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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1307602

Verma Tedder, Employee Claimant, Appellant,

vs.

Darlington County Community Action Agency, Employer,
and State Accident Fund, Carrier, ... Respondents.

RECORD ON APPEAL
VOLUME TWO

Stephen J. Wukela
Wukela Law Firm
Attorney for Appellant
SC Bar No. 68351
PO Box 13057
Florence SC 29504
843-669-5634

G. Murrell Smith, Jr., Esquire
Lee, Erter, Wilson, Holler & Smith, LLC
Attorney for Respondents
SC Bar No. 66263
PO Box 580
Sumter SC 29151
803-778-2471

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**VERMA TEDDER VS. DARLINGTON COUNTY COMMUNITY ACTION AGENCY
WCC FILE NO. 1307602**

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McLeod

Physician Associates

TEDDER, VERMA L

51 Y old Female.

Guarantor: TEDDER, VERMA L Insurance: SC STATE

ACCIDENT FUND WC

PCP: UNKNOWN UNKNOWN

Appointment Facility: McLeod Urgent Care Darlington

03/29/2013

RICHARD T. FERRO, MD

Current Medications

Glucophage

Lisinopril

Medication List reviewed and reconciled with the patient

Past Medical History

HTN

DM

Surgical History

RIGHT WRIST 12/2012

Family History

Father: deceased CHF

Mother: alive DM; HTN; HYPERLIPIDEMIA

Social History

Tobacco Use:

Smoking

Are you a: *never smoker*

Drug/Alcohol:

Drugs: Denies.

Alcohol

Points 0

Allergies

NKDA

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Review of Systems

General/Constitutional:

Chills denies. Fever denies. Skin

rash denies. Weakness yes.

Musculoskeletal:

Extremity pain yes, left arm- radiates from hand up to shoulder. Joint pain yes, bilateral, knee.

Neurologic:

Tingling/numbness denies.

Reason for Appointment

1. Bilateral knee pain and right arm hand pain w/

2. 1340-PT WORKS AT DAY CARE AND WAS TAKING KEYS TO PLAYGROUND CHILD RAN OUT IN FRONT OF HER SO SHE FELL TRYING NO TO HIT THE CHILD.

3. C/O BILATERAL KNEE PAIN AND LEFT ARM PAIN

Assessments

1. Knee pain - 719.46 (Primary)

2. Bilateral knee pain - 719.46

3. Knee contusion - 924.11

4. Left wrist pain - 719.43

5. Contusion, elbow, with forearm - 923.10

Extensive patient education given

Avoid painful activity

PRICE MMM guidelines

RTO in 1 week for reevaluation.

Treatment

1. Knee pain

Start Naproxen Tablet, 500 MG, 1 tablet, Orally, Twice a day as needed for pain, 15 day(s), 30, Refills 1

Start Flexeril Tablet, 10 mg, 1 tablet, Orally, Three times a day as needed for muscle spasm, 10 days, 30, Refills 1

Procedure: Inj. Toradol / Ketorolac tromethamine (J1885)

FERRO, RICHARD T 03/29/2013 03:17:23 PM EDT > toradol 60 mg

IM now please BULLARD, AMY 03/29/2013 03:22:43 PM EDT >

toradol 60mg im given lt.dg - handout given.

2. Bilateral knee pain

Diagnostic Imaging: KNEE-LT/4 OR MORE VIEWS, KNEE-RT/4 OR MORE VIEWS

Preventive Medicine

UCC Discharge Instructions: :

Followup: Followup with your doctor or return to UCC if you are not better within 48-72 hours or if your condition worsens. If after hours, go to the ED.

Handout Given: CONTUSION.

Medications: RX SENT TO CVS PHARMACY.

Patient: TEDDER, VERMA L

Progress Note: RICHARD T. FERRO, MD 03/29/2013

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

PRICE APPLY ICE TO AREAS AS NEEDED.
return to urgent care in one week for follow up.

Follow Up

1 Week

History of Present Illness

Knee/Shin:

Verma is a very amiable 51-year-old black female who presents to the urgent care center today after tripping over a child at work and falling on her knees and left elbow and forearm. She is complaining of pain in these areas and is requesting x-rays of her knees. She denies any prior history of surgery or injury to the affected joints and denies any open wounds or bony deformities. She denies any head injuries or loss of consciousness during the event and could walk after the injury.

Examination

General Examination:

GENERAL APPEARANCE: Amiable, alert and oriented, well nourished, well developed 51-year-old black female who is resting comfortably in no acute distress.

HEENT: atraumatic, normocephalic; PERRLA, EOMs intact, anicteric, conjunctivae pink.

CARDIOVASCULAR: regular rate and rhythm, normal S1 S2, no murmurs/rubs/gallops.

RESPIRATORY: clear to auscultation, no wheezes, crackles or rubs.

SKIN: No rashes or lesions appreciated.

EXTREMITIES: no clubbing, cyanosis or edema. Negative Holman's.

MUSCULOSKELETAL: Antalgic gait, obvious knee pain bilaterally. On examination of her left arm she has some discomfort about the midportion of her forearm and elbow, but has no open wounds or bony deformities. She has full range of motion and 5 over 5 muscle strength testing. She has a completely normal upper extremity neurovascular exam. On examination of both her knees she has tenderness over her patella without any obvious ecchymosis, bony deformities or crepitus. She does have full range of motion of both knees and has a negative patella inhibition and apprehension tests. She has a normal Lachman's, anterior and posterior drawer testing, and modified McMurray's testing bilaterally. She is normal lower from the muscle strength testing but again has discomfort to palpation over anterior patella consistent with patellar contusions. She is otherwise neurovascularly intact with good cap refill.

Procedure Codes

J1885 Ketorolac tromethamine inj



Electronically signed by RICHARD FERRO , MD on
03/31/2013 at 09:24 AM EDT

Sign off status: Completed

McLeod Urgent Care Darlington
964 LOCHEND DR
DARLINGTON, SC 295325698
Tel: 843-777-6890
Fax: 843-777-6891

Patient: TEDDER, VERMA L

Progress Note: RICHARD T. FERRO, MD 03/29/2013

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

RADIOLOGY REPORT
McLEOD Urgent Care Darlington

964 LOCHEND DR. DARLINGTON, SC 29532
(843)777-6890

PATIENT NAME: TEDDER, VERMA LEE
PT ACCOUNT#: 000123774820
ACCESSION#: 5500272

DISCHARGE DATE:
MR/RAD#: 439195
CID#: 807406

DOB: AGE: :
PHONE: 000-000-0000
ADDRESS:

SEX: RACE:
PT CLASS: O FIN CLASS: S
PT TYPE: R PT NS/ROOM: MRMCMC-

ORDER DR: RICHARD T. FERRO M.D.
ATTEND DR: RICHARD T. FERRO M.D.
COPY TO:
DIAGNOSIS: PAIN

TRANSCRIBED D/T: Mar 29 2013 2:57PM

PROCEDURE: DIA-KNEE-LT/4 OR MORE VIEWS / ORD #: 90002 Accession#: 5500272 CPT: 73564

ORDERED FOR: Mar 29 2013 2:24PM COMPLETED: Mar 29 2013 2:35PM

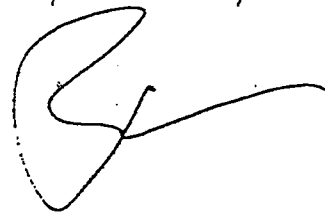
INDICATIONS/COMMENTS: PAIN/FALL

RESULT: Four views of the left knee demonstrate no evident fracture or dislocation. Articular cartilage is well-preserved. There is no evident joint effusion.

CONCLUSION: Negative left knee.

READING DR: GREGOR G. CLEVELAND M.D.
READING DATE: Mar 29 2013 2:57PM

Final Result
ELECTRONICALLY SIGNED BY:
GREGOR G. CLEVELAND M.D.
On: Mar 29 2013 2:57PM

3/29/13


Printed: March 29, 2013 (3:03PM)

FLORENCE RADIOLOGICAL ASSOCIATES

Page 1

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RADIOLOGY REPORT
McLEOD Urgent Care Darlington

964 LOCHEND DR. DARLINGTON, SC 29532
(843)777-6890

PATIENT NAME: TEDDER, VERMA LEE

PT ACCOUNT#: 000123774820

ACCESSION#: 5500508

DISCHARGE DATE:

MR/RAD#: 439195

CID#: 807406

DOB: AGE:

PHONE: 000-000-0000

ADDRESS:

SEX: RACE:

PT CLASS: O FIN CLASS: S

PT TYPE: R PT NS/ROOM: MRMCMC-

ORDER DR: RICHARD T. FERRO M.D.

ATTEND DR: RICHARD T. FERRO M.D.

COPY TO:

DIAGNOSIS: PAIN

TRANSCRIBED D/T: Mar 29 2013 2:53PM

PROCEDURE: DIA-KNEE-RT/4 OR MORE VIEWS / ORD #: 90001 Accession#: 5500508 CPT: 73564

ORDERED FOR: Mar 29 2013 2:23PM COMPLETED: Mar 29 2013 2:35PM

INDICATIONS/COMMENTS: PAIN/FALL

RESULT: Four views of the right knee are compared to a previous examination performed 26 April 2008. There is no evident fracture or dislocation. Articular cartilage is well-preserved. There is no evident joint effusion.

CONCLUSION: Negative right knee.

READING DR: GREGOR G. CLEVELAND M.D.

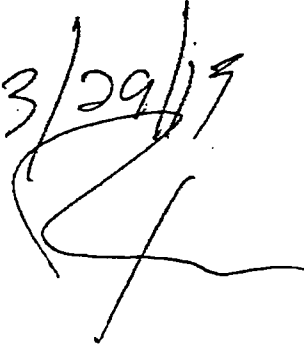
READING DATE: Mar 29 2013 2:53PM

Final Result

ELECTRONICALLY SIGNED BY:

GREGOR G. CLEVELAND M.D.

On: Mar 29 2013 2:55PM

3/29/13


Printed: March 29, 2013 (2:59PM)

FLORENCE RADIOLOGICAL ASSOCIATES

Page 1

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McLeod
Physician Associates

TEDDER, VERMA L
old DOB: - - -

Guarantor: TEDDER, VERMA L Insurance: SC STATE
ACCIDENT FUND WC
PCP: UNKNOWN UNKNOWN
Appointment Facility: McLeod Urgent Care Darlington

04/04/2013

RICHARD T. FERRO, MD

Current Medications

Glucophage
Lisinopril
Naproxen 500 MG Tablet 1 tablet Twice a day
as needed for pain
Flexeril 10 mg Tablet 1 tablet Three times a
day as needed for muscle spasm
Medication List reviewed and reconciled with
the patient

Past Medical History

HTN
DM

Surgical History

RIGHT WRIST 12/2012

Family History

Father: deceased CHF
Mother: alive DM; HTM; HYPERLIPIDEMIA

Social History

Tobacco Use:

Smoking

Are you a: *never smoker*

Drug/Alcohol:

Drugs: Denies.

Alcohol

Did you have a drink containing alcohol in
the past year? *No*

Points *0*

Allergies

N.K.D.A.

Review of Systems

General/Constitutional:

Headaches NO. chest pain none.
shortness of breath NO. abdominal pain NO.
Fever NO. Chills NO. Skin rash NO.

Musculoskeletal:

Pain with movement Yes. See HPI for
details.

Reason for Appointment

1. WC RECHECK

2. Rm 4 @ 0922 - here for w/c recheck - states rt.knee feels better, still
c/o pain to lt.knee that radiates into lt.hip.

Assessments

1. Knee pain - 719.46 (Primary)
2. Knee contusion - 924.11
3. Left wrist pain - 719.43
4. Contusion, elbow, with forearm - 923.10

Extensive patient education given

Avoid painful activity

PRICE MMM guidelines

RTO in 1 week for reevaluation.

Treatment

1. Knee pain

Start Ketorolac Tromethamine Tablet, 10 mg, as directed, Orally, every
6-8 hours as needed for pain, 5 days, 20, Refills 1

Procedure: Inj. Toradol / Ketorolac tromethamine (J1885)

FERRO, RICHARD T 04/04/2013 09:56:37 AM EDT > toradol 60 mg

IM now please BULLARD, AMY 04/04/2013 10:08:32 AM EDT >

toradol 60mg im given lt.dg - handout given.

2. Others

Start Skelaxin Tablet, 800 MG, 1 tablet, Orally, Three times a day, 30
day(s), 90

Preventive Medicine

UCC Discharge Instructions: :

Followup: Followup with your doctor or return to UCC if you are not
better within 48-72 hours or if your condition worsens. If after hours,
go to the ED.

Handout Given: CONTUSIONS.

Medications: RX SENT TO CVS PHARMACY.

RETURN TO URGENT CARE IN ONE WEEK (on APRIL 11th).

Follow Up

1 Week

Patient: TEDDER, VERMA L

Progress Note: RICHARD T. FERRO, MD 04/04/2013

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

History of Present Illness

Pain Management:

Verma states that he right side is feeling much better, but that she is still having some pain in her right thigh and knee. Her left wrist and forearm are feeling better as well. No new complaints.

Vital Signs

Wt 206lb; Ht 5'5"; Temp 97.5po, HR 74; RR 18, BP 131/84, Oxygen sat % 99%ra, Pain scale 9/10.

Examination

General Examination:

GENERAL APPEARANCE: Amiable, alert and oriented, well nourished, well developed 51-year-old black female who is resting comfortably in no acute distress.

HEENT: atraumatic, normocephalic; PERRLA, EOMs intact, anicteric, conjunctivae pink.

CARDIOVASCULAR: regular rate and rhythm, normal S1 S2, no murmurs/rubs/gallops.

RESPIRATORY: clear to auscultation, no wheezes, crackles or rubs.

SKIN: No rashes or lesions appreciated.

EXTREMITIES: no clubbing, cyanosis or edema. Negative Holman's.

MUSCULOSKELETAL: still with a mildly antalgic gait, obvious left knee pain. On examination of her left arm she has improved discomfort about the midportion of her forearm and elbow, but has no open wounds or bony deformities. She has full range of motion and 5 over 5 muscle strength testing. She has a completely normal upper extremity neurovascular exam. On examination of both her knees she has improved tenderness over her left patella and was without any obvious ecchymosis, bony deformities or crepitus. She does have full range of motion of both knees and has a negative patella inhibition and apprehension tests. She has a normal Lachman's, anterior and posterior drawer testing, and modified McMurray's testing bilaterally. She is normal lower from the muscle strength testing but again has discomfort to palpation over anterior patella consistent with patellar contusions. She is otherwise neurovascularly intact with good cap refill.



Electronically signed by RICHARD FERRO, MD on
04/04/2013 at 07:58 PM EDT

Sign off status: Completed

McLeod Urgent Care Darlington
964 LOCHEND DR
DARLINGTON, SC 295325698
Tel: 843-777-6890
Fax: 843-777-6891

Patient: TEDDER, VERMA L

Progress Note: RICHARD T. FERRO, MD 04/04/2013

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

McLeod

Physician Associates

TEDDER, VERMA L

Y old Female. DOB: (

Guarantor: TEDDER, VERMA L Insurance: SC STATE
ACCIDENT FUND WC Payer ID: PAPER
PCP: UNKNOWN UNKNOWN
Appointment Facility: McLeod Urgent Care Darlington

04/11/2013

PRAKASH S. BEERAKA, MD

Current Medications

Glucophage
Lisinopril
Naproxen 500 MG Tablet 1 tablet Twice a day
as needed for pain, stop date 04/05/2013
Flexeril 10 mg Tablet 1 tablet Three times a
day as needed for muscle spasm, stop date
04/05/2013
Skelaxin 800 MG Tablet 1 tablet Three times
a day
Ketorolac Tromethamine 10 mg Tablet as
directed every 6-8 hours as needed for pain
Medication List reviewed and reconciled with
the patient

Past Medical History

HTN
DM

Surgical History

RIGHT WRIST 12/2012

Family History

Father: deceased CHF
Mother: alive DM; HTM; HYPERLIPIDEMIA

Social History

Tobacco Use:

Smoking Are you a: never smoker.

Drug/Alcohol:

Drugs: Denies. Alcohol Did you have a drink
containing alcohol in the past year?
No, Points 0.

Allergies

N.K.D.A.

Review of Systems

Neurologic:

Tingling/numbness yes.

Reason for Appointment

1. rm 5 9:12 WC RECHECK

History of Present Illness

Constitutional:

Patient coming today for followup for a work-related injury to her knees and left wrist. She stated that she continues to experience the left knee pain, which feels like, radiating up to her left thigh. Not much better from her last visit. Walking and movements Hurts. Did not notice any swelling. Taking Skelaxin and also Toradol tablet as needed.

No locking of the left knee,

Her right knee is about 90 percent better, her left wrist and left forearm discomfort is about 80 percent better, still feels like numbness and discomfort on her fingers and left wrist, but improving. Her main complaint is the left knee discomfort. Currently on light duty work.

Vital Signs

Wt 206, Ht 5'5", Temp 97.9, HR 79, RR 18, BP 152/104, Oxygen sat %
97, Pain scale 8/10
@ 0939 - bp recheck 132/85, p 80. - abullard, rn.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, pleasant. ORAL
CAVITY: normal. CARDIOVASCULAR: normal S1S2, regular rate and
rhythm, no murmurs. RESPIRATORY: clear to auscultation bilaterally,
no wheezes, rhonchi, rales. EXTREMITIES:

Left upper extremity: No areas of tenderness on the left wrist or the left forearm. Good left wrist movements Noted. no skin changes, no swelling.

Right knee: No swelling, no skin changes. . No tenderness. good right knee movements Noted with no limitations.

Left knee: No obvious swelling, no skin changes. Tender on the patella, and also along the medial joint line. Good range of motion is noted with no locking. Anterior and posterior draw sign - Negative, McMurray's - equivocal.

Patient: TEDDER, VERMA L DOB:

Progress Note: PRAKASH S. BEERAKA, MD 04/11/2013

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

No swelling of the left leg.

Assessments

1. Knee contusion - 924.11 (Primary), left
2. Knee pain - 719.46, left knee
3. Left wrist pain - 719.43

Treatment

1. Knee contusion

Stop Ketorolac Tromethamine Tablet, 10 mg, as directed, Orally, every 6-8 hours as needed for pain

Start Naprosyn Tablet, 500 MG, 1 tablet as needed, Orally, every 12 hrs, 20 tabs, 40, Refills 1

Patient coming today for a work related, bilateral knee injury. right knee is getting better, but continues to experience the left knee pain and discomfort.

Recommended to continue with current work restrictions, Naprosyn twice a day with food as needed.

Walk as tolerated.

Followup in one week for recheck.

2. Left wrist pain

Getting better. Continue with NSAIDs as needed.

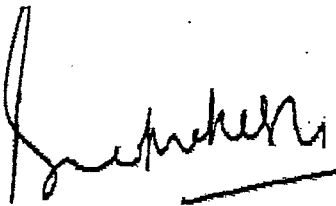
Preventive Medicine

UCC Discharge Instructions: : Followup: Followup with your doctor or return to UCC if you are not better within 48-72 hours or if your condition worsens. If after hours, go to the ED. Handout Given: KNEE PAIN. Medications: RX SENT TO CVS PHARMACY.

Stop Toradol. Start on Naprosyn twice a day with food as needed.

Continue with the muscle relaxer as needed.

Continue the current work restrictions until followup in one week - RETURN TO URGENT CARE ON THURSDAY, APRIL 18th.



Electronically signed by PRAKASH BEERAKA, MD on 04/13/2013 at 01:23 PM EDT

Sign off status: Completed

McLeod Urgent Care Darlington
964 LOCHEND DR
DARLINGTON, SC 295325698
Tel: 843-777-6890
Fax: 843-777-6891

Patient: TEDDER, VERMA L

Progress Note: PRAKASH S. BEERAKA, MD 04/11/2013

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

McLeod
Physician Associates

TEDDER, VERMA L

Y old

DOB:

P O BOX 1612, DARLINGTON, SC-29540

Home:

Guarantor: TEDDER, VERMA L Insurance: SC STATE
ACCIDENT FUND WC

PCP: UNKNOWN UNKNOWN

Appointment Facility: McLeod Urgent Care Darlington

04/18/2013

RICHARD T. FERRO, MD

Current Medications

Glucophage
Lisinopril
Skelaxin 800 MG Tablet 1 tablet Three times
a day
Naprosyn 500 MG Tablet 1 tablet as needed
every 12 hrs
Medication List reviewed and reconciled with
the patient

Past Medical History

HTN
DM

Surgical History

RIGHT WRIST 12/2012

Family History

Father: deceased CHF
Mother: alive DM; HTM; HYPERLIPIDEMIA

Social History

Tobacco Use:

Smoking

Are you a: *never smoker*

Allergies

N.K.D.A.

Review of Systems

General/Constitutional:

no Muscle aches. Fever NO.

Skin:

no Rash.

Neurologic:

Tingling/numbness NO.

Reason for Appointment

1. WC-FALL-RECHECK

Assessments

1. Left knee pain - 719.46 (Primary)
2. Patellar contusion - 924.11

Extensive patient education given
Recommend PT to help resolve residual knee pain s/p fall
Continue light duty restrictions
Follow up in 1-2 weeks for reexamination.

Treatment

1. Others

Referral To: Physical Therapist

Reason: refer to PT for continuing left knee contusion pain s/p
fall several weeks ago - eval and treat - modalities prn

Preventive Medicine

UCC Discharge Instructions: :

Followup: Followup with your doctor or return to UCC if you are not
better within 48-72 hours or if your condition worsens. If after hours,
go to the ED.

Handout Given: KNEE PAIN.

will notify you of physical therapy appointment.

RETURN TO URGENT CARE ON FRIDAY, MAY 3rd FOR FOLLOW
UP.

History of Present Illness

Knee/Shin:

Verma is a very amiable 51-year-old with continued left knee pain
after being tripped and fallen on her knees and left wrist. Unfortunately
her left wrist and right knee is feeling much better, however again she
still having left knee discomfort which she states does radiate upward
to her left hip occasionally. She has been using various nonsteroidal
anti-inflammatory medication and muscle relaxants and has been on
light duty. She presently denies any locking, catching or giving way of
her left knee and she denies any prior history or surgical intervention of
her left knee. She presently denies significant swelling, warmth or
redness.

Patient: TEDDER, VERMA L

Progress Note: RICHARD T. FERRO, MD 04/18/2013

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

Vital Signs

Wt 206, Ht 5'5", Temp 98.2, HR 73, RR 18, BP 143/93, Oxygen sat % 97, Pain scale 9/10.

ExaminationGeneral Examination:

GENERAL APPEARANCE: Amiable, alert and oriented, well nourished, well-developed 51-year-old black female who is resting comfortably in no acute distress.

HEENT: atraumatic, normocephalic; PERRLA, EOMs intact, anicteric, conjunctivae pink.

CARDIOVASCULAR: regular rate and rhythm, normal S1 S2, no murmurs/rubs/gallops.

RESPIRATORY: clear to auscultation, no wheezes, crackles or rubs.

SKIN: No rashes or lesions appreciated.

EXTREMITIES: no clubbing, cyanosis or edema. Negative Holman's.

MUSCULOSKELETAL: still with a mildly antalgic gait and left knee pain. She has improved tenderness over her left patella and was without any obvious ecchymosis, bony deformities or crepitus. She does have full range of motion of both knees and has a negative patella inhibition and apprehension tests. She has a normal Lachman's, anterior and posterior drawer testing, and modified McMurray's testing bilaterally. She does have some medial joint line pain and referred pain up her leg with some movement. She has normal lower extremity muscle strength testing. She is otherwise neurovascularly intact with good cap refill.



Electronically signed by RICHARD FERRO, MD on
04/18/2013 at 08:32 PM EDT

Sign off status: Completed

McLeod Urgent Care Darlington
964 LOCHEND DR
DARLINGTON, SC 295325698
Tel: 843-777-6890
Fax: 843-777-6891

McLeod

Physician Associates

TEDDER, VERMA L

Y old Female, DOB:

Guarantor: TEDDER, VERMA L Insurance: SC STATE
ACCIDENT FUND WC

PCP: UNKNOWN UNKNOWN

Appointment Facility: McLeod Urgent Care Darlington

05/02/2013

RICHARD T. FERRO, MD

Current Medications

Glucophage
Lisinopril
Skelaxin 800 MG Tablet 1 tablet Three times
a day
Naprosyn 500 MG Tablet 1 tablet as needed
every 12 hrs
Medication List reviewed and reconciled with
the patient

Past Medical History

HTN
DM

Surgical History

RIGHT WRIST 12/2012

Family History

Father: deceased CHF
Mother: alive DM; HTM; HYPERLIPIDEMIA

Social History

Tobacco Use:

Smoking

Are you a: *never smoker*

Allergies

N.K.D.A.

Review of Systems

General/Constitutional:

Chills NO. Fever NO. Skin rash NO.

Weakness NO.

Neurologic:

Tingling/numbness NO.

Reason for Appointment

1. WC

Assessments

1. Left knee pain - 719.46 (Primary)
2. Patellar contusion - 924.11

Extensive patient education given
Recommend PT to help resolve residual knee pain s/p fall
Continue light duty restrictions
Sent to Occupational Health for follow up continued care.

Preventive Medicine

UCC Discharge Instructions:

Followup: Followup with your doctor or return to UCC if you are not
better within 48-72 hours or if your condition worsens. If after hours,
go to the ED.

Handout Given: CONTUSION (LOWER EXTREMITY).

History of Present Illness

Knee/Shin:

Verma is an amiable 51-year-old with continued left knee pain after
being tripped and falling on her knees and left wrist. Fortunately her
left wrist and right knee pain has resolved, however she still having left
knee and leg discomfort which she states does radiate upward to her
left hip occasionally. She has been using various nonsteroidal anti-
inflammatory medication and muscle relaxants and has been on light
duty. She presently denies any locking, catching or giving way of her
left knee and she denies any prior history or surgical intervention of her
left knee. She presently denies significant swelling, warmth or redness.

Vital Signs

Wt 206, Ht 5'5", Temp 98.1, HR 65, RR 18, BP 128/83, Oxygen sat %
97.

Examination

General Examination:

GENERAL APPEARANCE: Amiable, alert and oriented, well
nourished, well developed 51-year-old black female who is resting
comfortably in no acute distress.

HEENT: atraumatic, normocephalic; PERRLA, EOMs intact,

Patient: TEDDER, VERMA L

Progress Note: RICHARD T. FERRO, MD 05/02/2013

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

anicteric, conjunctivae pink.

CARDIOVASCULAR: regular rate and rhythm, normal S1 S2, no murmurs/rubs/gallops.

RESPIRATORY: clear to auscultation, no wheezes, crackles or rubs.

SKIN: No rashes or lesions appreciated.

EXTREMITIES: no clubbing, cyanosis or edema. Negative Holman's.

MUSCULOSKELETAL: still with a mildly antalgic gait and left anterior knee pain. She has improved tenderness over her left patella and was without any obvious ecchymosis, bony deformities or crepitus. She does have full range of motion of both knees and has a negative patella inhibition and apprehension tests. She has a normal Lachman's, anterior and posterior drawer testing, and modified McMurray's testing bilaterally. She has no joint line pain today but does have some referred pain up her leg with knee movement. She has normal lower extremity muscle strength testing. She is otherwise neurovascularly intact with good cap refill.



Electronically signed by RICHARD FERRO, MD on
05/02/2013 at 08:31 PM EDT

Sign off status: Completed

McLeod Urgent Care Darlington
964 LOCHEND DR
DARLINGTON, SC 295325698
Tel: 843-777-6890
Fax: 843-777-6891

Patient: TEDDER, VERMA L DOB:

Progress Note: RICHARD T. FERRO, MD 05/02/2013

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

REFERRAL

RICHARD T. FERRO, MD
Family Medicine
McLeod Urgent Care Center
3015 W PALMETTO ST, FLORENCE, SC-295015935
Tel: 843-777-6870 Fax: 843-777-6871

VERMA L TEDDER
07/17/1961

Date: 05/02/2013

Patient Information:

Patient Name: VERMA L TEDDER
Patient DOB: 07/17/1961
Patient Insurance: SC STATE ACCIDENT FUND WC
Patient Subscriber No: 247333090
Patient Address: P O BOX 1612, DARLINGTON, SC, US 29540
Patient Phone: 843-269-1513

Insurance Information

Subscriber Name: TEDDER, VERMA L
Subscriber DOB: 07/17/1961
Subscriber Group No:
Subscriber Address: P O BOX 1612, DARLINGTON, SC, US 29540
Subscriber Phone: 843-269-1513

Referral From Information:

Provider Name: RICHARD T. FERRO, MD
Provider ID Number: 202935692
Provider UPIN: G75147
Provider NPI: 1962536516
Provider Facility: McLeod Urgent Care Center
Provider Speciality: Family Medicine
Address1: 3015 W PALMETTO ST
Address2:
City, State, Zip: FLORENCE, SC, 295015935
Phone: 843-777-6870
Fax: 843-777-6871

Referral To Information:

Provider Name: Reservation Scheduling
Provider ID Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Speciality: Physical Therapist
Address1:
Address2:
City, State, Zip: Florence, ,
Phone: 843-777-2095
Appt. Date/Time: 01/01/1901 00:00:00 A
Fax: 843-777-6910

Facility Tax ID
Number:

REFERRAL

RICHARD T. FERRO, MD

Family Medicine

McLeod Urgent Care Center

3015 W PALMETTO ST, FLORENCE, SC-295015935

Tel: 843-777-6870 Fax: 843-777-6871

VERMA L TEDDER

Reason For Referral:

Authorization No:

Authorization Type:

Reason: refer to PT for continuing left knee contusion pain s/p fall several weeks ago - eval and treat -
modalities pm
Diagnosis: 719.46 - Bilateral knee pain
Procedures:
Visits Allowed: 0
Unit Type: V (VISIT)
Start Date: 04/18/2013
End Date: 04/18/2014

Notes:

Clinical Notes:

BULLARD, AMY 04/18/2013 09:08:36 AM EDT > left voicemail for Mrs. Howard (w/c nurse manager) at ph#877-709-2667 re: obtaining authorization for physical therapy appt. Florin, Sheila 04/24/2013 04:14:21 PM EDT > Called and left message with Mrs. Howard for authorization for PT BULLARD, AMY 04/26/2013 03:16:26 PM EDT > left message for pt to return call re: f/u with occupational health d/t being unable to obtain authorization for physical therapy d/t no return phone calls. BULLARD, AMY 04/26/2013 03:25:36 PM EDT > left message for Tara Lee with occupational health to return call re: pt following up with occupational health. BULLARD, AMY 04/26/2013 03:25:44 PM EDT > left message for Tara Lee with occupational health to return call re: pt following up with occupational health. BULLARD, AMY 05/01/2013 09:33:51 AM EDT > Information given to Tara Lee with occupational health. Will fax charts.

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

Patient:

DOB:

Dear Dr. Ferro,

I am writing to advise you that I evaluated your patient Verna Tedder today, 5/13/2013. While Verna's knee symptoms were consistent for a knee contusion, she presented with additional signs that showed possible low back involvement. The patient states that she is having pain that runs from her left LB to her knee and occasionally to her foot (where her small toe can become numb).

The exam also reveals that the patient's L LE was hypersensitive when compared to the right and the patient reported that water temperature felt different from right to left. Based on my exam I would ask that you consider recommending adding the treatment of her low back to the claim so that we can address all the deficits noted. If you have any questions, please call me at 843-662-1234.

