

22662

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

ORIGINAL

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Aisha Taylor, Commissioner
T. Scott Beck, Commissioner
Avery Wilkerson, Commissioner

W.C.C. File No. 1102937
Case No. 2016-000514

Barry Adickes, Claimant,

Respondent,

v.

Philips Healthcare, Employer, and Fidelity and
Guarantee Insurance Company, Carrier,

Appellants.

RECORD ON APPEAL – VOLUME II

Brooke A. Payne (SC Bar #: 81085)
Ryan D. Oxford (SC Bar #: 101326)
Lueder, Larkin & Hunter, LLC
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Mt. Pleasant, SC 29464
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Attorneys for Respondent

INDEX

1. February 8, 2016 Appellate Panel Decision and Order.....	1
2. August 27, 2015 Order of the Single Commissioner.....	17
3. Form 20 filed March 27, 2013.....	35
4. Respondent's September 23, 2014 Form 50.....	36
5. Appellants' October 15, 2014 Form 51.....	37
6. Appellants' January 12, 2015 Form 58 and Addendum.....	38
7. Respondent's January 6, 2015 Form 58 and Attachment.....	51
8. Appellants' Form 30 dated September 3, 2015.....	54
9. Appellants' Brief to the Full Commission dated November 11, 2015.....	57
10. Respondent's Brief to the Full Commission dated December 4, 2015.....	84
11. Appellants' March 7, 2016 Notice of Appeal.....	113
12. Full Transcript of January 21, 2015 Hearing before the Single Commissioner.....	115
13. Full Transcript of December 14, 2015 Hearing before the Full Commission.....	283
14. Full Transcript of December 9, 2014 Deposition of Dr. Howard Mandell.....	308
15. Full Transcript of December 30, 2014 Deposition of Joel Leonard.....	356
16. Appellants' APA No. 1, Exhibits A p.8, B, C, D, E, F, G, I and J.....	455
17. Respondent's APA Nos. 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12, Exhibits 2, 3, 4, 5, and 6.....	513
18. Certificate of Counsel.....	710

VRI

Be Safe. Live VRI.

1400 Commerce Center Dr.
Franklin, OH 45001
TEL: 603-892-8337
Fax: 603-892-8189

Barry,

Welcome to the family! We are pleased to make the transition to our sales organization. We are happy to have you as part of the team and look forward to building a successful sales strategy.

As Territory Manager, you would manage the growth of North Carolina, South Carolina, Georgia and Florida territory.

Your compensation will include:

Base Salary

\$33,000 annual salary, paid bi-weekly for each period worked.

Commission Bonus

You will be paid one month revenue for all new business you create. Commissions are paid quarterly.

In addition, you will eligible for VRI's employee benefit programs including health insurance coverage, 401(K) and profit sharing, and other benefits after successfully completing your 90-day introductory period. You will also be reimbursed for business expenses, including mileage.

You will be expected to sign a non-solicitation and non-competition agreement that clearly states that all customers and contracts that are completed while at VRI remain the property of VRI, and that you will not solicit any accounts, employees or sales reps for a period of one year if you leave employment with VRI.

We are excited to have you as part of the sales team and we are confident you will make a significant impact on VRI. We look forward to working with you. Please do not hesitate to call me with any questions.

Barry,

Rob McDonald
Sales Manager

Delivered Via Email

Brooke Payne

From: Raymond Bermudez <RBermudez@zoll.com>
Sent: Thursday, August 28, 2014 1:39 PM
To: Brooke Payne
Subject: Barry Adickes

Ms. Payne,

I had my recruiters search through our records and we have no resume submission nor application on file related to this person. If he was applying for a sales position, he may have interviewed with one of the recruiting agencies we use but they never forwarded his info to us for review.

Call me with any questions,

Ray

Raymond D. Bermudez, PHR
Human Resources Manager
ZOLL
121 Gamma Drive
Pittsburgh, PA 15238
Ph: (412) 968-3333 x15311
Fax: (412) 402-8713
rbermudez@zoll.com
www.zoll.com

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ZOLL IS AN EQUAL OPPORTUNITY EMPLOYER

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Ryan Oxford

From: Mark Moulaison <MMoulaison@zoll.com>
Sent: Tuesday, August 12, 2014 3:27 PM
To: Gretta Stanelle
Subject: Barry Adickes Subpoena

To whom it may concern:

Please be advised that after a complete review of our employment records we were unable to find any records for a Barry Adickes based out of our Chelmsford office.

Regards

Mark

Mark J. Moulaison, SPHR
Human Resources Manager
mmoulaison@zoll.com
978 421-9616
978 421-0046 fax

Worldwide Headquarters
269 Mill Road
Chelmsford, Massachusetts 01824-4105

ZOLL

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1102937
Carrier File #: 002380009116WC01
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Barry Simmons Adickes SSN: [REDACTED] Employer's Name: Phillips Healthcare
Address: 1137 Hummingbird Lane Address: 3000 Minuteman Road
City: Rock Hill State: SC Zip: 29732 City: Andover State: MA 01810
Home Phone: (864) 328-0160 Work Phone: () Insurance Carrier: Galagher Basset Services
Preparer's Name: Brooke A. Payne Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: (843) 353-0796

SUBPOENA

To: Zoll Medical Corporation, 269 Mill Road, CHELMSFORD, MA, 01824-4105

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: Any and all files in your possession or control related to Barry Adickes (DOB: [REDACTED] 1961), employment records including, but not limited to:

