether to receive the (D) ITEM listed above.
- Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

(G) OPTIONS:	Check only one box. We cannot choose a box for you.
☒ OPTION 1.	I want the (D) <u>Splint</u> listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
☐ OPTION 2.	I want the (D) _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
☐ OPTION 3.	I don't want the (D) _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

(H) Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

(I) Signature: <u>Ruthenia Walton</u>	(J) Date: <u>5-4-10</u>
---------------------------------------	-------------------------

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244 1850

Form CMS-R-131 (03/08)

Form Approved OMB No. 0938-0566

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 05/27/10

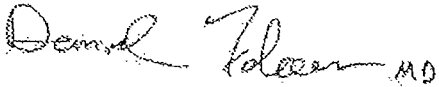
CHIEF COMPLAINT: Pt is seen for continued care of a right hand contusion.

EXAM: The right hand is less swollen than on initial presentation. Wrist motion is demonstrated; she is able to bring the fingers and palm. The hand was warm with good capillary refill and sensation.

DIAGNOSIS: 923.21-Contusion of wrist

PLAN: continue therapy; one-month followup planned.

PRESCRIPTION: No data for Prescription

A handwritten signature in cursive script, appearing to read "Daniel A. Falcon", followed by a horizontal line.

Daniel A. Falcon, M.D.

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

PATIENT: Walton, Cynthia

EXAM DATE: 05/27/10

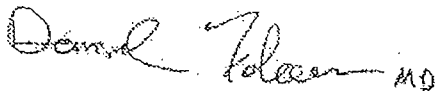
Cynthia Walton was seen today at The Carolina Hand Center for treatment of a work-related condition.

Diagnosis:

Tests/Surgery Scheduled:

Work Status: ☐ May return to work without restrictions
☐ May not return to work until
☒ May return to work with restrictions as described below.

Restrictions: ☐ May not lift greater than pounds.
☒ May return to one-handed duty.
☐ May return to one-handed duty using injured hand as an assisting hand.
☐ May return to one-handed duty in a clean environment.
☐ If no light duty is available, employee may be sent home by supervisor.
☐ Other



Daniel A. Falcon, MD

The Carolina Hand Center, P.C.

391 Serpentine Drive, Suite 440
Spartanburg, South Carolina 29303

James A. Essman, M.D.

(864) 585-4263

FOR SOUTH CAROLINA WORKER'S COMP

Employer: Union County Carnegie Library Phone #: [REDACTED]
Address: [REDACTED]

Date of Injury/Symptoms 3/30/10 Was it reported? ☒ Yes ☐ No

Is this work related injury? ☒ Yes ☐ No

Are you presently working? ☒ Yes ☐ No

Who rendered first treatment?: ER

Name of Physician / Hospital where treatment given: Columbia

Were you hospitalized? ☐ Yes ☒ No Date of Admission: _____

Where X-rays taken? ☒ Yes ☐ No By whom?: _____

Is present disability a result of this injury? ☒ Yes ☐ No

How did you injury / Accident happen?: Car Accident

#580000229840
Debbie 800-845-2724
6-1 et mss 1:30
X46794
fax: 803-870-8967

Signature: Lynethia Whitton
Date: 5.27.10
Compassion
PO Box 100159
Columbia SC 29202

391 SERPENTINE DRIVE
SUITE 440
SPARTANBURG, SC 29303
TELEPHONE: 864-585-4263
FAX: 864-585-9712



JAMES A. ESSMAN, M.D.
DANIEL A. FALCON, M.D.

Worker's Compensation Authorization

I Cynthia Walton hereby consent to the release of any and all medical reports, histories, findings, prognosis, bills, information and other documents relating to any medical treatment, hospitalization, prescription drugs or occupational therapy to my employer or any agent or designee of my employer and my employer's insurance carrier and/or third party administrator.

I understand that my employer and its agents, designees and insurance carrier/third party administrator may find it necessary to obtain information verbally from my treating physician to facilitate treatment of my injury and authorization for that treatment. I am hereby authorizing such contact.

I understand and hereby acknowledge that the information above or certain portions thereof may be protected from disclosure without this signed authorization of federal and state privacy and confidentiality laws. A photocopy of this authorization will serve as the original.

I understand that this authorization can be revoked at any time.

Date: 5-27-10

SS # [REDACTED]

Cynthia Walton
Patient signature

Witness

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 06/30/10

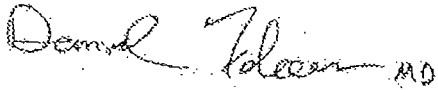
CHIEF COMPLAINT: Pt is seen for continued care of the right hand contusion.

EXAM: Overall improvement as demonstrated, with better digit range of motion. She is able to bring the fingertips into the palm. She still has wrist stiffness.

DIAGNOSIS: -Right hand contusion

PLAN: continued therapy, now adding dynamic flexion splint; followup in one month.

PRESCRIPTION: No data for Prescription

A handwritten signature in cursive script, appearing to read "Daniel A. Falcon", followed by a horizontal line.

Daniel A. Falcon, M.D.

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

Occupational Therapy Order to be performed by Certified Hand Therapist

Patient Name: Cynthia Walton

DOB: [REDACTED]

Diagnositics/Precautions & Date of Onset:

s/p right wrist and hand contusion

Frequency/Duraton:

- ☒ Evaluate and treat
- ☐ Referred for Splinting or Orthotics
- ☐ Referred for Comprehensive Upper Extremity Evaluation

Treatment:

Dynasplint to the right wrist fo flexion

Daniel A. Falcon MD

Daniel A. Falcon, MD

Appointment Date:

Appointment Time:

Approval: Jarrod Guay to get authorization

3880



PHYSICIAN WRITTEN ORDER & CERTIFICATE OF MEDICAL NECESSITY

Corporate Headquarters 170 Reiche Highway, Suite W121 Severna Park, MD 21146-3921
Phone: 800 638 6711 / 410 544 9530 www.dynasplint.com

Dynasplint® Systems aid in restoring physical function to patients with joint stiffness and limited range of motion. The key to its effectiveness is the low-load, prolonged-duration stretch (LLPS) that delivers a correct biological stimulus to create a permanent length change in shortened connective tissue. Dynasplint® Systems have been clinically proven to reduce time and cost associated with range of motion rehabilitation - in many cases by more than 50 percent.

PATIENT INFORMATION	First Name <u>Cynthia</u> Last Name <u>Walton</u> Date of Birth <u>7/25/44</u>	
	Start Date of Order (MM/DD/YY) <u>7/20/10</u>	
DYNASPLINT® SYSTEM(S) PRESCRIBED	SELECT JOINT(S) ☐ Shoulder ☐ PIP Finger ☒ Flexion ☐ Internal Rotation ☐ Elbow ☐ Knee ☐ Extension ☐ External Rotation ☐ Supination/Pronation (Forearm) ☐ Ankle ☐ Dorsiflexion ☐ Plantar Flexion ☒ Wrist ☐ MTP Toe ☐ Supination ☐ Carpal Tunnel ☐ MTP Toe w/ Shoe ☐ Pronation ☐ MCP Hand ☐ Trismus	SELECT TYPE(S) ☐ Infant ☒ Right Limb ☐ Pediatric ☐ Left Limb ☐ Youth ☐ Bilateral ☒ Adult ☐ Neurological ☐ External Fixator ☐ BKA
	SELECT SIDE(S) ☒ Right Limb ☐ Left Limb ☐ Bilateral	
ATTACHMENTS OR ACCESSORY ITEMS	ACCESSORY ITEMS ☐ Resting Hand/Wrist Orthosis ☐ MPO 2000® Active Control Boot ☐ Hip Abduction Pillow ☐ Darco® Shoe (for use with Ankle Dynasplint® System) ☐ Other:	WRIST DYNASPLINT® SYSTEM HANDPIECE ATTACHMENTS ☐ Hand Pan "C" Cup Attachment ☐ Padded Palmar Hand Attachment ☐ Universal Flat Piece Hand Attachment ☐ Mito Splint Hand Attachment ☐ Anti-Spasticity Ball Hand Attachment
	DIAGNOSIS Diagnosis <u>718.43</u> (Please provide patient chart notes related to this diagnosis.) <u>313.110</u> Date of Onset/Surgery/Injury _____ ICD-9 Code _____	
CURRENT ROM	☐ ROM _____	
LENGTH OF NEED	☐ 1 Month ☐ 3 Months ☒ 6 Months ☐ Lifetime ☐ Other: _____	
PHYSICIAN INFORMATION & SIGNATURE	Physician's Name (Please Print) <u>Daniel Falcon, MD</u> Phone Number <u>304 585 4243</u> NPI/UPIN Number _____ Fax Number <u>304 585 5712</u> Street Address <u>381 Serpentine Dr.</u> City <u>Portsmouth NC</u> State <u>NC</u> Zip Code <u>27803</u> <u>STE 440</u>	
	NO SUBSTITUTIONS ALLOWED - In my opinion, in accordance with accepted medical practice standards, the above named patient requires the exact Dynasplint® System(s) as dispensed by Dynasplint Systems, Inc., for the diagnosis indicated. Physician's Signature <u>Daniel Falcon MD</u> Date <u>7/20/10</u>	
FAX TO	This form is needed to bill the patient's insurance. Please complete and return. Jarod E. Guay (866) 258-9581 (866) 622-6941 SALES CONSULTANT PHONE EXT e-FAX	

Stretch Beyond Your Expectations.®

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 07/28/10

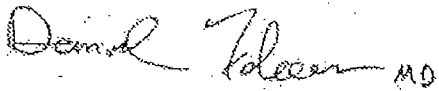
CHIEF COMPLAINT: Pt is seen for continued care of the right hand contusion.

EXAM: She continues to make improvement, although there was still limited flexion. Sensation was present, and the hand was warm and had normal capillary refill.

DIAGNOSIS: 923.21-Contusion of wrist

PLAN: she will continue therapy, incorporating the dynamic flexion splint. Followup in one month.

PRESCRIPTION: No data for Prescription

A handwritten signature in cursive script, reading "Daniel A. Falcon MD". The signature is written in dark ink and is positioned above a horizontal line.

Daniel A. Falcon, M.D.

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

PATIENT: Walton, Cynthia

EXAM DATE: 07/28/10

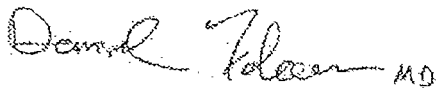
Cynthia Walton was seen today at The Carolina Hand Center for treatment of a work-related condition.

Diagnosis:

Tests/Surgery Scheduled:

Work Status: ☐ May return to work without restrictions
☐ May not return to work until
☒ May return to work with restrictions as described below.

Restrictions: ☐ May not lift greater than pounds.
☒ May return to one-handed duty.
☐ May return to one-handed duty using injured hand as an assisting hand.
☐ May return to one-handed duty in a clean environment.
☐ If no light duty is available, employee may be sent home by supervisor.
☐ Other



Daniel A. Falcon, MD

Next apointment date

391 Serpentine Drive
Suite 440
Spartanburg, SC, 29303
Telephone: 864-585-4263
Fax: 864-585-9712



James A. Essman, M.D.
Daniel A. Falcon, M.D.

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 08/26/10

CHIEF COMPLAINT: Pt is seen for continued care of the right hand confusion.

EXAM: She still has wrist stiffness especially in flexion. Finger motion has improved, and now she can completely bring the fingertips and palm.

DIAGNOSIS: 923.21-Confusion of wrist;-Right hand confusion

PLAN: continue range of motion therapy; followup in one month.

PRESCRIPTION: No data for Prescription

Daniel A. Falcon, M.D.

Report Date: August 30, 2010 Patient: Walton, Cynthia DOS:

WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

PATIENT: Walton, Cynthia

EXAM DATE: 08/26/10

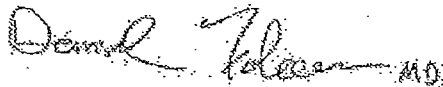
Cynthia Walton was seen today at The Carolina Hand Center for treatment of a work-related condition.

Diagnosis:

Tests/Surgery Scheduled:

Work Status: ☐ May return to work without restrictions
☐ May not return to work until
☒ May return to work with restrictions as described below.

Restrictions: ☐ May not lift greater than pounds.
☐ May return to one-handed duty.
☒ May return to one-handed duty using injured hand as an assisting hand.
☐ May return to one-handed duty in a clean environment.
☐ If no light duty is available, employee may be sent home by supervisor.
☐ Other



Daniel A. Falcon, MD

Next appointment date


DYNASPLINT SYSTEMS, INC.
PATIENT FOLLOW-UP

Corporate Hdqtrs: 770 Ritchie Hwy, Ste. W-21 Severna Park, MD 21146 Tel: 800-638-6771 Fax: 800-310-7532
 Western Division: 7946 Ivanhoe Avenue, Ste. 222 La Jolla, CA 92037 Tel: 800-262-8828 Fax: 800-262-6144

Doctor/Therapist: Dr. FalconDate: 8/24/11Patient Name: Cindy WaltonDiagnosis: Wrist Contracture

DYNASPLINT SYSTEM				Date:	Range Of Motion: (Active/Passive)
☒ Standard	☐ Elbow	☐ Left	Fit: <u>7-21-10</u>	<u>20°</u>	<u>1</u>
☐ Neuro	☐ Forearm	☐ Right			
	☒ Wrist	☐ Extension	Follow-Up: <u>8-26-10</u>	<u>40°</u>	<u>1</u>
	☐ MCP	☒ Flexion	GAIN: _____	(Total gain in degrees)	
	☐ PIP	☐ Supination	(Total time in days/weeks)		
	☐ Knee	☐ Pronation			
	☐ Ankle				
	☐ MTP				

DYNASPLINT SYSTEM				Date:	Range Of Motion: (Active/Passive)
☐ Standard	☐ Elbow	☐ Left	Fit: _____	<u>1</u>	<u>1</u>
☐ Neuro	☐ Forearm	☐ Right			
	☐ Wrist	☐ Extension	Follow-Up: _____	<u>1</u>	<u>1</u>
	☐ MCP	☐ Flexion	GAIN: _____	(Total gain in degrees)	
	☐ PIP	☐ Supination	(Total time in days/weeks)		
	☐ Knee	☐ Pronation			
	☐ Ankle				
	☐ MTP				

DYNASPLINT SHOULDER SYSTEM				Date:	Range Of Motion:			
☐ Shoulder	☐ Left	☐ Right			Active (Flexion/Abduction/Ext. Rotation)		Passive (Flexion/Abduction/Ext. Rotation)	
					Fit: _____	<u>1</u>	<u>1</u>	<u>1</u>
Follow-Up: _____	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>				
GAIN: _____	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>				
(Total time in days/weeks)	(Total gain in degrees)	(Total gain in degrees)	(Total gain in degrees)	(Total gain in degrees)				

* Cindy has no problems w/ Darning / Darning Split
& ROM is improving
* She is wearing the Wrist Flexion Dynasplint 1 hr/day
can feel a good stretch
* Cindy had increased tension to 3 on one side
showed her how to properly increase tension - make
sure that she understands how to properly increase tension

* Cindy says that she can feel a difference w/ her motion

<u>Cynthia Walton</u>	<u>8-26-10</u>	CONTACT INFORMATION: Sales Consultant/Filter: <u>AROD GUY</u> Contact Number: <u>(864) 525 4807</u> Fax Follow-up Form To: 866-881-3962 primary 800-310-7532 secondary
PATIENT SIGNATURE	DATE	
<u>Alitta M. Mendenhall</u>	<u>8-26-10</u>	
HEALTH CARE PROFESSIONAL SIGNATURE	DATE	

D Falcon
8/24/11

Stretch Beyond Your Expectations®

391 Serpentine Drive
Suite 440
Spartanburg, SC, 29303
Telephone: 864-585-4263
Fax: 864-585-9712



James A. Essman, M.D.
Daniel A. Falcon, M.D.