Sincerely,

Toni Franks, DPT

Toni Franks, DPT

Petty

[] 30 DAY SUMMARY/PLAN OF CARE
[] PROGRESS REPORT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29504-4494
TELEPHONE 843-662-1234

Patient's Name: Tedder, VERMA

Date of Initial Visit: 5-13-13

MD: FERRO

Today's Date: 5-29-13

HIC# _____

Total Visits: 6

Chief Complaint:

Initially: (L) KNEE PAIN

Therapy sessions have included:

Modalities / Manual Therapy: E-STIM, CP, MHP, MFR, TAPING

Therapeutic exercise for _____ Strengthening _____ Mobility _____ Stability

Bike, 4-way T-band, LAG, SAB, HR, Hip ✓

Progress Summary: (Goals _____ Being met _____ Met ☒ Not yet met)

PT REPORTS AVG PAIN AROUND 7-8 TO GETTING WORSE
THROUGHOUT THE DAY. UNABLE TO TEST STRENGTH 2°
TO 1° (P). (L) KNEE FROM 0°-120°

Physical Therapy Goals:

For Certification Period: _____

1) ↓ PAIN 3° @ WAIST

2) SIT-75° PAIN FREE

Recommendations: PT TO GET MRI,

AWAIT MD ORDERS.

Continue therapy

☒ Per M.D.'s instructions

☒ Discharge from therapy

Referral to other

Thank you.

S. GARCIA-PTA

Signature

Peter Hyman M

M. D.

5-29-13

Date

6/4/13

Date



* O H O O O S *

McLeod Health

The Choice for Medical Excellence

Admission/Outpatient Conditions

124728239 00-43-91-95

TEDDER, VERMA LEE

09/04/13



DOB: 52 F

ELVINGTON, ROBERT E

Consent for Admission or Outpatient Treatment: I hereby give my consent for the admission or Outpatient Treatment considered necessary to McLeod Regional Medical Center (McLeod) for the patient whose name appears below under the care of the attending physician, his associates, partners, assistants or designees. I consent to the hospital care, which may encompass necessary laboratory, diagnostic or medical treatment and procedures; prescribed medication information, if available; or recordings and/or filmings for internal purposes, which my physician, his associates, partners, assistants or designees may deem necessary or advisable during my stay. Physicians, members of the house staff and employees of the hospital will perform this care.

Teaching programs: I understand this facility may enter into agreements with medical, nursing and allied health programs. Various health profession students may participate in my care. I agree to participate, but have the right to limit my participation at any time.

Assignment of Insurance Benefits and Third Party Claims: I/we hereby authorize payment directly to McLeod of hospital benefits otherwise payable to me, including major medical insurance benefits, PIP benefits, sick benefits or injury benefits due because of any insurance policy and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient unless we pay the account in full upon discharge. I also authorize payment of surgical or medical, including major medical benefits, directly to attending physicians, but not to exceed charges for these services. I also authorize payment of hospital and medical benefits otherwise payable to me for professional services performed by the Medical Anesthesia Consultants, LLC, and/or Florence Radiological Associates, PA, and/or Pee Dee Pathology, PA, and/or any other physician on the active staff of McLeod. I understand that I am financially responsible to the hospital and physicians for charges, whether or not covered by this assignment. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may bear interest at the legal rate. I further agree that in the event hospital benefits exceed charges of McLeod for its services in connection with this hospitalization, that any such excess amount be first applied to the payment of any other indebtedness due by me for my own hospitalization or any for which I am responsible to the hospital on account of other admissions, and the balance, if any remains, paid to me. I further authorize refund of overpaid insurance benefits in accordance with my policy conditions where my coverages are subject to the coordination of benefits clause. I further agree that the hospital is authorized to act in my behalf in the endorsement of benefit checks made payable to me and/or the hospital. If I am a participant/beneficiary of an employee welfare benefit plan governed by the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. §1001 et seq., I designate McLeod as my authorized representative and grant to McLeod the authority to act on my behalf in pursuing and appealing a benefit determination under the plan. Such authority shall include the right to request and receive a copy of the plan description and/or summary plan description.

Medicare-Medicaid Patient's Certification: Payment Request: I assign payment for the unpaid charges for certain in-house physician services furnished by specialists, and physicians for whom the hospital is authorized to bill. I understand that I am responsible for any health insurance deductibles and coinsurance. I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security act is correct. I request that payment of authorized benefits be made on my behalf.

Payment Guarantee: I/we hereby jointly and severally agree to pay all charges for service received by the patient named below during this "episode of care."

☒ **Personal Property:** Upon request the hospital will hold on deposit any money or valuables and is not responsible for personal property retained in the patient's room or with the patient.

Also, I/we understand that a personal physician is to be selected, by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise.

Also, I/we have read the above authorization and understand the same and certify that no guarantee or assurance has been made as to the results that may be obtained.

☒ Initial this box if you received information regarding the Hospital Patient Safety Act and a copy of the Patient Rights and Responsibilities.

Patient's (Guarantor's) Signature

Verma Tedder

Patient's Name

8/29/13

Date

124728239

Account Number

Debbie Robins

Witness

9/4/13

Admission Date

Acknowledgement of the Notice of Privacy Practices

☒ NPP on file.

I hereby acknowledge that I received a paper copy of the McLeod Health Notice of Privacy Practices which sets forth the way in which my protected health information may be used or disclosed by McLeod Health and outlines my rights with respect to such information. I also acknowledge that I have been allowed to ask questions. If I am not the patient, I represent that I am authorized by law to act for and on the patient's behalf.

Signature of Patient or Authorized Agent

Seq. # MH2155 Rev. 4/03; 11/03; 10/04; 01/06; 10/07; 5/08; 6/08; 8/08; 10/09

Date



Outpatient Coding Summary

Patient Name TEDDER, VERMA LEE		Sex	Birth Date	Age	MR Number 000000439195	Account Number 124728239
Admit Date 09/04/13 05:00 AM	Discharge Date 09/04/13 10:55 AM	LOS 1	Financial Class WORKMAN COMP		Disposition Routine Home	
Attending Physician ELVINGTON, ROBERT E		Coder Caudle, Ann			Patient Type DAY HOSPITAL	
Admit Diagnosis						
8360 Tear of medial cartilage/meniscus of knee, current						
Primary Diagnosis						
8360 Tear of medial cartilage/meniscus of knee, current						
Secondary Diagnosis						
71596 Osteoarthritis, unspecified whether generalized or localized, lower leg						
73392 Chondromalacia						
7177 Chondromalacia of patella						
E8889 Unspecified fall						
E8497 Injury or poisoning occurring at/in residential institution						
Procedures				Provider	Date	
806 Excision of semilunar cartilage of knee				174698 ELVINGTON, ROBERT E	09/04/13	
8026 Arthroscopy of knee				174698 ELVINGTON, ROBERT E	09/04/13	
CPT Procedures and Modifiers				Provider	Date	
29881 -LT Arthrs kne surg w/menisectomy med/lat w/shvg; (-LT				174698 ELVINGTON, ROBERT E	09/04/13	

8049

Outpatient Coding
Summary

MR number: 000000439195
Admit date: 09/04/13 05:00 AM
Confidential

Account number: 124728239
Discharge date: 09/04/13 10:55 AM
Page 1 of 1

MCLEOD REGIONAL MEDICAL CENTER

=====

TEDDER, VERMA LEE	0000	PPPPP	DDDDD
00-43-91-95 MPMC ACCT# 124728239	O O P P D D		
SERV: AMB ADM DT/TM: 09/04/13 05:00	O O PPPP. D D		
MD: ELVINGTON, ROBERT E DAYH 142D01	O O P D D		
DX: MENISCUS TEAR 717.3KNEE CHRONIC	OOOO P DDDDD		

=====

CLERK: KI9694 PT TYPE: Q STS: OT ** PERMANENT CHART COPY **
 MRSA: VRE: Place Outpatient In Bed
 ALLERGIES: NOT AVAILABLE B/RLS DT: TM: _____ DAYS
 ADM PRIORITY: R ADM SOURCE: RP
 REF SOURCE:
 PATIENT TYPE: Q PT STATUS: OT
 DATE OF BIRTH:
 MARITAL STATUS: S
 RACE:
 AGE:
 SS#:

*** PT ADDRESS ***
 STREET:
 CITY: ST: SC
 ZIP: DISTRICT: 16
 PHONE:

*** PT EMPLOYER ***
 NAME: DARLINGTON COUNTY COMMUNI
 PHONE:
 STREET: ACTION AGENCY
 CITY: ST:
 ZIP:
 OCCUPATION:

ATN MD: 174698 ELVINGTON, ROBERT E
 ADM MD: 174698 ELVINGTON, ROBERT E
 REF MD: 174698 ELVINGTON, ROBERT E
 PCP MD: 800144 WRIGHT, BARBARA A
 NOTIFY PCP: Y

=====

*** EMERGENCY CONTACT ***
 NAME: ISHMELL, LAWRENCE
 RELATIONSHIP: C
 STREET:
 CITY: ST:
 ZIP:
 PHONE: 843 289-2324
 WORK PHONE:

*** GUARANTOR ***
 NAME: TEDDER, VERMA
 RELATIONSHIP: S
 STREET:
 CITY: ST: SC
 ZIP:
 PHONE:
 EMPLOYER: DARLINGTON COUNTY COMMUNI

PATIENT'S LEGAL REPRESENTATIVE
 NAME: LAWRENCE ISHMELL
 LANGUAGE: ENG
 SPECIAL NEEDS: A

FIN CLASS: A NO OF INS PLANS: 1
 SERVICE CODE: AMB RELIGION:
 ISOLATION/MED DIR: N
 *** ACCIDENT INFORMATION ***
 ACCIDENT IND:
 DATE: HOUR:

===== PHYSICIAN'S REPORT =====
 HISTORY & PHYSICAL:

DIAGNOSIS:

TREATMENTS/ORDERS:

_____, MD
 ATTENDING PHYSICIAN

=====

TEDDER, VERMA LEE	124728239	** BCMO	** P189343 **
05:40 09/04/13 FROM @02Z, APADMOF1			

=====

Operative Report

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29501-0551

NAME: TEDDER, VERMA LEE
DAYH142D01
MED. REC. NO.: 00439195
DR. DICTATING: Elvington, Robert E. Jr. MD
PATIENT NO.: 000124728239
DATE OF SURGERY/PROCED: 09/04/2013

NAME: Tedder, Verma Lee DAYH142D01
MED. REC. NO.: 00-43-91-95
DR. DICTATING: Robert E. Elvington, Jr., MD
DOB:
PATIENT NO.: 000124728239
DATE OF SURGERY: 09/04/2013

PREOPERATIVE DIAGNOSIS: Medial meniscectomy tear and degenerative joint disease, left knee.

POSTOPERATIVE DIAGNOSIS: Medial meniscectomy tear and degenerative joint disease, left knee.

NAME OF PROCEDURE: Left knee arthroscopic partial medial meniscectomy.

SURGEON: Robert Elvington, M.D.

OPERATION: Mr. Tedder was taken to the OR and placed under general anesthesia, placed supine on the OR table. Tourniquet put on the left thigh. The knee was then prepped in sterile fashion. The leg was then exsanguinated, tourniquet inflated. I made standard medial and lateral portals in the knee. We entered the patellofemoral joint through the lateral portal. Inspection of this joint revealed grade 2-3 chondromalacia on the patella. This was debrided with a shaver to a stable rim. We then inspected the medial compartment and found grade 4 chondromalacia throughout the medial femoral condyle. This also was debrided with a shaver. We then found a macerated tear in the posterior horn of the medial meniscus. We then used a duckbill to resect this and a shaver to transition it. Inspection of the lateral compartment revealed no significant injury to the meniscus or the articular surface. Therefore, we removed any debris, closed the wounds with 3-0 nylon, and covered this with a sterile dressing. The patient was awakened, extubated, and taken to recovery in stable condition. No complications.

Robert E. Elvington, Jr., MD

meq

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Operative Report

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves Street
Florence, SC 29501-0551

NAME: TEDDER, VERMA LEE
DAYH142D01
MED. REC. NO.: 00439195
DR. DICTATING: Elvington, Robert E. Jr. MD
PATIENT NO.: 000124728239
DATE OF SURGERY/PROCED: 09/04/2013

DD : 09/04/2013 08:28 A
DT : 09/05/2013 01:13 P

Job #: 1187404
cc: Robert E. Elvington, Jr., MD
Barbara A. Wright, FNP-C

Electronically signed by ELVINGTON MD, ROBERT E. J on 02-Oct-2013 07:53:58 -04:00

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* E D O D O 1 *

McLeod Health

The Choice for Medical Excellence
Patient Teaching and
Discharge Instructions

124728239 00-43-91-95

TEDDER, VERMA LEE

09/04/13



DOB: 52
ELVINGTON, ROBERT E

This is a guide to your post-hospital care. You may have received additional information from your physician.

Medications

- See Universal Medication Form (UMF)
- Fold the UMF form and keep it in your wallet.

Symptoms to Report to Dr. Elvington

Office Number: 662-5233

band 101 or greater
unhealed pain
Excessive swelling, drainage
bleeding

Activities

- Activity as tolerated unless otherwise instructed by your doctor.
- Return to work on _____ (Date)
- () May shower () May bathe
- () Do not lift > 10 pounds () Partial weight bearing
- () Non weight bearing () Stair climbing
- () Crutches / Walker () Driving

Weight bearing as tolerated

- Follow - up with your primary care physician
- Follow - up appointment with:

1. Dr. Elvington
2. Dr. _____
3. Dr. _____

Date/Time: 7-10 day / as
Date/Time: _____ / scheduled
Date/Time: _____ / _____

Community Service Referrals or Equipment / Supplies:

See instruction sheet

Treatments/Special Instructions/Wound Care

* Tobacco Unit for 24 hours (show
on 12 hours)
* Keep leg elevated & keep
dressing dry and intact for
24 hours when may remove

Diet: • Diet as tolerated unless otherwise indicated ☐ 2 Gram Sodium ☐ Cardiac ☐ Renal ☐ Diabetic ☐ Regular

() Printed Material Given

Instructions for Healthy Living

Smoking:

- No Smoking / No Tobacco Products / Avoid Exposure to Second Hand Smoke
- Surgeon General's Warning: Quitting smoking now greatly reduces serious risk to your health.

Obesity / Weight Monitoring:

- Obesity greatly increases your risk of illness
- A healthy diet, regular physical exercise and weight monitoring are important for maintaining a healthy lifestyle.
- You may be retaining fluid if you have a history of congestive heart failure or if you experience any of the following symptoms: weight gain of 3 - 5 pounds in 1 - 2 days, increased swelling in your hands or feet or shortness of breath while lying flat in bed. Please call your doctor as soon as you notice any of these symptoms; do not wait until your next office visit.

Discharge Date

Time

Delivered Copy of Medicare Important Message: NA

Home Meds / Valuables Given To: NA

Escorted By: ☒ Hospital Attendant ☐ Ambulance Attendant

Discharged With: ☒ Family ☐ Friend ☐ Self ☐ Other

Discharged To: ☒ Self Care ☐ Other

I have received and fully understand the above instructions for post hospital care

Signature of Patient or Significant Other

Cousin

Relationship (If other than patient)

Discharge Nurses Signature

Date/Time

White: Chart Copy Yellow: Patient's Copy Pink: Physician's Office Copy

RADIOLOGY REPORT
McLEOD Urgent Care Darlington
964 LOCHEND DR. DARLINGTON, SC 29532
(843)777-6890

PATIENT NAME: TEDDER, VERMA LEE
PT ACCOUNT#: 000123774820
ACCESSION#: 5500272

DISCHARGE DATE:
MR/RAD#: 439195
CID#: 807406

DOB: AGE: SEX: RACE:
PHONE: 000-000-0000
ADDRESS: PT CLASS: O FIN CLASS: S
PT TYPE: R PT NS/ROOM: MPMC-

ORDER DR: RICHARD T. FERRO M.D.
ATTEND DR: RICHARD T. FERRO M.D.
COPY TO:
DIAGNOSIS:

PAIN

TRANSCRIBED D/T: Mar 29 2013 2:57PM
PROCEDURE: DIA-KNEE-LT/4 OR MORE VIEWS / ORD #: 90002 Accession#: 5500272 CPT: 73564
ORDERED FOR: Mar 29 2013 2:24PM COMPLETED: Mar 29 2013 2:35PM
INDICATIONS/COMMENTS: PAIN/FALL

RESULT: Four views of the left knee demonstrate no evident fracture or dislocation. Articular cartilage is well-preserved. There is no evident joint effusion.

CONCLUSION: Negative left knee.

READING DR: GREGOR G. CLEVELAND M.D.
READING DATE: Mar 29 2013 2:57PM

Final Result
ELECTRONICALLY SIGNED BY:
GREGOR G. CLEVELAND M.D.
On: Mar 29 2013 2:57PM

Printed: March 29, 2013 (3:03PM)

Page 1

FLORENCE RADIOLOGICAL ASSOCIATES
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RADIOLOGY REPORT
McLEOD Urgent Care Darlington
964 LOCHEND DR. DARLINGTON, SC 29532
(843) 777-6890

PATIENT NAME: TEDDER, VERMA LEE
PT ACCOUNT#: 000123774820
ACCESSION#: 5500508

DISCHARGE DATE:
MR/RAD#: 439195
CID#: 807406

DOB: .
PHONE: 000-000-0000
ADDRESS: - -

SEX: RACE:
PT CLASS: O FIN CLASS: S
PT TYPE: R PT NS/ROOM: MRMCM-

ORDER DR: RICHARD T. FERRO M.D.
ATTEND DR: RICHARD T. FERRO M.D.
COPY TO:
DIAGNOSIS:

PAIN

TRANSCRIBED D/T: Mar 29 2013 2:53PM
PROCEDURE: DIA-KNEE-RT/4 OR MORE VIEWS / ORD #: 90001 Accession#: 5500508 CPT: 73564
ORDERED FOR: Mar 29 2013 2:23PM COMPLETED: Mar 29 2013 2:35PM
INDICATIONS/COMMENTS: PAIN/FALL

RESULT: Four views of the right knee are compared to a previous examination performed 26 April 2008. There is no evident fracture or dislocation. Articular cartilage is well-preserved. There is no evident joint effusion.

CONCLUSION: Negative right knee.

READING DR: GREGOR G. CLEVELAND M.D.
READING DATE: Mar 29 2013 2:53PM

Final Result
ELECTRONICALLY SIGNED BY:
GREGOR G. CLEVELAND M.D.
On: Mar 29 2013 2:55PM

Printed: March 29, 2013 (2:59PM)

Page 1

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Page 2

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Received by CorVel Corporation 5/8/2013, 12:18:06 PM Pacific Time, 0958, Page 5 of 8
Sent through eClinicalWorks EMR/PM 15:17 PM 05/08/2013 page 5

Attachments

McLeod

Physician Associates

TEDDER, VERMA L

Y old Female, DOB: --

Home: --

Guarantor: TEDDER, VERMA L Insurance: SC STATE

ACCIDENT FUND WC

PCP: UNKNOWN UNKNOWN

Appointment Facility: McLeod Urgent Care Darlington

04/18/2013

RICHARD T. FERRO, MD

Current Medications

Glucophage
Lisinopril
Skelaxin 800 MG Tablet 1 tablet Three times a day
Naprosyn 500 MG Tablet 1 tablet as needed every 12 hrs
Medication List reviewed and reconciled with the patient

Past Medical History

HTN
DM

Surgical History

RIGHT WRIST 12/2012

Family History

Father: deceased CHF
Mother: alive DM; HTM; HYPERLIPIDEMIA

Social History

Tobacco Use:
Smoking
Are you a: never smoker

Allergies

N.K.D.A.

Review of Systems

General/Constitutional:

no Muscle aches. Fever NO.

Skin:

no Rash.

Neurologic:

Tingling/numbness NO.

Reason for Appointment

1. WC-FALL RECHECK

Assessments

1. Left knee pain - 719.46 (Primary)
2. Patellar contusion - 924.11

Extensive patient education given
Recommend PT to help resolve residual knee pain s/p fall
Continue light duty restrictions
Follow up in 1-2 weeks for reexamination.

Treatment

1. Others

Referral To: Physical Therapist

Reason: refer to PT for continuing left knee contusion pain s/p fall several weeks ago - eval and treat - modalities prn

Preventive Medicine

UCC Discharge Instructions: :

Followup: Followup with your doctor or return to UCC if you are not better within 48-72 hours or if your condition worsens. If after hours, go to the ED.

Handout Given: KNEE PAIN.

will notify you of physical therapy appointment.

RETURN TO URGENT CARE ON FRIDAY, MAY 3rd FOR FOLLOW UP.

History of Present Illness

Knee/Shin:

Verma is a very amiable 51-year-old with continued left knee pain after being tripped and fallen on her knees and left wrist. Unfortunately her left wrist and right knee is feeling much better, however again she still having left knee discomfort which she states does radiate upward to her left hip occasionally. She has been using various nonsteroidal anti-inflammatory medication and muscle relaxants and has been on light duty. She presently denies any locking, catching or giving way of her left knee and she denies any prior history or surgical intervention.

Patient: TEDDER, VERMA L DOB: -- Progress Note: RICHARD T. FERRO, MD 04/18/2013

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

Received by CorVel Corporation 5/8/2013, 12:18:06 PM Pacific Time, 0958, Page 6 of 8
Sent through eClinicalWorks EMR/PM 15:17 PM 05/08/2013 page 6

of her left knee. She presently denies significant swelling, warmth or redness.

Vital Signs

Wt 206, Ht 5'5", Temp 98.2, HR 73, RR 18, BP 143/93, Oxygen sat % 97, Pain scale 9/10.

ExaminationGeneral Examination:

GENERAL APPEARANCE: Amiable, alert and oriented, well nourished, well developed 51-year-old black female who is resting comfortably in no acute distress.

HEENT: atraumatic, normocephalic; PERRLA, EOMs intact, anicteric, conjunctivae pink.

CARDIOVASCULAR: regular rate and rhythm, normal S1 S2, no murmurs/rubs/gallops.

RESPIRATORY: clear to auscultation, no wheezes, crackles or rubs.

SKIN: No rashes or lesions appreciated.

EXTREMITIES: no clubbing, cyanosis or edema. Negative Holman's.

MUSCULOSKELETAL: still with a mildly antalgic gait and left knee pain. She has improved tenderness over her left patella and was without any obvious ecchymosis, bony deformities or crepitus. She does have full range of motion of both knees and has a negative patella inhibition and apprehension tests. She has a normal Lachman's, anterior and posterior drawer testing, and modified McMurray's testing bilaterally. She does have some medial joint line pain and referred pain up her leg with some movement. She has normal lower extremity muscle strength testing. She is otherwise neurovascularly intact with good cap refill.



Electronically signed by RICHARD FERRO, MD on
04/18/2013 at 08:32 PM EDT

Sign off status: Completed

McLeod Urgent Care Darlington
964 LOCHEND DR

REFERRAL

RICHARD T. FERRO, MD

Family Medicine

McLeod Urgent Care Center

3015 W PALMETTO ST, FLORENCE, SC-295015935

Tel: 843-777-6870 Fax: 843-777-6871

VERMAL

TEDDER

07/17/1961

Reason For Referral:

Authorization No:

Authorization Type:

Reason: refer to PT for continuing left knee contusion pain s/p fall several weeks ago - eval
and treat - modalities prn
Diagnosis: 719.46 - Bilateral knee pain
Procedures:
Visits Allowed: 0
Unit Type: V (VISIT)
Start Date: 04/18/2013
End Date: 04/18/2014

Notes:

BULLARD, AMY 04/18/2013 09:08:36 AM EDT > left voicemail for mrs. howard
(w/c nurse manager) at ph#877-709-2667 re: obtaining authorization for physical
therapy appt. Florin, Sheila 04/24/2013 04:14:21 PM EDT > Called and left message
with Mrs. Howard for authorization for PT BULLARD, AMY 04/26/2013 03:16:26
PM EDT > left message for pt to return call re: f/u with occupational health d/t being
unable to obtain authorization for physical therapy d/t no return phone calls.

Clinical Notes:

BULLARD, AMY 04/26/2013 03:25:36 PM EDT > left message for tara lee with
occupational health to return call re: pt following up with occupational health.
BULLARD, AMY 04/26/2013 03:25:44 PM EDT > left message for tara lee with
occupational health to return call re: pt following up with occupational health.
BULLARD, AMY 05/01/2013 09:33:51 AM EDT > information given to tara lee
with occupational health. will fax charts.



LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

SUBJECTIVE EVALUATION FORM

NAME: Verma Tedder DATE: 5/13/13
DIAGNOSIS/PROBLEM: Left Knee

MEDS: BP - Diabetes pills - pain pills - muscle relaxers
ARE YOU CURRENTLY WORKING? YES ☒ NO ☐ FULL/PART TIME 7 1/2 H
OCCUPATION: Asst Teacher
WORK LEVEL: ☐ SEDENTARY ☒ LIGHT ☐ MEDIUM ☐ HEAVY ☐ VERY HEAVY

JOB ACTIVITIES: (PLEASE CHECK TWO ACTIVITIES YOU DO MOST DURING YOUR WORK DAY)

LIFTING ☒	BENDING ☒	DRIVING ☐
PUSHING ☐	SQUATTING ☐	WALKING ☒
PULLING ☐	SITTING ☐	OTHER ☐
CARRYING ☐	STANDING ☒	☐

ACTIVITIES THAT INCREASE PAIN, DRAW ARROW UP ↑.

ACTIVITIES THAT DECREASE PAIN, DRAW ARROW DOWN ↓.

SITTING ☒	BENDING ☒	LYING ON STOMACH ☐
STANDING ☒	LIFTING ☒	LYING ON BACK ☐
WALKING ☒	DRIVING ☐	LYING ON SIDE: LEFT ☒ RIGHT ☐

DESCRIBE YOUR PAIN LEVEL FROM 0 - 10 WITH 0 BEING NO PAIN AND 10 BEING THE WORST PAIN IMAGINABLE.

NOW: 9 AT WORST: 9 1/2 AT BEST: 7

TURN PAPER OVER TO COMPLETE:

Patient: Verma Tedder
DOB:

Dear Dr. Ferro,

I am writing to advise you that I evaluated your patient Verna Tedder today, 5/13/2013. While Verna's knee symptoms were consistent for a knee contusion, she presented with additional signs that showed possible low back involvement. The patient states that she is having pain that runs from her left LB to her knee and occasionally to her foot (where her small toe can become numb).

The exam also reveals that the patient's L LE was hypersensitive when compared to the right and the patient reported that water temperature felt different from right to left. Based on my exam I would ask that you consider recommending adding the treatment of her low back to the claim so that we can address all the deficits noted. If you have any questions, please call me at 843-662-1234.

Sincerely,

A handwritten signature in cursive script that reads "Toni Franks DPT".

Toni Franks, DPT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

EVALUATION FORM

PATIENT Verna Tedder HIC NO. _____ PAT. NO. _____

First Date of Service 5/13/13 Date of recertification _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HISTORY: March 29th fell on side of knee → hurt @ knee and
Quarist → @ knee worse then inj @ → light duty

PAST MEDICAL HISTORY: BP: meds, DM well controlled, @ knee meniscectomy 8-9 years ago,
X-RAY: bone contusion @ Quarist surgery 2012

PRECAUTION: _____

SUBJECTIVE: pain starts LB on @ and goes down leg and into
foot (little toe numb)

PAIN / LOCATION: 7/10 @ best 9.5 @ worst

NATURE / BEHAVIOR: Cautious when moving knee

OBJECTIVE

OBSERVATIONS: Knee slightly swollen, when standing Pt shifts
weight onto @ LF

ROM: WFL @

Verma Tedder
C# 032013000912

PALPATION: ① Knee tightness over lateral and central portions

SENSATION/REFLEXES: hypersensitive on ① LE versus ② LE

STRENGTH: NT 2° to P!

OTHER:

TREATMENT: QS 10 x 5" SAQ 3 x 5, sitting march 3 x 10
e-stim, MFR

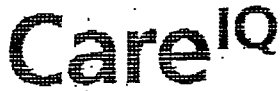
ASSESSMENT: Pt presents ① Knee p! 2° to knee contusion. Pt also

PLAN: PATIENT WILL BE SEEN 2 TIMES A WEEK FOR 3 WEEKS FOR

GOALS: 1. ↓ pain to 3/10 @ worst 2. allow pt to go sit to stand painfree

Andresen Frank DPT PLow PT

PHYSICAL THERAPIST



A CORVEL NETWORK

CareIQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Patient Therapy Satisfaction Questionnaire

Dear Valued Patient,
CareIQ Therapy Program is dedicated to providing quality care and services to all patients. We ask your assistance in achieving this goal by completing the following questionnaire. Your comments are for CareIQ quality assurance purposes only.

Is this the facility where you received your care? If incorrect, please provide corrected information.

Name of Facility: Lowe's Physical Therapy Inc
City, State, Zip: Florence, SC 29501

Please rank the following (circle one):

(1) indicates dissatisfied with care, (5) indicates excellent care

	Dissatisfied				Excellent
Facility cleanliness.....	1	2	3	4	5
General impression of facility.....	1	2	3	4	5
Courtesy of staff.....	1	2	3	4	5
Consistently treated by the same therapist.....	1	2	3	4	5
Did therapy incorporate your work activities.....	1	2	3	4	5
Appointment availability.....	1	2	3	4	5
Overall satisfaction.....	1	2	3	4	5

Additional Comments: She did wonderful work job and am
very please with her and the work she do. Could I
ask for any one Better.

Optional Information:

Therapist Name: Toni Antoinette Franks

Your Name: Venue Jackson

Submit questionnaire by picking the delivery method, which is most convenient for you:

E-mail
PTDocuments@corvel.com

Mail
CareIQ c/o Provider Relations
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Fax
(866) 910-2069

CareIQ

A CORVEL NETWORK

806 910 2069
CareIQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Return to Work Questionnaire and Goals

Provider Name: Lowe's Physical Therapy Inc
Patient's Name: Verma Tedder
Body Part: Knee - Left
Service: Physical TherapyClaim #: 032013000912
Date of Injury: 03/29/2013
Today's Date: 5/8/2013To be completed by patient and therapist on first visit (or as soon as possible, if received after 1st visit).

Completed By Patient: (Subjective Report)

Please circle the number that best represents your current pain level
No Pain 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Emergency Room Pain

Job Title:

Teacher Assistant

Previous Work Status:

☐ Full Time☐ Part time

Last Day worked (if off duty):

Current Work Status:

☐ Full Duty☐ Off Duty☒ Modified Duty; Restrictions:

In one hour of FULL duty, how long do you typically do the following activities:

Sit:	☐ 0-15 min	☒ 15-30 min	☐ 30-40 minutes	☐ 45 minutes-1 hour
Kneel:	☒ 0-15 min	☐ 15-30 min	☐ 30-40 minutes	☐ 45 minutes-1 hour
Walk/Stand:	☐ 0-15 min	☐ 15-30 min	☒ 30-40 minutes	☒ 45 minutes-1 hour
Run:	☒ 0-15 min	☐ 15-30 min	☐ 30-40 minutes	☐ 45 minutes-1 hour

How much weight do you push/pull?

How much weight do you lift?

N/A

Floor to waist

Waist to Shoulder

Shoulder to Overhead

40

How many times?

How many times?

How many times?

How many times?

How many times do you do the following in one hour of full duty?

Squat: 5 Times

Climb stairs or ladders 3 Times

Reach 4-5 Times

Do you have concerns about physically performing your job?

☒ Yes☐ No

Are you anticipating returning to your same job position?

☒ Yes☐ No

Completed By Therapist: Please use this form to assist the patient in returning to work by setting goals to address the above demands as given in the patient's subjective report of his/her job duties. Indicate FUNCTIONAL GOALS only.

To be met in 6 weeks

1. ↓ pain @ worst to 3/10

2. stand c equal weight R=L

3.

My therapist has reviewed my job functions and return to work goals with me.

x Verma Tedder
Patient SignatureAutoma Mills DBT
Therapist Signaturex 5/20/13
Date5/20/13
Date

LOWE'S PHYSICAL THERAPY INC.
507 W. Cheves Street-Florence, S.C. 29501
Phone: (843) 669-8841 - Fax (843) 669-7144

Name: Tedder, VERMA
(L) Knee Pain

517-13 NLS

Date: 5-20-13	5-22-13	5-24-13	5-27-13
Subjective: Sore today pt 8/10	pt reported MD to order MRI - waiting work comp. approval	yesterday was a bad day - today is better	8/10 PAIN, been hurting all wk-end.
Ex Time: 10:00-11	10:20-11 ³⁵	10:15-11 ³⁰	10:15-11:00
Objective: e-stim 2TE, MFR, CP	e-stim TA, MFR 2TE	e-stim TA MFR 2TE	MHP+E-STIM TE:2
QS 10x5"	QS ✓	✓	✓
SAD 30	✓	✓	2#(L) LE X30
sitting hip ✓ 30	✓	✓	✓
HR 30	✓	15	X30
4way hip RTB x10	x20	x20	✓
MFR to knee	✓	✓	—
	trial taping	✓	2
e-stim/CP	✓	e-stim	E-STIM+MHP PRE-MOD X15'
Assessment: Pt a tightness peripatella & 1st p! following TE/MFR 7/10; noted ↓ in hip	Pt little better today - noted improved gait & ↓ lateral	Pt cont e & tight pain throughout session	DIC TAPING, wasn't helping.
Plan: Cont e POC	trunk rot Cont e POC	cont e POC	CPMS
Signature: A. Fails DPT	A. Fails DPT	A. Fails DPT	S. Carter PPT -285

LOWE'S PHYSICAL THERAPY INC.

507 W. Cheves Street-Florence, S.C. 29501

Phone: (843) 669-8841- Fax (843) 669-7144

Name: Tedder, VERMA
(L) KNEE PAIN

Date: 5-29-13			
Subjective: 7/10			
Ex Time: 10:25-11:25			
Objective: MHP/E-S/M FE3			
Bike x 5'			
HR X30			
L) 4-WAY RTB			
hip. X200A			
1#(L) LE			
FAQ X30			
SITTING 1#			
hip V X30			
QSE			
SLR X30			
2#(L)			
SAG LE X30			
E-STIM + MHP			
assessment: SEE PROGRESS NOTE.			
Plan: AWAIT MRI RESULTS/MD ORDERS.			
Signature: S. Carter PSA			

[] 30 DAY SUMMARY/PLAN OF CARE
[] PROGRESS REPORT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

507 W. CHEVY STREET
FLORENCE, S.C. 29501-4041
TELEPHONE 843-661-1234

Patient's Name: Tedder, VERMA

Date of Initial Visit: 5-13-13

MD: FERRO

Today's Date: 5-29-13

HIC# _____

Total Visits: 6

Chief Complaint:

Initially: (L) Knee PAIN

Therapy sessions have included:

Modalities / Manual Therapy: E-STIM, CP, MHP, MFR, Taping

Therapeutic exercise for _____ Strengthening _____ Mobility _____ Stability

Bike, 4-way T-band, LAG, SAG, HR, Hip ✓

Progress Summary: (Goals _____ Being met _____ Met ☒ Not yet met)

Pt reports avs pain around 7-8 getting worse
throughout the day. Unable to rest straight or
to 1° (L) knee from 0°-120°.

Physical Therapy Goals:
For Certification Period:

- 1) ↓ pain 3/10 at rest
- 2) 5-7-750 pain free

Recommendations: Pt to get MRI,
AWAIT MD orders.

Continue therapy

☒ Per M.D.'s instructions

☒ Discharge from therapy

Referral to other

Thank you.

E. Guter PTA

Signature

Peter Hyman

5-29-13

Date

6/4/13

Date of Service: September 12, 2013 Patient Verma Tedder Page: 1



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey R. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ranyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

981 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29505-2769
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

PDOA THERAPY PRESCRIPTION

PATIENT IN OFFICE () YES (X) NO

() OCCUPATIONAL THERAPY
(X) PHYSICAL THERAPY

DATE: 9/12/2013

PATIENT NAME: Tedder, Verma
DATE OF BIRTH:

CHART # 131189

DIAGNOSIS: Left knee medial meniscus tear s/p repair 9/4/13
TREATMENT FACILITY: Lowes

APPOINTMENT DATE: PER NCM APPROVED THRU TIME:
CARE IQ ORD FXD HTYE WILL
CALL PT TOS CHEDLE

TO BE TREATED:

() L SPINE	() T SPINE	() C SPINE
() LT SHOULDER	() RT SHOULDER	() RT HIP
() LT HIP	() RT KNEE	(X) LT KNEE
() LT WRIST	() RT WRIST	() OTHER

FREQUENCY . 2 X PER WEEK FOR 4 WEEKS

REHAB PLAN OF CARE:

(X) EVALUATE AND TREAT	() PER PROTOCOL	(X) MODALITIES AS NEEDED
(X) PROM	(X) AROM	() AAROM
() STRETCH	(X) STRENGTHEN	() AQUATIC EXERCISES
() WILLIAMS/MCKENZIE	() BACK SCHOOL	() AEROBIC ACTIVITY
() SPINAL STABILIZATION	() LUMBAR TRACTION	() CERVICAL TRACTION
() ISOMETRICS	() IONTOPHORESIS	() TENS UNIT
() WORK HARDENING	() FCE	() FRC
() QUAD STRENGTHENING	(X) NORMALIZING GAIT	

PRECAUTIONS:

PHYSICIAN SIGNATURE:

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 9/12/2013

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A CORVEL NETWORK

Care^{IQ} Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Patient Therapy Satisfaction Questionnaire

Dear Valued Patient,

Care^{IQ} Therapy Program is dedicated to providing quality care and services to all patients. We ask your assistance in achieving this goal by completing the following questionnaire. Your comments are for Care^{IQ} quality assurance purposes only.

Is this the facility where you received your care? If incorrect, please provide corrected information.

Name of Facility: Lowe's Physical Therapy Inc
City, State, Zip: Florence, SC 29501

Please rank the following (circle one):

(1) indicates dissatisfied with care, (5) indicates excellent care

	Dissatisfied				Excellent
Facility cleanliness.....	1	2	3	4	5
General impression of facility.....	1	2	3	4	5
Courtesy of staff.....	1	2	3	4	5
Consistently treated by the same therapist.....	1	2	3	4	5
Did therapy incorporate your work activities.....	1	2	3	4	5
Appointment availability.....	1	2	3	4	5
Overall satisfaction.....	1	2	3	4	5

Additional Comments: I thank they all are very good and I
love come here.

Optional Information

Therapist Name: Tame

Your Name: Venice Deelchen

Submit questionnaire by picking the delivery method, which is most convenient for you.

E-mail
PTDocuments@corvel.com

Mail
Care^{IQ} c/o Provider Relations
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Fax
(866) 910-2069

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

SUBJECTIVE EVALUATION FORM

NAME: Verma Tedden DATE: Sep 21, 13

DIAGNOSIS/PROBLEM: _____

MEDS: _____

ARE YOU CURRENTLY WORKING? YES _____ NO ☒ FULL/PART TIME _____

OCCUPATION: Teacher

WORK LEVEL: _____ SEDENTARY _____ LIGHT _____ MEDIUM _____ HEAVY _____ VERY HEAVY

JOB ACTIVITIES: (PLEASE CHECK TWO ACTIVITIES YOU DO MOST DURING YOUR WORK DAY)

LIFTING _____	BENDING ☒	DRIVING _____
PUSHING _____	SQUATTING _____	WALKING ☒
PULLING _____	SITTING _____	OTHER _____
CARRYING _____	STANDING _____	_____

ACTIVITIES THAT INCREASE PAIN, DRAW ARROW UP ↑.

ACTIVITIES THAT DECREASE PAIN, DRAW ARROW DOWN ↓.

SITTING ☒	BENDING ☒	LYING ON STOMACH _____
STANDING _____	LIFTING ☒	LYING ON BACK _____
WALKING ☒	DRIVING _____	LYING ON SIDE: LEFT _____ RIGHT _____

DESCRIBE YOUR PAIN LEVEL FROM 0 - 10 WITH 0 BEING NO PAIN AND 10 BEING THE WORST PAIN IMAGINABLE.

NOW: _____ AT WORST: _____ AT BEST: _____

TURN PAPER OVER TO COMPLETE:

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

EVALUATION FORM

PATIENT Tedder, Verma HIC NO. _____ PAT. NO. _____

First Date of Service 9/23/13 Date of recertification _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HISTORY: Sept 4th surgery to repair torn ^{AP} ligament of medial meniscus in (L) knee

PAST MEDICAL HISTORY: BP meds, DM meds, (L) knee meniscectomy 8-9 years ago and (R) wrist surgery 2012

X-RAY: _____

PRECAUTION: _____

SUBJECTIVE: little toe on (L) numb post surgery

PAIN / LOCATION: 10/10

NATURE / BEHAVIOR: _____

OBJECTIVE

OBSERVATIONS: Hesitant to put weight on (L) LE

ROM: (R) knee 0-124° (L) knee 0-88° ROM

Page 2

Vern - Teller

PALPATION: Tender ant / lateral knee

SENSATION / REFLEXES: little toe numb since surgery

STRENGTH: NT 2^o to p!

OTHER:

TREATMENT: Heel slides x5, LAQ x5, MFR, HR x5, e-stim

ASSESSMENT: Pt presents c ↑ p!, ↓ rom and ↓ stability
s/p meniscus repair

PLAN: PATIENT WILL BE SEEN 2 TIMES A WEEK FOR 4 WEEKS FOR

Tg to ↑ strength TA to ↑ balance and manual
to ↑ rom

GOALS: 1. Strength R=L 2. Rom R=L 3 RTW

Antoine Truls DPT

PHYSICAL THERAPIST

LOWE'S PHYSICAL THERAPY INC.

507 W. Cheves Street-Florence, S.C. 29501

Phone: (843) 669-8841- Fax (843) 669-7144

Name: Tedder, Verma

(L) knee repair torn med. meniscus

Date:	9-26-13	9-30-13(2)	10-3-13	10-7-13 (4)
Subjective:	PAIN about a 9/10, but I didn't take anything this morning.	Iceing it @ home.	7/10 VPR today.	8/10, WAS ON IT a lot yesterday.
Ex. Time:	8:10-9:55	8:10-9:10	9:38-10:33	8:05-9:20
Objective:	E-SSIM MANUAL TE 5" hold X 15	TE3 E-SSIM	CP Estim TE3	TA TE3 CP+ESTIM
Heel slides	✓ X20	✓ X20	✓	X30 ✓
Q5+AP'S 15 X30	Q5 X20 AP'S X30	✓	✓	✓
SAG &# X15	1# 15X2	2#	✓	✓
Wd ball 3" hold X15	✓ X20	✓	✓ 15X2	✓ 15X2
SLR &# X15	✓ X20	1#	6LR Hip Abd 1# 10X3	✓
	HR/TR X20	30X	✓	✓ X30
	11 STOP-UPS (L) LEAN X20	✓	✓	✓
			*FAR 2# 10X3	* Bike Full turns X5
MANUAL ROM	✓			
CP+ESTIM X15	✓	CP+ESTIM	✓	
assessment: PT doesn't like CP, declined.	tol new ex's + ↑ caps well.	↑d soreness c progression but tol well	tol new ex's well, able to turn Bike Full Rev.	
Plan:				
CANT 2 therapy	CANT	Cont. POC	CANT Therapy	
Signature:				
S. Carter PTA	S. Carter PTA	[Signature]	S. Carter PTA	293

LOWE'S PHYSICAL THERAPY INC.

507 W. Cheves Street-Florence, S.C. 29501

Phone: (843) 669-8841- Fax (843) 669-7144

name: Jedder Verma

(L) meniscus repair

(DR ELVINGTON)

Date: 10/10/13 (5)

Subjective: 9/10 PAIN today.

Ex Time: 8:30 - 9:30

Objective: TAT TE3
/ CPTF-SIM

Bike X 7'

4" step-ups
L/Lead X 30

HR/TR X 30

LAQ
2# 10X3

AS X 20
AP X 20

SLR 1#
hip Abd 10X3

SAR 2# X 30

Bolster 3" hold
Square X 20

HS X 20

MANUAL ROM

CP + E-SIM

assessment: SEE PROGRESS
NOTE

plan: ADD MANUAL

CONT THERAPY

signature: S. GUTIERREZ

Dr. Joe K. D. D.

[] 30 DAY SUMMARY / PLAN OF CARE
[] PROGRESS REPORT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-662-1234



Patient's Name: Tedder, Verma
MD: ~~FERRA~~ DR ELVINGTON,
HIC# _____

Date of Initial Visit: 9-23-13
Today's Date: 10-10-13
Total Visits: 6

Chief Complaint:

Initially: (L) Knee Medial meniscus tear

Therapy sessions have included:

Modalities / Manual Therapy: MANUAL, CP + E-STIM

Therapeutic exercise for _____ Strengthening _____ Mobility _____ Stability

Bike, step-ups, HR/TR, LS, AP'S, supine +
standing the LL.

Progress Summary: (Goals _____ Being met _____ Met _____ Not yet met)

PAIN @ EVAL 1/10, LOWEST PAIN 9/10, LOWEST PAIN LEVEL
SINCE START OF THERAPY 7/10. STRENGTH HASN'T BEEN TESTED
SINCE EVAL 2° TO 1° 1/2 PAIN, pt still amb'ing E SPC.
(R) ROM 0°-135° / (L) 0°-110°

Physical Therapy Goals:

For Certification Period: _____

1) STRENGTH (R) & (L)

2) ROM (R) & (L)

3) RTW

Recommendations: CONT Therapy 2x/wk

FOR 4-6 wks per MD orders.

☒ Continue therapy

☒ Per M.D.'s instructions

☐ Discharge from therapy

Thank you.

S. Carter, PT
Signature

10-10-13
Date

[] 30 DAY SUMMARY/PLAN OF CARE

[] PROGRESS REPORT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-662-1234

Patient's Name: Tedder, Verma

Date of Initial Visit: 9.23.13

MD: Elvington

Today's Date: 10.23.13

H/O# _____

Total Visits: 8

Chief Complaint:

Initially: Ⓢ meniscal repair

Therapy sessions have included:

Modalities / Manual Therapy: Manual stretching

Therapeutic exercise for _____ Strengthening _____ Mobility _____ Stability

TE to ↑ LE strength, stretching to ↑ Rom, NMR
to improve gait

Progress Summary: (Goals _____ Being met _____ Met _____ Not yet met)

Pain level 7/10 (down from 10/10)

Rom has improved to 0-110

Physical Therapy Goals:

For Certification Period: _____

1. 0/10 P!

2. Rom R=L

3. Strength R=L

Recommendations: Continue therapy 2x week
for 4 weeks to address remaining
deficits

☒ Continue therapy

☐ Per M.D.'s instructions

☐ Discharge from therapy.

Thank you.

Antonina Frank DPT
Signature

10.23.13
Date

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

SUBJECTIVE EVALUATION FORM

NAME: Verma Tedder DATE: 4/25/14

DIAGNOSIS/PROBLEM: Low Back Pain

MEDS: BP controlled - BS - pain meds

ARE YOU CURRENTLY WORKING? YES _____ NO ☒ FULL/PART TIME _____

OCCUPATION: Assists teacher

WORK LEVEL: _____ SEDENTARY ☒ LIGHT _____ MEDIUM _____ HEAVY _____ VERY HEAVY _____

JOB ACTIVITIES: (PLEASE CHECK TWO ACTIVITIES YOU DO MOST DURING YOUR WORK DAY)

LIFTING ☒	<u>BENDING</u> ☒	DRIVING _____
PUSHING ☒	SQUATTING _____	<u>WALKING</u> ☒
PULLING ☒	SITTING ☒	OTHER _____
CARRYING ☒	STANDING ☒	_____

ACTIVITIES THAT INCREASE PAIN, DRAW ARROW UP ↑.

ACTIVITIES THAT DECREASE PAIN, DRAW ARROW DOWN ↓.

SITTING <u>↑</u>	BENDING <u>↑</u>	LYING ON STOMACH <u>↑</u>
STANDING <u>↑</u>	LIFTING <u>↑</u>	LYING ON BACK <u>↓</u>
WALKING <u>↑</u>	DRIVING _____	LYING ON SIDE: LEFT <u>↓</u> RIGHT _____

DESCRIBE YOUR PAIN LEVEL FROM 0 - 10 WITH 0 BEING NO PAIN AND 10 BEING THE WORST PAIN IMAGINABLE.

NOW: 8 AT WORST: 10 AT BEST: 6

TURN PAPER OVER TO COMPLETE:

4/17/2014 5:41 PM FROM: Fax TO: 18777102667 PAGE: 002 OF 002



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: April 17, 2014 Patient: Verma Tedder Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Evington, Jr., M.D.,
 Jeremy H. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ruyyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CHEVY ST. SUITE 100 - FLORENCE, SC 29506-1769
 (843) 662-5233 - FAX (843) 672-9903 - WWW.PDOA.COM

PEE DEE SPINE CENTER THERAPY PRESCRIPTION

PATIENT IN OFFICE ☒ YES

☐ NO

☐ OCCUPATIONAL THERAPY
☒ PHYSICAL THERAPY

DATE: 4/17/2014

PATIENT NAME: Tedder Verma
 DATE OF BIRTH:

CHART # 131189

DIAGNOSIS: Low Back Pain
 TREATMENT FACILITY: Lowes PT

APPOINTMENT DATE:

TIME:

TO BE TREATED:

☒ L SPINE ☐ T SPINE ☐ C SPINE
☐ OTHER:

FREQUENCY 3 X PER WEEK FOR 4 WEEKS

REHAB PLAN OF CARE: ☒ EVAL AND TREAT

☒ STRETCH/STRENGTH/MODALITIES	☐	LUMBAR/CERVICAL TRACTION	☐	FCE / ISOMETRIC
☐ WILLIAMS & MCKENZIE	☐	WORK HARDENING	☐	AQUATIC EXERCISES
☐ ANTI-INFLAM. MODALITIES	☐	AEROBIC ACTIVITY	☐	SPINAL STAB.
☐ BACK SCHOOL	☐	TENS UNIT	☐	ROM, ACTIVE & PASSIVE

PRECAUTIONS:

PHYSICIAN SIGNATURE:

Willie S. Edwards, M.D.

This document was electronically signed on 4/17/2014



A CORVEL NETWORK

Care^{IQ} Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Patient Therapy Satisfaction Questionnaire

Dear Valued Patient,

Care^{IQ} Therapy Program is dedicated to providing quality care and services to all patients. We ask your assistance in achieving this goal by completing the following questionnaire. Your comments are for Care^{IQ} quality assurance purposes only.

Is this the facility where you received your care? If incorrect, please provide corrected information.

Name of Facility: Lowe's Physical Therapy Inc
City, State, Zip: Florence, SC 29501

Please rank the following (circle one):

(1) indicates dissatisfied with care, (5) indicates excellent care

	Dissatisfied				Excellent
Facility cleanliness.....	1	2	3	4	5
General impression of facility.....	1	2	3	4	5
Courtesy of staff.....	1	2	3	4	5
Consistently treated by the same therapist.....	1	2	3	4	5
Did therapy incorporate your work activities.....	1	2	3	4	5
Appointment availability.....	1	2	3	4	5
Overall satisfaction.....	1	2	3	4	5

Additional Comments: They are very lovely staff and I enjoy come here that with I keep come back they are so nice.

Optional Information:

Therapist Name:

Antonina Franks, DPT

Your Name:

Uma Jeldu

Submit questionnaire by picking the delivery method, which is most convenient for you:

E-mail

PTDocuments@corvel.com

Mail

Care^{IQ} c/o Provider Relations
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Fax

(866) 910-2069



CareIQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

A CORVEL NETWORK

Return to Work Questionnaire and Goals

Provider Name: Lowe's Physical Therapy Inc
Patient's Name: Verma Tedder
Body Part: Lower Back Area -
Service: Physical Therapy

Claim #: 032013000912
Date of Injury: 03/29/2013
Today's Date: 4/25/2014

To be completed by patient and therapist on first visit (or as soon as possible, if received after 1st visit).

Completed By Patient: (Subjective Report)

Please circle the number that best represents your current pain level
No Pain 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Emergency Room Pain

Job Title:

Previous Work Status: ☐ Full Time ☐ Part time
Current Work Status: ☐ Full Duty ☐ Off Duty
☐ Modified Duty, Restrictions:

Last Day worked (if off duty): May 9, 13

In one hour of FULL duty, how long do you typically do the following activities:

Sit	☐ 0-15 min	☒ 15-30 min	☐ 30-40 minutes	☐ 45 minutes-1 hour
Kneel:	☒ 0-15 min	☐ 15-30 min	☐ 30-40 minutes	☐ 45 minutes-1 hour
Walk/Stand:	☐ 0-15 min	☐ 15-30 min	☒ 30-40 minutes	☐ 45 minutes-1 hour
Run:	☒ 0-15 min	☐ 15-30 min	☐ 30-40 minutes	☐ 45 minutes-1 hour

How much weight do you push/pull?

How much weight do you lift?

Floor to waist 15/20
Waist to Shoulder 15/20
Shoulder to Overhead 15/2

How many times? 3/4
How many times? 3/4
How many times? 3/4
How many times? 3/4

How many times do you do the following in one hour of full duty?

Squat 5 Times Climb stairs or ladders 3/4 Times

Reach 6 Times

Do you have concerns about physically performing your job?

☒ Yes

☐ No

Are you anticipating returning to your same job position?

☐ Yes

☒ No

Completed By Therapist: Please use this form to assist the patient in returning to work by setting goals to address the above demands as given in the patient's subjective report of his/her job duties. Indicate FUNCTIONAL GOALS only.

To be met in 4 weeks

- no rad. pr
- no pl. 7 2/10
- ① HEP

My therapist has reviewed my job functions and return to work goals with me.

Verma Tedder
Patient Signature

Antonina
Therapist Signature

4/30/14
Date

4/30/14
Date

CL# 032013000912

LOWE'S THERAPY

Page 1



PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

EVALUATION FORM

PATIENT: Velma Tedder HIC NO. _____ PAT. NO. _____

First Date of Service: 4-25-14 Date of recertification: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HISTORY: March 29, 2013 fall at work → surgery on (R) knee
→ awaiting surgery on (F) → LB p! = sharp, catching
→ numbness/tingling L > R all the time on (L) intermittent

PAST MEDICAL HISTORY: (R)

→ see prior chart

X-RAY: _____

PRECAUTION: → wear/tear, arthritis, surgery

SUBJECTIVE: "I can't even put my shoes on"

PAIN / LOCATION: Thoracic → LB

NATURE / BEHAVIOR: motivated

OBJECTIVE

OBSERVATIONS: tight hip flexors

ROM: Flex 25% motion loss & majority of motion
coming from ~~lower~~ thoracic and hips
Ext WNL, SB 25% limited

Verma Tedder
CL# 032013000912

Page 2

PALPATION: Mod fascia tightness cerv → L2-L3
and p! @ L4-L5

SENSATION / REFLEXES:

STRENGTH: NT

OTHER: Repeated flex and ext calm sx

TREATMENT: MFL to back, static back

ASSESSMENT: Pt presents c mod tight fascia and poss
lumb. instability as both flex + ext ↓ sx

PLAN: PATIENT WILL BE SEEN 2-3 TIMES A WEEK FOR 4 WEEKS FOR

Te to ↑ core strength, stretching to improve
flexibility, traction to ↓ rad sx

GOALS: 1. no radicular sx 2. p! no greater
than 2/10 3. (I) c HEP

Antoine LaBrosse

PHYSICAL THERAPIST

Phone: (843) 669-8841- Fax (843) 669-7144

5/6/14 CRG

LBP (loss lumb instability)

LP136

A. Frank BPT

8669102069

CareIQ

A CORVEL NETWORK

CareIQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Discharge Summary

Provider Name: Lowe's Physical Therapy Inc
Patient's Name: Verma Tedder
Body Part: Lower Back Area -
Service: Physical Therapy

Claim #: 032013000912
Date of Injury: 03/29/2013
Today's Date: 6/20/2014

of Visits Completed: 5# of Cancellations: 1# of No-Shows: 1Last Date of Service: 5.12.14**Subjective**

Work status at D/C: Full Duty: ☐ Modified Duty: ☐ Off Work: ☒ Unknown: ☐

Final Pain Index Score: 6 /10

Other: _____

ObjectiveROM: lumbar sidebending and flex 25% limitedStrength: NT

Other: _____

Assessment

Pt had family emergency that prevented her from continuing therapy and is unable to cont 2° to her script running out. Goals have not been met.

Reason for DischargeMet Therapy Goals ☐MD Released/Terminated ☐Transition To Work Conditioning/Hardening: ☐Patient Has Reached Plateau ☐Patient Non-Compliance ☐Change In Plan Of Care: ☐Patient Returned To Work ☐Patient Scheduled For Surgery ☐Other: see assessmentAntoinette Banks

Therapist Signature

6.20.14

Date

Physician Signature

Date

MEDICAL HISTORY FORM

Employee Name <u>Verma Tedder</u>		SSN _____	
Employer <u>Darlington Cty Com Action</u>		Job Title _____	
Sex: _____		Date of birth _____	
(Please use the last page if you need additional space to explain any answers)			
MEDICAL CONDITION:			
Have you ever had chronic or recurring pain, abnormal sensation, tingling or numbness associated with:	Y	N	Have you ever had chronic or recurring pain, abnormal sensation, tingling or numbness associated with:
Neck	☒	☐	Arms
Wrists	☐	☐	Hands
Feet	☐	☐	Back
Shoulders	☒	☐	Knees
Please explain all "YES" answers:			
Do you have or have you ever had:	Y	N	Do you have or have you ever had:
Hearing or Vision problems	☒	☐	Back Problems
Skin Problems (e.g. rash, open sores)	☐	☒	Muscular Disease
Asthma	☐	☒	Varicose Veins
Lung or Pulmonary Problems	☐	☒	Broken Bones
Heart Condition	☐	☒	Automobile Accidents
Hepatitis	☐	☒	Seizures, Fainting
Diabetes	☒	☐	Mental Illness
Cancer	☐	☒	Depression/Anxiety
Hypertension	☐	☒	History of substance abuse
HIV	☐	☒	Hernia
Arthritis	☒	☐	Surgeries
Head/spinal injuries	☐	☒	Other
Please explain all "YES" answers:			
Are you currently under treatment or follow-up care from a doctor, chiropractor or other health care provider?	Y	N	Do you need any accommodations, job modifications, and or structural changes to your work area due to a health-related condition?
☐	☒	☐	☐
Please explain all "YES" answers:			
MEDICAL HISTORY:			
Please list all inpatient or outpatient admissions with date, diagnosis/injury, reason for surgery and treatment. Include childbirths, surgeries and injuries.			
N/A			
ALLERGIES			
Have you ever had a reaction, allergy, and/or sensitivity to any medications, immunizations, foods, chemicals, or other?	Y	N	Do you have problems when wearing gloves or has a physician ever diagnosed you with a latex allergy?
☐	☒	☐	☒
If "Yes" - Please list medications, immunizations, foods, chemicals or other allergies.			
Do you use tobacco products of any kind? ☐ Yes ☒ No If yes, describe how much:			
(Females only) Is it possible you are pregnant? ☐ Yes ☒ No Due Date: _____			

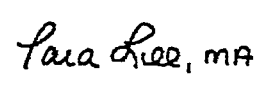
PLEASE LIST ALL EMPLOYMENT STARTING WITH THE MOST RECENT:				
Employer: <u>Deerling Jun CC4</u>	Job Duties: <u>Working Children at the age of 3, so I do standing, walk, kneeling, bending, lifting</u>	Occupational Exposures or Injuries:		
Job Title: <u>Asst Teacher</u>	Hazards:	<u>N/A</u>		
Dates of employment:	Hazards:	Occupational Exposures or Injuries:		
Employer:	Job Duties:	Occupational Exposures or Injuries:		
Job Title:	Hazards:	Occupational Exposures or Injuries:		
Dates of employment:	Hazards:	Occupational Exposures or Injuries:		
Have you ever had an exposure to blood or body fluids while working on the job?				Y N
If "Yes", please describe:				
				Y N
Have you ever been hurt on the job while working for any employer?				Y N
Did you ever file a Workers Compensation Claim? If yes, How many? _____				Y N
If you answered yes to the above question, describe all your incidents & injury (ies):				
Date	Diagnosis/Injury	Treatment	Claim Status	Employer (where were you working for each claim)
		<u>N/A</u>	☐ Open ☐ Closed	
			☐ Open ☐ Closed	
			☐ Open ☐ Closed	
Are you still being treated for any of the injuries above?				Y N
If "YES", explain any current treatment:				
				Y N
Have you received any permanent restrictions and/or medical impairment rating from any healthcare provider?				Y N
If "Yes", describe the details as well as the year of the permanent restrictions and/or impairment rating:				
The preceding answers are true to the best of my knowledge. I understand that any misstatement of fact may be grounds for termination of my employment. Misstatement of facts could result in my not receiving benefits for any injury or illness sustained on the job. I understand the information related to this medical history and evaluation will become part of my medical record, and may be used to determine my capability to perform essential functions of the job (with or without accommodations.) I further understand that information gained from this medical history and evaluation may be shared with my employer in determining medical clearance for job placement, job restrictions, or need for accommodations.				
<u>Valencia Deebun</u> Patient Signature	<u>5/21/13</u> Date	<u>[Signature]</u> Examining Nurse	<u>05.21.13</u> Date	
Additional Notes and/or Explanations:				

PATIENT DESCRIPTION OF INJURY

Patient Name:	Date of Birth	SS#	Race	Sex
Verma Tedder				
Employer Name:				
Darlington CCA				
Specific Part(s) of Body Injured:	Time Of Injury/illness:	Date Of Injury/illness:		
Right Knee, Left Wrist, Left Knee	10:30 ~~3/29/13~~	3/29/13		
Who did you first report the injury/illness to:				
MS. Pearew and Don Hall				
Were there any witnesses to your accident: ☐ Yes ☒ No If yes, please list the names below:				
Briefly explain what happened:				
I was taking the Children Playground, and as I was Crossing the parking lot one of the Children Crossed in front of me as I was walking and Caused me to Stumble and lose balance, I fell onto my left side				
PATIENT'S SIGNATURE:		DATE:		
Verma Tedder		5/21/13		

Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
(843) 777-5146

PATIENT LAST NAME Tedder		PATIENT FIRST NAME Verma		AGE	GENDER
DATE OF TREATMENT 05/21/2013	DATE OF INJURY OR ILLNESS 03/29/2013	PRACTITIONER'S NAME Peter Hyman, MD			
TIME ARRIVE 9:00 AM		TIME IN 9:25 AM		TIME OUT 10:48 AM	
PATIENT'S DESCRIPTION OF PROBLEM Per pt, she was taking the children to the playground and as she was crossing the parking lot one of the children crossed in front of her. This caused her to stumble and lose balance. She fell onto her left side.					
DIAGNOSIS 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).					
MEDICATIONS PRESCRIBED RX #1: Naprosyn. Dosage: 500 mg. Amount: 50 (FIFTY). Instructions: Take 1 tablet by mouth twice daily as needed for pain and inflammation. Refills: None. Warning: No. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes. She has been instructed in medication use and side effects.					
WORK OR ACTIVITY RESTRICTIONS Back: Lifting should be limited to 25 pounds or less. Left Knee: Bending may not be performed. Climbing may not be performed.					
AFTERCARE INSTRUCTIONS Return to the clinic after MRIs. Continue with PT on your knee while getting these tests. Call Tara Lee at 777-5172 if have not heard anything by the end of the week.					
NEXT 3 APPOINTMENTS 					
PATIENT I received this information and was given the opportunity to ask questions about my care. 			STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 		

McLeod Occupational Health
PO Box 100551
Florence, SC 29502-0551
(843) 777-5146

Visit Summary for Employer

COMPANY Darlington Cty Com Action		PHONE (843) 332-8262	
CONTACT Don Hall		FAX	
		EMAIL	
PATIENT NAME Verma Tedder		RESTRICTED DAYS	
PATIENT ID - - - -		LOST DAYS	
DATE OF INJURY OR ILLNESS 03/29/2013		PRACTITIONER'S NAME Peter Hyman, MD	
DATE OF TREATMENT 05/21/2013 <i>Work Comp Initial Visit</i>		TIME ARRIVE 9:00 AM	TIME OUT 10:48 AM
PATIENT'S DESCRIPTION OF PROBLEM Per pt, she was taking the children to the playground and as she was crossing the parking lot one of the children crossed in front of her. This caused her to stumble and lose balance. She fell onto her left side.			
DIAGNOSIS 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).			
MEDICATIONS PRESCRIBED RX #1: Naprosyn. Dosage: 500 mg. Amount: 50 (FIFTY). Instructions: Take 1 tablet by mouth twice daily as needed for pain and inflammation. Refills: None. Warning: No. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes. She has been instructed in medication use and side effects.			
WORK OR ACTIVITY RESTRICTIONS Back: Lifting should be limited to 25 pounds or less. Left Knee: Bending may not be performed. Climbing may not be performed.			
TREATMENT RENDERED Pt presents almost 2 months after her injury. She was initially evaluated by Urgent Care and has been followed there. She has been on Naproxen and skelexin. The pain in her wrist and right knee got better. However has had persistent pain to her left lower back, left thigh, and left knee. She was started in PT which she has had 2 sessions. Pt describes pain in her low back with pain radiating down the back of her thigh. Her leg feels heavy. She also describes occasional numbness to her little toe. The therapist brought up her back because she has only had PT of her knee ordered. At this point, given the fact that she is 2 months out from her injury still with significant pain, I will order an MRI of her lumbar spine and also her knee. I will keep her on the Naproxen and also her work restrictions. Will bring her back after the MRIs.			
NEXT 3 APPOINTMENTS			
PRINTED 05/21/2013		SIGNATURE <i>Lara Lee, MA</i>	

PATIENT PAIN DRAWING

Name Verma Tedder

Date 5/21/13

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

Aching
++++

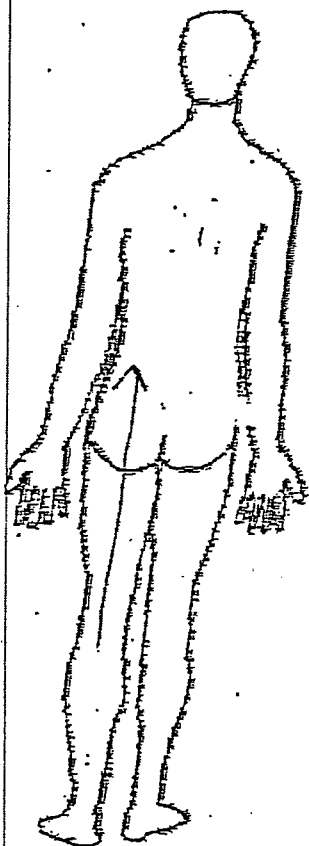
Numbness
=====

Pins and Needles

Burning
XXXXX

Stabbing
VVVVV

Other
OOOOO



Pain in arm(s) Compared with pain in the neck

___ Worse than

___ Same as

___ Less than



Pain in the Leg(s) compared to With the Back

☒ Worse than

___ Same as

___ Less than

Is your pain aggravated by any of the following?