PATIENT: Cynthia Walton
FOLLOW-UP VISIT: 09/23/10

CHIEF COMPLAINT: Follow-up fo visit for right hand confusion.

EXAM: Right hand has good sensation. The wrist has normal range of motion. Fingers flex and extend well, however there still is some stiffness in the fingers. Overall she has made good progress and improvement.

DIAGNOSIS: -Right hand confusion

PLAN: she has reached maximum medical improvement and is discharged from care. There is no impairment.

PRESCRIPTION: No data for Prescription

Daniel A. Falcon, M.D.

Report Date: September 30, 2010 Patient: Walton, Cynthia DOS:

WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

PATIENT: Walton, Cynthia

EXAM DATE: 09/23/10

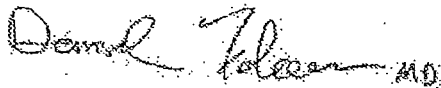
Cynthia Walton was seen today at The Carolina Hand Center for treatment of a work-related condition.

Diagnosis:

Tests/Surgery Scheduled:

Work Status: (X) May return to work without restrictions
() May not return to work until
() May return to work with restrictions as described below.

Restrictions: () May not lift greater than pounds.
() May return to one-handed duty.
() May return to one-handed duty using injured hand as an assisting hand.
() May return to one-handed duty in a clean environment.
() If no light duty is available, employee may be sent home by supervisor.
() Other



Daniel A. Falcon, MD

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

63880

Claimant's Name: Cynthia Watton
 Physician's Name: Daniel A. Falcon, MD
 Practice/Clinic: The Carolina Hand Center
 Preparer's Name: Akita Misenerheimer
 Phone: (804) 585-7263

Employer's Name: Union County Carnegie Library
 Insurance Carrier: Companion P&C
 SCWCC File No: 580000229840

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: 3-30-2010

Date of first office visit: 4-19-10 Date of last visit: 9-23-10

Diagnosis or nature of injury or illness: right hand contusion

Body part(s) injured: right hand Body part(s) affected: N/A

Date of Maximum Medical Improvement: 9-23-10

Based on the AMA Guidelines, the claimant has sustained a 0 % medical impairment to right hand injured body part(s) and a N/A % medical impairment to N/A other affected body part(s).

☒ The claimant is able to return to work without restriction.

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

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

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

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

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

Daniel A. Falcon
 Treating Physician

9/27/10
 Date

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

OCCUPATIONAL THERAPY INITIAL EVALUATION**Patient:** Walton, Cynthia **Age:** 45 years old **Chart Number:** 63880**Doctor:** Daniel A. Falcon, M.D.**Diagnosis:** 923.21-Contusion of wrist**Date of Injury/Surgery:****Date of Evaluation:** 05/04/10**Involved side:** (X)Right ()Left**Dominant side:** (X)Right ()Left**Subjective:** The patient reports that she was injured in a car accident. She is being referred to therapy to begin ROM to the right wrist and hand.**Family History**Allergies
Arthritis
Diabetes
Glaucoma
Stroke**Social History**Social History Reviewed
Alcohol - Denies
Drug Use - Denies
Employment: Full Time
Employment: Student
Marital Status: Single
Tobacco-Denies**Medications**Cymbalta
Ultram**Surgical History
Illnesses**Hysterectomy
back injury/pain
fibromyalgia**Allergies**Penicillins
Sulfa**Observation:** The patient is a 45 year old female who presents this date with mild edema at the right palm and wrist.**Objective Findings:** Visual Inspection/Wound Status: The patient presents with the following:(X)edema ()sutures
()open wound ()ecchymosis
()scarring Location:right palm and wrist**Sensation:**

(X)intact ()impaired

Range of Motion:

	Index	Middle	Ring	Small	Thumb
MP	0-60	0-70	0-75	0-70	MP 0-45
PIP	10-85	10-70	10-90	10-90	IP 0-45
DIP	0-30	0-30	0-45	0-55	Abd/Ext wnl's
TAM					

JOINT RANGE of MOTION

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

(X)ACTIVE ()PASSIVE

(X)Right ()Left

Wrist Ext 0-30 Flex 0-10 UD WNLs RD WNLs
Supination 0-65, pronation 0-70

Strength:deferred

Pain:

At Rest o/10 With Use
tightness/10

Function: The patient reports independence with basic self care with modifications. The patient reports that she currently is working as a children's librarian. Decreased range of motion, weakness and need for protection limit hand use at this time.

Goals and plan of care:

Short-term goals to be achieved in four weeks:

1. The patient will have increased AROM by 40 degrees in the affected digits and wrist.
2. The patient will be independent with home exercise programs for range of motion and edema management.
3. The patient will report a decrease in pain/hypersensitivity to increase hand function.
4. The patient will tolerate strength testing and upgrades.

Long-term goals to be achieved in six to eight weeks:

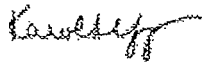
The patient will have AROM and strength within normal limits with a decrease in pain for return to unrestricted hand use.

Rehabilitation Potential: Good for the stated goals.

Plan: Today's treatment consisted of an initial evaluation and history taking. The patient received moist prep heat, soft tissue mobilization and active range of motion (AROM) exercises. The patient was also fitted with a protective splint to be removed for range of motion (ROM) and hygiene. A home exercise program for range of motion (ROM) and wound care/edema management was established. Supplies issued: splint
Future therapy is to include thermal modalities, AROM/PROM exercises, progressive resistive strengthening, scar management and upgrades in the patient's home exercise programs.

Frequency and Duration: Patient is to be seen 2x weekly for 4-6 weeks. Frequency and duration will be dependent upon progress made.

Thank you for this referral,



Karol S. Young MS, OTR/L, CHT
SC License No. 2261

Patient Education Material(s) - Dated 05/04/10

Hand & Wrist Exercises

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/06/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Confusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	fluidotherapy f/b US to right palm/wrist
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft Tissue Mobilization
	☐ Scar Management/Mob	☐ Suture Removal	☐ Adapt. Equip.
	☐ Desensitization	☒ HEP review/upgrades	☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: right wrist and hand
Strengthening/Therapeutic	☐ Pulleys	☐ Putty	☐ Putty with pegs
Exercises:	☒ Weight well	☐ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curls, pegs		

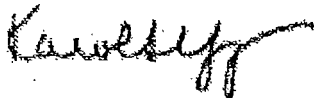
Supplies Issued: _____

Comments: Digital ROM has improved. Patient able to complete weight well 3x without weight his date. HEP was reviewed.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 58 minutes

Plan: Cont epr POC



Therapist: Karol S. Young MSOTR/L, CHT, SC License #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/11/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	to right hand and wrist f/b
			US to palm and wrist area
	☐ Whirlpool		as per protocol
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	Location: right hand and wrist
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☐ Putty with pegs
	☒ Weight well	☐ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curl, straight pegs, no resistance on wt well, styrofoam pickup		

Supplies Issued: none

Comments: Pt is slowly progressing with ROM. Pain is still limiting progression.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 56 minutes

Plan: Continue 2x's weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/13/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	to right hand and wrist f/b
			US to palm and volar wrist
	☐ Whirlpool		as per protocol
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob:	☐ AAROM	☒ PROM	☒ AROM
			Location: right wrist and hand
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☐ Putty with pegs
	☒ Weight well	☐ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curl, straight pegs, styrofoam pickup, and exerstick for wrist motion		

Supplies Issued: none

Comments: Pt reports her hand and wrist are feeling better, and she reports trying to do more without her splint on her wrist.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 56 minutes

Plan: Continue 2x's weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/18/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft Tissue Mobilization
	☐ Scar Management/Mob	☐ Suture Removal	☐ Adapt. Equip.
	☐ Desensitization	☒ HEP review/upgrades	☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: _____
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☐ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curls, pegs, cones		

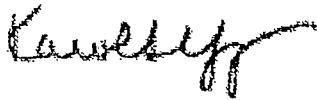
Supplies Issued: _____

Comments: Wrist pain present but improving. Pain present with wrist flexion. HEP was reviewed with patient to decrease splint wear.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 60 minutes

Plan: Cont 2x weekly per POC



Therapist: Karol S. Young MSOTR/L, CHT, SC License #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/20/10

Doctor: James A. Essman, M.D. Daniel A. Falcon, M.D. Diagnosis: Unfinished w/o Diagnosis

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	fluido f/b US to palm
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: right wrist and hand
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☐ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curls, pegs		

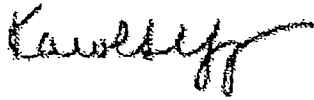
Supplies Issued: _____

Comments: Patient reports decreased palmar pain with use of US.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 57 minutes

Plan: Cont 2x weekly per POC



Therapist: Karol S. Young MSOTR/L, CHT, SC License #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/25/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	() Paraffin	() Moist Heat (NC)	(X) Fluidotherapy
	(X) Ultrasound	() Electrical Stim	to right hand and wrist f/b
	() Whirlpool		<u>US to palm as per protocol</u>
Treatment/Instruction:	() Wound Care	() Dressing Application	(X) Edema Control/Soft
	() Scar Management/Mob	() Suture Removal	Tissue Mobilization
	() Desensitization	(X) HEP review/upgrades	() Adapt. Equip.
			() Joint Protection
ROM/Joint Mob.:	() AAROM	(X) PROM	(X) AROM
			Location: <u>right hand and wrist</u>
Strengthening/Therapeutic Exercises:	() Pulleys	() Putty	(X) Putty with pegs
	(X) Weight well	() Clothespins	(X) Grasp/Release
	() UE Bike	() Velcro Board	() Leather Tooling
	Other: <u>scarf curl, straight pegs, wt well with 1 wt</u>		

Supplies Issued: none

Comments: Pt reports increase function of hand at home with less pain. Pt is still using her splint when driving and at work.

Response to Treatment: (X) Good () Fair () Poor () Discharge on HEP

Time in therapy: 57 minutes

Plan: Continue on Thursday when pt sees MD*Aletha Misenheimer*

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 05/27/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Confusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	to right hand and wrist f/b
			US to palm and wrist area
	☐ Whirlpool		as per protocol
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	Location: right hand and wrist
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other:		

Supplies Issued: none

Comments: Pt reports weaning herself out of her splint more at home. Pt is progressing slowly.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 60 minutes

Plan: Continue POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia **AGE:** 45 years old **CHART NUMBER:** 63880

Date: 06/03/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY RE-ASSESSMENT NOTE

Treatment Time: 62 minutes

The patient was seen this date for continued care of right wrist contusion with stiffness. The patient received fluidotherapy prep heat, US to palm/wrist per protocol, soft tissue mobilization, and AROM/PROM. A re-assessment was completed after measurements were taken.

JOINT RANGE of MOTION:

(X)ACTIVE ()PASSIVE

(X)Right ()Left

wrist flexion 0-20, extension 0-40, supination 0-75, pronation wris

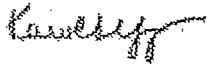
PAIN SCALE:

At Rest 0/10 With Use 5/10

STRENGTH TESTING:

	Right	Left
Grasp	5	60
Lateral Pinch	4	14
3 pt. Pinch	5	16

The patient has made progress with ROM. Stiffness and weakness still limit right wrist function. The patient's home exercise program was reviewed and upgraded. A hand exerciser was issued for use at home. Therapeutic exercises were completed in the clinic. The patient is making slow but steady progress toward the goals established upon the initial evaluation. Will continue with therapy 2x weekly until the patient's return M.D. visit to maximize ROM and strength outcomes in preparation for discharge.



Therapist: Karol S. Young MS, OTR/L, CHT SCLicense #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 06/08/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	to right hand and wrist f/b
			US to volar wrist area as
	☐ Whirlpool		per protocol

Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection

ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM	Location: right hand and wrist
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Strengthening/Therapeutic Exercises:	☒ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☐ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
Other:	1 wt on wt well, upgrade to red theraputty and clothespins		

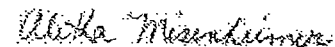
Supplies Issued: wall pullies

Comments: Pt reports compliance with hand exerciser at home and reports the exerciser makes her hand feel better. Patient reports shoulder discomfort that eases off with use of wall pullies. Pt issued wall pullies for use at home.

Response to Treatment:	☒ Good	☐ Fair	☐ Poor	☐ Discharge on HEP
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Time in therapy: 55 minutes

Plan: Continue 2x's weekly as per POC



Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 06/10/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim.	to right hand and wrist f/b
			US to volar wrist and palm
	☐ Whirlpool		area as per protocol

Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection

ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM	Location: right hand and wrist
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Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
Other:			

Supplies Issued: none

Comments: Pt reports she is using her hand and wrist more at home now. ROM is progressing.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 60 minutes

Plan: Continue POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 06/14/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	() Paraffin	() Moist Heat (NC)	(X) Fluidotherapy
	(X) Ultrasound	() Electrical Stim	to right hand and wrist f/b
			US to volar palm and wrist
	() Whirlpool		area as per protocol
Treatment/Instruction:	() Wound Care	() Dressing Application	(X) Edema Control/Soft
	() Scar Management/Mob	() Suture Removal	Tissue Mobilization
	() Desensitization	(X) HEP review/upgrades	() Adapt. Equip.
			() Joint Protection
ROM/Joint Mob.:	() AAROM	(X) PROM	Location: right hand and wrist
		(X) AROM	
Strengthening/Therapeutic Exercises:	() Pulleys	() Putty	(X) Putty with pegs
	(X) Weight well	(X) Clothespins	(X) Grasp/Release
	() UE Bike	() Velcro Board	() Leather Tooling
	Other: 1 wt on wt well, red therapy putty.		

Supplies Issued: none

Comments: Pt was unable to complete all the green clothespins due to pain. ROM is slowly progressing.

Response to Treatment: (X) Good () Fair () Poor () Discharge on HEP

Time in therapy: 58 minutes

Plan: Continue 2x's weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 06/24/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	to right hand and wrist f/b
			US to palm and wrist area
	☐ Whirlpool		as per protocol
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: right hand and wrist
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: 1 wt on wt well, scarf curl, straight pegs, yellow thru green clothespins		

Supplies Issued: velcro wrist splint to replace previously issued splint which was damaged

Comments: Pt reports washing her splint with the metal bar in it which bent her splint out of shape. Pt has stiffness in her wrist for extension and flexion.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 55 minutes

Plan: Continue next week when pt sees MD

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: October 17, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Cynthia Walton
Date of Appointment: 6-24-2010

The patient did not keep their appointment today.