___ Coughing or sneezing

☒ Sitting in a chair

___ Bending forward to brush teeth

☒ When you wake up

☒ In the middle of the night

___ Lying flat on your back

___ Lying flat on your stomach

☒ Walking a distance

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Verma Tedder
Company: Darlington Cty Com Action
Physician: Peter Hyman, MD

Date of Birth:
Injury Date: March 29, 2013
Exam Date: May 21, 2013
Time: 8:00 AM

DEMOGRAPHICS: Verma Tedder is a year-old , employee of Darlington Cty Com Action.

DESCRIPTION OF INCIDENT: Per pt, she was taking the children to the playground and as she was crossing the parking lot one of the children crossed in front of her. This caused her to stumble and lose balance. She fell onto her left side.

CHIEF COMPLAINT:

Pt states she has pain in her left knee with a pain level of 9. Also pain in her back on the left side with a pain level of 9.

HISTORY OF PRESENT ILLNESS: The patient's primary problem is pain located in the back. She describes it as aching. She considers it to be severe. It has been about 8 weeks since the onset of the pain. The patient says that it seems to be following no particular pattern. She has noticed that it is made worse by lying down. It is improved with hot packs. She also notes that it is accompanied by stiffness. She feels it is getting worse. Her pain level is 9/10.

Her second problem is pain located in the left knee. She describes it as aching. She considers it to be severe. It has been about 8 weeks since the onset of the pain. The patient says that it seems to be variable - depending on the activity level. She has noticed that it is made worse by walking, standing. It is improved with elevation. She also notes that it is accompanied by swelling. She feels it is getting worse. Her pain level is 9/10.

REVIEW OF SYSTEMS:

Constitutional: Negative for recent weight loss, fatigue, chills, fever.

Eyes: Negative for blurred vision, loss of visual acuity, double vision, inflamed eyes, light sensitivity.

ENT: Negative for difficulty swallowing, hoarseness, swollen lymph nodes, difficulty hearing, ringing in the ears, ear pain, dizziness.

Cardiovascular: Negative for chest pain, palpitations, shortness of breath, swelling of feet, varicose veins.

Respiratory: Negative for pneumonia, hemoptysis, chronic cough, asthma, fever, shortness of breath, wheezing.

Gastrointestinal: Negative for stomach ulcer, chronic heartburn, recent change in bowel habits, gall bladder disease, liver disease, bleeding.

Genitourinary: Negative for frequent urination, burning on urination, kidney stones, change in urinary stream, nocturia.

Musculoskeletal: POSITIVE for joint pain, joint swelling, muscle cramping. Negative for joint redness, joint stiffness, muscle weakness.

Skin and Breast: Negative for eczema, psoriasis, unusual hair loss, rash, skin discoloration, recent change in mole.

Neurological: Negative for weakness, seizures, paralysis, numbness, headache, hands falling asleep.

Psychiatric: Negative for anxiety, depression, insomnia, panic, fatigue.

Endocrine: Negative for excessive hunger, excessive thirst, thyroid disease, diabetes.

Hematologic: Negative for anemia, easy bruising, history of blood clots, bleeding, blood thinners.

Immunologic: Negative for frequent infections, swollen lymph nodes, allergies.

PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: Diabetes. Hypertension.

Alcohol Use: She states she never consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Metaxalone and Naproxen.

ALLERGIES: None.

VITAL SIGNS: Weight: 208 lbs. Height: 65 inches. BMI: 34.6 (Obese). Blood Pressure: 128/80. Respiratory Rate: 16/min and normal. Pulse Rate: 72/min.

EXAMINATION:

Constitutional: She looks comparable to her stated age. She appears to be healthy. She is able to walk with moderate difficulty.

Lumbar Spine: Pain to palpation is present over the left lumbar paraspinous region. Pain on motion is present over the left lumbar paraspinous region. Range of motion is limited. Heel walking can be performed. Toe walking can be performed.

Left Knee: Pain to palpation is present over the patellar area. An effusion is not present. Swelling is not present. Stability is intact.

DIAGNOSIS: 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).

DISCUSSION: Pt presents almost 2 months after her injury. She was initially evaluated by Urgent Care and has been followed there. She has been on Naproxen and skelexin. The pain in her wrist and right knee got better. However has had persistent pain to her left lower back, left thigh, and left knee. She was started in PT which she has had 2 sessions. Pt describes pain in her low back with pain radiating down the back of her thigh. Her leg feels heavy. She also describes occasional numbness to her little toe. The therapist brought up her back because she has only had PT of her knee ordered. At this point, given the fact that she is 2 months out from her injury still with significant pain, I will order an MRI of her lumbar spine and also her knee.

I will keep her on the Naproxen and also her work restrictions. Will bring her back after the MRIs.

PLAN OF CARE: MRI of lumbar spine and left knee. Continue with PT.

PRESCRIPTIONS: The patient has been prescribed the following:

RX #1: Naprosyn. Dosage: 500 mg. Amount: 50 (FIFTY). Instructions: Take 1 tablet by mouth twice daily as needed for pain and inflammation. Refills: None. Warning: No. Print: Yes. Generic Allowed: Yes. Workers Compensation: Yes.

She has been instructed in medication use and side effects.

RECOMMENDED WORK STATUS: The patient's recommended work status is restricted duty. The effective date for this work status is 5/21/2013.

RECOMMENDED ACTIVITY RESTRICTIONS:

Back: Lifting should be limited to 25 pounds or less.

Left Knee: Bending may not be performed. Climbing may not be performed.

AFTERCARE INSTRUCTIONS: Return to the clinic after MRIs. Continue with PT on your knee while getting these tests. Call Tara Lee at 777-5172 if have not heard anything by the end of the week.

Peter Hyman MD
Peter Hyman, MD

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
843-777-5146

Verma Tedder
P.O. Box 1612
Darlington, SC 29540

DOB:
Phone:
Date: 5/21/2013

R_x

Workers Compensation Claim

Medication: Naprosyn

Dosage: 500 mg

Amount: 50 (FIFTY)

Instructions: Take 1 tablet by mouth twice daily as needed
for pain and inflammation

Refills: None

Peter Hyman MD

Peter Hyman, MD
BH4905836

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or United States Pharmacopoeia and provided no checkmark has been placed in the box to the right.



McLeod

Occupational Health

The Choice for Medical Excellence

MCLEOD OCCUPATIONAL HEALTH
Radiology Prescription

Patient's Name: Tedder, Verma

Social Security Number: _____

Date of Birth: _____ Date of Injury: 03/29/2013

Procedure: MRI left knee without contrast

Diagnosis: 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left
(924.11).

Provider Signature: Peter Hyman MD Date Ordered: 05/21/2013
Peter Hyman, MD

McLeod Occupational Health
555 E. Cheves Street
Florence, SC 29506
Telephone: (843) 777-5146 Fax: (843) 777-5159

McLeod

Occupational Health

The Choice for Medical Excellence

MCLEOD OCCUPATIONAL HEALTH Radiology Prescription

Patient's Name: Tedder, Verma

Social Security Number: _____

Date of Birth: _____ Date of Injury: 03/29/2013

Procedure: MRI lumbar spine without contrast

Diagnosis: 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left
(924.11).

Provider Signature: Peter Hyman MD Date Ordered: 05/21/2013
Peter Hyman, MD

McLeod Occupational Health
555 E. Cheves Street
Florence, SC 29506
Telephone: (843) 777-5146 Fax: (843) 777-5159



SOUTH CAROLINA DIAGNOSTIC IMAGING

Florence MRI & Imaging
805 South Irby St Florence, SC 29501
p: (843) 292-0400 f: (843) 292-0470

PATIENT: TEDDER, VERMA
DOB:
MRN: 611698
PHYSICIAN: PETER D HYMAN, MD
EXAM DATE: 05/30/2013

EXAM: MR Left Knee Without Contrast

REASON FOR EXAM: contusion

TECHNIQUE: Routine sequences through the left knee. No intravenous contrast administered.

FINDINGS: The anterior and posterior cruciate ligaments are intact. There is a prominent meniscomfemoral ligament.

In the lateral compartment, the posterior horn of the lateral meniscus is torn from its posterior tibial attachment, but it remains attached to a prominent thickened meniscomfemoral ligament. There is an osteochondral lesion on the posterior articular surface of the lateral tibial plateau. Lateral collateral ligamentous complex is normal.

In the medial compartment, there is a focal osteochondral lesion on the mid weightbearing articular surface of the medial femoral condyle. An oblique tear in the posterior horn of the meniscus is identified. There is some thinning of the cartilage on the weightbearing articular surface of the medial femoral condyle. The medial collateral ligament is intact. Marginal osteophyte is present.

The quadriceps tendon and patellar tendon are normal. Chondromalacia affecting the posterior surface of the patella and there are two osteochondral lesions on the eminence of the patella. Prominent osteophytes are present on the superior and inferior margin of the anterior surface of the patella.

IMPRESSION: The posterior horn of the lateral meniscus is torn from its posterior tibial attachment, but it remains attached to a prominent thickened meniscomfemoral ligament. There is an osteochondral lesion on the posterior articular surface of the lateral tibial plateau.

Subtle oblique tear of the posterior horn of the medial meniscus and there is an osteochondral lesion on the mid weightbearing articular surface of the medial femoral condyle and mild loss of articular cartilage.

Osteochondral lesions on the eminence of the patella and there is chondromalacia on the posterior surface of the patella. Prominent osteophytes are present on the anterior superior and anterior inferior patellar margins.

Margaret Lee, MD

ML/ds
DD: 05/30/2013 03:10 P

PATIENT: TEDDER, VERMA
DOB: . . .
EXAM: MR Left Knee Without Contrast
EXAM DATE: 05/30/2013

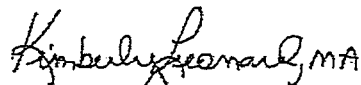
DT: 05/30/2013 03:56 P
Accession#: 08-1637131 VS#: 11371962 CS#: 339470
cc:

Electronically Signed and Reviewed by Margaret Lee, MD 05/30/2013 05:42 P

Peter Hyman MD

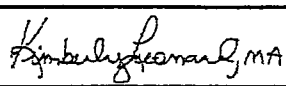
Patient Visit Summary and Instructions

McLeod Occupational Health
PO Box 100551, 555 East Cheves ST.
Florence, SC 29502-0551
(843) 777-5146

PATIENT LAST NAME Tedder		PATIENT FIRST NAME Verma		AGE	GENDER
DATE OF TREATMENT 06/04/2013	DATE OF INJURY OR ILLNESS	PRACTITIONER'S NAME Peter Hyman, MD			
TIME ARRIVE 9:09 AM		TIME IN 9:13 AM		TIME OUT 9:41 AM	
PATIENT'S DESCRIPTION OF PROBLEM Per pt, she was taking the children to the playground and as she was crossing the parking lot one of the children crossed in front of her. This caused her to stumble and lose balance. She fell onto her left side.					
DIAGNOSIS 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).					
MEDICATIONS PRESCRIBED 					
WORK OR ACTIVITY RESTRICTIONS Back: Lifting should be limited to 25 pounds or less. Left Knee: Bending may not be performed. Climbing may not be performed.					
AFTERCARE INSTRUCTIONS await ortho referral.					
NEXT 3 APPOINTMENTS 					
PATIENT I received this information and was given the opportunity to ask questions about my care. 			STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 		

McLeod Occupational Health
PO Box 100551
Florence, SC 29502-0551
(843) 777-5146

Visit Summary for Employer

COMPANY Darlington Cty Com Action		PHONE (843) 332-8262	
CONTACT Don Hall		FAX	
		EMAIL	
PATIENT NAME Verma Tedder		RESTRICTED DAYS	
PATIENT ID		LOST DAYS	
DATE OF INJURY OR ILLNESS 03/29/2013		PRACTITIONER'S NAME Peter Hyman, MD	
DATE OF TREATMENT 06/04/2013 <i>Work Comp Follow-up Visit</i>		TIME ARRIVE 9:09 AM	TIME OUT 9:41 AM
PATIENT'S DESCRIPTION OF PROBLEM Per pt, she was taking the children to the playground and as she was crossing the parking lot one of the children crossed in front of her. This caused her to stumble and lose balance. She fell onto her left side.			
DIAGNOSIS 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).			
MEDICATIONS PRESCRIBED			
WORK OR ACTIVITY RESTRICTIONS Back: Lifting should be limited to 25 pounds or less. Left Knee: Bending may not be performed. Climbing may not be performed.			
TREATMENT RENDERED Pt presents after having an MRI of her left knee. The MRI of her lumbar spine was denied. In reviewing her records from Urgent care, she has not complained of back pain. However she is complaining of pain to left buttock area down posterior leg which she states she has complained about since the fall. She does get numbness at times to her lateral toes. That is why the MRI of her lumbar spine was ordered. She states that both her knees and thighs hurt this weekend. Will refer to ortho for her knee. She is through with PT and will not reorder given her findings.			
NEXT 3 APPOINTMENTS			
PRINTED 06/04/2013		SIGNATURE 	

PATIENT PAIN DRAWING

Name Verma Teedum

Date 6/1/13

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

Aching
+++++

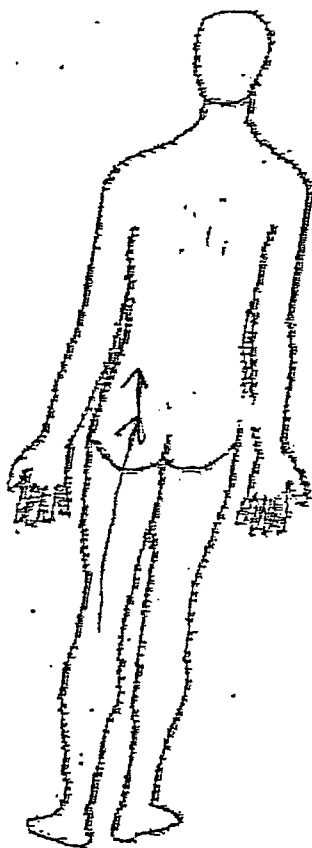
Numbness
8

Pins and Needles

Burning
XXXXX

Stabbing
VVVVV

Other
00000



Pain in arm(s) Compared with
pain in the neck

___ Worse than

___ Same as

___ Less than



Pain in the Leg(s) compared to
With the Back

✓ ___ Worse than

___ Same as

___ Less than

Is your pain aggravated by any of the following?

___ Coughing or sneezing

✓ ___ Sitting in a chair

___ Bending forward to brush teeth

✓ ___ When you wake up

✓ ___ In the middle of the night

___ Lying flat on your back

___ Lying flat on your stomach

✓ ___ Walking a distance

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Verma Tedder
Company: Darlington Cty Com Action
Physician: Peter Hyman, MD

Date of Birth: .
Injury Date: March 29, 2013
Exam Date: June 4, 2013
Time: 9:09 AM

DEMOGRAPHICS: Verma Tedder is a 51 year-old female, African American, employee of Darlington Cty Com Action.

DESCRIPTION OF INCIDENT: Per pt, she was taking the children to the playground and as she was crossing the parking lot one of the children crossed in front of her. This caused her to stumble and lose balance. She fell onto her left side.

HISTORY OF PRESENT ILLNESS: Verma's primary problem is pain located in the left knee . It has been about 10 weeks since the onset of the pain. She has noticed that it is made worse by walking long distances . It is improved with sitting in certain positions . She also notes that it is accompanied by pain radiating up to her lower back and downward having numbness in her small toe. She feels it is getting worse. Her pain level is 9/10. Ms. Tedder is also here to get her MRI results.

REVIEW OF SYSTEMS:

Musculoskeletal: POSITIVE for muscle pain, joint pain.

PAST, FAMILY AND SOCIAL HISTORY:

Current Conditions: Diabetes. Hypertension.

Alcohol Use: She states she never consumes alcoholic beverages.

Tobacco Use: She currently does not smoke and has never smoked.

CURRENT MEDICATIONS: Metaxalone and Naproxen.

ALLERGIES: None.

VITAL SIGNS: Weight: 208 lbs. Height: 65 inches. BMI: 34.6 (Obese). Blood Pressure: 130/80. Respiratory Rate: 16/min and normal. Pulse Rate: 72/min. Temperature: 98°F (oral).

EXAMINATION:

Constitutional: She looks comparable to her stated age. She appears to be healthy. She is able to walk with slight difficulty.

Left Hip: Pain to palpation is present over the gluteus maximus.

Left Knee: Pain to palpation is present over the knee. An effusion is not present.

DIAGNOSIS: 1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).

DISCUSSION: Pt presents after having an MRI of her left knee. The MRI of her lumbar spine was denied. In reviewing her records from URgent care, she has not complained of back pain. However she is complaining of pain to left buttock area down posterior leg which she states she has complained about since the fall. She does get numbness at times to her lateral toes. That is why the MRI of her lumbar spine was ordered. She states that both her knees and thighs hurt this weekend. Will refer to ortho for her knee. She is through with PT and will not reorder given her findings.

PLAN OF CARE: I've directed Verma to discontinue physical therapy. Referral to Orthopedics.

MEDICAL CAUSATION: The cause of this problem appears to be, in part, related to work activities.

RECOMMENDED WORK STATUS: Verma's recommended work status is restricted duty. The effective date for this work status is 6/4/2013.

RECOMMENDED ACTIVITY RESTRICTIONS:

Back: Lifting should be limited to 25 pounds or less.

Left Knee: Bending may not be performed. Climbing may not be performed.

AFTERCARE INSTRUCTIONS: await ortho referral.

Peter Hyman MD
Peter Hyman, MD

Order Form

Name: Verma Tedder

Patient ID:

Exam Date: 06/04/2013

Appt. Time: 9:09 AM

Injury ID: 1

Birthdate: 7/17/1961

Order: Referral to Orthopedist

persistent left knee pain. Torn medial and lateral meniscus on MRI.

Additional Notes:

McLeod Occupational Health

PO Box 100551
555 East Cheves ST.
Florence, SC 29502-0551
Phone: 843-777-5146
Fax: 843-777-5159

June 06, 2013

Notification of Workers' Compensation Referral Dr.Elvington

Pee Dee Orthopaedic
901 E. Cheves Street, Ste. 100
Florence SC 29506-2769

Phone: 843-662-5233
Fax: 843-432-1022

Referral Appointment:	6/18/2013	07:30	Patient Phone:
Patient Name:	Tedder, Verma		Cell Phone:
Patient ID:			Address:
DOB:			
Date of Injury:	3/29/2013		
Diagnosis:	1. Myofascial Syndrome, Lumbar Spine (729.1). 2. Contusion, Knee, Left (924.11).		
Reason for Referral:	Persistent left knee pain. Torn medial and lateral meniscus on MRI.		
Current Work Capacity:	Limited Duty		
Referred By:	Peter Hyman, MD		
Employer:	Darlington Cty Com Action 904 S. Fourth Street Hartsville, SC 29550		
Co. Contact Person:	Don Hall		
Company Phone:	843-332-8262	Ext:	
Workers' Comp. Ins.:	State Accident Fund P O Box 102100 Columbia SC 292215000		
Claim Number:			
Ins. Contact Person:	Linda Elmore 877-709-2667		
Insurance Phone:	803-896-5800	Ext:	
Insurance Fax:		Ext:	

PEE DEE ORTHOPAEDIC
UPDATE FORM
FOR
CHART LOGIC

Chart No. _____

Patient's Name Heidi Fedchen

Doctor you are seeing today Dr. Elvington

Primary Care Doctor Dr. Robert Wright

Referring Doctor — Hymen

Was this an accident? Yes

When did accident happen (Specific Date) 3/29/13

If accident, what happened Falling in Job.

If Automobile Accident, what state did it happen in? _____

If no accident, when did you begin to hurt? _____

Pharmacy used most frequently CVS

Street name where pharmacy is located Danlighter

City where pharmacy is located Danlighter

Occupation Teacher's Asst.

Employer Danlighter CCA.

Review of Systems

Name Verma Teller

Chart # _____

Blood and Lymph- ☐ Anemia ☐ Blood Clotting Problems ☐ HIV Positive ☐ Swollen Glands

☐ Hepatitis A ☐ B ☐ C

Cardiac- ☐ Varicose Veins ☐ Angina ☒ High Blood Pressure ☐ High Cholesterol

☐ Peripheral Vascular Disease ☐ Other Heart Problems _____

EENT- ☐ Glaucoma ☐ Hearing Loss ☐ Sinus Problem ☐ Other _____

Endocrine- ☒ Diabetes ☐ Thyroid ☐ Pituitary Problems ☐ Other _____

Gastrointestinal- ☐ Cramps/Pain ☐ Difficulty Swallowing ☐ Indigestion ☐ Nausea/Vomiting

☐ Other _____

General- ☐ Chills ☐ Fatigue, Tiredness ☐ Fever ☐ Generalized Pain

Genitourinary- ☐ Difficulty Urinating ☐ Hesitancy/Urgency ☐ Painful Urination ☐ Other _____

Musculoskeletal- ☐ Joint Swelling/Stiffness ☒ Leg Cramps ☐ Muscle Aches ☐ Muscle Weakness

Neurological- ☐ Chronic Headaches ☐ Dizziness ☐ Tremor ☐ Other _____

Psychiatric- ☐ Anxiety ☐ Depression ☐ Panic Attacks ☐ Other _____

Respiratory- ☐ Chronic Cough ☐ Shortness of Breath ☐ Wheezing ☐ COPD ☐ Asthma ☐ Other _____

Skin- ☐ Non-Healing Sores ☐ Persistent Itch ☐ Rashes ☐ Other _____

Social History

Alcohol Use- ☐ Frequently ☐ Occasionally ☐ Seldom ☐ None

Social Drug Use- ☐ Now ☐ In the Past ☒ Never

Employment Status- ☒ Full-Time ☐ Part-Time ☐ Disabled ☐ Retired ☐ Unemployed ☐ Student

Marital Status- ☐ Married ☒ Single ☐ Divorced ☐ Widowed

Tobacco Use- ☐ Cigarettes <1 PPD ☐ Cigarettes >1 PPD ☐ Smokeless Tobacco

☐ Previous Smoker ☐ Never Smoked ☐ Other Tobacco _____

Family History

☐ Arthritis ☐ Cancer ☒ Diabetes ☐ Heart Disease ☐ High Cholesterol ☐ HIV/Aids
☐ Hypertension ☐ Kidney Disease ☐ Nervous Disorders ☐ Obesity ☐ Stroke ☐ Suicide
Parents- ☐ Father Living ☒ Father Deceased ☒ Mother Living ☐ Mother Deceased

Current Medical Problem

What part of the body are we treating today? Lt Knee

When did this problem begin? 3/29/13 If injury, date of injury 1/1

Were you injured on the job? Paul lot Were you injured in an auto accident?

State Auto Accident Occurred in If accident what happened

Were X-rays taken? If yes, where were they taken?

Do you have an Attorney If yes, Name of Attorney

Patient Signature

[Signature]

Date

70/20/13

CHECKED IN _____

APPT. TIME 1:00PEE DEE ORTHOPAEDIC ASSOCIATES, P.A.
PATIENT INFORMATION WORKERS' COMPDOCTOR NUMBER 29DATE 06/20/13☐ NEW☐ CHANGEPATIENT ACCOUNT NUMBER 131189REFERRED BY Mch OCC Health (843) 777-5772PATIENT'S NAME Verma Tedder

AGE: _____

DATE OF BIRTH _____

SEX: ☐ MALE
☐ FEMALE

RACE _____

SOCIAL SECURITY # _____

ADDRESS - STREET, APT. NO. _____

SPOUSE'S NAME _____

MARITAL STATUS

M O S W

MAILING ADDRESS P.O. Box

CITY _____

STATE SC

ZIP _____

TELEPHONE - HOME _____

WORK

PRESENT EMPLOYER Darlington County Community Action

ADDRESS _____

PHONE # (843) 332-8262TO VERIFY CALL Dino Hall

EMPLOYER AT TIME OF INJURY IF DIFFERENT _____

ADDRESS _____

PHONE # _____

TO VERIFY CALL _____

IN CASE OF EMERGENCY NOTIFY _____

DATE OF ACCIDENT 03/29/13

DESCRIPTION OF ACCIDENT

While taking Kids to playground; tripped
+ fell on left side.
SEND CLAIM TO State Accident Fund

Dx: L Knee pain

ATTN: _____

ADDRESS P.O. Box 102100Columbia, SC 29221-3000PHONE # 877-709-2667

CLAIM / FILE # _____

VERIFIED BY _____

NCM

Linda Elmore
Verma Tedder

SIGNATURE

6/20/13

DATE



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason S. O'Dell, M.D., Chadley R. Ruyman, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST., SUITE 100 • FLORENCE, SC 29506-2769
(843) 652-5233 • FAX (843) 678-9003 • WWW.PDOA.COM

Initial Examination

PATIENT ID: 131189

PATIENT: Verma Tedder

DOB:

Employer: Darlington CCA

Date of Service: 06/25/13

Age:

Occupation: Teacher Assist

Referring Physician: Hyman, Peter, ;

Other Physicians: Wright, Barbara, ;

Date of Injury/onset:

Date:
03/29/2013

Type:
Injury

Chief Complaint: Left knee pain

History of

Present Illness:

Verma Tedder is a 52 years old, right hand dominant black female with a history of left knee pain after an injury 3 months ago. Patient works as a teaching assistant. She was taking children to the playground and she tripped over one of the children that ran in front of her. Complains of swelling. Difficulty with walking and standing. Feels better with elevation of the leg. Complains of mild grinding and popping. Status post knee surgery 10-15 years ago. Complains of pain all over her body. Patient has had physical therapy and medications.

Allergies: .No Known Drug Allergies

Current Meds: Naprosyn (naproxen) (Dosage: 500 mg tablet SIG: Take 1 tablet Oral twice a day with meals Dispense: 60)

Past Med Hx: Diabetes; Hypertension

Surgical History: Arthroscopy knee left; Ganglion Cyst: right wrist

Family History: Diabetes; Parents: Father-Deceased; Parents: Mother-Living

Social History: Drug Use: Never; Employment: Full Time; Marital Status: Single

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:

Cardiac: High blood pressure; Endocrine: Diabetes; Musculoskeletal: Leg cramps

PHYSICAL EXAM:

Vitals: HEIGHT: 5'5" WEIGHT: 208 lbs 0 oz BMI: 34.6 TEMPERATURE: 98.6

Appearance: No acute distress

Psychiatric: Mood and affect were appropriate.

Head: Normocephalic, atraumatic.

Skin: Clean, dry, no lesions, no rashes.

Neuro: Alert and oriented x 3.

FOCUSED EXAM:

previous portal scars are noted on the knee

Knee Motion:	<u>Right</u>	<u>Left</u>
Extension:	0	0
Flexion:	130	130

Effusion:	None
Lachman:	Negative
Joint Line Tenderness:	diffusely medial and lateral
Collateral Exam	Stable
McMurray's	positive

X-ray: AP lateral sunrise and tunnel x-ray of the left knee shows mild tricompartmental degenerative changes

ASSESSMENT:

Diagnosis: -Medial meniscus tear left knee;-Mild DJD left knee

PLAN:

we discussed arthroscopy for medial meniscus. I doubt this would completely improve her pain due to the previous arthritis that was already in the knee before the injury in March. But it should help

PRESCRIPTION: No data for Prescription

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 06/25/13

[Redacted Signature Block]



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

901 E. CHEVES ST, SUITE 100 - FLORENCE, SC 29506-2769
(843) 662-5233 - FAX (843) 678-9063 - WWW.PDOA.COM

Patient Name: Verma L Tedder

DATE: 06/25/13

☐ UNABLE TO RETURN TO WORK

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 6/26/13

- | | |
|--|---|
| ☒ No Lifting/Carrying over 10 lbs. | ☒ No repetitive bending |
| ☐ No sitting over hrs./day | ☒ No repetitive stooping |
| ☐ No standing over | ☐ Cannot reach above shoulder |
| ☒ No prolonged walking | ☐ No work involving use of ☐ hand |
| ☒ No Climbing | ☒ No repetitive squatting |
| ☒ No Kneeling | ☒ No repetitive crawling |
| ☐ No repetitive twisting | ☒ No pushing or pulling |

Other: pt is waiting on approval from workers comp for knee surgery

Return Appointment: ☐

May return to work with no restrictions on ☐

Robert E. Elvington, Jr., MD

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 06/25/13 3:19:42 PM

N/c

815

DR. ELVINGTON NEW PATIENT

CHART # 131189

DATE: 8/8/13

PATIENT NAME: Verma Tedder AGE: 52

RACE: M ☒ F ☒ DOMINATE HAND: LT ☒ RT ☒

CHIEF COMPLAINT: ☒ Knee pain

SYMPTOMS: pain, swelling, grating

PREVIOUS INJURY: 3-29-13

HOW DID THIS OCCUR? pt fell in parking lot @ work.

PAST TREATMENTS FOR SAME PROBLEM: NONE

X-RAY ORDER: ☒ Kne - mod PF narrowing
in FLT in FC space

WIDE for many
same disty



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: August 8, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Ewingston, Jr., M.D.,
Dwight N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Sumyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Addendum - Dated 8/28/2013

Received approval from workers Comp-Surgery sch'd for Sept 4th 2013 @ Mcleod Regional Medical Center-Iphillips lpn

End Addendum - Dated 8/28/2013

Initial Examination

PATIENT ID: 131189

PATIENT: Verma Tedder

DOB:

Employer: Darlington CCA

Date of Service: 8/8/2013

Age:

Occupation: Teacher Assist

Referring Physician: Peter Hyman, M.D.

Other Physicians:

Barbara Wright,

Date of injury/onset:

Date
03/29/2013

Type
Injury

Chief Complaint: Right knee injury.

History of

Present Illness:

Verma Tedder is a 52 year(s), right hand dominant female with a history of right knee pain. She injured her knee while at work on the above date when she fell in the parking lot. She has continued with medial sided knee pain since the injury. She complains of swelling, snapping and popping of the knee. Her pain is worse on weight bearing and she is ambulating with the use of a cane.

Patient has also been seen for an injury to her left knee on the same date. She was diagnosed with a medial meniscus tear by me and arthroscopy was recommended. She states that her current right knee symptoms are similar to her left knee symptoms.

Allergies: NKDA

Current Meds: Naprosyn (naproxen) (Dosage: 500 mg tablet SIG: Take 1 tablet Oral twice a day with meals Dispense: 60)

Past Med Hx: Diabetes; Hypertension

Surgical History: Arthroscopy knee left; Ganglion Cyst: right wrist

Family History: Diabetes; Parents: Father-Deceased; Parents: Mother-Living

Social History: Drug Use: Never; Employment: Full Time; Marital Status: Single; Smoking: never smoker

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:

Cardiac: High blood pressure; **Endocrine:** Diabetes; **Musculoskeletal:** Leg cramps

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5'5 WEIGHT: 235 lbs 0 oz BMI: 39.1 TEMPERATURE: 97.8
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

FOCUSED EXAM:

Knee Motion:	<u>Right</u>	<u>Left</u>
Extension:	0	0
Flexion:	130	130

Effusion: None
Lachman: Negative
Joint Line Tenderness: Medial
Collateral Exam: Stable
McMurray's: Negative

X-ray: AP, lateral, tunnel and sunrise x-rays of the right knee taken today show moderate patellofemoral joint space narrowing and spurring of the medial femoral condyle.

ASSESSMENT:

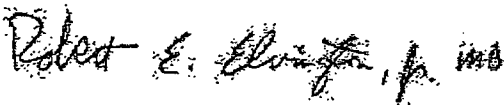
Diagnosis: #1. Medial meniscus tear, right knee. #2. Right knee degenerative disease.

PLAN:

Recommend right knee MRI. Patient will return for follow-up after study has been completed. Continue with same work status.

We are waiting for approval from workers compensation for left knee arthroscopy and partial medial meniscectomy.

PRESCRIPTION: No data for Prescription



Robert E. Elvington, Jr., M.D. /dabs

This document was electronically signed on 8/8/2013

Referral Reply Letter(s) - Dated 8/14/2013

Peter Hyman, M.D. - SPECIALTY: Occupational Medicine

Barbara Wright - SPECIALTY: Family Practice

Fax Created - Name: LINDA ELMORE Number: 16789854871 Dated Aug 14 2013 8:01 AM



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: August 8, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Bakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey R. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST., SUITE 100, FLORENCE, SC 29506-2769
(843) 667-5233 FAX (843) 678-9003 WWW.PDOA.COM

Patient Name: Verma L Tedder

DATE: 8/8/2013

☐ UNABLE TO RETURN TO WORK

☐ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON:

- | | | |
|--|----------|--|
| ☐ No Lifting/Carrying
over | lbs. | ☐ No repetitive bending |
| ☐ No sitting over | hrs./day | ☐ No repetitive stooping |
| ☐ No standing over | | ☐ Cannot reach above shoulder |
| ☐ No prolonged walking | | ☐ No work involving use of hand |
| ☐ No Climbing | | ☐ No repetitive squatting |
| ☐ No Kneeling | | ☐ No repetitive crawling |
| ☐ No repetitive twisting | | ☐ No pushing or pulling |

Other:

Return Appointment:

May return to work with no restrictions on 8/8/13

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 8/8/2013 9:36:28 AM



**Pee Dee
Orthopaedic
Associates**
Pee Dee Spine Center

Patient Name: TEDDER VERMA
Physician: ROBERT E. ELYINGTON
Study Date: 08/27/2013 10:11:00

X-RAY #: 131189
AGE: 052Y
DOB:

— FINAL REPORT —

RIGHT KNEE MRI WITHOUT CONTRAST:

HISTORY: Increasing pain. Patient fell in March 2013.

FINDINGS: Anterior and posterior cruciate ligaments intact.

Medial and lateral collateral ligaments are intact.

Medial meniscus with abnormal signal in the posterior horn which extends to an inferior articular surface seen best on coronal image 6 of series 7 and image 5 of series 6 compatible with tear. Osteophytic changes medial tibial plateau and medial femoral condyle.

Lateral meniscus with a 10 mm osteochondral defect in central portion lateral anterior femoral condyle and 5 mm osteochondral defect anterior central medial femoral condyle seen best on images 12 and 13 of series 7 and 8, sagittal images 7 and 11 of series 5 and images 10 and 11 of series 3 with diffuse loss of articular cartilage.

Patellofemoral joint with irregularity of the posteromedial patellar facet compatible with moderate chondromalacia. Moderate joint effusion with a filling defect in the suprapatellar bursa measuring approximately 10 mm seen best on image 3 of series 3 and image 13 of series 5 compatible with a loose body, probably piece of articular cartilage. Small joint effusion. Quadriceps and patellar tendons are intact with osteophytic changes on the patella at the tendon insertions.

IMPRESSION:

1. TRI-COMPARTMENT DEGENERATIVE ARTHRITIS MOST MARKED IN THE PATELLOFEMORAL JOINT WITH OSTEOCHONDRAL DEFECTS IN BOTH THE MEDIAL AND LATERAL FEMORAL CONDYLES AND MARKED OSTEOPHYTIC CHANGES ANTERIOR FEMORAL CONDYLES AND POSTERIOR PATELLA.

Dictated: Wernicki, Joanne M.D. 08/27/2013 11:57 AM

Transcribed: Tokazowski, Amelia 08/27/2013 04:17 PM

Electronically signed: Wernicki, Joanne M.D. 08/28/2013 08:48 AM LICENSE # ME57399

OPERATIVE REPORT

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves St
Florence, SC 29501-0551

NAME: Tedder, Verma Lee
MED. REC. NO.: 00-43-91-95
DR. DICTATING: Robert E. Elvington, Jr., MD
DOB:
PATIENT NO.: 000124728239
DATE OF SURGERY: 09/04/2013

DAYH142D01

PREOPERATIVE DIAGNOSIS: Medial meniscectomy tear and degenerative joint disease, left knee.

POSTOPERATIVE DIAGNOSIS: Medial meniscectomy tear and degenerative joint disease, left knee.

NAME OF PROCEDURE: Left knee arthroscopic partial medial meniscectomy.

SURGEON: Robert Elvington, M.D.

OPERATION: Mr. Tedder was taken to the OR and placed under general anesthesia, placed supine on the OR table. Tourniquet put on the left thigh. The knee was then prepped in sterile fashion. The leg was then exsanguinated, tourniquet inflated. I made standard medial and lateral portals in the knee. We entered the patellofemoral joint through the lateral portal. Inspection of this joint revealed grade 2-3 chondromalacia on the patella. This was debrided with a shaver to a stable rim. We then inspected the medial compartment and found grade 4 chondromalacia throughout the medial femoral condyle. This also was debrided with a shaver. We then found a macerated tear in the posterior horn of the medial meniscus. We then used a duckbill to resect this and a shaver to transition it. Inspection of the lateral compartment revealed no significant injury to the meniscus or the articular surface. Therefore, we removed any debris, closed the wounds with 3-0 nylon, and covered this with a sterile dressing. The patient was awakened, extubated, and taken to recovery in stable condition. No complications.

Robert E. Elvington, Jr., MD

meq

DD : 09/04/2013 08:28 A

DT : 09/05/2013 01:13 P

Job #: 1187404

cc: Robert E. Elvington, Jr., MD
Barbara A. Wright, FNP-C

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Page 1 of 1

COPY FOR Robert E. Elvington, Jr., MD



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 12, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Deery N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ruryan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Post-op focused examination

PATIENT ID: 131189

PATIENT: Verma Tedder
DOB:
Employer: Darlington CCA

Date of Service: 9/12/2013
Age:
Occupation: Teacher Assist

Referring Physician: Peter Hyman,
Other Physicians: M.D.

Barbara Wright,

Date of Surgery: 9/4/13

Procedure Status post left knee arthroscopy partial medial meniscectomy

Vitals: No data for Vitals

Allergies: NKDA

Current Meds: Naprosyn (naproxen) (Dosage: 500 mg tablet Dispense: 60)

Patient returns today status post knee arthroscopy. Incision sites are clean dry intact. Sutures removed today. Patient is instructed on any range of motion exercises and intermittent icing. She is scheduled for physical therapy at Lowe's two times a week for four weeks. Patient will slowly resume normal activities. Patient's questions and concerns were answered. Patient will follow up in four weeks for repeat check. She can return to work with no prolonged walking or standing, no climbing, stooping or crawling and no lifting or carrying greater than 10 pounds.

We will address the patient's right knee symptoms at a later date.

Diagnosis: Status post left knee arthroscopy with partial medial meniscectomy.

Prescription: Norco (hydrocodone-acetaminophen)(Dosage: 7.5-325 mg tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed for pain Dispense: 60)

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D. /dabs

This document was electronically signed on 9/12/2013

Referral Reply Letter(s) - Dated 9/30/2013

Peter Hyman, M.D. - SPECIALTY: Occupational Medicine
Barbara Wright - SPECIALTY: Family Practice



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 12, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick R. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST., SUITE 100 FLORENCE, SC 29506-2769
(843) 662-5233 FAX (843) 678-9003 WWW.PDCA.COM

Patient Name: Verma L Tedder

DATE: 9/12/2013

☐ UNABLE TO RETURN TO WORK

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 9/12/13

- | | |
|--|---|
| ☒ No Lifting/Carrying 10 lbs. over | ☐ No bending |
| ☐ No sitting over hrs./day | ☒ No stooping |
| ☒ No prolonged standing | ☐ Cannot reach above shoulder |
| ☒ No prolonged walking | ☐ No work involving use of arm |
| ☒ No Climbing | ☐ No squatting |
| ☐ No Kneeling | ☒ No crawling |
| ☐ No repetitive twisting | ☐ No pushing or pulling |

Other:

Return Appointment: 6 weeks

May return to work with no restrictions on

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 9/12/2013



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: October 24, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey H. Ervin, M.D., Jason E. O'Dell, M.D., Chadley M. Rangan, M.D.,
Nigel A.R. Watt, M.D., Matthew O. Welsh, M.D.

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Dr. Elvington Surgical Scheduling Form

Facility ☐ McLeod ☐ Carolinas ☐ Physician Surgery Center ☐ Other

Patient in office: ☐ Yes ☒ No-workers comp

Date 10/24/2013 Chart# 131189

Date of Surgery:

Surgeon

☒ Elvington

Assistant ☐ Doctor

Patient Name Verma L Tedder

DOB

Phone#

Work Phone

Diagnosis/ ICD-9 Code: Right knee medial meniscus tear

Procedure: Right knee arthroscopy medial meniscectomy

Start time ☐ 7:30 ☒ To follow ☐ Other:

Admit status ☐ Day before admit ☐ AM admit ☒ Outpatient ☐ 23 hr observation

Family Physician:

Hospitalist:

Date and time of Preadmission Testing:

Special Equipment Requested:

☐ Spine Top Table ☐ Reg Ortho Radiolucent Table ☐ Electric Bed ☐ Amsco Table ☐ Cell Saver
☐ Radiolucent Wilson Frame ☐ Electric Bed ☐ Flat top Table ☐ C-Arm ☐ Headrest Type:
☐ Other:

What type of Total:

Sales Rep needed ☐ YES ☐ NO

Anesthesia

☐ Local ☐ Local w/standby ☐ Regional ☐ Spinal/ Epidural
☐ General ☒ Choice ☐ Block ☐

Blood Autologous # of units

Directed # of units

Patient notified ☐ Yes ☐ No
Appointment Desk notified ☐ Yes ☐ No
Pre-op Paper Work ☐ Mail ☐ Office
Post of Therapy appointment ☐ Yes Date: ☐ No

Pre-cert for DME ☐ Yes L-Code: Description: ☐ No

NKDA

Patient approved - Schedule Procedure/Surgery ☐ Yes ☐ No ☐ See Notes

NOTES:

DR. ELVINGTON SURGERY INFORMATION

DATE: 10/24/2013

DOB:

PATIENT NAME: Tedder Verma

CHART # 131189

SHOULDER

- () 23455 Bankhart Procedure
- () 23700 Manipulation under anesthesia
- () 24342 Ruptured Biceps/Triceps
- () 29806 Arthroscopic anterior capsulorrhaphy
- () 29807 Arthroscopic SLAP lesion Repair
- () 29822 Arthroscopic debridement, limited (labral)
- () 29823 Arthroscopic debridement, extensive
- () 29824 Arthroscopic distal claviclectomy
- () 29825 Arthroscopic lysis of adhesions
- () 29826 Arthroscopic SAD Mumford
- () 29827 Arthroscopic rotator cuff repair
- ()
- ()

OTHER

- () 27385 Quadriceps tendon repair
- () 27130 Total hip replacement
- ()

KNEE

- () 27447 Total knee replacement
- () 29874 Arthroscopic loose body removal
- () 29879 Arthroscopic abrasion arthroplasty
- () 29880 Arthroscopic medial AND lateral meniscectomies
- (X) 29881 Arthroscopic medial OR lateral meniscectomy
- () 29873 Arthroscopic lateral release
- () 27301 I & D Deep abscess, bursa, or hematoma
- () 27340 Excision prepatellar bursa
- () 29875 Arthroscopic synovectomy, limited (plica)
- () 27570 Manipulation of the knee with anesthesia
- () 27524 ORIF of the patella
- () 27380 Repair infrapatellar tendon
- ()

- () 20680 Removal Hardware
- ()
- ()



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: October 24, 2013 Patient: Verma Tedder Page: 1

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Deaton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey H. Erwin, M.D., Jason E. O'Dell, M.D., Chadley M. Sanyal, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVESSE, SUITE 100 - FLORENCE, SC 29506-2769
(843) 667-5233 - FAX (843) 678-9903 - WWW.PDOA.COM

Patient Name: Verma L Tedder

DATE: 10/24/2013

☐ UNABLE TO RETURN TO WORK

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 10/24/13

- | | |
|--|---|
| ☒ No Lifting/Carrying over 10 lbs. | ☐ No bending |
| ☐ No sitting over hrs./day | ☒ No stooping |
| ☒ No prolonged standing | ☐ Cannot reach above shoulder |
| ☒ No prolonged walking | ☐ No work involving use of arm |
| ☒ No Climbing | ☐ No squatting |
| ☐ No Kneeling | ☒ No crawling |
| ☐ No repetitive twisting | ☐ No pushing or pulling |

Other:

Return Appointment: 6 weeks

May return to work with no restrictions on

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 10/24/2013



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: October 24, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dwight H. Erwin, M.D., Jason B. O'Dell, M.D., Chadley M. Ruyman, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-1769
(843) 662-5233 - FAX (843) 678-9088 - WWW.PDOA.COM

Post-op focused examination

PATIENT ID: 131189

PATIENT: Verma Tedder
DOB:
Employer: Darlington CCA

Date of Service: 10/24/2013
Age:
Occupation: Teacher Assist

Referring Physician: Peter Hyman,
Other Physicians: M.D.

Barbara Wright,

Date of Surgery: 9/4/13

Procedure 1. Status post left knee arthroscopy partial medial meniscectomy.
2. Right knee medial meniscus tear.

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 236 lbs 0 oz BMI: 39.3 TEMPERATURE: 98.2

Allergies: NKDA

Current Meds: Naprosyn (naproxen) (Dosage: 500 mg tablet Dispense: 60), Norco
(hydrocodone-acetaminophen) (Dosage: 7.5-325 mg tablet SIG: Take 1-2 tablet by mouth
every four to six hours as needed for pain Dispense: 60)

Patient returns for follow-up now six weeks status post left knee arthroscopy with partial medial meniscectomy. She is using a cane. She is doing well regarding her knee. The incision sites are well healed. Her range of motion is improving. She will continue with her physical therapy for the left knee two times a week for four more weeks. She will continue with her home exercise program.

The patient's right knee continues to be painful. Her right knee MRI dated 08-27-13 was again reviewed. She does have a medial meniscus tear. I have recommended arthroscopy of the right knee with partial medial meniscectomy. This will be scheduled once we have received workers compensation approval.

Patient also complains today of low back pain and bilateral lower extremity pain, weakness and "buckling".

Continue with same work status: No prolonged walking or standing, no climbing, stooping or crawling and no lifting or carrying greater than 10 pounds.

Diagnosis: Status post left knee arthroscopy with partial medial meniscectomy.

Prescription: No data for Prescription

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D. /dabs

This document was electronically signed on 10/24/2013

[REDACTED]

Peter Hyman, M.D. - SPECIALTY: Occupational Medicine
Barbara Wright - SPECIALTY: Family Practice



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: December 5, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST. SUITE 100 FLORENCE, SC 29506-2769
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Post-op focused examination

PATIENT ID: 131189

PATIENT: Verma Tedder
DOB: _____
Employer: Darlington CCA

Date of Service: 12/5/2013
Age: _____
Occupation: Teacher Assist

Referring Physician: Peter Hyman,
Other Physicians: M.D.

Barbara Wright,

Date of Surgery: 9/4/13

Procedure 1. Status post Left knee arthroscopy with partial medial meniscectomy.
2. Right knee medial meniscus tear.

Vitals: No data for Vitals

Allergies: NKDA

Current Meds: Naprosyn (naproxen) (Dosage: 500 mg tablet Dispense: 60), Norco
(hydrocodone-acetaminophen) (Dosage: 7.5-325 mg tablet SIG: Take 1-2 tablet by
mouth every four to six hours as needed for pain Dispense: 60)

Patient returns for follow-up regarding both knees. She is now three months status post **left knee** arthroscopy with partial medial meniscectomy. She complains of diffuse **left knee** pain. Her incision sites are well healed. She has a good range of motion of the knee and good strength. She is encouraged to continue with her home exercise program.

The patient's **right knee** continues to be painful. Per MRI, she has a medial meniscus tear on the **right**. Recommend **right knee** arthroscopy with partial medial meniscectomy. This will be scheduled once we have received workers' compensation approval.

Continue with same work status: No prolonged walking or standing, no climbing, stooping or crawling and no lifting or carrying greater than 10 pounds.

Diagnosis: #1. Right knee medial meniscus tear. #2. Status post left knee arthroscopy with partial medial meniscectomy.

Prescription: No data for Prescription

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D. /dabs

This document was electronically signed on 12/5/2013



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: December 5, 2013 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Patient Name: Verma L Tedder

DATE: 12/5/2013

☐ UNABLE TO RETURN TO WORK

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 12/6/13

- | | | |
|--|----------|---|
| ☒ No Lifting/Carrying over | 10 lbs. | ☐ No bending |
| ☐ No sitting over | hrs./day | ☒ No stooping |
| ☒ No prolonged standing | | ☐ Cannot reach above shoulder |
| ☒ No prolonged walking | | ☐ No work involving use of arm |
| ☒ No Climbing | | ☐ No squatting |
| ☐ No Kneeling | | ☒ No crawling |
| ☐ No repetitive twisting | | ☐ No pushing or pulling |

Other:

Return Appointment: Pending approval for surgery of Right knee

May return to work with no restrictions on

Robert E. Elvington, Jr., M.D.

Robert E. Elvington, Jr., M.D.

This document was electronically signed on 12/5/2013

Review of Systems

Name Verna Tedder Chart # _____

Blood and Lymph- ☐ Anemia ☐ Blood Clotting Problems ☐ HIV Positive ☐ Swollen Glands

☐ Hepatitis A ☐ B ☐ C

Cardiac- ☐ Varicose Veins ☐ Angina ☒ High Blood Pressure ☐ High Cholesterol

☐ Peripheral Vascular Disease ☐ Other Heart Problems _____

EENT- ☐ Glaucoma ☐ Hearing Loss ☐ Sinus Problem ☐ Other _____

Endocrine- ☒ Diabetes ☐ Thyroid ☐ Pituitary Problems ☐ Other _____

Gastrointestinal- ☐ Cramps/Pain ☐ Difficulty Swallowing ☐ Indigestion ☐ Nausea/Vomiting

☐ Other _____

General- ☐ Chills ☐ Fatigue, Tiredness ☐ Fever ☐ Generalized Pain

Genitourinary- ☐ Difficulty Urinating ☐ Hesitancy/Urgency ☐ Painful Urination ☐ Other _____

Musculoskeletal- ☐ Joint Swelling/Stiffness ☒ Leg Cramps ☒ Muscle Aches ☐ Muscle Weakness

Neurological- ☐ Chronic Headaches ☐ Dizziness ☐ Tremor ☐ Other _____

Psychiatric- ☐ Anxiety ☐ Depression ☐ Panic Attacks ☐ Other _____

Respiratory- ☐ Chronic Cough ☐ Shortness of Breath ☐ Wheezing ☐ COPD ☐ Asthma ☐ Other _____

Skin- ☐ Non-Healing Sores ☐ Persistent Itch ☐ Rashes ☐ Other _____

Social History

Alcohol Use - ☐ Frequently ☐ Occasionally ☐ Seldom ☐ None

Social Drug Use- ☐ Now ☐ In the Past ☐ Never

Employment Status- ☒ Full-Time ☐ Part-Time ☐ Disabled ☐ Retired ☐ Unemployed ☐ Student

Marital Status- ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Tobacco Use- ☐ Cigarettes <1 PPD ☐ Cigarettes >1 PPD ☐ Smokeless Tobacco

☐ Previous Smoker ☒ Never Smoked ☐ Other Tobacco

Family History

☒ Arthritis ☐ Cancer ☒ Diabetes ☐ Heart Disease ☐ High Cholesterol ☐ HIV/Aids
☐ Hypertension ☐ Kidney Disease ☐ Nervous Disorders ☐ Obesity ☐ Stroke ☐ Suicide
Parents- ☐ Father Living ☒ Father Deceased ☒ Mother Living ☐ Mother Deceased

Current Medical Problem

What part of the body are we treating today? Back

When did this problem begin? 3/29/13 If injury, date of injury 3/29/13

Were you injured on the job? Not Were you injured in an auto accident? NO

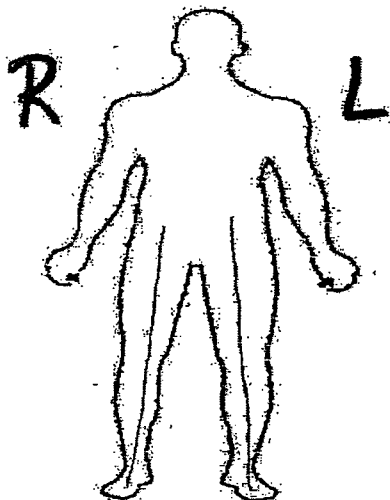
State Auto Accident Occurred in NO If accident what happened _____

Were X-rays taken? NO If yes, where were they taken? _____

Do you have an Attorney Yes If yes, Name of Attorney Nukla Law Firm

Describe Pain

<u>Ache</u>	<u>Numbness</u>	<u>Pins and Needles</u>	<u>Burning</u>	<u>Stabbing</u>	<u>Other</u>
AAAA	----	OOOO	XXXX	////	✓



FRONT

Pain in arm(s) compared with neck: ☒ worse than

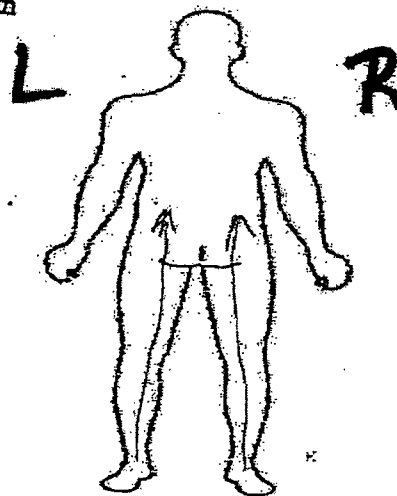
☐ same as

☐ less than

Pain in leg(s) compared with back: ☒ worse than

☐ same as

☐ less than



BACK

Rate your pain on a scale from 0 (no pain) to 10 (incapacitating). 8

Patient Signature

Amber L. Lelander

Date

3/6/14

CHECKED IN _____

APPT. TIME 7:45**PEE DEE ORTHOPAEDIC ASSOCIATES, P.A.**
PATIENT INFORMATION WORKERS' COMP

DOCTOR NUMBER

#6

DATE

3/6/14

PATIENT ACCOUNT NUMBER

131189

☐ NEW☐ CHANGE

REFERRED BY

Work's Comp

PRIMARY CARE PHYSICIAN _____

P
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R
M
A
T
I
O
N

PATIENT'S NAME

Verma Tedder

MARITAL STATUS: M D S W

DATE OF BIRTH

SEX:

[] F

[] M

MALE

RACE

ETHNICITY

SOCIAL SECURITY #

ADDRESS - STREET, APT. NO.

CITY

STATE

ZIP

TELEPHONE - HOME

CELL HOME

EMAIL

EMPLOYER AT TIME OF ACCIDENT

Dard. City Community Action Agency

ADDRESS

PHONE #

TO VERIFY CALL

OCCUPATION

IN CASE OF EMERGENCY NOTIFY

PHARMACY

LOCATION

I
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S
U
R
A
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C
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DATE OF ACCIDENT

3-29-13

DESCRIPTION OF ACCIDENT

While taking kids tripped & fell
injured left knee - back getting worse
Lumbar

SEND CLAIM TO:

State Accident Fund

ATTN:

ADDRESS

PHONE #

CLAIM / FILE #

WC 125770274

VERIFIED BY

Bail & Compagnon

NO MRI

Verma Tedder

SIGNATURE

3/6/14

DATE



Date of Service: March 6, 2014 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Lumbar Initial Examination

PATIENT ID: 131189

Patient: Verma Tedder
Address:

Date of Service: 3/6/2014
Gender:

DOB:
Employer: Darlington CCA

Age: year(s)
Occupation: Teacher Assist

Referring Physician: Workers Comp,
Other Physicians: Barbara Wright,

Date of injury/onset:

Date
03/29/2013

Type
Injury

Chief Complaint: low back pain

(X) Low back pain
() Neck pain

(X) Leg pain (X) L (X) R
() Arm pain () L () R

() Thoracic back pain

History of

Present Illness:

Worker's Comp. injury for this 52-year-old pleasant female, African American, who states that on March 29 of last year she took a fall onto her knees and then fell with a twisting motion to her left. Since that time she has undergone workup of bilateral knee pain with bilateral knee meniscal tears, the first one in the left knee was treated with arthroscopy in September of last year. She is awaiting confirmation with regard to scheduling for operative intervention of the right knee. However her complaint of low back pain and pain in the legs has been ongoing since the injury. Prior to the injury in March of last year patient did not have leg pain or low back pain. Back pain is worse with bending, lifting, twisting. Back pain is worse when she is walking or standing. Patient has bilateral buttock pain that radiates down the lateral aspects of her thighs into her calves and feet. This pain is worse with standing and walking. Leg pain bothers her at night. Patient has been utilizing a cane to help her walk. She does also have some groin pain as well. She has been using narcotics. Initially had physical therapy however none recently. Patient has not worked since May 9, 2013, her activity level is low at home, she lives with her mother, sister, and son. Patient has diabetes mellitus. No bladder or bowel dysfunction. No constitutional symptoms.

Medications:

lisinopril, metformin, Naprosyn (naproxen) (Dosage: 500 mg tablet Dispense: 60), Norco (hydrocodone-acetaminophen) (Dosage: 7.5-325 mg tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed for pain Dispense: 60), novolog

Allergies:

NKDA

Surgical History:

Arthroscopy knee left; Ganglion Cyst: right wrist

Medical History: Diabetes; Hypertension
Family History: Diabetes; Parents: Father-Deceased; Parents: Mother-Living
Social History: Drug Use: Never; Employment: Full Time; Marital Status: Single; Never Smoked

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:

Cardiac: High blood pressure; **Endocrine:** Diabetes; **Musculoskeletal:** Leg cramps

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 240 lbs 0 oz BMI: 39.9 TEMPERATURE: 98

Appearance: No acute distress

Psychiatric: Mood and affect were appropriate.

Head: Normocephalic, atraumatic.

Skin: Clean, dry, no lesions, no rashes.

Neuro: Alert and oriented x 3.