Altha Meinheimer

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 06/30/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☒ Paraffin ☐ Ultrasound ☐ Whirlpool	☐ Moist Heat (NC) ☐ Electrical Stim	☐ Fluidotherapy <u>flexion taping of digits</u>
Treatment/Instruction:	☐ Wound Care ☐ Scar Management/Mob ☐ Desensitization	☐ Dressing Application ☐ Suture Removal ☒ HEP review/upgrades	☒ Edema Control/Soft Tissue Mobilization ☐ Adapt. Equip. ☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM ☒ PROM	☒ AROM	Location: <u>right hand and wrist</u>
Strengthening/Therapeutic Exercises:	☐ Pulleys ☒ Weight well ☐ UE Bike Other: _____	☐ Putty ☒ Clothespins ☐ Velcro Board	☒ Putty with pegs ☒ Grasp/Release ☐ Leather Tooling

Supplies Issued: none

Comments: Pt is slowly progressing with ROM of wrist. A dynamic flexion splint will be ordered for patient to use at home.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 60 minutes

Plan: Continue 2x's weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

Occupational Therapy Order
to be performed by Certified Hand Therapist

Patient Name: Cynthia Walton

DOB: [REDACTED]

Diagnostics/Precautions & Date of Onset:

s/p right wrist and hand contusion

Frequency/Duraton:

- ☒ Evaluate and treat
- ☐ Referred for Splinting or Orthotics
- ☐ Referred for Comprehensive Upper Extremity Evaluation

Treatment:

Dynasplint to the right wrist fo flexion

Daniel A. Falcon MD

Daniel A. Falcon, MD

Appointment Date:

Appointment Time:

Approval: Jarrod Guay to get authorization

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 07/06/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☒ Ultrasound	☐ Electrical Stim	to right hand and wrist f/b
			US to volar wrist area as
	☐ Whirlpool		per protocol
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	Location: right hand and wrist
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: upgrade to green clothespins, red theraputty		

Supplies Issued: none

Comments: Pt reports pain radiating up her arm occasionally. Wrist flexion is still tight.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 60 minutes

Plan: Continue 2x's weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 07/08/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY RE-ASSESSMENT NOTE

Treatment Time: 60 minutes

The patient was seen this date for continued care of right wrist/hand contusion. The patient received fluidotherapy prep heat, soft tissue mobilization, and AROM/PROM. A re-assessment was completed after measurements were taken.

JOINT RANGE of MOTION:

(X)ACTIVE ()PASSIVE

(X)Right ()Left

wrist flexion 0-30, extension 0-40

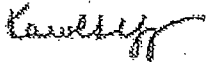
PAIN SCALE:

At Rest 0 /10 With Use 4 /10

STRENGTH TESTING:

	Right	Left
Grasp	13	60
Lateral Pinch	8	14
3 pt. Pinch	8	16

The patient has made progress with ROM and strength. The patient's home exercise program was reviewed and upgraded. Therapeutic exercises were completed in the clinic. The patient is/ is not making progress toward the goals established upon the initial evaluation. Will continue with therapy 2x weekly until the patient's return M.D. visit to maximize ROM and strength outcomes in preparation for discharge.



Therapist: Karol S. Young MS, OTR/L, CHT SCLicense #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 07/13/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	to right hand and wrist
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft Tissue Mobilization
	☐ Scar Management/Mob	☐ Suture Removal	☐ Adapt. Equip.
	☐ Desensitization	☒ HEP review/upgrades	☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: right hand and wrist
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curl, straight pegs, red theraputty with pegs, 1 wt on wt well		

Supplies Issued: none

Comments: Pt reports her hand still swells when she uses her hand at work. Pt reports still using her protective splint at work.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 55 minutes

Plan: Continue 2x's weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 07/15/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	to right hand and wrist
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft Tissue Mobilization
	☐ Scar Management/Mob	☐ Suture Removal	☐ Adapt. Equip.
	☐ Desensitization	☒ HEP review/upgrades	☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: left wrist and hand
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curl, straight pegs, red theraputty, and 1 wt on wt well		

Supplies Issued: none

Comments: Pt reports she has had a good day today with her wrist and hand. Pain has decreased today.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 58 minutes

Plan: Continue 1x weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 45 years old CHART NUMBER: 63880

Date: 07/20/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	<u>to right hand and wrist</u>
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: <u>right hand and wrist</u>
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: _____		

Supplies Issued: none

Comments: Pt was fitted by Jarod Guay, Dynasplint rep, with a dynamic wrist flexion splint to be used with her HEP before her therapy session. Pt will continue therapy 1x weekly now.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 55 minutes

Plan: Continue 1x weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTAL, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 07/28/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	to right hand and wrist
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob.	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	Location: right hand and wrist
		☒ AROM	
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other:		

Supplies Issued: none

Comments: Pt reports compliance with her dynamic wrist splint. Pt reports soreness in her wrist from the dynamic splint.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 58 minutes

Plan: Continue 1x weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 08/03/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☐ Edema Control/Soft Tissue Mobilization
	☐ Scar Management/Mob	☐ Suture Removal	☐ Adapt. Equip.
	☐ Desensitization	☐ HEP review/upgrades	☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: right wrist and hand
Strengthening/Therapeutic Exercises:	☒ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☐ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: scarf curls, pegs		

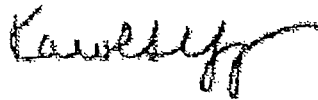
Supplies Issued: _____

Comments: ROM is improving in the right wrist. The patient's HEP with dynamic splint use was reviewed and upgraded.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 60 minutes

Plan: Will cont 1x weekly per POC



Therapist: Karol S. Young MSOTR/L, CHT, SC License #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 08/12/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY RE-ASSESSMENT NOTE

Treatment Time: 62 minutes

The patient was seen this date for continued care of right wrist and hand injury. The patient received fluidotherapy prep heat, soft tissue mobilization, and AROM/PROM. A re-assessment was completed after measurements were taken.

JOINT RANGE of MOTION:

(X)ACTIVE ()PASSIVE

(X)Right ()Left

Wrist flexion 0-40, extension 0-50

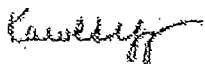
PAIN SCALE:

At Rest 0/10 With Use 3/10

STRENGTH TESTING:

	Right	Left
Grasp	25	60
Lateral Pinch	11	14
3 pt. Pinch	10	16

The patient has made progress with ROM and strength. The patient's home exercise program was reviewed and upgraded and the patient reports that she has increased the time and tension on her dynamic wrist splint with increased flexion this date. The patient was also instructed to increase rubberband tension on her hand exerciser at home for strengthening. The patient is to completely d/c use of wrist splint as well. Therapeutic exercises were completed in the clinic. The patient is making progress toward the goals established upon the initial evaluation. Will continue with therapy 1x weekly to monitor/upgrade HEPs until the patient's return M.D. visit to maximize ROM and strength outcomes in preparation for discharge.



Therapist: Karol S. Young MS, OTR/L, CHT SCLicense #2261

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 08/17/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Confusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	<u>to right hand and wrist</u>
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	☒ AROM
			Location: <u>right hand and wrist</u>
Strengthening/Therapeutic Exercises:	☒ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other: <u>scarf curl, straight pegs, red theraputty, 1 wt on wt well</u>		

Supplies Issued: none

Comments: Pt reports she is no longer wearing her wrist support at work. Pain is still a problem.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 56 minutes

Plan: Continue next week when pt sees MD

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 08/26/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	to right hand and wrist
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft Tissue Mobilization
	☐ Scar Management/Mob	☐ Suture Removal	☐ Adapt. Equip.
	☐ Desensitization	☒ HEP review/upgrades	☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	Location: right wrist and hand
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other:		

Supplies Issued: none

Comments: Pt was seen following MD appt. Pt will continue therapy along with home program.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 55 minutes

Plan: Continue 1x weekly as per POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 08/31/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY PROGRESS NOTE

The patient was seen this date per physician orders for outpatient occupational therapy/ hand therapy services.
The following treatment was provided:

Modalities:	☐ Paraffin	☐ Moist Heat (NC)	☒ Fluidotherapy
	☐ Ultrasound	☐ Electrical Stim	to right hand and wrist
	☐ Whirlpool		
Treatment/Instruction:	☐ Wound Care	☐ Dressing Application	☒ Edema Control/Soft
	☐ Scar Management/Mob	☐ Suture Removal	Tissue Mobilization
	☐ Desensitization	☒ HEP review/upgrades	☐ Adapt. Equip.
			☐ Joint Protection
ROM/Joint Mob.:	☐ AAROM	☒ PROM	Location: right wrist
		☒ AROM	
Strengthening/Therapeutic Exercises:	☐ Pulleys	☐ Putty	☒ Putty with pegs
	☒ Weight well	☒ Clothespins	☒ Grasp/Release
	☐ UE Bike	☐ Velcro Board	☐ Leather Tooling
	Other:		

Supplies Issued: none

Comments: Pt reports she is feeling better since she has resumed a walking program. Strength in her wrist and hand is progressing.

Response to Treatment: ☒ Good ☐ Fair ☐ Poor ☐ Discharge on HEP

Time in therapy: 55 minutes

Plan: Continue POC

Aletha Misenheimer

Therapist: Aletha Misenheimer COTA/L, SC License #0001

Report Date: May 31, 2011 Patient: Walton, Cynthia DOS:

PATIENT: Walton, Cynthia AGE: 46 years old CHART NUMBER: 63880

Date: 09/14/10

Doctor: Daniel A. Falcon, M.D.

Diagnosis: 923.21-Contusion of wrist

OCCUPATIONAL THERAPY RE-ASSESSMENT NOTE

Treatment Time: 60 minutes

The patient was seen this date for continued care of right wrist and hand stiffness after injury. The patient received fluidotherapy prep heat, soft tissue mobilization, and AROM/PROM. A re-assessment was completed after measurements were taken.

JOINT RANGE of MOTION:

(X)ACTIVE ()PASSIVE

(X)Right ()Left

Wrist flexion 0-50, extension 0-55

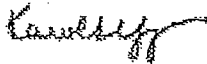
PAIN SCALE:

At Rest 0/10 With Use 2/10

STRENGTH TESTING:

	Right	Left
Grasp	25	60
Lateral Pinch	12	14
3 pt. Pinch	11	16

The patient has made progress with ROM and strength. The patient's home exercise program was reviewed and upgraded. Therapeutic exercises were completed in the clinic. The patient has made progress toward the goals established upon the initial evaluation. Will discharge the patient on his HEP which was reviewed this date. Patient is to follow up with MD.



Therapist: Karol S. Young MS, OTR/L, CHT SCLicense #2261

63830

391 SERPENTINE DRIVE
SUITE 440
SPARTANBURG, SC 29303



JAMES A. ESSLIN, M.D.
DANIEL A. FALCON, M.D.

DATES OF SERVICE for Medical Care and/or Therapy:

Cynthia Winton

has attended medical/therapy appointments

<u>4/14/10</u>	<u>6/14/10</u>	<u>9/14/10</u>	
<u>4/27/10</u>	<u>6/24/10</u>	<u>9/23/10</u>	
<u>4/30/10</u>	<u>6/30/10</u>		
<u>5/4/10</u>	<u>7/6/10</u>		
<u>5/6/10</u>	<u>7/8/10</u>		
<u>5/10/10</u>	<u>7/13/10</u>		
<u>5/11/10</u>	<u>7/15/10</u>		
<u>5/13/10</u>	<u>7/20/10</u>		
<u>5/18/10</u>	<u>7/28/10</u>		
<u>5/20/10</u>	<u>8/3/10</u>		
<u>5/25/10</u>	<u>8/10/10</u>		
<u>5/27/10</u>	<u>8/17/10</u>		
<u>6/3/10</u>	<u>8/26/10</u>		
<u>6/8/10</u>	<u>8/31/10</u>		
<u>6/10/10</u>	<u>9/1/10</u>		

All dates of service must be verified and authorized by a signature from the physician, therapist or staff member of The Carolina Hand Center before submitting this information to your insurance carrier.

Signature:

Brenda Glenn

Date:

9-23-10

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Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: 86317
Patient Name: CYNTHIA WALTON
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 12/14/2010

INDEPENDENT MEDICAL EXAMINATION

EMPLOYER: Carnegie Library, Union County
DATE OF INJURY: March 30, 2010

HX OF PRESENT ILLNESS: Ms. Walton is a 46-year-old lady sent by her attorney Ben Harrison and Tom Killoren for evaluation of right hand, arm and shoulder pain. She is a 46-year-old lady who was hit from behind in Columbia on I-26 on March 30, 2010. Her hand got torqued in the steering wheel. She was hit from behind and was taken to Baptist Hospital in Columbia where she had a workup with cervical spine x-rays that were normal. She had a bad headache at that time. She also had problems with her left hip, neck and back. She states that her right arm really started hurting her more the next day than it did while she was there because she was so frightened and just happy that she had survived the wreck. She states that her airbag did deploy and that her arm got caught in the steering wheel as she was hit from behind. She slid into the car in front of her and slid to the side. She saw Dr. Stephen Thomas and Occupational Medicine and Minor Care. She was diagnosed with right wrist pain. She had negative x-rays at that time.

It was noted that at the time she was driving her car in Columbia it was a trip to a workshop involved with her work, so it was a Workman's Comp type injury. She works at the children's library in Union County Carnegie Library. She states that an SUV rear ended her car. She estimated that the SUV was driving about 55 miles per hour and that her hand was caught in the steering wheel. As noted above, she really did not worry so much about the hand and arm at the time of the wreck because she was having such a bad headache and had neck pain and low back pain and left hip pain. She came back to Spartanburg and eventually saw her family doctor, Dr. Craft, who referred her to Dr. Dan Falcon for continued right hand pain. She reported that her hand was very swollen at this time. She had previously gone to Urgent Care at Westgate and had x-rays of her hand. Dr. Jeffrey Craft saw her and referred her to Dr. Falcon for hand pain and swelling. She states that she had a very swollen hand. She felt like even though the x-rays were negative that she had ligament injuries in her hand. Dr. Falcon felt that she had a right hand contusion. He was worried about lack of finger motion and he put her in a plaster cast, holding her wrist in slight extension and allowing finger motion and had ordered therapy for her. He followed her for several more visits throughout the summer and treated her with a diagnosis of right wrist and hand contusion. She continued her range of motion therapy and then did get better. He allowed her to return to work with one-handed duty during this time. She continued to improve. In September of 2010 he allowed her to return to work without any restrictions. On his last visit, September 23, 2010, he gave her a zero percent impairment of the right hand and recommended she return to work with no restrictions. Since that time, and in fact really since the wreck she has not only had right hand pain but she has also had right shoulder pain, and to a lesser degree left hip pain and to a mild degree right hip pain. She states that the right hip really was hurting her before the wreck and she does not attribute her right hip pain to the wreck. Her left hip pain is more of an occasional ache and she feels like she could live with that.

Her major continued complaints are right shoulder and arm pain. She points to the right shoulder as being the worst site of the pain. She states that she has a loss of motion in the right shoulder and she has loss of strength in the right arm, hand and right shoulder. The loss of strength is most notable in the hand, but she really cannot do her

hair or reach up high. She cannot lay on her stomach at night. She has a lot of tingling and numbness in her right hand.

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Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: 86317
Patient Name: CYNTHIA WALTON
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 12/14/2010

She states that the tingling mainly goes into her right thumb and her right shoulder hurts her when she reaches up above her head. She has difficulty reaching behind her neck or getting dressed because of right shoulder pain. The pain radiates from the right shoulder into her upper arm. She states that her neck pain is better. Her lower back pain is much improved. The two major issues that she sees are primarily her right shoulder and hand. She states that they are directly related from the wreck and that these issues have not been resolved.

PAST MEDICAL HISTORY: Significant for fibromyalgia. She has been diagnosed with that since 2007. She sees Dr. Machimada for this. Also significant for anxiety and muscle disorder. She sees Dr. Chittum for right hip pain and frequently has right sacroiliac joint injections that are done at the hospital under fluoroscopy.
FAMILY HISTORY: Significant for diabetes, hypertension, osteoarthritis, stroke, asthma, high cholesterol and blood clots.
PAST SURGICAL HISTORY: Partial hysterectomy and a right oophorectomy done by Dr. Giep.
ALLERGIES: Penicillin.
CURRENT MEDICATIONS: Lyrica 25 mg, Ultram 50 mg, and Cymbalta.
REVIEW OF SYSTEMS: Significant for stomach pain and heat and cold intolerance; all other systems are negative/normal.
SOCIAL HISTORY: She works as a children's librarian. She is divorced. She quit smoking 14 years ago. She does not drink.

PHYSICAL EXAMINATION: Patient is a well developed, well nourished female in no acute distress. She is alert and oriented. She is 46 years old. Height is 5'4". Weight is 145 pounds. BP 152/69. Pulse 82. Respiration is unlabored.
PUPILS: Reactive.
EARS: Normal.
NECK: Supple with good range of motion. No real pain on palpation of her neck. Good flexion extension. Good right and left turn.
LUNGS: No evidence of labored breathing.
GI: Negative/normal.

ORTHOPEDIC EXAM: Straight leg raising causes some right sacroiliac pain on the right side which she states has been present before. Her left leg has negative straight leg raising test with good range of motion of the left hip today. She is able to walk on her toes and her heels without difficulty. Her back is supple. She can touch her toes. She has good right and left turn. Right shoulder exam shows that she has lost active motion in the right shoulder with abduction limited to 140 degrees and flexion to 160 degrees. She has positive impingement signs with muscle strength at 4/5 in the right shoulder. She has a positive Hawkins impingement sign and positive empty can sign. No real tenderness about the elbow. She has exquisitely positive Tinel's sign over the right wrist with numbness and tingling in the median nerve distribution. She has some mild tenderness over the radial ulnar joint dorsally. Skin normal texture, turgor, with good vascular flow.

IMPRESSION:

1. Impingement syndrome, right shoulder.
2. Rule out carpal tunnel syndrome.
3. Persistent right wrist pain.

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PatientID: 86317

Patient Name: CYNTHIA WALTON

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 12/14/2010

PLAN: I would recommend going ahead with a MRI evaluation of the right shoulder to rule out impingement syndrome to make sure there is no evidence of rotator cuff impingement by the acromion. I would recommend a nerve conduction study of the right wrist to rule out carpal tunnel syndrome. If her wrist pain persists, consideration will be given towards MRI scan of the right shoulder.

It is with a high degree of medical certainty that her right shoulder and wrist pain are directly related to the motor vehicle accident on March 30, 2010, which was a Workman's Compensation injury that occurred while driving to Columbia for a work related seminar.

It is my opinion that she certainly needs the MRI scan of the right shoulder and nerve conduction study of the right hand in the near future to decide whether she needs a right carpal release and to decide whether she needs an arthroscopic decompression of the right shoulder.

Furthermore, it is my opinion that if she needs these two surgeries, these tests will help us determine whether she needs them, and that if she does need them that they are directly related to her motor vehicle accident.

John E. Keith, Jr. M.D.

JEK:ddb

Electronically Signed by: John E. Keith, MD on Monday, December 20, 2010 4:42 pm

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Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: 86317
Patient Name: CYNTHIA W WALTON
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 03/15/2011

HX OF PRESENT ILLNESS: Ms. Walton has been followed for shoulder pain. She has also had symptoms of carpal tunnel syndrome. She describes her major problem as being in her shoulder today. The pain is accentuated with any type of overuse activity. She was involved in a car wreck in Columbia, South Carolina in March 2010. She was rear ended and injured her hand, arm and shoulder in that wreck. She continues to have severe pain in that shoulder. She describes it as a five on a scale of one to ten. It does keep her awake at night. It is associated with swelling, tingling, weakness. It seems to be worse with lifting, exercise, lying in bed. It is better with rest. She has had therapy but continues to have problems.

PAST MEDICAL HISTORY:	Significant for anxiety and muscle disorder.
FAMILY HISTORY:	Significant for diabetes, hypertension, osteoarthritis, stroke, asthma, high cholesterol and blood clots.
PAST SURGICAL HISTORY:	Partial hysterectomy and a right oophorectomy.
ALLERGIES:	Penicillin.
CURRENT MEDICATIONS:	Lyrica 25 mg, Ultram 50 mg, and Cymbalta.
REVIEW OF SYSTEMS:	Significant for heat and cold intolerance; all other systems are negative/normal.
SOCIAL HISTORY:	She works as a children's librarian. She is divorced. She quit smoking 14 years ago. She does not drink.

PHYSICAL EXAMINATION:	Patient is a well developed, well nourished female in no acute distress. She is alert and oriented. Height is 5'4". Weight is 145 pounds. BP 152/69. Pulse 82, regular rate and rhythm. Respiration is unlabored.
PUPILS:	Reactive.
EARS:	Normal.
NECK:	Supple. No masses. No lymphadenopathy.
LUNGS:	No evidence of labored breathing.
GI:	Negative/normal.

ORTHOPEDIC EXAM:	Examination of the right shoulder reveals tenderness of the subacromial bursa with positive impingement signs. Muscle strength is 4/5.
-------------------------	--

X-RAYS/IMAGING:	Radiographs of her right shoulder are within normal limits.
------------------------	---

IMPRESSION:	Impingement syndrome, possible rotator cuff tear, right shoulder with right shoulder pain.
--------------------	--

PLAN:	The plan will be to obtain a MRI evaluation of the right shoulder.
John E. Keith, Jr., M.D.	
JEK:ddb	

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PatientID: 86317

Patient Name: CYNTHIA W WALTON

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 03/15/2011

Electronically Signed by: John E. Keith, MD on Thursday, March 17, 2011 4:02 pm

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Follow-up Appt
DATE: _____
TIME: _____

SCANNED

Please fill this form out front and back.
This information is used by our radiologist when reading your MRI.

Name: Last Walton First Cynthia Patient ID # 86317

Ordering MD: Dr. Keith DOB: [REDACTED]

Type of MRI: Shoulder Rt Date: 3-21-11

Diagnosis: RCT

- What is your chief complaint? Shoulder pain, weakness
- What caused you to see the doctor for this problem? Pain just would not go away after having hand treated and heat.
- What does the doctor think is causing your problem? Bristle Cuff
- Describe your pain: Shoulder pain, weakness, pain down the arm and ache.
 - Does anything make it worse? Using arm, raising right arm, laying on that side.
 - Does anything make it better? Rest
 - Where is the pain located? Right shoulder, deep in joint, down out side arm to the elbow and wrist and weakness - after shot felt heavy.
- Do you have any weakness in the area being scanned? Yes
- Have you ever injured the area being scanned? (Y) N (circle one)
If yes, when and how? 3-30-10 Car Accident + trauma to right hand, but pain in shoulder - not just treated hand.
- Have you ever broken any bones in the area being scanned? NO
- Have you ever had surgery on the area being scanned? If so, what kind, when, and where? NO
- Do you have arthritis in any joints? Thumb
- Do you have any other medical conditions? Fibromyalgia, Sac joint disease (Hip)
- Describe your overall health: Good

MRI Tech: Jennifer



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Spartanburg



Please fill out BOTH sides of this form

Date: 3-21-11

Patient Name: Cynthia Walton

DOB: [REDACTED]

Please indicate if you have had any of the following:

YES

NO

Cardiac pacemaker, open heart surgery, or angioplasty..... ☐ YES ☒ NO

Brain Aneurysm Clips ☐ YES ☒ NO

Aortic Clips ☐ YES ☒ NO

Implanted Neurotransmitter ☐ YES ☒ NO

Insulin Pump ☐ YES ☒ NO

Hearing Aids ☐ YES ☒ NO

Joint Replacement ☐ YES ☒ NO

Fractured bone treated w/ metal rod, plates, or screws ☐ YES ☒ NO

Prosthesis ☐ YES ☒ NO

Metal silvers in eye or a welder ☐ YES ☒ NO

Cochlear Implants (located in the ear) ☐ YES ☒ NO

Shrapnel ☐ YES ☒ NO

Currently Pregnant ☐ YES ☒ NO

Have you had a MRI before ☒ YES ☐ NO

If yes, when and where was your MRI 2005/ Spartanburg,
2009 Dr. David Mitchell office -

Patient's Signature Cynthia Walton

Date: 3-21-11

MRI/Tech Signature _____

Date: _____

Physician Signature _____

Date: _____

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Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: 86317

Patient Name: CYNTHIA W WALTON

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 03/21/2011

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Image Desc: Document #2

Scanned Date: 03/22/2011 9:36:13 AM by ram

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Category: R-MRI

Cabinet: RADIOLOGY

Drawer: MRI

Orthopedic Specialties of Spartanburg, LLC

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

PatientID: 86317

Patient Name: CYNTHIA W WALTON

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 03/30/2011

HX OF PRESENT ILLNESS:

Cynthia had a MRI of her shoulder. Her MRI showed some AC joint degenerative disease and tendinopathy of the rotator cuff. She seems to be doing better. She still has some stiffness and some pain in the shoulder but she seems to be feeling better. She describes the pain as a four on a scale of one to ten. It does keep her awake at night but seems to be improving and she is able to use her arm much better.

PAST MEDICAL HISTORY:

Significant for anxiety and muscle disorder.

FAMILY HISTORY:

Significant for diabetes, hypertension, osteoarthritis, stroke, asthma, high

cholesterol and blood clots.

PAST SURGICAL HISTORY:

Partial hysterectomy and a right oophorectomy.

ALLERGIES:

Penicillin.

CURRENT MEDICATIONS:

Lyrica 25 mg, Ultram 50 mg, and Cymbalta.

REVIEW OF SYSTEMS:

Significant for heat and cold intolerance; all other systems are

negative/normal.

SOCIAL HISTORY:

She works as a children's librarian. She is divorced. She quit smoking

14 years ago. She does not drink.

PHYSICAL EXAMINATION:

Patient is a well developed, well nourished female in no acute distress. She is alert and oriented. Height is 5'4". Weight is 145 pounds. BP 152/69. Pulse 82, regular rate and rhythm. Respiration is unlabored.

PUPILS:

Reactive.

EARS:

Normal.

NECK:

Supple. No masses. No lymphadenopathy.

LUNGS:

No evidence of labored breathing.

GI:

Negative/normal.

ORTHOPEDIC EXAM:

Examination of the right shoulder reveals tenderness of the subacromial bursa with positive impingement signs. Muscle strength is 4/5.

X-RAYS/IMAGING:

Radiographs of her right shoulder are within normal limits.

IMPRESSION:

Improving impingement syndrome.

PLAN:

The plan will be to go ahead and undergo a therapy program. Certainly if her symptoms do not continue to improve then consideration will be given towards arthroscopic decompression.

John E. Keith, Jr., M.D.

JEK:aws

Electronically Signed by: John E. Keith, MD on Thursday, March 31, 2011 5:23 pm

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Orthopedic Specialties of Spartanburg, LLC

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Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: 86317
Patient Name: CYNTHIA W WALTON
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD
Date of Service: 05/25/2011

CHIEF COMPLAINT: Right shoulder pain.

HX OF PRESENT ILLNESS: Ms. Walton is known to the practice and has been followed for persistent impingement syndrome of the right shoulder. She had a MRI scan of her shoulder which showed some AC joint degenerative disease and tendinopathy of the rotator cuff. She was last seen six weeks ago at which time she believed her shoulder pain to be improving with therapy. However, at today's visit she states that she is still having persistent pain which has not improved since her last visit. She describes her pain as being a four on a scale of one to ten and states that it has continued to keep her awake some at night. At today's visit she states that she has had persistent decreased range of motion and believes she has decreased strength and would like to move forward with an arthroscopic decompression.

PAST MEDICAL HISTORY: Significant for anxiety and muscle disorder.
FAMILY HISTORY: Significant for diabetes, hypertension, osteoarthritis, stroke, asthma, high cholesterol and blood clots.
PAST SURGICAL HISTORY: Partial hysterectomy and a right oophorectomy.
ALLERGIES: Penicillin.
CURRENT MEDICATIONS: Lyrica 25 mg, Ultram 50 mg, and Cymbalta.
REVIEW OF SYSTEMS: Significant for heat and cold intolerance; all other systems are negative/normal.
SOCIAL HISTORY: She works as a children's librarian. She is divorced. She quit smoking 14 years ago. She does not drink.

PHYSICAL EXAMINATION: Physical examination shows a well-developed, well-nourished female in no apparent distress. She is alert and oriented x 3. Height 5'4". Weight 145 pounds.
EYES: Pupils are reactive.
EARS: Normal to external inspection.
CARDIO: Regular rate and rhythm.
LUNGS: Clear. No evidence of labored breathing.
GI: Normal/negative. Soft and non-tender with no masses.
SKIN: Color is good, and skin is warm. No suspicious lesions or rashes.

ORTHOPEDIC EXAM: Examination of her right shoulder is negative for bruising or swelling. She is tender to palpation over the subacromial bursa. She has limited range of motion with pain on abduction greater than 90 degrees, as well as with forward flexion. She has a positive impingement sign. Muscle strength is a 4/5. She is neurovascularly intact distally.

IMPRESSION: Persistent impingement syndrome.

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PatientID: 86317

Patient Name: CYNTHIA W WALTON

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E. KEITH MD

Date of Service: 05/25/2011

PLAN:
arthroscopy.

The plan at this time is to move forward with a right shoulder

The history, exam and plan of care were all performed by John E. Keith, M.D. and I, Anna Grace Dimling, PA-C have scribed these services on his behalf.

Anna Grace Dimling, PA-C

AGD:ddb

Electronically Signed by: John E. Keith, MD on Friday, May 27, 2011 8:34 am

Orthopedic Specialties of Spartanburg, LLC

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Jack B. Sizemore, PA-C, Roxanne M. Dingman ATC, OPA-C

PatientID: 86317

Patient Name: CYNTHIA W WALTON

Patient SS#: [REDACTED]

Date of Birth: [REDACTED]

Physician: JOHN E KEITH MD

Date of Service: 08/01/2011

HISTORY & PHYSICAL

CHIEF COMPLAINT: Right shoulder pain.

HX OF PRESENT ILLNESS: Ms. Walton is known to the practice and has been followed for persistent impingement syndrome of the right shoulder. She had a MRI scan of her shoulder which showed some AC joint degenerative disease and tendinopathy of the rotator cuff. She was last seen six weeks ago at which time she believed her shoulder pain to be improving with therapy. However, at today's visit she states that she is still having persistent pain which has not improved since her last visit. She describes her pain as being a four on a scale of one to ten and states that it has continued to keep her awake some at night. At today's visit she states that she has had persistent decreased range of motion and believes she has decreased strength and would like to move forward with an arthroscopic decompression.