LUMBAR FOCUSED EXAM: Rises slowly from sitting to standing appearing stiff and uncomfortable. Decreased lumbar lordosis secondary to muscular tightness. No list. Diffuse tenderness throughout the lumbosacral region not well localized to any anatomic site. Palpable tenderness bilaterally over the PSIS regions. No palpable step off of the spinous processes. No spasm. Palpable bilateral sciatic notch tenderness. Forward flexion at the waist to 75° with low back pain and painful extensor lag upon return to neutral. Lateral bending limited by 50% secondary to low back pain. Patient able to stand on toes and heels. Motor strength in the lower extremities is 5/5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No sciatic stretch signs or low back pain with flip test, however the patient does complain of bilateral knee pain and hamstring stretch pain. Bilaterally there is tenderness of the knees over the joint lines with full extension causing knee pain bilaterally. Bilaterally both knees can flex to 95° with very minor pain. External rotation of the hips 25° without pain, internal rotation of the hips cannot be performed secondary to loss of range of motion. Pulses full. Ambulates slowly and deliberately, uses cane.

Xrays: Plain films of the lumbar spine today show diffuse idiopathic hyper trophic ostosis anteriorly. Narrowing of the L2-L3 and L5 S1 disc spaces, mild narrowing of the L3 L4 and L4 L5 disc spaces. Good lordosis. Severe degenerative changes bilaterally in the hips. No apparent degenerative changes of the SI joints.

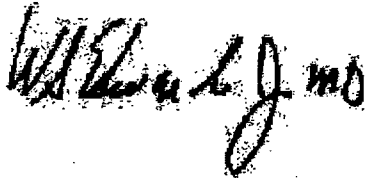
MRI:

ASSESSMENT:

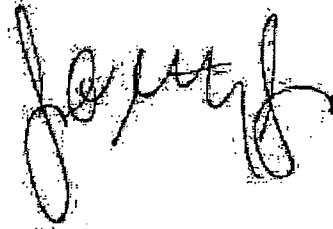
Diagnosis: Degenerative joint disease bilateral hips. ;Degenerative disc disease lumbar spine. ;Rule out lumbar stenosis.

PLAN:

Discussion today with regard to the patient's symptoms, imaging studies, and diagnosis. Clinically and radiographically patient is at risk for lumbar stenosis. Referral for MRI of the lumbar spine to better assess compressive pathology. Patient's clinical picture is palpated secondary to her bilateral knee pain and the severe degenerative changes in the hips. Her injury back in March of last year while at work has no doubt exacerbated symptoms from pre-existing pathology in the lumbar spine. Follow up appointment following the MRI for review and further recommendations. Patient can call with questions or concerns. Thank you for this consultation.



W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center



John A. Gartung, Jr., PA-C

This document was electronically signed on 3/6/2014

Fax Created: Name: Wright, Barbara Number: 3784209 Dated 3/7/2014 7:34:05 AM

Fax Created: Name: Shannon Bedell Number: 18036122731 Dated 3/11/2014 7:30:20 AM

Fax Created: Name: Gail Dennis Number: 18783768970 Dated 3/17/2014 12:24:19 PM



Date of Service: March 6, 2014 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Patient Name: Verma L Tedder

DATE: 3/6/2014

☐ UNABLE TO RETURN TO WORK

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 03/07/2014

- | | | |
|---|----------|--|
| ☐ No Lifting/Carrying over | lbs. | ☐ No repetitive bending |
| ☐ No sitting over | hrs./day | ☐ No repetitive stooping |
| ☐ No standing over | | ☐ Cannot reach above shoulder |
| ☐ No prolonged walking | | ☐ No work involving use of hand |
| ☐ No Climbing | | ☐ No repetitive squatting |
| ☐ No Kneeling | | ☐ No repetitive crawling |
| ☐ No repetitive twisting | | ☐ No pushing or pulling |

Other: Keep Current work restrictions until seen again in office

Return Appointment: after MRI

May return to work with no restrictions on

Willie S. Edwards, M.D.

This document was electronically signed on 3/6/2014

Fax Created - Name: WORK COMP Number: 16783768970 Dated 3/7/2014 10:55:53 AM



**Pee Dee
Orthopaedic
Associates
Pee Dee Spine Center**

Patient Name: TEDDER VERMA
Physician: W.S. EDWARDS
Study Date : 04/04/2014 06:55:18

X-RAY #: 131189
AGE:
DOB:

FINAL REPORT

MRI OF LUMBAR SPINE:

CLINICAL INFORMATION: Fell March 2013. Low back pain. Bilateral leg pain.

COMPARISON: No comparison films.

FINDINGS: Visualized osseous elements intact with no evidence of fracture. Marrow signals within normal limits. Normal lordotic curvature of lumbar spine. Conus medullaris & cauda equine normal.

T12-L1: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L1-L2: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L2-L3: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L3-L4: Desiccation and loss of normal water content. No disc herniation nor spinal stenosis.

L4-L5: Desiccation and loss of normal water content. No disc herniation nor spinal stenosis.

L5-S1: Desiccation and loss of normal water content. No disc herniation nor spinal stenosis.

Partial imaging of soft tissue pelvis. Apparent pedunculated leiomyoma. Recommend pelvic ultrasound to evaluate uterus and to evaluate leiomyoma. Again, please note only partial imaging of soft tissue pelvis.

Dictated: Hatten, H. Paul Jr. M.D. 04/04/2014 10:14 AM
Transcribed: McCullough, Patricia 04/04/2014 10:41 AM
Electronically signed: Hatten, H. Paul Jr. M.D. 04.04.2014 10:56:05 AM **LICENSE #**



**Pee Dee
Orthopaedic
Associates
Pee Dee Spine Center**

Patient Name: TEDDER VERMA
Physician: W.S. EDWARDS
Study Date : 04/04/2014 06:55:18

X-RAY #: 131189
AGE:
DOB:

IMPRESSION:

1. L3-L4: DESICCATION AND LOSS OF NORMAL WATER CONTENT. NO DISC HERNIATION NOR SPINAL STENOSIS.
2. L4-L5: DESICCATION AND LOSS OF NORMAL WATER CONTENT. NO DISC HERNIATION NOR SPINAL STENOSIS.
3. L5-S1: DESICCATION AND LOSS OF NORMAL WATER CONTENT. NO DISC HERNIATION NOR SPINAL STENOSIS.
4. PARTIAL IMAGING OF SOFT TISSUE PELVIS. APPARENT PEDUNCULATED LEIOMYOMA. RECOMMEND PELVIC ULTRASOUND TO EVALUATE UTERUS AND TO EVALUATE LEIOMYOMA. AGAIN, PLEASE NOTE ONLY PARTIAL IMAGING OF SOFT TISSUE PELVIS.

Dictated: Hatten, H. Paul Jr. M.D. 04/04/2014 10:14 AM
Transcribed: McCullough, Patricia 04/04/2014 10:41 AM
Electronically signed: Hatten, H. Paul Jr. M.D. 04.04.2014 10:56:05 AM LICENSE #



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: April 17, 2014 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Ehrlington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST. SUITE 100 - FLORENCE, SC 29506-2769
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

MRI Review

PATIENT ID: 131189

PATIENT: Verma Tedder
DOB:
Employer: Darlington CCA

Date of Service: 4/17/2014
Age:
Occupation: Teacher Assist

Referring Physician:
Other Physicians: Barbara Wright,

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 240 lbs 0 oz BMI: 39.9 TEMPERATURE: 98.2
Allergies: NKDA
Current Meds: lisinopril, metformin, Naprosyn (naproxen) (Dosage: 500 mg tablet Dispense: 60), Norco (hydrocodone-acetaminophen) (Dosage: 5-325 mg tablet SIG: Take 1 tablet by mouth every six hours as needed for pain Dispense: 40 Refills: 1), novolog

MRI Review:

MRI scan was personally reviewed and discussed with the patient in detail. This study demonstrates no lumbar stenosis or other abnormality. There is a hemangioma of the L3 vertebral body of no clinical significance. Slight loss of signal intensity L3-4 and L4-5. There is also a report of uterine fibroid of questionable clinical significance.

Previous x-rays showed bridging syndesmophytes at multiple levels from the thoracolumbar down to the lumbosacral junction.

Plan:

Though she has diffuse degenerative changes that were exacerbated by her work injury of last year, she was reassured that there is no evidence of any need for surgical intervention or serious pathology. She was given a copy of the MRI report to present to her family physician so that this uterine fibroid report can be followed up on. A course of physical therapy may help with her mechanical symptoms and I have recommended that she proceed with this and then upon next visit be released for routine activities.

Diagnosis: Mechanical low back pain secondary to lumbar spondylosis. Chronic lumbar strain/sprain.

Prescription: Ultracet (tramadol-acetaminophen) (Dosage: 37.5-325 mg tablet SIG: Take 1 tablet by mouth every six hours as needed for pain Dispense: 50)

W. S. Edwards, M.D.
Spine Surgeon



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: July 3, 2014 Patient: Verma Tedder Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Erington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Follow Up Examination

PATIENT ID: 131189

PATIENT: Verma Tedder
DOB:
Employer: Darlington CCA

Date of Service: 7/3/2014
Age:
Occupation: Teacher Assist

Referring Physician: Barbara Wright
Other Physicians:

Date of injury/onset:

Date **Type**
03/29/2013 Injury

Chief Complaint: Follow up after lumbar strain/sprain.

History of Present Illness: Patient has had some ongoing mechanical discomfort and has been going to physical therapy at Lowe's which has helped somewhat. Previous imaging studies showed no compressive pathology and no invasive treatment is necessary. She utilizes a cane on the right side for support at times. Denies any constitutional symptoms.

Allergies: NKDA
Current Meds: lisinopril (Dosage:), metformin (Dosage:), novolog (Dosage:)

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 240 lbs 0 oz BMI: 39.9 TEMPERATURE: 97.8
Appearance: No acute distress.
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

FOCUSED EXAM:

Pleasant female in no acute distress. Rises easily from sitting to standing. Decreased lordosis. Reluctant to reverse lordosis with forward flexion. Returns upright with muscular dysrhythmia. Motor strength in the lower extremities is 5/5. Reflexes 2+ and symmetric. Hip and knee motion is full and painless. Peripheral pulses full. No dermatomal paresthesias. No sciatic stretch signs. No long tract findings. Gait is normal. Uses a cane on the right side for support.

X-ray: Plain films show diffuse idiopathic skeletal hyperostosis and mild DJD both hips.

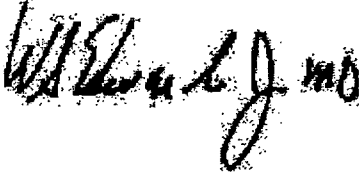
ASSESSMENT:

Diagnosis: Mechanical low back pain secondary to lumbar spondylosis. Chronic lumbar strain/sprain.

PLAN:

Patient was reassured that there is no evidence of underlying compressive pathology or instability that would require surgical intervention. Use of good body mechanics and careful lifting techniques are emphasized. She is at maximum medical improvement and has a 5% impairment of her spine based on her industrial injury. No specific restrictions are necessary. She is discharged.

Prescription: tramadol(Dosage: 50 mg[tablet SIG: Take 1 tablet by mouth every six hours as needed for pain
Dispense: 40 Refills: 1)



W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

This document was electronically signed on 7/3/2014

Fax Created: Name: Wright, Barbara Number: 3784209 Dated: 7/7/2014 3:56:34 PM



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: December 5, 2013. Patient: Verma Tedder Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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* Addendum Date: 8/26/2014

Patient is at maximal medical improvement. From the range of motion documented by the physical therapist and that she is status post knee arthroscopy and partial medial meniscectomy patient would have a permanent physical impairment rating of 3% to the left knee.

Addendum Date: 8/26/2014

Post-op focused examination

PATIENT ID: 131189

PATIENT: Verma Tedder

DOB:

Employer: Darlington CCA

Date of Service: 12/5/2013

Age:

Occupation: Teacher Assist

Referring Physician: Peter Hyman, M.D.

Other Physicians: M.D.

Barbara Wright,

Date of Surgery: 9/4/13

Procedure

1. Status post Left knee arthroscopy with partial medial meniscectomy.
2. Right knee medial meniscus tear.

Vitals: No data for Vitals

Allergies: NKDA

Current Meds: Naprosyn (naproxen) (Dosage: 500 mg tablet Dispense: 60), Norco (hydrocodone-acetaminophen) (Dosage: 7.5-325 mg tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed for pain Dispense: 60)

Patient returns for follow-up regarding both knees. She is now three months status post left knee arthroscopy with partial medial meniscectomy. She complains of diffuse left knee pain. Her incision sites are well healed. She has a good range of motion of the knee and good strength. She is encouraged to continue with her home exercise program.

The patient's right knee continues to be painful. Per MRI, she has a medial meniscus tear on the right. Recommend right knee arthroscopy with partial medial meniscectomy. This will be scheduled once we have received workers' compensation approval.

Continue with same work status: No prolonged walking or standing, no climbing, stooping or crawling and no lifting or carrying greater than 10 pounds.

Diagnosis: #1. Right knee medial meniscus tear. #2. Status post left knee arthroscopy with partial medial meniscectomy.

Prescription: No data for Prescription

Date of Service: December 5, 2013 Patient: Verma Tedder Page: 2

Robert E. Elvington, Jr. MD

Robert E. Elvington, Jr., M.D. /dabs

This document was electronically signed on 12/5/2013

~~Barbara Wright, M.D. - SPECIALTY: Family Practice~~

Peter Hyman, M.D. - SPECIALTY: Occupational Medicine
Barbara Wright - SPECIALTY: Family Practice

[] 90 DAY SUMMARY/PLAN OF CARE
[] PROGRESS REPORT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY300 W. CHESTER STREET
FLORENCE, SC 29502-4808
TELEPHONE 803-663-1204Patient's Name: Tedder, VermaDate of Initial Visit: 9-23-13MD: ELVINGTONToday's Date: 11-6-13

HIC# _____

Total Visits: 12

Chief Complaint:

Initially: (1) MENISCAL TEAR

Therapy sessions have included:

Modalities / Manual Therapy: MHP, MANUAL, C.P., E-STIM

Therapeutic exercise for _____ Strengthening _____ Mobility _____ Stability

Bike, step ups, squats for strengthening &
Manual for ROM

Progress Summary: (Goals _____ Being met _____ Met _____ Not yet met)

pain @ Eval 1/10, pain level for last month has
been reduced to:AROM @ EVAL 0-90°CONTRACT 0-113°

Physical Therapy Goals:

For Certification Period:

1) STRENGTH (R)=(L)

2) ROM (R)=(L)

3) RTW

Recommendations: CONT. THERAPY 2X/WKFOR 4-6 WKS per MD advice.☒ Continue therapy☒ Per M.D.'s instructions☐ Discharge from therapy

Thank you.

E. Carter PT / O. J. M. SPT

Signature

R. J. H.

M. D.

11-6-13

Date

11/12/13

Date

ALP132

PAGE 02/03

[] 30 DAY SUMMARY/PLAN OF CARE
[] PROGRESS REPORT

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

501 W. CHEVES STREET
FLORENCE, S.C. 29502-4494
TELEPHONE 843-662-1234

Patient's Name: Tedder, Verma

Date of Initial Visit: 9-23-13 699-7144

MD: ELVINGTON

Today's Date: 12-2-13

HIC# _____

Total Visits: 18

Chief Complaint:

Initially: (L) KNEE MENISCAL TEAR

Fixed
12/5/13
4

Therapy sessions have included:

Modalities / Manual Therapy: MHP, MANUAL, CP + E-STIM

Therapeutic exercise for _____ Strengthening _____ Mobility _____ Stability

THE K'S AND ACTIVITIES TO ↑ STRENGTH +
IMPROVE ROM.

Progress Summary: (Goals _____ Being met _____ Met _____ Not yet met) 6

① EVAL PAIN LEVEL 10/10, FOR LAST 4 VISITS PAIN HAS BEEN 10.

STRENGTH: (R) (L) AROM: (R) (L)

KNEE V: 34# 32# KNEE V: 127° 125°

1: 33# 35# PT STATES THAT SHE IS HAVING SURGERY
ON (R) KNEE IN JAN OR FEB.

Physical Therapy Goals:
For Certification Period:

1) STRENGTH (R) = (L)

2) ROM (R) = (L)

3) RTN

Recommendations: ROM + STRENGTH GOALS

MET. PLEASE ADVISE IF CONT
THERAPY IS NEEDED FOR PAIN LEVELS.

- ____ Continue therapy
☒ Per M.D.'s instructions
☒ Discharge from therapy

Thank you.

S. Cantor / A. Fols DR

Signature

M. D.

12-2-13

Date

12/5/13

Date

4/25/2014 12:26 PM

RECEIVED 04/25/2014 16:59 0436697144
-> Lower PT

LOWE
Page 4 of 8

CareIQ

A CORVEL NETWORK

CareIQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

Return to Work Questionnaire and Goals

Provider Name: Lowe's Physical Therapy Inc
Patient's Name: Verma Tedder
Body Part: Lower Back Area -
Service: Physical Therapy

Claim #: 032013000912
Date of Injury: 03/29/2013
Today's Date: 4/25/2014

To be completed by patient and therapist on first visit (or as soon as possible, if received after 1st visit).

Completed By Patient: (Subjective Report)

Please circle the number that best represents your current pain level
No Pain 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Emergency Room Pain

Job Title:

Previous Work Status:

Current Work Status:

☐ Full Time ☐ Part time

☐ Full Duty ☐ Off Duty

☐ Modified Duty: Restrictions:

Last Day worked (if off duty): May 9, 13

In one hour of FULL duty, how long do you typically do the following activities:

Sit: ☐ 0-15 min ☒ 15-30 min ☐ 30-40 minutes
Kneel: ☒ 0-15 min ☐ 15-30 min ☐ 30-40 minutes
Walk/Stand: ☐ 0-15 min ☐ 15-30 min ☒ 30-40 minutes
Run: ☒ 0-15 min ☐ 15-30 min ☐ 30-40 minutes

☐ 45 minutes-1 hour
☐ 45 minutes-1 hour
☐ 45 minutes-1 hour
☐ 45 minutes-1 hour

How much weight do you push/pull?

How much weight do you lift?

Floor to waist: 15/20
Waist to Shoulder: 15/20
Shoulder to Overhead: 15/20

How many times? 3/4
How many times? 3/4
How many times? 3/4
How many times? 3/4

How many times do you do the following in one hour of full duty?

Squat 5 Times

Climb stairs or ladders 3/4 Times

Reach 6 Times

Do you have concerns about physically performing your job?

☒ Yes ☐ No

Are you anticipating returning to your same job position?

☐ Yes ☒ No

Completed By Therapist: Please use this form to assist the patient in returning to work by setting goals to address the above demands as given in the patient's subjective report of his/her job duties. Indicate FUNCTIONAL GOALS only.

To be met in 4 weeks

1. NO PAIN. PT

2. NO PL 7 2/10

3. HEP

My therapist has reviewed my job functions and return to work goals with me.

Verma Tedder
Patient Signature

Antonia
Therapist Signature

4/30/14
Date

4/30/14
Date

CL# 032013000912

LOWE'S THERAPY

Page 1

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

EVALUATION FORM

PATIENT Velma Tedder HIC NO. _____ PAT. NO. _____

First Date of Service 4.25.14 Date of reevaluation _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HISTORY: March 29, 2013 fall at work -> surgery on (L) knee
-> awaiting surgery on (R) -> LB p! -> sharp, catching
-> numbness/ticling L>R all the time on (L) intermittent

PAST MEDICAL HISTORY: (R)

X-RAY: See prior chart

PRECAUTION: wear/lean, arthritis, surgery

SUBJECTIVE: "I can't even put my shoes on"

PAIN / LOCATION: Thoracic -> LB

NATURE / BEHAVIOR: motivated

OBJECTIVE

OBSERVATIONS: tight hip flexors

ROM: Flex 25% motion loss E Majority of motion
coming from ~~lower~~ thoracic and hips
Ext WNL, SB 25% limited

ALP133

Verma Tedder
CL# 0320130009/2

Page 2

PALPATION: Mod fasci^a tightness cerv → C2-C3
and p! @ L4-L5

SENSATION / REFLEXES:

STRENGTH: NT

OTHER: Repeated flex and ext calm sx

TREATMENT: MFL to back, static back

ASSESSMENT: Pt presents c mod tight fasci^a and poss
lumb. instability as both flex + ext. ↓ sx

PLAN: PATIENT WILL BE SEEN 2-3 TIMES A WEEK FOR 4 WEEKS FOR

Te to ↑ core strength, stretching to improve
flexibility, traction to ↓ rad. sx

GOALS: 1. no radicular sx 2. p! no greater
than 2/10 3. ⊕ c HEP

Antoine Trubner

PHYSICAL THERAPIST

MR-PPV-Adult-2013-01-31(BLUE)

CARE SOUTH CAROLINA ADULT (19-64) ANNUAL PROGRESS NOTE

Name: Verma Tedder

DOB: _____

Age: _____

Date: 10 / 08 / 13Chart#: 30037Ht: 5'5" Wt: 206 BMI: _____BP: 132 / 84 T: 98.1 F: _____ P: 64 R: 20

BG (Fasting/Random): _____

LMP: 7Medication Refill(s) Needed: ☒ Yes ☐ No: _____Drug Allergies: NKATobacco Use: ☐ Never ☐ Past ☐ Current packs per day _____ If Quit, what date? _____

Years of smoking? _____

☐ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☐ No _____Pneumonia Vaccine (As Appropriate) ☐ Yes ☐ No _____

Month/Year

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: _____

PAIN: ☐ Yes ☐ No Degree: _____

1

2

3

4

5

6

7

8

9

10

CHIEF COMPLAINT: Flu on back pain from March 2013when injured in thelast had a knee replacement 9/2012

How much/often??

Birth Control Method: _____

Habits:

Exercise: ☐ Yes ☐ No _____

Last Pap Smear: _____

Alcohol: ☐ Yes ☐ No _____

Last Mammogram: _____

Rec. Drugs: ☐ Yes ☐ No _____

Colon Cancer Screening: _____

Other: _____

Last Eye Exam: _____

Last Dental Exam: _____

Visual acuity with corrective lenses: R _____ L _____ Visual acuity without corrective lenses: R _____ L _____

NURSE'S SIGNATURE: [Signature]

Physical Examination	W	N	A	B	D	E	F	Comments on Findings	Physical Examination	W	N	A	B	D	E	F	Comments on Findings
General Appearance									Genitalia/Rectal								
HEENT									Skin								
Mouth/Pharynx									Lymph Nodes								
Chest/Lung/Respiration									Breasts								
Heart/Cardiovascular									Back/Neck								
Abdomen & GI									Neurological								
Extremities									Thyroid/Endocrine								

PREVENTION/ASSESSMENT:
(Check all that were assessed)

☐ ASA ☐ ACE ☐ ACEI

☐ ARB ☐ Diuretic ☐ Statin

☐ SB ☐ CCB

☐ HgA1C ☐ Lipids ☐ LFT

☐ Urinalysis ☐ BMP ☐ Potassium

☐ Microalbumin/Creatinine

☐ eGFR ☐ EKG

☐ Flu Date: _____

☐ Pneumo Date: _____

☐ Other: Date: _____

DIAGNOSIS/TREATMENT PLAN:

① Chronic Back Pain for 5 mos. XRT

Dr. [Name] & [Name]

② DM & HTN CPM

SELF MANAGEMENT GOALS: Limit intake of [illegible]

LABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other: _____

LABS (EXTERNAL): ☐ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture

☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other: Heoples

EDUCATION: ☐ DX ☐ TX ☐ Meds ☐ Diet ☐ Exercise ☐ STD/HIV ☐ Sexual Activity ☐ Smoking ☐ ETOH/Drugs ☐ Other: _____

Consults/Referrals: (Please ✓ all that apply): ☐ Behavioral Health ☐ Cardiology ☐ Care Manager ☐ Dentistry ☐ Endocrinology

☐ Laboratory ☐ Nephrology ☐ Neurology ☐ Nutrition ☐ Ophthalmology ☐ Podiatry ☐ Patient Advocate ☐ Radiology ☐ Other: _____

Visual Check Exp. Date

Allergies

Interactions

Algie Med, Right Dose

Right Frequency

Right Route

Lab Impact

Throm Duplication

Contraindications

Pt. Concerns/Eds

RETURN TO CARE/CLINIC (RTC): _____ DAYS 7-14 WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE [Signature] **DATE:** 10 / 8 / 13

NOTES:

10-8-13 Coward & Kumbhar spine X-ray per Bluebird FNP

10-10-13 14 case 313 7 mo from 1000mg [illegible]

☐ See Dictated Note

☐ See Core Element Form



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 281-075-0834-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: ***-**-3090 30037 Fasting: N PHONE: 843-269-1513 DOB:				
PATIENT NAME TEDDER, VERMA		SEX	AGE(YR/MOS.) / 2	
PT. ADD.: SC 29540-0000				
DATE OF COLLECTION TIME 10/08/2013 11:28	DATE RECEIVED 10/08/2013	DATE REPORTED 10/09/2013	TIME 15:35	5963

CLINICAL INFORMATION CD- 20119782182		
PHYSICIAN ID. WRIGHT B	NPI 1437123924	PATIENT ID. 59244
ACCOUNT: CareSouth Carolina SCPC Regular Acct/Society Hill Po Box 239 Society Hill SC 29593-0000 ACCOUNT NUMBER: 39708490		

TEST	RESULT	LIMITS	LAB
Basic Metabolic Panel (8)			
> Glucose, Serum	318 E mg/dL	65 - 99	01
BUN	11 mg/dL	6 - 24	01
Creatinine, Serum	0.59 mg/dL	0.57 - 1.00	01
eGFR If NonAfrican Am	106 mL/min/1.73	>59	
eGFR If African Am	122 mL/min/1.73	>59	
BUN/Creatinine Ratio	19	9 - 23	
Sodium, Serum	137 mmol/L	134 - 144	01
Potassium, Serum	4.0 mmol/L	3.5 - 5.2	01
Chloride, Serum	99 mmol/L	97 - 108	01
> Carbon Dioxide, Total	17 L mmol/L	19 - 28	01
Calcium, Serum	9.2 mg/dL	8.7 - 10.2	01
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	139 mg/dL	100 - 199	01
Triglycerides	62 mg/dL	0 - 149	01
HDL Cholesterol	54 mg/dL	>39	01
Comment			01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Cal	12 mg/dL	5 - 40	
LDL Cholesterol Calc	73 mg/dL	0 - 99	
LDL/HDL Ratio	1.4 ratio units	0.0 - 3.2	
Hemoglobin A1c			
> Hemoglobin A1c	13.7H %	4.8 - 5.6	01
Increased risk for diabetes: 5.7 - 6.4			
Diabetes: >6.4			
Glycemic control for adults with diabetes: <7.0			
TSH			
TSH	1.420 uIU/mL	0.450 - 4.500	01
Cardiovascular Risk Assessment			
Interpretation	Note		02
PDF Image			02

LAB: 01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	DIRECTOR: William F Hancock MD
LAB: 02 (\$ Litholink Corporation	DIRECTOR: Mitchell Laks S PhD

Pat Name: TEDDER, VERMA	Pat ID: 59244	Spec #: 281-075-0834-0	Seq #: 5963
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 281-075-0834-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION SS#: ****-3090 30037 PHONE: FASTING: N OB:				
PATIENT NAME TEDDER, VERMA		SEX	AGE(YR./MOS.) 1 2	
PT. ADD.:				
DATE OF COLLECTION TIME 10/08/2013 11:28	DATE RECEIVED 10/08/2013	DATE REPORTED 10/09/2013	TIME 15:35	5963

CLINICAL INFORMATION CD- 20119782182		
PHYSICIAN ID. WRIGHT B	NPI 1437123924	PATIENT ID. 59244
ACCOUNT: Caresouth Carolina SCPC Regular Acct/Society Hill Po Box 239 Society Hill SC 29593-0000		
ACCOUNT NUMBER: 39708490		

TEST	RESULT	LIMITS	LAB
2255 W Harrison Street Ste B, Chicago, IL 60612-4670			

Signature

Date

10/10/13

RECEIVED

OCT 10 REC'D

Pat Name: TEDDER, VERMA	Pat ID: 59244	Spec #: 281-075-0834-0	Seq #: 5963
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Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

LCM Version: 03.26.01

September 12, 2014



Mr. Steve Wukela, Jr.

P.O. Box 13057

Bruce G. Filler, M.Ed., S.T.
Florence, S.C. 29504-3057

www.crcrehab.com

Re: Verma Tedder

Ms. Tedder was seen on September 12, 2014 for a Functional Capacity Evaluation.

Ms. Tedder is a 53 year old female who sustained a work injury to her bilateral knees and lumbar spine on March 29, 2013. The patient reported an initial pain level of "7" on a "0-10" pain scale in which "0" represents no pain and "10" represents maximal emergency level pain. The highest reported pain level during today's evaluation was "8 1/2" and this occurred with the floor level lift.

The results of the Functional Capacity Evaluation performed on this date indicate that she can meet the demands of limited sedentary to limited light work. She tolerates occasional walking and reaching. She does not tolerate occasional stairclimbing, kneeling, squatting, bending, or twisting. She can lift from 3 to 10 pounds at various heights on an occasional basis. She can carry 11 pounds with 2 hands. She can carry 7 pounds in the right hand and 7 pounds in the left hand. She can push 14.2 foot pounds loaded in a sled and can pull 14.2 foot pounds loaded in a sled. She has a self-reported sitting and standing/walking tolerance of 90 and 20 minutes respectively. She was observed to sit for a maximal time of 54 minutes and stand for a maximal time of 14 minutes. She was observed to stand/walk for a maximal time of 35 minutes.

The patient's lumbar and bilateral knee flexion range of motion are limited. Please refer to the enclosed forms for range of motion measurements.

Treadmill testing was attempted but not completed. Therefore, an estimate of her cardiorespiratory fitness level could not be determined.

A 5-position handgrip test was performed and graphed results did not resemble a bell-shaped curve indicating submaximal effort. Coefficients of variation at position 2 of the right hand were above 15% indicating submaximal effort. Waddell's evaluation of non-organic signs was negative.

Ms. Tedder qualifies for limited sedentary to limited light work. Please refer to page 2 of the enclosed forms for specific lifting ability. Although she was noted to perform inconsistently during handgrip testing, she was noted to have difficulty with material handling, kneeling, squatting, treadmill testing, and stairclimbing. She was noted to be more comfortable sitting versus standing/walking and it is recommended she avoid standing/walking for more than 35 minutes at a given time. It should also be noted, she is unable to walk at a normal pace.

Thank you for this referral. If you have any questions, please call me at (803) 799-7007.

Sincerely,

Tracy Hill, P.T.