PAST MEDICAL HISTORY: Significant for anxiety and muscle disorder.

FAMILY HISTORY: Significant for diabetes, hypertension, osteoarthritis, stroke, asthma, high cholesterol and blood clots.

PAST SURGICAL HISTORY: Partial hysterectomy and a right oophorectomy.

ALLERGIES: Penicillin.

CURRENT MEDICATIONS: Lyrica 25 mg, Ultram 50 mg, and Cymbalta.

REVIEW OF SYSTEMS: Significant for heat and cold intolerance; all other systems are negative/normal.

SOCIAL HISTORY: She works as a children's librarian. She is divorced. She quit smoking 14 years ago. She does not drink.

PHYSICAL EXAMINATION: Physical examination shows a well-developed, well-nourished female in no apparent distress. She is alert and oriented x 3. Height 5'4". Weight 145 pounds.

EYES: Pupils are reactive.

EARS: Normal to external inspection.

CARDIO: Regular rate and rhythm.

LUNGS: Clear. No evidence of labored breathing.

GI: Normal/negative. Soft and non-tender with no masses.

SKIN: Color is good, and skin is warm. No suspicious lesions or rashes.

ORTHOPEDIC EXAM: Examination of her right shoulder is negative for bruising or swelling. She is tender to palpation over the subacromial bursa. She has limited range of motion with pain on abduction greater than 90 degrees, as well as with forward flexion. She has a positive impingement sign. Muscle strength is a 4/5. She is neurovascularly intact distally.

IMPRESSION: Persistent impingement syndrome.

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PatientID: 86317
Patient Name: CYNTHIA W WALTON
Patient SS#: [REDACTED]
Date of Birth: [REDACTED]

Physician: JOHNE KEITH MD
Date of Service: 08/01/2011

PLAN:
arthroscoy.

The plan at this time is to move forward with a right shoulder

The history, exam and plan of care were all performed by John E. Keith, M.D. and I, Anna Grace Dimling, PA-C have scribed these services on his behalf.

Anna Grace Dimling, PA-C
AGD:ddb

CYNTHIA WALTON

Female DOB: 07/25/1964

713891

Home: [REDACTED] Work: [REDACTED]
Ins: BLUECH-OI (16006)

Patient Information

Name: CYNTHIA WALTON
Address: [REDACTED]
Patient ID: 495267-0407001
Birth Date: [REDACTED]
Gender: Female
Contact By: [REDACTED]
Soc Sec No: [REDACTED]
Resp Prov: Jeffrey M. Craft MD
Referred by: [REDACTED]
Email: CINDIKIDS@YAHOO.COM
Home LOC: Spartanburg Regional Healthcare System

Home Phone: [REDACTED]
Office Phone: [REDACTED]
Fax: [REDACTED]
Status: Active
Marital Status: Undetermined
Race: White
Language: [REDACTED]
MRN: 713891
Emp. Status: [REDACTED]
Sens Chart: No
STAR MRN: 000355125

Problems

WRIST PAIN, RIGHT (ICD-719.43)
MYALGIA (ICD-729.1)
FATIGUE
CYST, SEBACEOUS (ICD-706.2)
GLOBUS DISORDER (ICD-300.11)
DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)
CONSTIPATION CHRONIC (ICD-564.09)
SCIATICA, RIGHT (ICD-724.3)
H/O L TMJ PAIN (ICD-524.62)
H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)
MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)
EAR PAIN, LEFT (ICD-388.70)
DYSPEPSIA (ICD-536.8)
EPIGASTRIC PAIN (ICD-789.06)

Medications

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily
Last Refill: #30 x 8, 02/11/2009, Jeffrey M. Craft MD
LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn
Last Refill: #90 x 6, 02/11/2009, Jeffrey M. Craft MD
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day
Last Refill: #120 x 6, 02/11/2009, Jeffrey M. Craft MD
CLORAZEPATE DIPOTASSIUM 7.5 MG TABS (CLORAZEPATE DIPOTASSIUM) 1 tablet twice a day if needed for stress
Last Refill: #60 x 3, 02/09/2010, Jeffrey M. Craft MD
PRILOSEC 20 MG CPDR (OMEPRazole) 1 qd
Last Refill: #30 x 8, 02/09/2010, Jeffrey M. Craft MD
TAMIFLU 75 MG CAPS (OSELTAMIVIR PHOSPHATE) BID for 5 days
Last Refill: #10 x 0, 03/16/2010, Erica Lattimore MA

Directives

Allergies and Adverse Reactions (! = critical)

IPCN

Spartanburg Internal Medicine

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October 4, 2011

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Chart Summary

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-01 (16006)

ISULFA

Services Due

TD BOOSTER, BP DIASTOLIC, BP SYSTOLIC.

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

08/27/2007 - Office Visit: NOV

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Internal Medicine

Visit Type: NOV

History of Present Illness:

here today to get established was a pt of dr ventura in union before he left. states has not seer a dr since. states she is having problems with depression Katherine L. Holden, LPN August 27, 2007 9:24 AM

Multiple issues are addressed with Mrs. Walton, on this first-ever visit here to Spartanburg Internal Medicine- see assessment and plan below

Current Meds:

no meds at present

Current Allergies: PCN

also states she is allergic to other antibiotics but doesnt know what they are

Past Medical History:

Reviewed history and no changes required:

Gynecologist = Dr. Bank Giep

scarlet fever

pneumonia

arthritis

uti

back trouble

hemorrhoids

Past Surgical History:

Reviewed history and no changes required:

Right salpingo-oophorectomy, 2005- Dr. Giep

Hysterectomy:

Family History:

Reviewed history and no changes required:

Family History of Asthma

FH Depression

FH Diabetes

FH Heart Disease

FH Hypertension

FH High Cholesterol

FH Kidney Disease

FH Respiratory Disease

FH Thyroid Disease

FH Headaches

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October 4, 2011

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

Social History:

Reviewed history and no changes required:

divorced

4 children

Risk Factors:

Tobacco use: quit

Year quit: 2000

Drug use: no

HIV high-risk behavior: no

Caffeine use: 4 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 4

Type: walk/gym

Seatbelt use: 100 %

Sun Exposure: occasionally

Family History Risk Factors:

Family History of MI in females < 65 years old: yes

Family History of MI in males < 55 years old: no

Review of Systems

General

Complains of fatigue and sleep disorder.

ENT

Complains of ringing in the ears.

GI

Complains of constipation.

MS

Complains of muscle cramps, joint pain, joint swelling, and back pain.

Derm

Complains of night sweats.

Neuro

Complains of headaches.

Psych

Complains of anxiety and depression.

Allergy

review of system otherwise negative for acute change.

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October 4, 2011

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUEGHI (16006)

Vital Signs:

Patient Profile: 43 Year Old Female

Height: 64 inches

Weight: 154 pounds

BMI: 26.53

BSA: 1.75

Pulse rate: 64 / minute

Resp: 16 per minute

BP sitting: 110 / 70 (left arm)

Vitals Entered By: Katherine L. Holden, LPN (August 27, 2007 9:19 AM)

Physical Exam

General:

Anxious but subdued middle-age white female

Eyes:

Nonicteric, EOMI

Neck:

Supple without adenopathy

Lungs:

Clear to auscultation

Heart:

Regular rate and rhythm without gallop

Abdomen:

Soft and non tender

Genitalia:

Per Dr. Giep

Extremities:

No significant edema

Neurologic:

No focal motor deficits

Psych:

Mildly depressed, but appropriate

Echocardiogram

Procedure date: 07/12/2005

Findings:

Stress echocardiogram unremarkable
performed by Dr. Ventura in Union
verbal report by patient

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October 4, 2011

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

Current Problems:

DSORD, ADJUST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)
CONSTIPATION, CHRONIC (ICD-564.09)
SCIATICA, RIGHT (ICD-724.3)
H/O L TMJ PAIN (ICD-524.62)
H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

Impression & Recommendations:

Problem # 1: H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

Follow-up mammography will be ordered,
and I've instructed her to keep her scheduled follow-up with her gynecologist

Orders:

Office visit new mod complex (99204) (CPT-99204)
CMP (CPT-80053)
Lipid panel (CPT-80061)
TSH (CPT-84443)
CBC auto diff w/Plts (CPT-85025)
Urinalysis automated w/micro (CPT-81001)
X-ray chest two views frontal/lateral (PA) (CPT-71020)
Mammogram screening both breasts (CPT-76092)
X-ray hip complete 2+ views (CPT-73510)
X-ray thoracolumbar spine 2 views (CPT-72080)

Problem # 2: DSORD, ADJUST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

Low-dose Paxil will be employed,
follow-up here in 6 weeks time

Orders:

Office visit new mod complex (99204) (CPT-99204)
CMP (CPT-80053)
Lipid panel (CPT-80061)
TSH (CPT-84443)
CBC auto diff w/Plts (CPT-85025)
Urinalysis automated w/micro (CPT-81001)
X-ray chest two views frontal/lateral (PA) (CPT-71020)
Mammogram screening both breasts (CPT-76092)
X-ray hip complete 2+ views (CPT-73510)
X-ray thoracolumbar spine 2 views (CPT-72080)

Problem # 3: H/O L TMJ PAIN (ICD-524.62)

Nonpharmacologic measures to help with her TMJ are discussed,
in the hopes that she can reduce her utilization of Aleve

Orders:

Office visit new mod complex (99204) (CPT-99204)
CMP (CPT-80053)
Lipid panel (CPT-80061)
TSH (CPT-84443)
CBC auto diff w/Plts (CPT-85025)
Urinalysis automated w/micro (CPT-81001)

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October 4, 2011

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Chart Document

CYNTHIA WALTON

Female DOB [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

X-ray chest two views frontal/lateral (PA) (CPT-71020)
Mammogram screening both breasts (CPT-76092)
X-ray hip complete 2+ views (CPT-73510)
X-ray thoracolumbar spine 2 views (CPT-72080)

Problem # 4: SCIATICA, RIGHT (ICD-724.3)

X-rays of her hip and lower back will be performed at Wallace Thompson hospital
low-dose Lyrica will be prescribed

Orders:

Office visit new mod complex (99204) (CPT-99204)
CMP (CPT-80053)
Lipid panel (CPT-80061)
TSH (CPT-84443)
CBC auto diff w/Plts (CPT-85025)
Urinalysis automated w/micro (CPT-81001)
X-ray chest two views frontal/lateral (PA) (CPT-71020)
Mammogram screening both breasts (CPT-76092)
X-ray hip complete 2+ views (CPT-73510)
X-ray thoracolumbar spine 2 views (CPT-72080)

Problem # 5: CONSTIPATION, CHRONIC (ICD-564.09)

Fasting lab work will be drawn today
referral to Dr. Pickens for consideration of colonoscopy

Orders:

Office visit new mod complex (99204) (CPT-99204)
CMP (CPT-80053)
Lipid panel (CPT-80061)
TSH (CPT-84443)
CBC auto diff w/Plts (CPT-85025)
Urinalysis automated w/micro (CPT-81001)
X-ray chest two views frontal/lateral (PA) (CPT-71020)
Mammogram screening both breasts (CPT-76092)
X-ray hip complete 2+ views (CPT-73510)
X-ray thoracolumbar spine 2 views (CPT-72080)
Referral (DC-99999)

Medications Added to Medication List This Visit:

- 1) Paxil Cr 12.5 Mg Tb24 (Paroxetine hcl) 1 qhs
- 2) Lyrica 25 Mg Caps (Pregabalin) ... 1 tid prn

Prescriptions:

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn #90 x 4

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 08/27/2007

Method used: Print then Give to Patient

PAXIL CR 12.5 MG TB24 (PAROXETINE HCL) 1 qhs #30 x 6

Entered and Authorized by: Jeffrey M. Craft, MD

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October 4, 2011

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUEC-01 (16006)

Signed by: Jeffrey M. Craft, MD on 08/27/2007

Method used: Print then Give to Patient

Allergies:

Added new allergy of PCN - Signed

Signed by Jeffrey M. Craft, MD on 08/27/2007 at 10:17 AM

Spartanburg Internal Medicine

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October 4, 2011

Page 1

Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

09/26/2007 - Office Visit: colon consult rm 2 jmc pt

Provider: Charles A. Pickens MD

Location of Care: Spartanburg Internal Medicine

History of Present Illness:

The patient presents today to discuss colon evaluation. I have discussed with the patient doing colonoscopy. The patient understands the indications as well as the potential risk of perforation and bleeding which could necessitate urgent surgery. The patient is agreeable to having the procedure done. The procedure will be scheduled to be done under conscious sedation in the near future as an outpatient. 15 minutes are employed in discussing aspects of the procedure with the patient today.

the patient has a long-standing history of constipation. However she has had no rectal bleeding. She has had previous hysterectomy as well as subsequent single oophorectomy. She is allergic to penicillin. She does not take anticoagulants.

Vital Signs:

Patient Profile: 43 Year Old Female
Height: 64 inches
Weight: 156 pounds
Pulse rate: 68 / minute
Resp: 20 per minute
BP sitting: 118 / 80 (left arm)
Cuff size: large

Vitals Entered By: Betty J. Pruitt, LPN (September 26, 2007 2:24 PM)

Physical Exam**General:**

very pleasant female in no distress

Head:

normocephalic and atraumatic.

Eyes:

normal sclera

Lungs:

clear

Heart:

regular

Abdomen:

soft flat

no tenderness

Extremities:

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October 4, 2011

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

no edema

Impression & Recommendations:

Problem # 1: CONSTIPATION, CHRONIC (ICD-564.09)

Orders:

Office visit est exp prob (99213) (CPT-99213)
colonoscopy to be scheduled

Signed by Charles A. Pickens, MD on 09/26/2007 at 2:44 PM

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECHIP (16006)

10/26/2007 - Office Visit: eov rm 3

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Internal Medicine

History of Present Illness:

pt c/o lt ear pain. Crystal J. Simmons, LPN October 26, 2007 2:56 PM

Mrs. Walton does have a history of TMJ, but her TMJ symptoms were not flaring during the time when she had her severe left ear pain last week (and missed the day of work). No obvious pathology is uncovered on her exam today to explain her severe symptoms. The pain has improved but not completely resolved. I'm somewhat puzzled therefore I have recommended we ask one of our ENT colleagues to evaluate her- and we will make the referral

The Paxil she has been taking has helped her stress and adjustment disorder significantly, and she wants to maintain on this

Her mammograms are reviewed with her, and are unremarkable; gynecology evaluation has been completed but we have not received correspondence yet

She has already been seen by Dr. Pickens for her preprocedure visit, and we await the results from her upcoming colonoscopy next month- to evaluate her constipation

Extensive battery of lab tests on her initial visit here back in August is reviewed in detail with her, and is fairly unremarkable

She quizzes me about the detrimental health effects of "black mold" in her workplace, and I've told her that I really am not an expert in that area. She may need to consult an allergist or occupational specialist for this

Flu shot is recommended and she accepts one today

Current Meds.

PAXIL CR 12.5 MG TB24 (PAROXETINE HCL) 1 qhs

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn

Past Medical History:

Reviewed history from 08/27/2007 and no changes required:

Gynecologist = Dr. Bank Giep

scarlet fever
pneumonia
arthritis
uti
back trouble
hemorrhoids

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:

Right salpingo-oophorectomy, 2005- Dr. Giep

Hysterectomy:

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECF-OI (16006)

Medical History:

Reviewed history from 08/27/2007 and no changes required:
Gynecologist = Dr. Bank Giep

scarlet fever
pneumonia
arthritis
uti
back trouble
hemorrhoids

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:
Right salpingo-oophorectomy, 2005- Dr. Giep
Hysterectomy:

.hnc

Family History:

Reviewed history from 08/27/2007 and no changes required:
Family History of Asthma
FH Depression
FH Diabetes
FH Heart Disease
FH Hypertension
FH High Cholesterol
FH Kidney Disease
FH Respiratory Disease
FH Thyroid Disease
FH Headaches

Social History:

Reviewed history from 08/27/2007 and no changes required:
divorced
4 children

Risk Factors:

Tobacco use: quit
Year quit: 2000
Drug use: no
HIV high-risk behavior: no
Caffeine use: 4 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 4
Type: walk/gym
Seatbelt use: 100 %
Sun Exposure: occasionally

CYNTHIA WALTON

Female DOB [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHOI (16006)

Family History of MI in males < 55 years old: no

Mammogram History:

Date of Last Mammogram: 08/31/2007

Preventive Care Screening

Prior Values:

Mammogram: COMPLETE (08/31/2007)

comprehensive paper ROS sheet gone over

Vital Signs:

Patient Profile: 43 Year Old Female
Height: 64 inches
Weight: 155 pounds
Temp: 100.4 degrees F oral
Pulse rate: 76 /minute
Pulse rhythm: regular
Resp: 20 per minute
BP sitting: 100 / 70 (left arm)
Cuff size: large

Pt. in pain? yes
Location: lt ear
Intensity: 6
Type: sharp

Vitals Entered By Crystal J. Simmons, LPN (October 26, 2007 2:56 PM)

Current Allergies: PCN

The patient's weight at the last visit (09/26/2007) was 156 pounds.
Today's weight is 155 pounds.
This is a change of -1 pounds in 30 days.

Physical Exam

General:

very pleasant female in no distress

Head:

normocephalic and atraumatic.

Eyes:

normal sclera

Neck:

Supple without adenopathy

Spartanburg Internal Medicine

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

Lungs:

clear

Heart:

regular

Abdomen:

soft flat

no tenderness

Genitalia:

Per Dr. Giep

Extremities:

no edema

Neurologic:

No focal motor deficits

Psych:

Mildly depressed, but appropriate

Current Problems:

DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CCNSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)

EAR PAIN, LEFT (ICD-388.70)

For multiple issues addressed, and today's plan/recommendations- see HPI update above

Influenza Vaccine

Vaccine Type: Fuzone

Site: left deltoid

Mfr: Sanofi Pasteur

Dose: 0.5 ml

Route: IM

Given by: Katherine L. Holden, LPN

Exp. Date: 6/08

Lot #: U2491AA NDC 4928138015

Flu Vaccine Consent Questions

Do you have a history of severe allergic reactions to this vaccine? no

Any prior history of allergic reactions to egg and/or gelatin? no

Do you have a sensitivity to the preservative Thimersol? no

Do you have a past history of Guillan-Barre Syndrome? no

Do you currently have an acute febrile illness? no

Have you ever had a severe reaction to latex? no

110

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

Vaccine information given and explained to patient? yes
Are you currently pregnant? no

Signed by Jeffrey M. Craft, MD on 10/26/2007 at 3:51 PM

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECHIP (16006)

05/09/2008 - Office Visit: per pt

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Internal Medicine

Visit Type: f/u

History of Present Illness:

here today for f/u appt. with complaints abd pain, rt shoulder, generalized pain, feels bad, flank pain, back pain rib pain. bad indigestion and h/a's for the pas couple wks. Katherine L. Holden, LPN May 9, 2008 2:42 PM

She stopped her Paxil on her own a few months ago, and I'm not sure that she would not benefit from some ongoing antidepressant therapy.

She did not follow through on the ENT appointment we made for her to check out her ear pain and TMJ problem

She did have a partial colonoscopy and then subsequent barium enema performed by Dr. Pickens, with the results being relatively unremarkable

The Lyrica has been beneficial for her arthralgias and back discomfort, but she has ran out of medication and is in need of refills

Her diffuse myalgias might possibly be indicative of some underlying mild depression and/or fibromyalgia, so we will try her on some Cymbalta therapy- samples given and follow-up prescription written

Her epigastric discomfort and dyspepsia will be further investigated with lab work, and a subsequent GI referral for consideration of endoscopy.

Current Meds:

PAXIL CR 12.5 MG TB24 (PAROXETINE HCL) 1 qhs

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn

Current Allergies: PCN

Past Medical History:

Reviewed history from 08/27/2007 and no changes required:

Gynecologist = Dr. Bank Giep

scarlet fever

pneumonia

arthritis

uti

hemorrhoids

DSORD, ADJUST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CONSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]
Ins: BLUECF-OI (16006)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)
MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)
EAR PAIN, LEFT (ICD-388.70)

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:
Right salpingo-oophorectomy, 2005- Dr. Giep
Hysterectomy:

Family History:

Reviewed history from 08/27/2007 and no changes required:
Family History of Asthma
FH Depression
FH Diabetes
FH Heart Disease
FH Hypertension
FH High Cholesterol
FH Kidney Disease
FH Respiratory Disease
FH Thyroid Disease
FH Headaches

Social History:

Reviewed history from 08/27/2007 and no changes required:
divorced
4 children

Risk Factors:

Tobacco use: quit
Year quit: 2000
Drug use: no
HIV high-risk behavior: no
Caffeine use: 4 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 4
Type: walk/gym
Seatbelt use: 100 %
Sun Exposure: occasionally

Family History Risk Factors:

Family History of MI in females < 65 years old: yes
Family History of MI in males < 55 years old: no

Colonoscopy History:

Date of Last Colonoscopy: 11/21/2007

Mammogram History:

Date of Last Mammogram: 08/31/2007

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

Preventive Care Screening

Colon Cancer Screening:

Date: 11/21/2007

Results: Dr. Pickens; colonoscopy and barium enema

Prior Values:

Mammogram: COMPLETE (08/31/2007)

Review of Systems

GI

Complains of indigestion, nausea, gas, abdominal pain, and constipation.

MS

Complains of joint pain and back pain.

Neuro

Complains of headaches.

Allergy

review of system otherwise negative for acute change.

Vital Signs:

Patient Profile: 43 Year Old Female

Height: 64 inches

Weight: 157 pounds

BMI: 27.05

BSA: 1.77

Pulse rate: 92 / minute

Resp: 16 per minute

BP sitting: 110 / 60 (left arm)

Vitals Entered By: Katherine L. Holden, LPN (May 9, 2008 2:38 PM)

Physical Exam

General:

very pleasant female in no distress

Head:

normocephalic and atraumatic.

Eyes:

normal sclera

Neck:

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CYNTHIA WALTON

Female DOB [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

Supple without adenopathy

Lungs:

clear

Heart:

regular

Abdomen:

soft flat

no tenderness

Genitalia:

Per Dr. Giep

Extremities:

no edema

Neurologic:

No focal motor deficits

Psych:

Mildly depressed, but appropriate

Current Problems:

DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CCNSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)

EAR PAIN, LEFT (ICD-388.70)

For multiple issues addressed, and today's plan/recommendations- see HPI update above

Medications Added to Medication List This Visit:

1) Cymbalta 60 Mg Cpep (Duloxetine hcl) ... 1 daily

Prescriptions:

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily #30 x 6

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 05/09/2008

Method used: Print then Give to Patient

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn #90 x 5

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 05/09/2008

Method used: Print then Give to Patient

Signed by Jeffrey M. Craft, MD on 05/09/2008 at 3:21 PM

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECH-OI (16006)

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECHOI (16006)

05/09/2008 - Lab Report: Amylase, Serum

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Regional Healthcare System

Patient: CYNTHIA WALTON

Note: All result statuses are Final unless otherwise noted.

Patient Note: PATIENT NOT FASTING

Tests: (1) Amylase, Serum (001396)

Amylase, Serum	56 U/L	0-99	*1
----------------	--------	------	----

Tests: (2) H. pylori IgG, Abs (162289)

! H. pylori IgG, Abs	<0.9 U/mL	0.0-0.8	*2
----------------------	-----------	---------	----

Negative <0.9

Indeterminate 0.9 - 1.0

Positive >1.0

Performed At: BN, LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Frank Hancock MD Phone: 8882005439

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 05/13/2008 7:20 AM

(1) Order result status: Final

Collection or observation date-time: 05/09/2008 15:31

Requested date-time:

Receipt date-time: 05/09/2008 20:21

Reported date-time: 05/13/2008 05:40

Referring Physician:

Ordering Physician: J CRAFT (C13751)

Specimen Source:

Source: 1100

Filler Order Number: 13049706130 LAB

Lab site: 13049706130

Producer ID *1:BN

(2) Order result status: Final

Collection or observation date-time: 05/09/2008 15:31

Requested date-time:

Receipt date-time: 05/09/2008 20:21

Reported date-time: 05/13/2008 05:40

Referring Physician:

Ordering Physician: J CRAFT (C13751)

Specimen Source:

Source: 1100

Filler Order Number: 13049706130 LAB

Lab site: 13049706130

Producer ID *2:BN

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

The following results were not dispersed to the flowsheet
because of errors during the import process:

Amylase, Serum, 56 U/L, (F)

Signed by Jeffrey M. Craft, MD on 05/13/2008 at 7:55 AM

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

07/30/2008 - Office Visit: per pt

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Internal Medicine

Visit Type: f/u

History of Present Illness:

here today for f/u appt with complaints of a growth that has come up on left side of neck, needs mammogram, was having episodes of trouble swallowing..... Katherine L. Holden, LPN July 30, 2008 3:28 PM

For the multiple issues addressed on today's visit, see assessment and plan below

Current Meds:

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily
LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn

Current Allergies: 1 PCN

Past Medical History:

Reviewed history from 05/09/2008 and no changes required:

Gynecologist = Dr. Bang Giep
gastroenterologist= Dr. Lijewski

scarlet fever

pneumonia

arthritis

uti

hemorrhoids

DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CONSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)

EAR PAIN, LEFT (ICD-388.70)

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:

Right salpingo-oophorectomy, 2005- Dr. Giep

Hysterectomy:

Family History:

Reviewed history from 08/27/2007 and no changes required:

Family History of Asthma

FH Depression

FH Diabetes

FH Heart Disease

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

FH Hypertension

FH High Cholesterol

FH Kidney Disease

FH Respiratory Disease

FH Thyroid Disease

FH Headaches

Social History:

Reviewed history from 08/27/2007 and no changes required:

divorced

4 children

Risk Factors:

Tobacco use: quit

Year quit: 2000

Drug use: no

HIV high-risk behavior: no

Caffeine use: 4 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 4

Type: walk/gym

Seatbelt use: 100 %

Sun Exposure: occasionally

Family History Risk Factors:

Family History of MI in females < 65 years old: yes

Family History of MI in males < 55 years old: no

Colonoscopy History:

Date of Last Colonoscopy: 11/21/2007

Mammogram History:

Date of Last Mammogram: 08/31/2007

Preventive Care Screening

Prior Values:

Mammogram: COMPLETE (08/31/2007)

Last Flu Shot: Fluzone (10/26/2007)

Review of Systems

Eyes

Complains of blurring.

ENT

Complains of difficulty swallowing.

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]
Ins: BLUEC-OI (16006)

Allergy

review of system otherwise negative for acute change.

Vital Signs:

Patient Profile: 44 Years Old Female
Height: 64 inches
Weight: 155 pounds
BMI: 26.70
BSA: 1.76
Pulse rate: 73 / minute
Resp: 16 per minute
BP sitting: 109 / 73 (right arm)

Vitals Entered By: Katherine L. Holden, LPN (July 30, 2008 3:21 PM)

Physical Exam

General:

very pleasant female in no distress

Head:

normocephalic and atraumatic.

Eyes:

normal sclera

Neck:

Supple without adenopathy

Lungs:

clear

Heart:

regular

Abdomen:

soft flat

no tenderness

Genitalia:

Per Dr. Giep

Extremities:

no edema

Neurologic:

No focal motor deficits

Psych:

Mildly depressed, but appropriate

US of gallbladder-liver

Procedure date: 05/14/2008

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CYNTHIA WALTON

Female DOB [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

Findings:

Patient verbal report indicates this was negative for gallstones

Current Problems:

DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CCNSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)

EAR PAIN, LEFT (ICD-388.70)

DYSPEPSIA (ICD-536.8)

EPIGASTRIC PAIN (ICD-789.06)

Impression & Recommendations:

Problem # 1: GLOBUS DISORDER (ICD-300.1)

Low-dose Tranxene will be prescribed for her globus symptoms- they seem to be precipitated by the stress of a contentious divorce proceeding

Orders:

Office visit est detailed (99214) (CPT-99214)

Mammogram screening both breasts (CPT-76092)

Problem # 2: DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

She is grateful and has benefited much from the recently prescribed Cymbalta

Orders:

Office visit est detailed (99214) (CPT-99214)

Mammogram screening both breasts (CPT-76092)

Problem # 3: H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

Screening mammography will be ordered

Orders:

Office visit est detailed (99214) (CPT-99214)

Mammogram screening both breasts (CPT-76092)

Problem # 4: DYSPEPSIA (ICD-536.8)

Correspondence from Dr. Lijewski is reviewed

She has not yet consented to have the recommended EGD performed, because of financial constraints

We will empirically give her some protonix samples, to see if it will help her swallowing

Orders:

Office visit est detailed (99214) (CPT-99214)

Mammogram screening both breasts (CPT-76092)

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CYNTHIA WALTON

Female DOB [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]
Ins: BLUECH-01 (16006)

1) Tranxene-t 7.5 Mg Tabs (Clorazepate dipotassium) 1 bid as needed for stress

Prescriptions:

TRANXENE-T 7.5 MG TABS (CLORAZEPATE DIPOTASSIUM) 1 bid as needed for stress #60 x 3

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 07/30/2008

Method used: Print then Give to Patient

RxID: 1533052494166780

Signed by Jeffrey M. Craft, MD on 07/30/2008 at 3:57 PM

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

02/02/2009 - Office Visit: w/i per pam

Provider: James E. Brown MD

Location of Care: Spartanburg Internal Medicine

Visit Type: Acute Visit

Chief Complaint: Feels bad.

History of Present Illness:

Chief complaint fatigue and malaise. The patient states that she feels quite badly with very poor energy level and generalized achiness. She states that she is in school and working also. She states that she is compliant with her medicines. She did not feel that this was a manifestation of depression. She denies fever or shaking chills. There has been no weight loss or skin rash. She reports no nausea, vomiting, abdominal pain, voiding symptoms. She denies shortness of breath or productive cough.