2362 Two Notch Road, Columbia, SC 29204, 799-7007

1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808

1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440

115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845



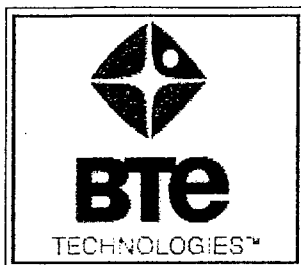
BLYTHEWOOD 428-3 McNulty Road. PO Box 219. Blythewood. SC 29016. 728-0421



PREPARED FOR:
Mr. Steve Wukela, Jr.
P.O.Box 13057
Florence, S.C. 29504-3057

Tel: (843) 669-5634 Fax: (843) 669-5150

FUNCTIONAL ABILITIES EVALUATION



Client Information

Client Name: Mrs. Verma Lee Tedder

Address:

Injury Date: March 29, 2013

Dominant Hand: Right Hand

SSN:

Date of Birth:

Gender:

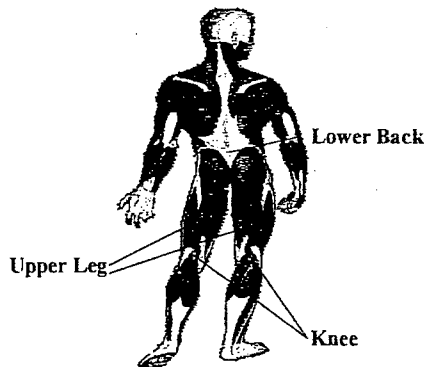
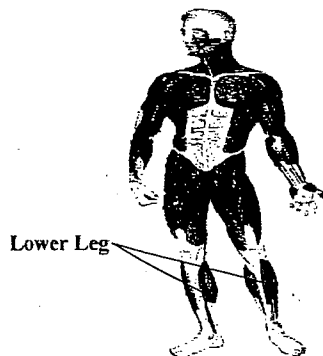
Height: 65 inches

Weight: 226 lbs

Start & Finish Date: Sep 12, 2014

Evaluator: Tracy Hill, PT

Areas of Complaint



General Location	Specific Location	Plane	Side	Pain Type	Pain Scale
Knee			Bilateral L>R	Ache/sharp	7 - Low Intense
Lower Back (Lumbosacral)				Ache/sharp	7 - Low Intense
Lower Leg			Bilateral L>R	Ache	7 - Low Intense
Upper Leg			Bilateral L>R	Ache	7 - Low Intense

Tracy Hill, PT
Physical Therapist

COLUMBIA REHABILITATION CLINIC, INC.
2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

All testing was completed using the FOCUS System, Data Management was compiled through ODES products of BTE Technologies



Name Ukma Tedder

Lift	Pounds	Job Demand Category
Floor to Waist	3	limited Sedentary
12 Inch to Waist	8	↓
Waist to Shoulder	10	Sedentary
Shoulder to Overhead	6	limited Sedentary
Carry (2 Handed)	11	limited light
Right Hand Carry	7	limited Sedentary
Left Hand Carry	7	↓
Push	0 (14.2 lb. Ft)	limited light
Pull	0 (14.2 lb. Ft)	↓

Strength

Lower Extremity Manual Muscle Test

Sep 12, 2014 12:01:57 PM

Manual Muscle Testing of the lower extremities was performed and the results are as follows:

Hip Flexion: Bilat 4/5

Knee Extension: R 5/5 L 4/5

Dorsiflexion: Bilat 5/5

Extensor Hallicis Long: Bilat 5/5

Eversion: Bilat 5/5

COLUMBIA REHABILITATION CLINIC, INC.

2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

Mrs. Verma Lee Tedder



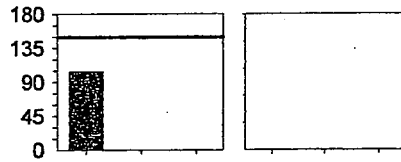
Range of Motion Knee - Left

Sep 12, 2014 12:15:34 PM

Normals:

Flexion	Extension
150	0
105	0

% of Normal	70%	100%
-------------	-----	------



Reference Information

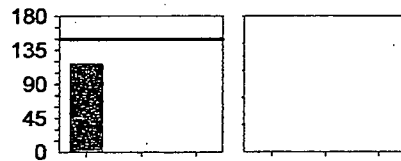
American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion ➤ Knee - Right

Sep 12, 2014 12:17:16 PM

	Flexion	Extension
Normals:	150	0
	118	0

% of Normal	79%	100%
-------------	-----	------



Reference Information

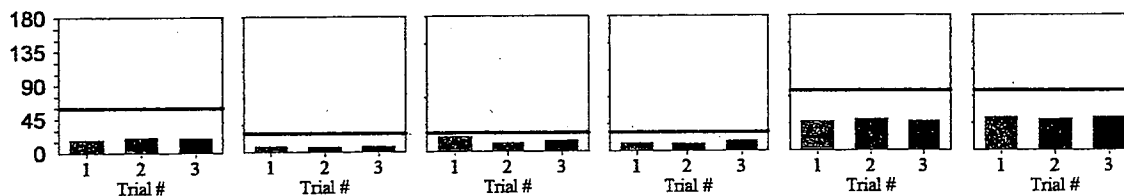
American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion ➤ Lumbar Range of Motion

Sep 12, 2014 12:18:43 PM

	True Lumbar Flexion	True Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normals:	60	25	25	25	80	80
Trial 1:	18	8	20	11	39	44
Trial 2:	21	7	12	10	42	42
Trial 3:	20	8	15	14	40	44

Average	19.7	7.7	15.7	11.7	40.3	43.3
Maximum	21.0	8.0	20.0	14.0	42.0	44.0
AMA Valid	YES	YES	YES	YES	YES	YES
% of Normal	33%	31%	63%	47%	50%	54%



Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Work Simulation ► Squatting

Sep 12, 2014 12:40:37 AM

The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

squatting: unable

PRE HR 62 POST
HR 85

Evaluator Comments

Ms. Tedder was unable to squat due to complaints of increased bilateral knee and lumbar pain. She was noted to have difficulty rising from the semi squatted (50% range) position.

Work Simulation Dynamic Bending

Sep 12, 2014 12:33:04 PM

The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

dynamic bending: 10 repetitions

PRE HR 66 POST
HR 74

Evaluator Comments

Ms. Tedder was able to bend forward at the waist 10 repetitions. Testing was terminated at the request of the patient secondary to complaints of increased lumbar pain.

Work Simulation Dynamic Rotation

Sep 12, 2014 12:37:31 PM

The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

Dynamic rotation: 10 repetitions

PRE HR 62 POST
HR 78

Evaluator Comments

Ms. Tedder was able to rotate at the waist 10 repetitions. Testing was terminated at the request of the patient secondary to complaints of increased lumbar pain.

Work Simulation Kneeling

Sep 12, 2014 12:46:59 PM

The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

Kneeling: unable

PRE HR 64 POST
HR 88

Evaluator Comments

Ms. Tedder was unable to kneel. She attempted several times and was unable to weight bear significantly though her left lower extremity and get upright secondary to complaints of increased bilateral knee pain.

Work Simulation Dynamic Reaching

Sep 12, 2014 12:55:58 PM

The patient was asked to transfer 1 lb weights from shoulder level to above head level for 5 minutes. The results are as follows:

Dynamic reaching: 5 minutes

PRE HR 69 POST
HR 79

Evaluator Comments

Ms. Tedder was able to reach for 5 minutes. She reported increased left knee pain from standing and increased right elbow pain but she was able to complete the test.

Work Simulation ➤ Stair Climbing

Sep 12, 2014 1:08:23 PM

The patient was asked to ascend/descend a series of 4 stairs for a total of 10 cycles. The results are as follows:

Time (min,secs)	Initial Heart Rate (bpm)	Final Heart Rate (bpm)	Stairs Ascended	Stairs Descended
2:22	65	82	12	12

Evaluator Comments

Ms. Tedder was able to ascend/descend a series of 4 steps for a total of 3 cycles. She demonstrated a step to step gait pattern and used both handrails. Testing was terminated at the request of the patient secondary to complaints of increased bilateral knee pain.

Work Simulation Floor to waist lift

Sep 12, 2014 1:13:58 PM

Floor to waist lifting results are as follows:

Floor to waist: 3 pounds

Physical demand level: limited sedentary

MAX HR 94

Evaluator Comments

Ms. Tedder was able to lift 3 pounds from floor to waist level with difficulty noted. She did not want to attempt additional weight due to complaints of increased lumbar and bilateral knee pain.

Work Simulation ► 12 inch to waist lift

Sep 12, 2014 1:22:24 PM

The patient was asked to lift from 12 inches off of the floor to waist height. The results are as follows:

12 inch to waist: 8 pounds

Physical demand level: limited sedentary

MAX HR 88

Evaluator Comments

Ms. Tedder was able to lift 8 pounds with difficulty noted. She did not want to attempt additional weight secondary to complaints of increased lumbar and bilateral knee pain.

Work Simulation ► Waist to shoulder lift

Sep 12, 2014 1:30:35 PM

The patient was asked to lift from waist height to shoulder height. The results are as follows:

Waist to shoulder: 10 pounds

Physical demand level: sedentary

MAX HR 85

Evaluator Comments

Ms. Tedder was able to lift 10 pounds from waist to shoulder level with difficulty noted. She did not want to attempt additional weight secondary to complaints of increased lumbar pain.

Work Simulation ➤ Shoulder to overhead lift

Sep 12, 2014 1:48:54 PM

The patient was asked to lift from shoulder height to overhead height. The results are as follows:

Shoulder to overhead: 6 pounds

Physical demand level: limited sedentary

MAX HR 88

Evaluator Comments

Ms. Tedder was able to lift 6 pounds from shoulder to overhead level with difficulty noted. She did not want to attempt additional weight secondary to complaints of increased lumbar and left shoulder pain.

Work Simulation Dynamic 2-handed carry

Sep 12, 2014 1:56:18 PM

The patient was asked to carry a box, using both hands, a distance of 30 feet. The results are as follows:

Dynamic 2-handed 11 pounds
carry:

Physical demand level: ;imited light

MAX HR 94

Evaluator Comments

Ms. Tedder was able to carry 11 pounds with 2 hands. Her speed of gait was noted to decrease and she did not want to attempt additional weight secondary to complaints of increased lumbar and bilateral knee pain.

Work Simulation Dynamic 1-handed carry

Sep 12, 2014 2:04:37 PM

The patient was asked to carry a bucket, using 1 hand, a distance of 30 feet. The results are as follows:

Left-handed carry: 7 pounds

Right-handed carry: 7 pounds

MAX HR 93

Evaluator Comments

Ms. Tedder was able to carry 7 pounds in her left hand and 7 pounds in her right hand. Her speed of gait was noted to decrease and she did not want to attempt additional weight secondary to complaints of increased lumbar and left shoulder pain.

Work Simulation ► Dynamic Push/Pull

Sep 12, 2014 2:12:07 PM

The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

Push: 14.2 foot pounds

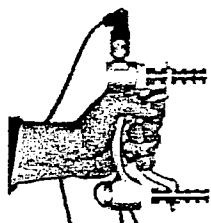
Pull: 14.2 foot pounds

MAX HR 95

Evaluator Comments

Ms. Tedder was able to push 14.2 foot pounds and pull 14.2 foot pounds loaded into a sled with difficulty noted for both. She did not want to attempt additional weight secondary to complaints of increased lumbar pain.

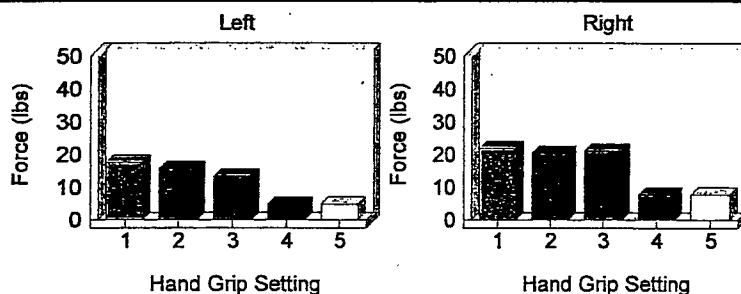
Hand Grip Strength



The hand dynamometer is set to each of the five available positions which vary the client's grip size. The results for each of the average maximum forces during each position are displayed by the corresponding bar graphs.

Modified Maximum Voluntary Effort (MMVE)

Sep 12, 2014 12:08:43 PM



	Left	COV	Right	COV
Pos #1	17.7 lbs.		21.9 lbs.	
Pos #2	15.8 lbs.	9.3%	20.5 lbs.	19.5%
Pos #3	13.4 lbs.		21.2 lbs.	
Pos #4	4.9 lbs.		7.8 lbs.	
Pos #5	4.9 lbs.		7.8 lbs.	
St. Dev.	5.4 Lbs.		6.6 Lbs.	

Using the Modified Maximum Voluntary Effort (MMVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve^{3,11,12,13}, even in a disabled population or if the client's hand is injured^{3, 13}, with the coefficients of variation at position 2 within the acceptable 15% or less limit.

The graph obtained for Mrs. Verma Lee Tedder did not demonstrate a bell shaped curve which may be an indicator of submaximal effort and the coefficients of variation of the underlying data may be an indicator of varied effort since both the coefficients of variation at position 2 were not within the acceptable 15% limit.

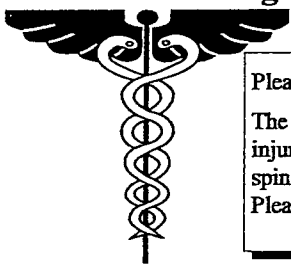
³ Stokes H. 1983. The seriously uninjured hand - weakness of grip. J Occup Med 25(9):683-684.

¹¹ Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. Am J Phys Med Rehabil 69(2): 96-101.

¹² Matheson L, Carlton R, Miemeyer L. 1988. Grip strength in a disabled sample: reliability and normative standards. Ind Rehabil Q 1(3):9, 17-23.

¹³ Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand Surgery 14A(4): 742-745.

The Waddell Signs



Sep 12, 2014

Please read:

The following tests are recommended to test for non-organic physical signs in the case of lower back injuries. The Waddell's NOS should not be used in case situations where the injury involves multiple spinal segments.

Please check whether the patient's response is positive or negative.

1. Tenderness - Should be localized to a skeletal or neuromuscular structure.

Superficial Tenderness - provide light pinch to the skin over the lower back region. If there is widespread tenderness, this is considered non-physiological and is an indication of symptom magnification.

- ☒ Negative
☐ Positive

Non-Anatomic Tenderness - Perform deep palpation to the lumbar paraspinals. If there is tenderness which is widespread and not localized to any specific structures, then this is considered magnification of symptoms.

- ☒ Negative
☐ Positive

2. Simulation Tests - Give the patient the impression that a particular movement is being performed when it actually is not

Axial Loading - To perform this test apply a light downward pressure on the top of the patient's head while they are in the standing position. If increased lower back pain is reported then this is an indication of exaggeration of symptoms.

- ☒ Negative
☐ Positive

Simulated Rotation - With the patient in the stand position and feet together, rotate the pelvis and shoulders simultaneously by applying pressure at the level of the lower forearm. If the patient reports increased pain then this is considered symptom magnification.

- ☒ Negative
☐ Positive

3. Distraction Tests - Retesting of a positive finding in a way that the patient does not recognize or expect

Distraction Test - Perform a straight leg raise with the patient in the supine position. When the SLR shows marked improvement while performed on distraction (i.e. Patient seated) this is considered positive.

- ☒ Negative
☐ Positive

4. Regional Disturbances - Divergence from accepted neuroanatomy

Regional Disturbances - These are present as motor weakness or sensory loss involving widespread regions such as the entire leg or a quarter or half of the body.

- ☒ Negative
☐ Positive

5. Overreaction - Disproportionate verbalization, facial expression, muscular tension and/or tremor or sweating

Overreaction - A disproportionate response such as verbalizations, facial expressions, collapsing etc. can be indicative of symptom magnification.

- ☒ Negative
☐ Positive

If three or more of the categories are positive then the findings are clinically significant for non-organic low back pain.

Scoring: Clinically insignificant.

► **Sitting tolerance**

Sep 12, 2014

The patient's self-reported sitting tolerance is as follows:

.....

Evaluator Comments

Ms. Tedder has a self-reported sitting tolerance of 90 minutes. She is limited with sitting due to increased lumbar pain.

► **Standing tolerance**

Sep 12, 2014

The patient's self-reported standing tolerance is as follows:

.....

Evaluator Comments

Ms. Tedder has a self-reported standing tolerance of 20 minutes. She has a self-reported standing/walking tolerance of 20 minutes. She is limited with standing/walking due to complaints of increased lumbar, bilateral lower extremity, and bilateral knee pain.

Cardiovascular Intake ►

Sep 12, 2014

Resting Rate (Min)	Systolic (mm Hg)	Diastolic (mm Hg)
60	140	82

Result	Normal Heart Rate	Borderline Hypertension	Normal Blood Pressure
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Single Stage ► Pre-Testing Heart Disease Questions

Treadmill

Test Date: Sep 12, 2014 12:50:08 PM

1. Have you ever had a heart attack?..... ☐ Yes ☒ No
2. Have you ever had heart surgery?..... ☐ Yes ☒ No
3. Have you ever had an abnormal electrocardiogram?..... ☐ Yes ☒ No
4. Do you have heart disease?..... ☐ Yes ☒ No
5. Have you been told by a physician you have had angina?... ☐ Yes ☒ No
6. Have you been told by a physician you
have had palpitations?..... ☐ Yes ☒ No
7. Have you had a stroke (CVA)?..... ☐ Yes ☒ No
8. Is your blood pressure (BP) 159/100?..... ☐ Yes ☒ No
9. Are you pregnant?..... ☐ Yes ☒ No

Initial Heart Rate Initial Blood Pressure
60 BPM 140 / 82

Stage	Speed	Heart Rate	Blood Pressure	Grade
1. Warm-Up	0.1mph	90 BPM	0/0	0%
2. Exercise	0mph	0 BPM	0/0	0%
3. Recovery	0mph	0 BPM	0/0	0%

Evaluator Comments

Testing terminated at 1 minute at the request of the patient secondary to complaints of increased lumbar pain. She was noted to have difficulty maintaining speed of the treadmill

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consulting

Tel: (803) 960-1816

Fax: (803) 787-8662

4705 Crystal Drive
Columbia, SC 29206

September 19, 2014

TRANSMITTED VIA E-MAIL

RE: Claimant	: Verma Tedder
Employer	: Darlington County Community Action Agency
DOA	: 3/29/13
SSN	: xxx-xx-
Date of Interview	: 8/16/14
Our File No.	: 14-0841

VOCATIONAL EVALUATION REPORT

INTRODUCTION:

Verma Tedder is a fifty-three year old female who is seen on a referral from her attorney in connection with a work-related injury that occurred in March of 2013. Ms. Tedder, who was employed as a preschool teacher's assistant, sustained an injury in the course of her employment when she tripped over a child. In so doing, she fell, landing on both knees and her left arm. In so doing, she states she twisted her lower back. Ms. Tedder advises me that with time many of her symptoms subsided and she is now left with the most severe symptoms relative to her lower back.

This evaluation is being requested to discuss the way in which Ms. Tedder's injury is affecting her ability to engage in any form of substantial gainful work. The report that follows is based not only on my clinical interview with Ms. Tedder held on August 16, 2014, but also on a review of medical records, including those of Dr. Richard T. Ferro, M.D., three sets of therapy records from Lowe's Therapy, office notes of Dr. William S. Edwards, Jr., M.D., Dr. Robert E. Elvington, Jr., M.D., Dr. Peter Hyman, M.D., and a functional capacity evaluation performed at Columbia Rehabilitation Clinic on September 12, 2014. Also reviewed are various documents from the Social Security Administration and the South Carolina Retirement System.

MEDICAL HISTORY:

Ms. Tedder advises me that at the time of her accident she was not under active medical care. She

states, however, that since her accident she has been diagnosed with unrelated medical problems, including high blood pressure, diabetes and elevated cholesterol levels. Ms. Tedder states she has not been in any accidents since the events of March 2013.

Around 2008, while working for the Bethea Nursing Home, Ms. Tedder sustained an injury to her right knee. She states she was given physical therapy and medication and was out of work for about six months, not returning to work with Bethea Nursing Home. She states, however, that she fully recovered from this accident. In the early 2000s, Ms. Tedder was involved in a motor vehicle accident in which she sustained injuries to her left shoulder, left leg and ankle, lower back and neck. She was given physical therapy, medication, and a TENS unit. Ms. Tedder tells me she was out of work for a little more than a year, not returning to work with her employer at that time. She states that over time she largely recovered from her problems, albeit with some limitation to the right shoulder that prevented her from returning to work.

When questioned about her employer during this time, Ms. Tedder was somewhat unclear. It is believed she was working for a second employer at that time, as she appeared to have been holding concurrent employment with the Darlington County Community Action Agency as well. Additionally, Ms. Tedder advises me that when she was a child, she was accidentally hit in the head with an axe but was treated at home and had no residual problems. Surgically, Ms. Tedder had a left knee surgery around 2004 and right wrist surgery for a ganglion cyst in October of 2013.

As relates to the current matter, the records available for my review begin with those of Dr. Richard Ferro. On March 29, 2013, the day of accident, Dr. Ferro diagnosed bilateral knee pain and contusions with left wrist pain and a contusion of the elbow and forearm. He noted an antalgic gait with obvious knee pain bilaterally. Follow-up notes show that by early April, Ms. Tedder was feeling much better along her right side but continued with right thigh and knee pain. During this time it appears she was being continued on light duty and by April 18, 2013, was being recommended for physical therapy and was still walking with a mildly antalgic gait and had left knee pain. The last note I have from Dr. Ferro is dated May 2, 2013, at which time he was still recommending physical therapy and continued light duty.

Between April 13, 2013, and May 29, 2013, Ms. Tedder was in what would become the first of three separate courses of physical therapy. At this time, she was also referred to Dr. Peter Hyman who, on May 21, 2013, diagnosed myofascial syndrome of the lumbar spine and a contusion of the left knee. He recommended getting some MRI studies, put her on restricted duty with limitations of lifting twenty-five pounds or less, avoiding bending and climbing. On June 4, 2013, Dr. Hyman noted that Ms. Tedder had been refused her ordered MRI study and was now complaining of pain in the left buttocks down the posterior leg. Dr. Hyman in turn wanted her referred to an orthopaedist and told her to discontinue physical therapy, maintaining the aforementioned work restrictions.

On June 25, 2013, Ms. Tedder came under the care of Dr. Robert Elvington at Pee Dee Orthopaedics. He diagnosed a medial meniscal tear of the left knee with mild degenerative joint disease of the knee, recommending her for surgery, but doubting that surgery would completely resolve her pain. At that point he put her on fairly restricted sedentary activities. By early August, Ms. Tedder's pain was worse with weight-bearing and she was now walking with a cane, with right knee symptoms similar to her left knee symptoms. Recommendations were made for a right knee MRI.

On September 4, 2013, Dr. Elvington performed a left knee arthroscopic partial medial meniscectomy, which was then followed by her second course of physical therapy lasting approximately a month. On September 12, 2013, Dr. Elvington indicated Ms. Tedder could return to work but with no prolonged walking or standing, no climbing, stooping, crawling, and no lifting of more than ten pounds; in other words putting her at a sedentary level. By late October 2013, Ms. Tedder was using a cane and doing relatively well regarding the knee.

On December 5, 2013, Dr. Elvington noted that Ms. Tedder was three months post-surgery to the left knee and that her right knee continued to be painful, with an MRI study showing a meniscus tear on the right. At that point, Dr. Elvington was recommending a right knee arthroscopic surgery, meanwhile continuing her on sedentary activities. It appears that Ms. Tedder began seeing Dr. Bill Edwards on or about March 6, 2014. At that time, they were still awaiting authorization to schedule her right knee surgery, but by this time the complaints of back pain and pain in the legs were becoming more of an issue, made worse by bending, lifting and twisting. Dr. Elvington observed that Ms. Tedder had been out of work since May of 2013 and was reporting a low level of activity at home. Dr. Edwards noted narrowing at L2-3 and L5-S1 with mild narrowing at L3-4-5 with severe degenerative changes bilaterally. Dr. Edwards diagnosed degenerative joint disease of both hips and the lumbar spine. He noted Ms. Tedder to be at a risk for lumbar stenosis and recommended MRI studies.

My notes indicate that Ms. Tedder had a third course of physical therapy between late April and mid-May 2014. The next note I have from Dr. Edwards following his record of March 2014 doesn't come until almost four months later when on July 3, 2014, he noted continuing mechanical discomfort, Ms. Tedder's continuing to use a cane on the right side for support at times, and placed her at maximum medical improvement with a 5% impairment of the spine, giving no specific restrictions (for the back).

On September 12, 2014, Ms. Tedder was seen at Columbia Rehabilitation Clinic for a functional capacity evaluation. At that time, Ms. Tedder was noted to be a functioning at a limited sedentary to limited light range of work.

For the reader's benefit, light work is described by the U.S. Department of Labor as exerting up to twenty pounds of force occasionally and/or up to ten pounds of force frequently and/or a negligible

amount of force constantly. These are physical demands in excess of those of sedentary work. Even though the weight lifted may only be a negligible amount, a job should be rated light 1) when it requires walking or standing to a significant degree or 2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls and/or 3) when the job requires working at a production rate pace entailing the constant pushing or pulling of materials even though the weight of those objects is negligible.

Sedentary work is defined as exerting up to ten pounds of force occasionally (occasionally: activity or condition exists up to one-third of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from one-third to two-thirds of the time) to lift, carry, push, pull or otherwise move objects including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Testing revealed Ms. Tedder had the capacity to lift about three to ten pounds at various heights and was observed to sit for fifty-four minutes and stand for no more than fourteen minutes. Such findings indicate an inability to meet the full requirements of sedentary employment, and that while Ms. Tedder is capable of standing and walking more than is customary for sedentary, she is incapable of meeting the full standing and walking or lifting demands of light work. In summary, the evaluator noted that Ms. Tedder would be more comfortable sitting versus standing/walking, but recommending that her standing/walking be limited to no more than thirty-five minutes, noting her to be unable to walk at a normal pace.

Ms. Tedder is a right-hand dominant individual who is five feet five inches tall and now weighs 198 pounds, having lost approximately 50 pounds since the time of her accident. She is not clear as to why she has lost weight, but states it is probably been due to a loss of appetite coming from her pain. Ms. Tedder is no longer under active medical care for her injury, having been discharged by Dr. Edwards in early July 2014. She continues with her family doctor for general medical care. Ms. Tedder advises me she is taking Metformin along with insulin (Novolog 70/30) for her diabetes, telling me she also takes some sort of pain medication twice a day but is not sure of what she is taking. Dr. Edwards' note of July 3 makes reference to Tramadol 50mg every six hours as needed. Ms. Tedder tells me she is also taking over-the-counter Aleve and uses her single point cane at all times to steady herself and for ambulation.

EDUCATIONAL BACKGROUND:

Ms. Tedder advises me that she graduated from the twelfth grade at Rosenwald High School in Society Hill, South Carolina, in 1979. She then took courses at Florence-Darlington Technical College, obtaining an Associate of Arts degree in early childhood education in 2012. Based on Ms.

Tedder's educational background and work history, the assumption can be made that she is a quite literate individual who would not have any problems in a job requiring reading and writing. There is no history of any military service.

WORK HISTORY:

Ms. Tedder reports beginning work with the Darlington County Community Action Agency in September of 1997, working until her date of accident in March 2013 and then being on limited duty until May of 2013, at which time she left work. For her efforts, she states she was making approximately \$8.61 an hour, working 37 ½ hours per week as a preschool teacher's assistant. In this work, which was skilled and light in its physical demands, Ms. Tedder was working essentially as a teacher's assistant, helping children with general activities, exercise, cleaning, performing lesson planning, feeding the children, playing with them and accompanying them on field trips. This type of work required extensive standing and walking in addition to stooping, bending and kneeling.

Between approximately 2005 and 2010, Ms. Tedder states that she worked for Bethea Nursing Home in Florence as a dietary aide. This work was apparently held on an evening shift following her duties as a teacher's assistant. For this work, she was earning \$6.00 an hour and only working two to three hours at a time two to three days per week. As a dietary aide, she was helping in the kitchen with cooking, cleaning and serving duties, performing work generally associated with that of a kitchen helper, work which is unskilled and usually performed at the medium level of exertion.

OBSERVATIONS:

When Ms. Tedder arrived for her appointment with me, she was casually, but neatly dressed, presenting herself as a pleasant, somewhat heavyset lady, who walked slowly carrying a single point cane in her right hand. Throughout the course of our interview, which lasted a little more than an hour, Ms. Tedder sat uncomfortably in an office-style chair shifting about periodically but not getting up. After explaining my role to Ms. Tedder, a good rapport was established. She entered fully into the evaluation process but, as noted in the body of this report, Ms. Tedder is not a very good historian regarding dates and sequences of events. Out of an abundance of caution, the conclusions drawn in this report derive largely from the medical record. Ms. Tedder presented without evasion or embellishment. She discussed her situation in a straightforward way, answering my questions directly.

CONCLUSIONS:

Verma Tedder is a fifty-three year old female who, for employment purposes, is now closely approaching advanced employment age. This is a significant vocational factor in that individuals of Ms. Tedder's age who are unable to return to work with their former employer, have significant physical restrictions or lack significant transferable skills, are at an extreme deficit of getting hired. In Ms. Tedder's case, all three of these situations apply. It appears that Ms. Tedder has been unable to return to work with the State and, in fact, has now been awarded state disability retirement, which has as its basic tenet the inability to return to former employment. Ms. Tedder has also applied for and is now receiving social security disability benefits, which has its basic principle the inability to physically perform work that exists in the regional or national economy that would fall within the range of the individual's age, education, work experience, and physical limitations.

Ms. Tedder states her belief that she is unable to return to work, noting that both of her shoulders and knees are causing her a significant amount of pain, but that it is her back that is the most painful and most limiting. She notes that she has continuing problems with her leg giving away and that she has been recommended for surgery to the right knee as well.

A functional capacity evaluation completed on September 12, 2014, shows that Ms. Tedder is incapable of meeting the full demands of either sedentary or light work. The evaluation creates the impression that if Ms. Tedder were physically capable of working, she would require a job which would require very minimal lifting, certainly nothing on a sustained or continuing basis, and that she be in a position where she could change positions throughout the day.

It is my opinion, within a reasonable degree of vocational certainty, that the combination of limitations affecting Ms. Tedder combine to render her totally disabled. That having been said, I believe that a technical argument could be made that there are jobs that exist that would be within Ms. Tedder's physical limitations. That is to say, there are some few jobs that exist where someone has to do minimal lifting and can periodically change positions. However, in Ms. Tedder's case, it is my belief that her disability stems from an inability to get hired as there is no stable labor market, and certainly no labor market of sufficient size, to make it reasonable to believe that this lady could obtain employment should she apply for work. Ms. Tedder has no transferable skills and thus would be eligible only for unskilled, entry level employment. She also has quite significant physical restrictions and is approaching advanced age.

It is my assertion that Ms. Tedder, while possibly capable of physically performing a very limited range of work, would be unable to compete with younger, less physically impaired individuals for the few unskilled, entry level jobs for which she might be physically capable. I believe that this opinion finds support in the fact that she has been unable to return to work with her long-term employer, the State of South Carolina, which has now declared her totally disabled, and also by her

Verma Tedder
September 19, 2014
Page 7

application and ultimate award of social security disability benefits. As a vocational expert for the Social Security Administration for over thirty years, I am satisfied that their opinion derives from this lady's advanced age, lack of transferable skills, and severe physical restrictions which combine to produce an individual incapable of work.

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:gl

South Carolina Retirement Systems

THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT YOUR BENEFITS. DO NOT DISCARD.

NOTICE OF APPROVAL OF DISABILITY RETIREMENT

VERMA LEE TEDDER

SSN: XXX-XX-
Appl ID: XXXXX
System: SCRS
Type: Disability
Date: June 06, 2014

We have approved your claim for South Carolina Retirement System disability benefits. Before you can begin receiving disability retirement benefits, your employer must certify to South Carolina Retirement Systems the last day that you earned compensation or expect to earn compensation. We have contacted your employer and requested that we receive this information as quickly as possible so that your retirement benefits will not be delayed. Once your employer certifies your last day on payroll, we will send you a notice informing you of your effective date of retirement, service credit through that date, and estimated monthly benefit.