Past Medical History:

Reviewed history from 07/30/2008 and no changes required:

Gynecologist = Dr. Bang Giep

gastroenterologist= Dr. Lijewski

scarlet fever

pneumonia

arthritis

uti

hemorrhoids

DISORD, ADJUST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CONSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)

EAR PAIN, LEFT (ICD-388.70)

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:

Right salpingo-oophorectomy, 2005- Dr. Giep

Hysterectomy:

Family History:

Reviewed history from 08/27/2007 and no changes required:

Family History of Asthma

FH Depression

FH Diabetes

FH Heart Disease

FH Hypertension

FH High Cholesterol

FH Kidney Disease

FH Respiratory Disease

FH Thyroid Disease

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECH-OI (16006)

FH Headaches

Social History:

Reviewed history from 08/27/2007 and no changes required:

divorced

4 children

Risk Factors:

Tobacco use: quit

Year quit: 2000

Drug use: no

HIV high-risk behavior: no

Caffeine use: 4 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 4

Type: walk/gym

Seatbelt use: 100 %

Sun Exposure: occasionally

Family History Risk Factors:

Family History of MI in females < 65 years old: yes

Family History of MI in males < 55 years old: no

Colonoscopy History:

Date of Last Colonoscopy: 11/21/2007

Mammogram History:

Date of Last Mammogram: 08/31/2007

Preventive Care Screening

Prior Values:

Mammogram: COMPLETE (08/31/2007)

Last Flu Shot: Fluzone (10/26/2007)

Review of Systems

General

See HPI

Eyes

No change in vision

CV

No tightness, squeezing, pressure

Resp

No wheezing, cough, sputum

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

GI

No change in appetite, digestion, bowel habits

GU

No voiding symptoms

MS

See HPI

No heat or redness of the joints

Neuro

No lateralizing weakness or numbness

Psych

There is a long history of anxiety and depression

Endo

No history of diabetes mellitus or thyroid disease

Heme

Denies enlarged lymph nodes, bleeding, skin discoloration, abnormal bruising, and fevers.

Current Meds:

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily

LYRICA 25 MG CAPS (PREGABALIN)-1 tid prn

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day

Current Allergies: 1 PCN

Vital Signs:

Patient Profile: 44 Years Old Female

Height: 64 inches

Weight: 149 pounds

BMI: 25.67

BSA: 1.73

Pulse rate: 86 / minute

Resp: 18 per minute

BP sitting: 110 / 70 (right arm)

Pt. in pain? no

Vitals Entered By: Pam E. Ennis, LPN (February 2, 2009 2:43 PM)

Physical Exam

General:

well developed, well nourished, in no acute distress.

Head:

normocephalic and atraumatic.

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

Eyes:

PERRLA/EOM intact; fundi benign, conjunctiva and sclera clear.

Mouth:

no deformity or lesions with good dentition.

Neck:

Supple. No thyromegaly detected

Lungs:

clear bilaterally to A & P.

Heart:

regular rate and rhythm, S1, S2 without murmurs, rubs, gallops, or clicks.

Abdomen:

bowel sounds positive; abdomen soft and non-tender without masses, organomegaly, or hernias noted.

Msk:

No heat or redness of the joints

Extremities:

No edema

Neurologic:

no focal deficits, CN II-XII grossly intact with normal reflexes, coordination, muscle strength and tone.

Skin:

No rash

Cervical Nodes:

no significant adenopathy.

Psych:

depressed affect, anxious, and easily distracted.

Impression & Recommendations:

Problem # 1: FATIGUE

She seems extremely anxious and depressed. I did refill her medications. We will look at the labs and arrange appropriate follow-up with Dr. Craft

Orders:

Office visit est detailed (99214) (CPT-99214)

Problem # 2: MYALGIA (ICD-729.1)

She stated that she wondered if she had fibromyalgia. I pointed out that the medication she is already taking would typically be those prescribed for that disorder. I reassured her that we would be happy to make a rheumatology appointment for an opinion

Orders:

Office visit est detailed (99214) (CPT-99214)

Problem # 3: DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

She seems very anxious and depressed. We will look at the labs to see if there is evidence of anything else going on

Orders:

Office visit est detailed (99214) (CPT-99214)

Other Orders:

Spartanburg Internal Medicine

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

Collect venous blood venipuncture (CPT-36415)

CMP (CPT-80053)

CBC auto diff w/Plts (CPT-85025)

TSH (CPT-84443)

Urinalysis automated w/micro (CPT-81001)

Prescriptions:

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day #120 x 0

Entered and Authorized by: James E. Brown, MD

Signed by: James E. Brown, MD on 02/02/2009

Method used: Print then Give to Patient

RxID: 1549206927416470

LYRICA-25 MG CAPS (PREGABALIN) 1 tid prn #90 x 0

Entered and Authorized by: James E. Brown, MD

Signed by: James E. Brown, MD on 02/02/2009

Method used: Print then Give to Patient

RxID: 1549206927066470

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily #30 x 0

Entered and Authorized by: James E. Brown, MD

Signed by: James E. Brown, MD on 02/02/2009

Method used: Print then Give to Patient

RxID: 1549206897316470

Signed by James E. Brown, MD on 02/02/2009 at 4:29 PM

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

02/09/2010 - Lab Report: Comp. Metabolic Panel (14)**Provider: Jeffrey M. Craft MD****Location of Care: Spartanburg Regional Healthcare System**

Patient: CYNTHIA WALTON

Note: All result statuses are Final unless otherwise noted.

Patient Note: PATIENT NOT FASTING

Tests: (1) Comp. Metabolic Panel (14) (322000)

Glucose, Serum	78 mg/dL	65-99	*1
BUN	10 mg/dL	5-26	*2
Creatinine, Serum	0.60 mg/dL	0.57-1.00	*3
eGFR	>59 mL/min/1.73	>59	*4
eGFR AfricanAmerican	>59 mL/min/1.73	>59	*5

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m² defines CKD. Patients with eGFR values >=60 mL/min/1.73 m² may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.

BUN/Creatinine Ratio	17	8-27	*6
Sodium, Serum	140 mmol/L	135-145	*7
Potassium, Serum	4.2 mmol/L	3.5-5.2	*8
Chloride, Serum	103 mmol/L	97-108	*9
Carbon Dioxide, Total			
	22 mmol/L	20-32	*10
Calcium, Serum	9.0 mg/dL	8.7-10.2	*11
Protein, Total, Serum			
	7.6 g/dL	6.0-8.5	*12
Albumin, Serum	4.5 g/dL	3.5-5.5	*13
Globulin, Total	3.1 g/dL	1.5-4.5	*14
A/G Ratio	1.5	1.1-2.5	*15
Bilirubin, Total	0.2 mg/dL	0.1-1.2	*16
Alkaline Phosphatase, S			
	72 IU/L	25-150	*17
AST (SGOT)	24 IU/L	0-40	*18
ALT (SGPT)	20 IU/L	0-40	*19

Tests: (2) Lipid Panel With LDL/HDL Ratio (235010)

Cholesterol, Total	164 mg/dL	100-199	*20
Triglycerides	109 mg/dL	0-149	*21
HDL Cholesterol	54 mg/dL	>39	*22

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal	22 mg/dL	5-40	*23
LDL Cholesterol Calc	88 mg/dL	0-99	*24
LDL/HDL Ratio	1.6 ratio units	0.0-3.2	*25

Tests: (3) Vitamin D, 25-Hydroxy (081950)

Vitamin D, 25-Hydroxy	56.0 ng/mL	32.0-100.0	*26
-----------------------	------------	------------	-----

Recent studies consider the lower limit of 32.0 ng/mL to be a threshold for optimal health.

Hollis EW. J Nutr. 2005 Feb;135(2):317-22. 129

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]
Ins: BLUECH-01 (16006)

Tests: (4) TSH (004259)

TSH	1.260 uIU/mL	0.450-4.500	*27
-----	--------------	-------------	-----

Tests: (5) Creatine Kinase, Total, Serum (C01362)

Creatine Kinase, Total, Serum	32 U/L	24-173	*28
-------------------------------	--------	--------	-----

Tests: (6) Amylase, Serum (001396)

Amylase, Serum	72 U/L	31-124	*29
----------------	--------	--------	-----

Performed At: BN, LabCorp Burlington
1447 York Court Burlington, NC 272153361
William F Hancock MD Phone: 8007624344

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 02/10/2010 2:26 PM

(1) Order result status: Final

Collection or observation date-time: 02/09/2010 10:19

Requested date-time:

Receipt date-time: 02/09/2010 18:45

Reported date-time: 02/10/2010 13:35

Referring Physician:

Ordering Physician: J CRAFT (C13751)

Specimen Source:

Source: 1100

Filler Order Number: 04053650230 LAB

Lab site: 04053650230

Producer ID *1:BN

Producer ID *2:BN

Producer ID *3:BN

Producer ID *4:BN

Producer ID *5:BN

Producer ID *6:BN

Producer ID *7:BN

Producer ID *8:BN

Producer ID *9:BN

Producer ID *10:BN

Producer ID *11:BN

Producer ID *12:BN

Producer ID *13:BN

Producer ID *14:BN

Producer ID *15:BN

Producer ID *16:BN

Producer ID *17:BN

Producer ID *18:BN

Producer ID *19:BN

(2) Order result status: Final

Collection or observation date-time: 02/09/2010 10:19

Requested date-time:

Receipt date-time: 02/09/2010 18:45

Reported date-time: 02/10/2010 13:35

Referring Physician:

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

Ordering Physician: J CRAFT (C13751)
Specimen Source:
Source: 1100
Filler Order Number: 04053650230 LAB
Lab site: 04053650230
Producer ID *20:BN
Producer ID *21:BN
Producer ID *22:BN
Producer ID *23:BN
Producer ID *24:BN
Producer ID *25:BN

(3) Order result status: Final
Collection or observation date-time: 02/09/2010 10:19
Requested date-time:
Receipt date-time: 02/09/2010 18:45
Reported date-time: 02/10/2010 13:36
Referring Physician:
Ordering Physician: J CRAFT (C13751)
Specimen Source:
Source: 1100
Filler Order Number: 04053650230 LAB
Lab site: 04053650230
Producer ID *26:BN

(4) Order result status: Final
Collection or observation date-time: 02/09/2010 10:19
Requested date-time:
Receipt date-time: 02/09/2010 18:45
Reported date-time: 02/10/2010 13:36
Referring Physician:
Ordering Physician: J CRAFT (C13751)
Specimen Source:
Source: 1100
Filler Order Number: 04053650230 LAB
Lab site: 04053650230
Producer ID *27:BN

(5) Order result status: Final
Collection or observation date-time: 02/09/2010 10:19
Requested date-time:
Receipt date-time: 02/09/2010 18:45
Reported date-time: 02/10/2010 13:36
Referring Physician:
Ordering Physician: J CRAFT (C13751)
Specimen Source:
Source: 1100
Filler Order Number: 04053650230 LAB
Lab site: 04053650230
Producer ID *28:BN

(6) Order result status: Final
Collection or observation date-time: 02/09/2010 10:19
Requested date-time:
Receipt date-time: 02/09/2010 18:45
Reported date-time: 02/10/2010 13:36
Referring Physician:

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

Ordering Physician: J CRAFT (C13751)

Specimen Source:

Source: 1100

Filler Order Number: 04053650230 LAB

Lab site: 04053650230

Producer ID *29:BN

The following lab values were dispersed to the flowsheet
with no units conversion:

LDL/HDL Ratio, 1.6 RATIO UNITS, (F) expected units: mg/dL

~~The following results were not dispersed to the flowsheet~~
because of errors during the import process:

eGFR, >59 mL/min/1.73, (F)

eGFR AfricanAmerican, >59 mL/min/1.73, (F)

Amylase, Serum, 72 U/L, (F)

Signed by Jeffrey M. Craft MD on 02/10/2010 at 3:36 PM

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

02/11/2009 - Office Visit: eov

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Internal Medicine

Visit Type: f/u

History of Present Illness:

here today for f/u appt for prescription refill. also states that she was seen last wk and had a low potassium.
.....Katherine L. Holden, LPN. February 11, 2009 4:06 PM

She has had a lot of questions about whether or not she might have fibromyalgia; rheumatology referral will be arranged

Multiple prescription refill management activity is accomplished for her benefit today

Flu shot is recommended at the health Department; we are currently out of stock

We scheduled her for mammography back in the fall of 2008, but have not received any report; she tells me this was performed at the Union County Hospital, and was negative

Lab work performed by Dr. Brown at encounter last week is reviewed, and she has borderline hypokalemia

15 EMR entries are reviewed since her last face-to-face encounter with me

We have referred her to both Dr. Mitchell, and subsequently Dr. Chittum for evaluation of her mild DDD of the lumbar spine-correspondence has been reviewed

Also, we appreciate the help from Dr. Reinhardt who drained a sebaceous cyst on her late last fall

Current Meds:

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day

Current Allergies: 1 PCN

Past Medical History:

Reviewed history from 07/30/2008 and no changes required:

Gynecologist = Dr. Bang Giep

gastroenterologist = Dr. Lijewski

general surgeon = Dr. Reinhardt

drainage of sebaceous cyst 2008

spine specialist = David Mitchell

MRI lumbar spine 10/08 = no major DDD of the lumbar spine

neurosurgeon = Dr. Chittum

sacroiliac corticosteroid injection 11/08

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CYNTHIA WALTON

Female

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUEG-01 (16006)

pneumonia
arthritis
uti
hemorrhoids
DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)
CONSTIPATION, CHRONIC (ICD-564.09)
SCIATICA, RIGHT (ICD-724.3)
H/O L TMJ PAIN (ICD-524.62)
H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)
MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)
EAR PAIN, LEFT (ICD-388.70)

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:

Right salpingo-oophorectomy, 2005- Dr. Giep

Hysterectomy:

Family History:

Reviewed history from 08/27/2007 and no changes required:

Family History of Asthma

FH Depression

FH Diabetes

FH Heart Disease

FH Hypertension

FH High Cholesterol

FH Kidney Disease

FH Respiratory Disease

FH Thyroid Disease

FH Headaches

Social History:

Reviewed history from 08/27/2007 and no changes required:

divorced

4 children

Works at the Union County library

Risk Factors:

Tobacco use: quit

Year quit: 2000

Drug use: no

HIV high-risk behavior: no

Caffeine use: 4 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 4

Type: walk/gym

Seatbelt use: 100 %

Sun Exposure: occasionally

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECH-OI (16006)

Family History Risk Factors:

Family History of MI in females < 65 years old: yes

Family History of MI in males < 55 years old: no

Colonoscopy History:

Date of Last Colonoscopy: 11/21/2007

Mammogram History:

Date of Last Mammogram: 08/31/2007

Preventive Care Screening

Last Flu Shot:

Date: 02/11/2009

Results: we are currently out of stock; recommend she obtain this at the County health Department

Prior Values:

Mammogram: COMPLETE (08/31/2007)

Last Flu Shot: Fluzone (10/26/2007)

Review of Systems

General

Complains of fatigue and weakness.

CV

Complains of leg cramps with exertion.

MS

Complains of muscle cramps, joint pain, muscle weakness, and muscle aches.

Endo

Complains of cold intolerance.

Allergy

review of system otherwise negative for acute change.

Vital Signs:

Patient Profile: 44 Years Old Female

Height: 64 inches

Weight: 151 pounds

BMI: 26.01

BSA: 1.74

Pulse rate: 76 / minute

Resp: 20 per minute

BP sitting: 124 / 70 (right arm)

Spartanburg Internal Medicine

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Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

Vitals Entered By: Katherine L. Holden, LPN (February 11, 2009 4:07 PM)

The patient's weight at the last visit (02/02/2009) was 149 pounds.

Today's weight is 151 pounds.

This is a change of 2 pounds in 9 days.

Physical Exam**General:**

well developed, well nourished, in no acute distress.

Head:

normocephalic and atraumatic.

Eyes:

PERRLA/EOM intact; conjunctiva and sclera clear.

Mouth:

no deformity or lesions with good dentition.

Neck:

Supple. No thyromegaly detected

Lungs:

clear bilaterally to A & P.

Heart:

regular rate and rhythm, S1, S2 without murmurs, rubs, gallops, or clicks.

Abdomen:

bowel sounds positive; abdomen soft and non-tender without masses, organomegaly, or hernias noted.

Genitalia:

Per Dr. Giep

Msk:

No heat or redness of the joints

Extremities:

No edema

Neurologic:

no focal deficits, CN II-XII grossly intact

Skin:

No rash

Cervical Nodes:

no significant adenopathy.

Psych:

depressed affect, anxious, and easily distracted.

Current Problems:

MYALGIA (ICD-729.1)

FATIGUE

CYST, SEBACEOUS (ICD-706.2)

GLOBUS DISORDER (ICD-300.11)

DISORD, ADJUST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CCONSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

Spartanburg Internal Medicine

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

H/O L TMJ PAIN (ICD-524.62)
H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)
MILD-DJD DORSAL SPINE; XRAY-8/07 (ICD-715.98)
EAR PAIN, LEFT (ICD-388.70)
DYSPEPSIA (ICD-536.8)
EPIGASTRIC PAIN (ICD-789.06)

For multiple issues addressed, and today's plan/recommendations- see HPI update above

Prescriptions:

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day #120 x 6

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 02/11/2009

Method used: Print then Give to Patient

RxID: 1549987774766530

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn #90 x 6

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 02/11/2009

Method used: Print then Give to Patient

RxID: 1549987774666530

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily #30 x 8

Entered and Authorized by: Jeffrey M. Craft, MD

Signed by: Jeffrey M. Craft, MD on 02/11/2009

Method used: Print then Give to Patient

RxID: 1549987774566530

Signed by Jeffrey M. Craft, MD on 02/11/2009 at 5:08 PM

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED]

Work: [REDACTED]

Ins: BLUECHIP (16006)

02/09/2010 - Office Visit: eov

Provider: Jeffrey M. Craft MD

Location of Care: Spartanburg Internal Medicine

Visit Type: eov

Chief Complaint: abd pain.

History of Present Illness:

Patient identified using 2 approved identifiers per red rules.

here today for an office visit with complaints of abd for the past 4-5 days. states also that she needs a bone density and discuss restarting tranxene Katherine L. Holden, LPN February 9, 2010 9:33 AM

11 EMR entries are reviewed since her last encounter here

Recent flu vaccination is recorded

Multiple letters of correspondence from Dr. Machimada are reviewed

A re-show appointment she had with myself back last fall is reviewed

mammogram and Pap smear verbal reports are entered in the preventive health section

Bone mineral density testing will be scheduled

Nexium will be sampled and Prilosec will be prescribed for her epigastric discomfort; she tells me she had seen Dr. Lijewski in the past and that they have considered an EGD which was not performed-we will refer her back to our GI colleagues for followup

Refills on her Tranxene are provided, which she uses sparingly

Current Meds:

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 daily

LYRICA 25 MG CAPS (PREGABALIN) 1 tid prn

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) one po four times a day

CLORAZEPATE DIPOTASSIUM 7.5 MG TABS (CLORAZEPATE DIPOTASS UM) 1 tablet twice a day if needed for stress

Current Allergies: 1 PCN

Past Medical History:

Reviewed history from 02/11/2009 and no changes required:

Gynecologist = Dr. Bang Giep

gastroenterologist = Dr. Lijewski

general surgeon = Dr. Reinhardt

drainage of sebaceous cyst 2008

spine specialist = David Mitchell

MRI lumbar spine 10/08 = no major DDD of the lumbar spine

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

neurosurgeon= Dr. Chittum
sacroiliac corticosteroid injection 11/08
Rheumatologist= Dr. Machimada
Office consultation spring 2009 for ? Fibromyalgia ?
Dx & mgmt of vitamin D deficiency, spring 2009

scarlet fever
pneumonia
arthritis
uti
hemorrhoids
DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)
CONSTIPATION, CHRONIC (ICD-564.09)
SCIATICA, RIGHT (ICD-724.3)
H/O L TMJ PAIN (ICD-524.62)
H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)
MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)
EAR PAIN, LEFT (ICD-388.70)

Past Surgical History:

Reviewed history from 08/27/2007 and no changes required:
Right salpingo-oophorectomy, 2005- Dr. Giep
Hysterectomy:

Family History:

Reviewed history from 08/27/2007 and no changes required:
Family History of Asthma
FH Depression
FH Diabetes
FH Heart Disease
FH Hypertension
FH High Cholesterol
FH Kidney Disease
FH Respiratory Disease
FH Thyroid Disease
FH Headaches

Social History:

Reviewed history from 02/11/2009 and no changes required:
divorced
4 children

Works at the Union County library

Risk Factors:

Tobacco use: quit
Year quit: 2000
Drug use: no
HIV high-risk behavior: no
Caffeine use: 4 drinks per day

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECHIP (16006)

Alcohol use: no

Exercise: yes

Times per week: 4

Type: walk/gym

Seatbelt use: 100 %

Sun Exposure: occasionally

Family History Risk Factors:

Family History of MI in females < 65 years old: yes

Family History of MI in males < 55 years old: no

Colonoscopy History:

Date of Last Colonoscopy: 11/21/2007

Mammogram History:

Date of Last Mammogram: 10/08/2009

PAP Smear History:

Date of Last PAP Smear: 10/08/2009

Preventive Care Screening

Last Flu Shot:

Date: 10/09/2009

Results: given

Mammogram:

Date: 10/08/2009

Results: normal approx date

Pap Smear:

Date: 10/08/2009

Results: normal approx date

Prior Values:

Mammogram: COMPLETE (08/31/2007)

Last Flu Shot: we are currently out of stock; recommend she obtain this at the County health Department (02/11/2009)

Review of Systems

GI

Complains of abdominal pain.

Psych

Complains of anxiety.

Allergy

review of system otherwise negative for acute change.

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECI-OI (16006)

Vital Signs:

Patient Profile: 45 Years Old Female

Height: 64 inches
Weight: 150 pounds
BMI: 25.84
BSA: 1.73
Pulse rate: 87 / minute
Resp: 16 per minute
BP sitting: 111 / 70 (right arm)

Vitals Entered By: Katherine L. Holden, LPN (February 9, 2010 9:25 AM)

The patient's weight at the last visit (02/11/2009) was 151 pounds.
Today's weight is 150 pounds.
This is a change of -1 pounds in 363 days.

Physical Exam

General:

well developed, well nourished, in no acute distress.

Head:

normocephalic and atraumatic.

Eyes:

PERRLA/EOM intact; conjunctiva and sclera clear.

Mouth:

no deformity or lesions with good dentition.

Neck:

Supple. No thyromegaly detected

Lungs:

clear bilaterally to A & P.

Heart:

regular rate and rhythm, S1, S2 without murmurs, rubs, gallops, or clicks.

Abdomen:

bowel sounds positive; abdomen soft and non-tender without masses, organomegaly, or hernias noted.

Genitalia:

Per Dr. Giep

Msk:

No heat or redness of the joints

Extremities:

No edema

Neurologic:

no focal deficits, CN II-XII grossly intact

Skin:

No rash

Cervical Nodes:

no significant adenopathy.

Psych:

depressed affect, anxious, and easily distracted.

Spartanburg Internal Medicine

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CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

Active (and important past medical) Problems:

MYALGIA (ICD-729.1)

FATIGUE

CYST, SEBACEOUS (ICD-706.2)

GLOBUS DISORDER (ICD-300.11)

DSORD, ADJST W/MIXED ANXIETY/DEPRESSED MOOD (ICD-309.28)

CCNSTIPATION, CHRONIC (ICD-564.09)

SCIATICA, RIGHT (ICD-724.3)

H/O L TMJ PAIN (ICD-524.62)

H/O FIBROCYSTIC BREAST DISEASE (ICD-610.1)

MILD DJD DORSAL SPINE, XRAY 8/07 (ICD-715.98)

EAR PAIN, LEFT (ICD-388.70)

DYSPEPSIA (ICD-536.8)

EPIGASTRIC PAIN (ICD-789.06)

For the issues addressed, and today's plan/recommendations- see HPI above

Impression & Recommendations:

Problem # 1: MYALGIA (ICD-729.1)

Orders:

Office visit est detailed (99214) (CPT-99214)

CMP (CPT-80053)

Lipid panel (CPT-80061)

CPK in blood (CPT-82550)

Amylase serum (CPT-82150)

CBC auto diff w/Plts (CPT-85025)

TSH (CPT-84443)

Urinalysis automated w/micro (CPT-81001)

Vitamin D (calcifediol 25-OH) (CPT-82306)

Referral (DC-99999)

Problem # 2: FATIGUE

Orders:

Office visit est detailed (99214) (CPT-99214)

CMP (CPT-80053)

Lipid panel (CPT-80061)

CPK in blood (CPT-82550)

Amylase serum (CPT-82150)

CBC auto diff w/Plts (CPT-85025)

TSH (CPT-84443)

Urinalysis automated w/micro (CPT-81001)

Vitamin D (calcifediol 25-OH) (CPT-82306)

Referral (DC-99999)

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECF-OI (16006)

Problem # 3: GLOBUS DISORDER (ICD-300.1)

Orders:

Office visit est detailed (99214) (CPT-99214)
CMP (CPT-80053)
Lipid panel (CPT-80061)
CPK in blood (CPT-82550)
Amylase serum (CPT-82150)
CBC auto diff w/Plts (CPT-85025)
TSH (CPT-84443)
Urinalysis automated w/micro (CPT-81001)
Vitamin D (calcifediol 25-OH) (CPT-82306)
Referral (DC-99999)

Problem # 4: EPIGASTRIC PAIN (ICD-789.06)

Orders:

Office visit est detailed (99214) (CPT-99214)
CMP (CPT-80053)
Lipid panel (CPT-80061)
CPK in blood (CPT-82550)
Amylase serum (CPT-82150)
CBC auto diff w/Plts (CPT-85025)
TSH (CPT-84443)
Urinalysis automated w/micro (CPT-81001)
Vitamin D (calcifediol 25-OH) (CPT-82306)
Referral (DC-99999)

Medications Added to Medication List This Visit:

1) Prilosec 20 Mg Cpdr (Omeprazole) 1 qd

Prescriptions:

CLORAZEPATE DIPOTASSIUM 7.5 MG TABS (CLORAZEPATE DIPOTASS UM) 1 tablet twice a day if needed for stress #60 x 3

Entered and Authorized by: Jeffrey M. Craft MD

Signed by: Jeffrey M. Craft MD on 02/09/2010

Method used: Print then Give to Patient

RxID: 1581328983873060

PRILOSEC 20 MG CPDR (OMEPRAZOLE) 1 qd #30 x 8

Entered and Authorized by: Jeffrey M. Craft MD

Signed by: Jeffrey M. Craft MD on 02/09/2010

Method used: Print then Give to Patient

RxID: 1581328983573060

Spartanburg Internal Medicine

100 East Wood Street - Suite 401 Spartanburg, SC 29303
864-560-6851 Fax: 864-560-7312

October 4, 2011

Page 7

Chart Document

CYNTHIA WALTON

Female DOB: [REDACTED]

713891

Home: [REDACTED] Work: [REDACTED]

Ins: BLUECH-OI (16006)

Signed by Jeffrey M. Craft MD on 02/09/2010 at 10:10 AM

EXHIBIT "A"

CYNTHIA M. WALTON VS. UNION COUNTY CARNEGIE LIBRARY

WCC Files No. 1004411

CLAIMANT BIOGRAPHICAL

Age: Claimant is Forty – Seven (47) years of age
Weight: One Hundred Forty-six pounds (146 lbs.)
Height: Five Feet Four Inches (5' 4")
Sex: Female
Marital Status: Divorced
Spouse: N/A
Children: Four: Josh Meadows 27 yrs. old
Sammy Meadows 23 yrs. old
Kenny Walton 21 yrs. old
Tabitha Walton 19 yrs. old

Education: Finished Ninth Grade; GED
University of South Carolina- Columbia, BA in Psychology

Military History: None

Work History: Homemaker until divorced

2 years (1998 – 2000) - Dynamics – finishing plant – inspector

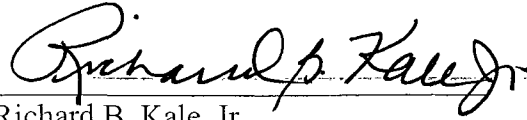
Attended University of SC

05/10/2004 – present Union County Carnegie Library, Union, SC
Children's Library Section

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

~~October 24, 2012~~



Richard B. Kale, Jr.

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, South Carolina 29607

(864) 527-3272

Attorney for Appellants

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC Number: 1004411

Cynthia Walton, Employee, Claimant,

Respondent,

v.

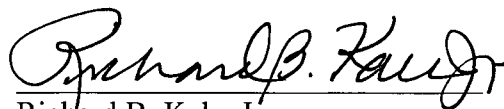
Union County Carnegie Library, Employer,
SC Association of Counties, SIF, Carrier,

Appellants.

PROOF OF SERVICE

I certify that I have served the Record on Appeal on Cynthia Walton by depositing a copy of it in the United State Mail, postage prepaid, on October 24, 2012, addressed to her attorney of record, Jeremy A. Dantin, Esquire, Harrison, White, Smith & Coggins, P.C., P.O. Box 3547, Spartanburg, SC 29304.

October 24, 2012



Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorney for Appellants

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SC Court of Appeals

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

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Direct (864) 527-3272
Fax (864) 235-6015
rbkale@wjlaw.net

872 S. Pleasantburg Drive
Greenville, SC 29607
www.wjcblaw.net

October 24, 2012

Mr. Jeremy Dantin
Harrison, White, Smith & Coggins, P.C.
P.O. Box 3547
Spartanburg, SC 29304

Re: Cynthia M. Walton vs. Union County Carnegie Library
Appellate Case No. 2012-212599
WCC File No.: 1004411 DOI: 3/30/2010
Claim No.: 58-229840
WJC&B File No.: 0560.00341

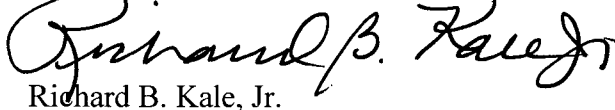
Dear Jeremy:

I hereby serve upon you a copy of the Record on Appeal in the above-referenced case.

With cordial best wishes, I am

Very truly yours,

WILLSON JONES CARTER & BAXLEY, P.A.



Richard B. Kale, Jr.

RBK,Jr/jw
Enclosures

✓cc: The Honorable Jenny Abbott Kitchings

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OCT 26 2012

SC Court of Appeals