Your effective date for disability retirement will be either the date of entitlement for Social Security disability benefits or the day after your last day on your employer's payroll, whichever is later. Please note that the date of entitlement established by the Social Security Administration must be within one year of your last day on payroll. If you return to work or decide that you do not wish to retire, please notify us in writing immediately. We will then cancel your retirement application.

Please note that section 9-1-1570 of the South Carolina Code of Laws requires that you annually provide proof that you remain qualified to receive Social Security disability benefits. Your South Carolina Retirement System disability benefits will end if the Social Security Administration determines that you are no longer entitled to Social Security disability benefits for any reason. We will therefore contact you approximately 60 days prior to the anniversary of your retirement date to let you know what action you should take.

Please call Customer Services at 800-868-9002 (within S.C. only) or 803-737-6800 if you have any questions.

SC Public Employee Benefit Authority ♦ South Carolina Retirement Systems

202 Arbor Lake Drive ♦ Post Office Box 11960 ♦ Columbia, South Carolina 29211

803-737-6800 ♦ 800-868-9002

Lee, Erter, Wilson, Holler & Smith, L.L.C.

Jack W. Erter, Jr.
Harry C. Wilson, Jr.†
David C. Holler*‡
G. Murrell Smith, Jr.

Attorneys at Law

126 North Main Street
Post Office Box 580
Sumter, South Carolina 29151

Robert W. Brown
Of Counsel

*Licensed in SC, NC & GA
†Certified Family Court Mediator
‡Certified Circuit Court Mediator

Telephone: (803) 778-2471
Facsimile: (803) 778-1643

April 23, 2015

Email Address: murrellsmith@leeandmoise.com

VIA EMAIL AND US MAIL:

Commissioner Aisha Taylor
Judicial Department
SC Worker's Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

IN RE: Verma Tedder v. Darlington County Comm. Action Agency
WCC File No.: 1307602
SAF File No.: 2013-00912

Dear Commissioner Taylor:

I am in receipt of your Notice of Hearing in this matter for May 5, 2015. In that regard, I would request that this matter be continued due to me being in Legislative Session on that date. If you could please provide some dates after Legislative Session has convened, we will be glad to accommodate the same.

By copy of this letter to Stephen J. Wukela, Esquire, attorney for the Claimant, we are hereby serving him with a copy of the same.

Should you have any questions, please feel free to contact me.

With kindest regards, I am

Sincerely,


G. MURRELL SMITH, JR.

GM,jr:mln
Enc.

cc: Stephen J. Wukela, Esq.
Mee Ling Khor-Gould (SAF # 2013-00912)

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1307602
Carrier File #: 2013000912
May 4, 2015

NOTICE OF HEARING RESET

VERNA L TEDDER v. DARLINGTON COUNTY COMMUNITY ACTION

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: June 17, 2015 at 01:30 PM

Location: Southeastern Inst. of Manufacturing & Business Incubator, 1951 Pisgah Road,
Boardroom 102
Florence, SC 29501

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, May 4, 2015

Party

Employee: VERNAL TEDDER

Attorney

Steve Wukela, Jr.
steve@wukelalaw.com
843-669-5634

Employer: DARLINGTON COUNTY COMMUNITY
ACTION
Carrier: State Accident Fund

G. Murrell Smith, Jr
murrellsmith@leeandmoise.com
803-778-2471

Jeannie Bailey

From: Murrell Smith <murrell@leeandmoise.com>
Sent: Monday, May 04, 2015 2:33 PM
To: rgsmith@wcc.sc.gov; Babs Thomas; Mattie Newhouse;
MURRELLSMITH@leeandmoise.com; STEVE@wukelalaw.com
Subject: RE: RESET Hearing Notice - WCC# 1307602: Tedder

Renee

Is there anyway we can do this hearing on the 18th since I have another hearing.

G. Murrell Smith Jr.
Lee, Erter, Wilson, Holler & Smith LLC
126 North Main Street
P. O. Box 580(mailing address)
Sumter S.C. 29151
(803)778-2471 (voice)
(803)778-1643(fax)
murrell@leeandmoise.com

P

Please consider whether it is absolutely necessary to print this email: save resources and paper costs.

***** CONFIDENTIALITY NOTE *****

This message may contain information that is confidential or privileged under an attorney-client relationship. It is intended only for use of the individual or entity to which it is addressed, and any other dissemination, distribution, or copying of this communication is strictly prohibited and may be illegal under federal or state law. If you have received this communication in error, please notify us immediately by replying to this email and by deleting the original message and any copies. Thank you.

-----Original Message-----

From: rgsmith@wcc.sc.gov [<mailto:rgsmith@wcc.sc.gov>]
Sent: Monday, May 04, 2015 9:51 AM
To: RGSMITH@WCC.SC.GOV; BABSTHOMAS@LEEANDMOISE.COM;
MNEWHOUSE@LEEANDMOISE.COM; MURRELLSMITH@LEEANDMOISE.COM;
STEVE@WUKELALAW.COM
Subject: RESET Hearing Notice - WCC# 1307602: Tedder

Attached please find Notice of Hearing before the SC Workers' Compensation Commission in the above referenced matter.

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1307602
Carrier File #: 2013000912
May 5, 2015

NOTICE OF HEARING

RESET

VERNA L TEDDER v. DARLINGTON COUNTY COMMUNITY ACTION

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: June 18, 2015 at 01:00 PM

Location: Town of Aynor, 600 South Main Street, New Council Chambers
Aynor, SC 29511

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, May 5, 2015

Party

Employee: VERNAL TEDDER

Employer: DARLINGTON COUNTY COMMUNITY
ACTION
Carrier: State Accident Fund

Attorney

Steve Wukela, Jr.
steve@wukelalaw.com
843-669-5634

G. Murrell Smith, Jr
murrellsmith@leeandmoise.com
803-778-2471

Lee, Erter, Wilson, Holler & Smith, L.L.C.

Jack W. Erter, Jr.
Harry C. Wilson, Jr.†
David C. Holler*‡
G. Murrell Smith, Jr.

Attorneys at Law

126 North Main Street
Post Office Box 580
Sumter, South Carolina 29151

Robert W. Brown
Of Counsel

*Licensed in SC, NC & GA
†Certified Family Court Mediator
‡Certified Circuit Court Mediator

Telephone: (803) 778-2471
Facsimile: (803) 778-1643

June 3, 2015

Email Address: murrellsmith@leeandmoise.com

VIA EMAIL AND US MAIL:

Commissioner Aisha Taylor
Judicial Department
SC Worker's Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

IN RE: Verma Tedder v. Darlington County Comm. Action Agency
WCC File No.: 1307602
SAF File No.: 2013-00912

Dear Commissioner Taylor:

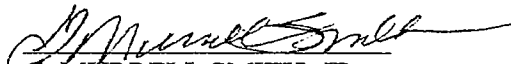
I am in receipt of the Hearing Notice for June 18, 2015 concerning the above referenced matter. We have been called back into Legislative Session for June 16th, 17th and 18th and I will not be able to attend. If our Session continues into June 18th, I will need to request a continuance. I would like to alert everyone of this potential conflict.

By copy of this letter the Claimant's attorney, I am hereby notifying them of my conflict and possible request for rescheduling. If there are any questions, please feel free to contact me.

Should you have any questions, please feel free to contact me.

With kindest regards, I am

Sincerely,


G. MURRELL SMITH, JR.

GM,jr: 

cc: Stephen J. Wukela, Esq.
Mee Ling Khor-Gould (SAF # 2013-00912)

Stephen J. Wukela

From: Babs Thomas <babstomas@leeandmoise.com>
Sent: Wednesday, June 17, 2015 2:23 PM
To: rgsmith@wcc.sc.gov
Cc: Murrell Smith; stephen@wukelalaw.com
Subject: Verna L. Tedder v. Darlington County Comm. Action-WCC # 1307602- Hearing 6/18/15
Importance: High

Renee,

Murrell Smith says it appears as if he will still be in Legislative Session tomorrow. He will not be able to attend the 1:00 pm hearing tomorrow. He has spoken with the Claimant's attorney, Stephen Wukela, and they have agreed it is best to reschedule this hearing for another day instead of risking inconveniencing the witnesses tomorrow. If there are no more dates available, the attorneys are not opposed to another jurisdictional commissioner. We apologize for any inconvenience this may cause.

Thank you,

Babs

Babs Thomas

Paralegal to David C. Holler and G. Murrell Smith, Jr.
Lee, Erter, Wilson, Holler & Smith, LLC
126 N. Main Street
PO Box 580
Sumter, SC 29150/29151
803-778-2471
803-778-1643 (fax)

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1307602
Carrier File #: 2013000912
June 17, 2015

NOTICE OF HEARING POSTPONEMENT

VERNA L TEDDER v. DARLINGTON COUNTY COMMUNITY ACTION

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: June 18, 2015 at 01:00 PM

Location: Town of Aynor, 600 South Main Street, New Council Chambers
Aynor, SC 29511

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, June 17, 2015

Party

Employee: VERNAL TEDDER

Employer: DARLINGTON COUNTY COMMUNITY
ACTION
Carrier: State Accident Fund

Attorney

Stephen J Wukela
stephen@wukelalaw.com
843-669-5634

G. Murrell Smith, Jr
murrellsmith@leeandmoise.com
803-778-2471

Verma Tedder
SJW 60

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1307602
Carrier File #: 2013000912
June 23, 2015

NOTICE OF HEARING
RESET

VERNA L TEDDER v. DARLINGTON COUNTY COMMUNITY ACTION

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: July 6, 2015 at 10:00 AM

Location: Florence-Darlington TEC 225 Swift Creek Road, Hartsville Campus- Room H112
Hartsville, SC 29550

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Susan S. Barden
803-737-5660, klove@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Kristi L Love, SC Workers' Compensation, June 23, 2015

Party

Employee: VERNAL TEDDER

Attorney

Stephen J Wukela
stephen@wukelalaw.com
843-669-5634

Employer: DARLINGTON COUNTY COMMUNITY
ACTION
Carrier: State Accident Fund

G. Murrell Smith, Jr
murrellsmith@leeandmoise.com
803-778-2471

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1307602
Carrier File #: 2013000912
June 29, 2015

NOTICE OF HEARING RESET

VERNA L TEDDER v. DARLINGTON COUNTY COMMUNITY ACTION

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: August 20, 2015 at 11:00 AM

Location: Florence-Darlington TEC 225 Swift Creek Road, Hartsville Campus- Room H112
Hartsville, SC 29550

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Susan S. Barden
803-737-5660, klove@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Kristi L Love, SC Workers' Compensation, June 29, 2015

Party

Employee: VERNAL TEDDER

Employer: DARLINGTON COUNTY COMMUNITY
ACTION
Carrier: State Accident Fund

Attorney

Stephen J Wukela
stephen@wukelalaw.com
843-669-5634

G. Murrell Smith, Jr
murrellsmith@leeandmoise.com
803-778-2471

**BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. : 1307702**

Verma Tedder,	)	
	)	
Employee-Claimant,	)	
	)	
vs.	)	
	)	
Darlington County Community	)	
Action Agency,	)	
	)	DEFENDANT/CARRIER'S
	)	MOTION TO COMPEL
	)	VOCATIONAL EXAMINATION
	)	
Employer,	)	
	)	
and	)	Location of Injury: Darlington, SC
	)	Designation of Relief Sought: Independent
	)	Vocational Examination of Claimant
	)	
State Accident Fund,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	
_____	)	

TO: THE PLAINTIFF AND HER ATTORNEY, STEVE WUKELA, JR.:

Please take notice that the undersigned as attorney for the Employer/Carrier will move before the Workers' Compensation Commission for an Independent Vocational Examination of Claimant pursuant to Rule 67-215 based on the following:

- (1) This matter is set for a hearing on August 20, 2015
- (2) That the Claimant submitted in her Pre-Hearing Brief a Vocational Examination by J. Adger Brown dated September 19, 2014. This was submitted with the Pre-Hearing Brief of the Claimant dated April 17, 2015.

- (3) The matter was originally scheduled for a hearing on June 18, 2015 but had to be cancelled due to Defendant/Carrier's attorney's Legislative duties.
- (4) Defendant/Carrier contacted Carolina Case Management and Rehabilitation Service, Inc. on July 8, 2015 to conduct a Vocational Assessment of the Claimant. This assessment was to be conducted by Rebecca Werts, MA, CVE.
- (5) The vocational evaluator contacted the Claimant's attorney's office on 7/10, 7/13, 7/14 and 7/15. The Claimant's attorney never returned the phone call of the vocational examiner. The vocational examiner was attempting to make contact with the Claimant's attorney to perform the evaluation as provided in the attached Affidavit as Exhibit 1.
- (6) The undersigned forwarded a letter dated July 16, 2015 to the Claimant's attorney which is attached hereto and incorporated herein by reference as Exhibit 2.
- (7) On July 23, 2015, the Claimant's attorney advised the undersigned that they would not consent to a Vocational Evaluation. The Claimant's attorney took the position that S.C. Code §42-15-60 was inapplicable to Employer/Carrier having Independent Vocational Examinations. Furthermore, the Claimant's attorney took the position that the Workers' Compensation Commission did not have inherent, statutory or regulatory authority to order Independent Vocational Examinations.
- (8) Your Employer/Carrier would show that the Claimant has received a 5% impairment rating to her back and a 3% impairment rating to the left knee.
- (9) A Vocational Evaluation was performed by J. Adger Brown on September 19, 2014 that was produced with the Pre-Hearing Brief. In that Vocational Evaluation, Mr. Brown opines that the Claimant is totally disabled.

(10) Your Employer/Carrier in order to present a defense to this Vocational Evaluation would show that it is necessary for them to have their Independent Evaluation performed. Your Employer/Carrier is informed and believes that S.C. Code §42-50-60 should be applicable to allow Independent Vocational Evaluations. Your Employer/Carrier further would show that the Commissioner has inherent authority to order this evaluation based upon the notions of due process and fair play. It is inherently unfair to allow the Claimant to secure their own Vocational Rehabilitation Evaluation and prohibit the Employer/Carrier from obtaining an Independent Evaluation.

(11) Your Employer/Carrier therefore moves that the Commission compel the Claimant to immediately attend a Vocational Examination by the Employer/Carrier's vocational expert, Rebecca Werts. Your Employer/Carrier would request that this occur on or before August 1, 2015 in order for this hearing to move forward. The vocational examiner has stated that she needs ten (10) days to evaluate and prepare a report.

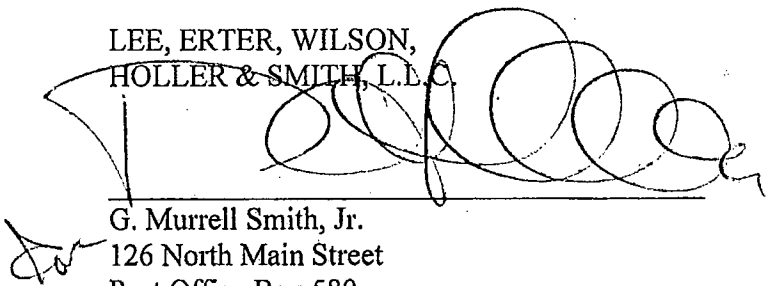
(12) Should the report not be ready in time for your Employer/Carrier to amend their Form 58 and APAs, your Employer/Carrier would request that the hearing for August 20, 2015 be continued to a date and time to allow them to submit their Vocational Evaluation for consideration by the Jurisdictional Commissioner.

WHEREFORE, having fully set forth their Motion, your Employer/Carrier would request that the Commission order the Claimant to immediately submit to a Vocational Evaluation by Rebecca Werts. In the event that this is not accomplished where your Employer/Carrier can

timely supplement their Form 58 and APA submissions, your Employer/Carrier requests that the hearing for August 20, 2015 be rescheduled.

Respectfully submitted,

LEE, ERTER, WILSON,
HOLLER & SMITH, L.L.C.



G. Murrell Smith, Jr.
126 North Main Street
Post Office Box 580
Sumter, South Carolina 29151
803-778-2471
murrellsmith@leeandmoise.com

July 27, 2015

EXHIBIT 1

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1307602

Verma L. Tedder,
Employee-Claimant,
vs.
Darlington County Community Action,
Employer,
and
State Accident Fund,
Carrier,
Defendants.

AFFIDAVIT OF REBECCA WERTS

The undersigned, being duly sworn and deposes, states the following:

1. My name is Rebecca Werts and I work for Carolina Case Management and Rehabilitation Service, Inc. and I am a certified Vocational Evaluator.
2. I was retained by the South Carolina State Accident Fund on July 8, 2015 to perform an evaluation.
3. I attempted to contact the Claimant's attorney on July 10, 2015, July 13, 2015, July 14, 2015 and July 15, 2015. None of those messages were ever returned by the Claimant's attorney and/or his staff.
4. On July 15, 2015 I contacted the Employer/Carrier's attorney. A letter was sent to the Claimant's attorney on July 16, 2015 by the Defense attorney. As to date, I still have not been

able to perform the evaluation due to the lack of permission from the Claimant's attorney. It is my understanding that the Claimant's attorney has now refused to allow access to his client for the purposes of a Vocational Evaluation.

5. In order for me to prepare an evaluation, I will need one (1) week after my meeting with Claimant in order to complete and distribute my report to all parties. Therefore, time is of the essence in order for me to conduct the evaluation if a hearing is scheduled on August 20, 2015.

6. I enclose herewith a copy of my Vocational Report that sets forth the contacts I attempted with the Claimant's attorney.

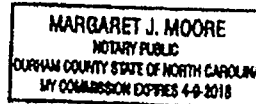
Further your deponent saith not.

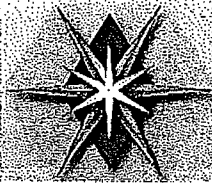
Rebecca Werts, MA, CVE
REBECCA WERTS, MA, CVE

SWORN TO and subscribed before me

This 27th day of July, 2015

Margaret J. Moore
Notary Public for North Carolina
My Commission Expires: 4-9-18





CAROLINA CASE MANAGEMENT & Rehabilitation Services, Inc.

VOCATIONAL REPORT # 1

CLIENT: Verma Tedder
DOI: 3/29/2013
CCM FILE#: 15-1166V
REPORT DATE: 07/21/2015

ACCOUNT: State Accident Fund
ADDRESS: PO Box 102100
Columbia, South Carolina 29221-5000
ADJUSTER: Mee Ling Khor-Gould
CLAIM #: 2013-000912
EMPLOYER(EOI): Darlington County
Commission Action Agency

DIAGNOSIS: Status Post Left Knee Arthroscopy with Partial Medial Meniscectomy
Right Knee Medial Meniscus Tear

PRESENT STATUS:

- A referral was made on July 8, 2015 for a vocational assessment. There is a hearing scheduled for August 20, 2015.
- Numerous attempted contacts have been made in effort to obtain permission from Plaintiff Attorney (Stephen Wukela) to contact Ms. Tedder to schedule this assessment. Response/permission from Mr. Wukela has not been obtained.
- Defense Attorney, G. Murrell Smith, was contacted and apprised of attempts to obtain permission. Mr. Smith forwarded a letter to Mr. Wukela, asking for response and permission to schedule this assessment. This letter was dated 7-16-15.
- I have advised all parties that it will take one week after meeting with the client, to complete and distribute the vocational assessment report.

RESULTS OF VOCATIONAL ACTIVITIES:

7/8/2015

- I left a phone message that I received this referral, and I had planned leave on 7-09 but would contact all parties on 7-10-15.

7/10/2015

- I attempted to contact the client's attorney to secure agreement for me to contact the client. I left a message asking for a return call.
- I attempted to contact the defense attorney, Mr. Smith. I left a message asking for his email address so I could send email correspondence to him.
- I composed and sent a letter to the plaintiff attorney, asking for his agreement for me to contact Ms. Tedder. This letter was copied to pertinent parties via email.
- I reviewed client records.

7/13/2015

- I attempted to reach the client's attorney again, leaving another message and asking

for a response.

7/14/2015

- I left another phone message for the client's attorney, asking for response.

7/15/2015

- I left another phone message for the client's attorney, asking for response.
- I contacted the office of Murrell Smith, Defense Attorney. I obtained his email address in order to send correspondence. I was given this email address: murrell@leeandmoise.com.
- I composed and sent an email to both attorneys and the carrier, regarding efforts I had made in trying to secure agreement to contact Ms. Tedder.

7/16/2015

- Email sent to and received from Defense Attorney. He stated he was sending a letter to the Plaintiff Attorney, and the upcoming hearing is scheduled for August 20th.
- Letter received from Defense Attorney Murrell Smith to Plaintiff Attorney Stephen Wukela.
- Email from paralegal at Plaintiff Attorney's office stating she was not the paralegal: that Jeannie Bailey and Jennifer Matthews were assistants on Ms. Tedder's case.

7/21/2015

- I composed and sent an email to all parties, advising on the time frame needed to complete and distribute a vocational assessment report after the meeting with the client is held.

CLIENT PARTICIPATION:

- None to date

HINDERING FACTORS:

- Not yet determined.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- This case manager will contact Mr. Smith, Jr. (Attorney) to determine if response from Mr. Wukela, Attorney, has been obtained.
- As soon as permission is granted, I will contact Ms. Tedder and schedule the vocational assessment.
- The report can be expected one week after meeting with Ms. Tedder.
- Updates will be provided to all parties (simultaneously) with any significant activity or scheduling, etc.
- The next report can be expected within one month's time.

SINCERELY,

Rebecca (Betsy) West, ma, CVE

Rebecca Werts MA, CVE
Senior Case Manager

For questions or concerns, please contact supervisor:

A handwritten signature in cursive script that reads "Allison L. Parker".

Allison Parker M.Ed, CRC
Supervisor

cc:

G. Murrell Smith, Jr. - Defense Attorney (murrellsmith@leeandmoise.com) &
(mnewhouse@leeandmoise.com)

Steven Wukela - Plaintiff Attorney (steve@wukelalaw.com) & (tgordon@wukelalaw.com)

EXHIBIT 2

Lee, Erter, Wilson, Holler & Smith, L.L.C.

Jack W. Erter, Jr.
Harry C. Wilson, Jr.†
David C. Holler*‡
G. Murrell Smith, Jr.

Attorneys at Law

126 North Main Street
Post Office Box 580
Sumter, South Carolina 29151

Robert W. Brown
Of Counsel

*Licensed in SC, NC & GA
†Certified Family Court Mediator
‡Certified Circuit Court Mediator

Telephone: (803) 778-2471
Facsimile: (803) 778-1643

July 16, 2015

Email Address: murrellsmith@leeandmoise.com

VIA EMAIL ONLY TO: stephen@wukela.com

Stephen J.

Wukela, Esquire
Wukela Law Firm
403 Second Loop Road
P.O. Box 13057
Florence, SC 29504

IN RE: Verma Tedder v. Darlington County Comm. Action Agency
WCC File No.: 1307602
SAF File No.: 2013-912

Dear Stephen:

The State Accident Fund has retained Rebecca Werts to perform a Vocational Assessment on Mrs. Tedder. She has contacted me stating that she has left four messages, a letter and email to obtain your permission to contact Mrs. Tedder. As to date, she has not received permission.

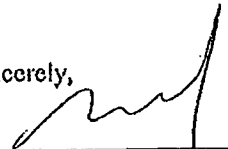
Could you please provide me a written letter via email granting her permission to evaluate Mrs. Tedder. I also would appreciate you advising Mrs. Tedder to cooperate with this Vocational Assessment.

When we last talked about this case, it was my understanding that the only issue with the wages was that Mrs. Tedder's wages were not complete due to her missing work for surgery. I spoke with Mrs. Tedder's employer and their records reflect that she was paid for the weeks that she missed from surgery. There were no unpaid weeks during this time. Therefore, they believe her average weekly wage was appropriately calculated. I think I forwarded this information to you. If you do not have it, please let me know and I will be happy to forward the same. I would like to resolve the average weekly wage issue prior to the Hearing. Otherwise, I will have to present evidence concerning this issue and call witnesses. It will prolong the length of the Hearing.

If you have any questions, please do not hesitate to contact me. Time is of the essence for the approval to contact Mrs. Tedder. I look forward to receiving that in the near future.

With kindest regards, I am

Sincerely,


G. MURRELL SMITH, JR.

GMS:jrm:ln
Enclosure

cc: Rebecca Werts, M.A., CVE (rwerts@carolinacasemgmt.com)
Mee Ling Khor-Gould (SAF # 2013-912)
Ms. Evelyn Patterson, Darlington County Comm. Action

Mattie Newhouse

From: Mattie Newhouse
Sent: Thursday, July 16, 2015 4:05 PM
To: 'stephen@wukelalaw.com'
Cc: 'rverts@carolinacasemgmt.com'; Mee Ling Khor-Gould; 'epattersonl@dccaa2.net'
Subject: Tedder /SAF # 2013-0912
Attachments: tedder.pdf

Please see attached correspondence.

Mattie L. Newhouse
Paralegal to G. Murrell Smith, Jr.
Lee, Erter, Wilson, Holler & Smith, LLC
126 North Main Street
Sumter, SC 29151
803-778-2471

Your message is ready to be sent with the following file or link attachments:

tedder

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

CERTIFICATE OF SERVICE

The undersigned employee of Lee, Erter, Wilson, Holler & Smith, LLC , Post Office Box 580, 126 North Main Street, Sumter, South Carolina 29151, does hereby certify that she has served the following named individual(s) with a copy of the pleading indicated below by mailing a copy of same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

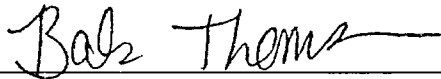
COUNSEL SERVED:

Amy Bracy
Judicial Director
South Carolina Worker's Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Stephen J. Wukela, Esquire
Wukela Law Firm
403 Second Loop Road
P.O. Box 13057
Florence, SC 29504

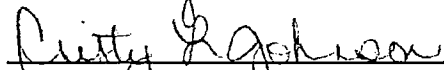
PLEADINGS:

MOTION TO COMPEL INDEPENDENT VOCATIONAL
EXAMINATION



Babs Thomas
Paralegal to G. Murrell Smith, Jr.

SWORN to before me this 27th
day of July 2015



Notary Public of South Carolina

My Commission expires: 10-3-21

CERTIFICATE OF SERVICE

The undersigned employee of Lee, Erter, Wilson, Holler & Smith, LLC , Post Office Box 580, 126 North Main Street, Sumter, South Carolina 29151, does hereby certify that she has served the following named individual(s) with a copy of the pleading indicated below by mailing a copy of same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

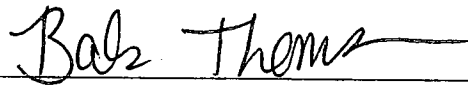
COUNSEL SERVED:

Amy Bracy
Judicial Director
South Carolina Worker's Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Stephen J. Wukela, Esquire
Wukela Law Firm
403 Second Loop Road
P.O. Box 13057
Florence, SC 29504

PLEADINGS:

MOTION TO COMPEL INDEPENDENT VOCATIONAL
EXAMINATION



Babs Thomas
Paralegal to G. Murrell Smith, Jr.

SWORN to before me this 27th
day of July, 2015



Notary Public of South Carolina

My Commission expires: 10-3-21

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1307702

Verma Tedder,)
)
 Claimant,)
)
 vs.)
)
 Darlington County Community)
 Action Agency, Employer, and)
 State Accident Fund, Carrier,)
)
 Defendants.)

**CLAIMANT'S RESPONSE TO
DEFENDANTS' MOTION TO COMPEL**

**TO: DEFENDANTS ABOVE NAMED AND G. MURRELL SMITH, JR., ESQUIRE,
THEIR ATTORNEY:**

Claimant opposes Defendants' Motion to Compel as follows:

Defendants seek an order of this Commission compelling the Claimant to submit to a vocational evaluation by the Defendants' expert. Defendant does not cite, and Claimant is not aware of, any statute or case law supporting their Motion. The closest statute of which Claimant is aware is §42-15-80 which provides in relevant part:

(A) After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the commission, shall submit himself to examination, at reasonable times and places, by a qualified physician or surgeon designated and paid by the employer or the commission.
S.C. Code Ann. §42-15-80(A).

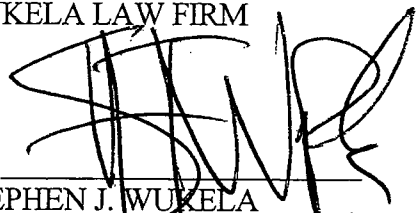
Obviously the statute requires claimants to submit to examination by a "qualified physician or surgeon". Defendants' vocational expert is neither.

The Employer/Carrier further argues that the Commission has "inherent authority to order this evaluation based upon the notions of due process and fair play." This broad statement again cites no specific authority and ignores the fact that Commission is a creature of statute, vested with

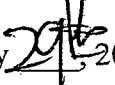
limited authority as specifically set out by the legislature. The legislature wrote §42-15-80 very specifically and they did not include vocational experts.

For the foregoing reasons, Claimant respectfully requests that Defendants' Motion be denied.

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
ATTORNEY FOR CLAIMANT
PO BOX 13057
FLORENCE SC 29504
843-669-5634

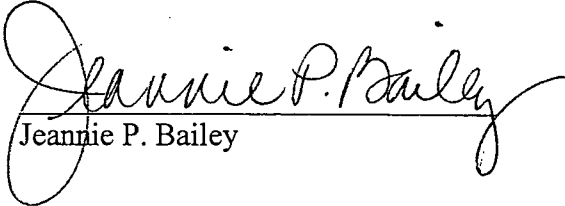
Florence, SC

July , 2015

CERTIFICATE OF SERVICE

The undersigned, Jeannie P. Bailey, of the Wukela Law Firm, hereby certifies that on the 29 day of July, 2015, she did place in an envelope, with first class postage prepaid, a copy of the **Claimant's Response to Defendants' Motion to Compel**, in the matter of Verma Tedder vs. Darlington County Community Action Agency, Case No. 1307602, and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

G. Murrell Smith, Jr., Esquire
Lee, Erter, Wilson, Holler & Smith, LLC
PO Box 580
Sumter SC 29151


Jeannie P. Bailey

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1307602

Verma Tedder, Employee Claimant, Appellant,

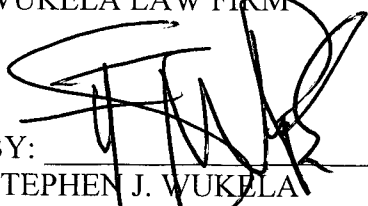
vs.

Darlington County Community Action Agency, Employer,
and State Accident Fund, Carrier, ... Respondents.

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the Record on Appeal complies with the Supreme Court Order of August 13, 2007, in that there are no personal data identifiers included in the Appellant's Record on Appeal, or they have been redacted where necessary.

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
ATTORNEY FOR APPELLANT
SC BAR NO. 68351
PO BOX 13057
FLORENCE SC 29504
843-669-5634

October 21st, 2016

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1307602

Verma Tedder, Employee Claimant, Appellant,

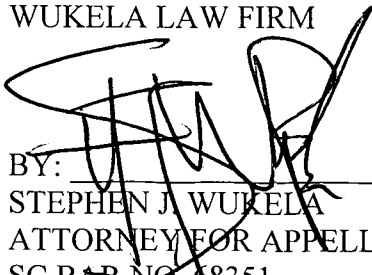
vs.

Darlington County Community Action Agency, Employer,
and State Accident Fund, Carrier, ... Respondents.

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.

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
ATTORNEY FOR APPELLANT
SC BAR NO. 68351
PO BOX 13057
FLORENCE SC 29504
843-669-5634

October 21st, 2016

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