Job description outlining all duties and functions, applications for employment, termination documents, performance evaluations, time and attendance records, wage records, pre or post-hire testing. If no actual employment relationship exists, please provide copies of any applications for employment and pre-hire testing submitted on behalf of Barry Adickes. **THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL or FAXED to 843-353-0796.**

PLACE: Lueder, Larkin & Hunter, LLC, 1037-D Chuck Dawley Blvd., Ste. 210, Mt. Pleasant SC 29464 DATE AND TIME: Within 10 days from the date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

[Signature] (843) 353 - 0796 July 30, 2014
ISSUING OFFICER'S SIGNATURE AND TITLE PHONE NUMBER DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

WCC Form # 27
Rev. 3/2014

27

SUBPOENA

Ex1067

McKesson Corporation
LAW DEPARTMENT
One Post Street
San Francisco, CA 94104
415.983.8300 Tel
415.983.9369 Fax

McKESSON
Empowering Healthcare

September 10, 2014

BY EMAIL

Brooke A. Payne, Esq.
c/o Gretta R. Stanelle
Lueder Larkin & Hunter LLC
1037-D Chuck Dawley Boulevard, Suite 210
Mt. Pleasant, SC 29464

Re: Barry Adickes v. Phillips Healthcare and Fidelity & Guaranty Ins. Co. c/o Gallagher Bassett Services, Inc.

Dear Ms. Payne,

Enclosed are documents pursuant to a supplemental response to the Subpoena For Employment Records served upon McKesson Corporation in the above referenced matter. All of the enclosed online application screening and job posting announcement documents are confidential and are produced for the sole purpose of complying with this subpoena. You may not release these documents to any third-party without McKesson Corporation's express written consent, and may use them only as they apply to the Barry Adickes v. Phillips Healthcare and Fidelity & Guaranty Ins. Co. c/o Gallagher Bassett Services, Inc. matter.

Please be advised that McKesson has no denial of employment letter on file. In addition, McKesson has no record of having requested or received results from any drug screening and/or testing, regarding Mr. Adickes. However, you may subpoena drug screening records, if they exist, directly from our third-party vendor at the following address:

HireRight
5151 California Avenue
Irvine, CA 92617
866-521-6995

Please send a check for \$1.50 (6 pages at \$0.25/page), made payable to McKesson Corporation, to me at:

Lynice Mackey
McKesson Corporation
One Post Street, 33rd Floor

ExJ069

Page 2

San Francisco, CA 94104

If you have any questions or require further information, please contact me directly.

Very truly yours,



Lynne Mackey
Litigation Specialist
McKesson Corporate Law Department
Litigation Group
Tel: (415) 983-8619
Email: Lynne.Mackey@McKesson.com

Enclosure

ExJ070

McKesson Talent Acquisition
Template for External Phone Screen

Job Opening #: 81706 Position Grade: 000 Position Title: Director, Channel Market Sales – Atlanta, GA Source: Burke Mucho (referral)	
Applicant Name: Barry Adickes	
Best way to contact: (Email/Phone number): <u>BarryAdickes@gmail.com</u> 803-370-1673	
Date of Phone Screen: 3/4/14	
Subject Line: (Job Opening #, Position Title, Applicant Name) (81706) Director, Channel Market Sales – Atlanta, GA - Barry Adickes	
<i>Applicant submittal format will be an email from the Sourcing Specialist to the Talent Advisor and will include: Phone Screen Template and Applicant Resume</i>	
Applicant Qualifications	
Are you legally authorized to work in the United States? YES or NO	Y
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes or NO	N
Are you willing to submit to a drug test and background check as a condition of employment?	Y
What is your highest level of education completed?	BA
What is your current total compensation (earned vs. eligible potential)? (Break down details on base, bonus, benefits, etc.)	Base 88.7K + bonus
What are your compensation expectations? 80K (eligible for variable bonus plan based on	Yes, he is interested

Ex:002K000001

quarterly objectives. Reasonably someone could be at the 120-140 TTA range.	
Have you ever worked for McKesson? *If yes – dates of employment/report to Were you a contractor or employee?	N
Have you ever applied/interviewed with McKesson? If yes, who did you speak to?	N
What is your availability for an interview?	Open
Is the applicant local? (yes or no) Anywhere- don't limit by geography for Sourcing POST to Atlanta, GA (Geographical Posting Location) Ideal target will be for this person to focus on efforts in SE. BUT not limited. *If no—is relocation: Requested/Required/Not needed? If needed, is the applicant willing to relocate for this position?	N, lives in South Carolina
Are you willing to travel? *If yes—what %? Travel 50% business travel required National travel to close meet with clients and close sales.	Y
When are you available to start a new position?	ASAP
Why are you seeking an employment change?	He recently as involved in a downsizing and his position was eliminated. He held the Channel Manger position for the Southeast Region. He states he feel this would be a great opportunity for him. matches his previous experience similar to his role with Phillips.
Are you interviewing with other companies? *If yes—what is the status of your application? Do you have any pending offers? Timeframe?	Y, offers pending but strongly considering this position.
Minimum Requirements	
How does the applicant meet minimum requirements (Years of experience)? Provide detailed summary of qualifications:	
8+ years of sales experience Barry has 30+ years of sales experience.	

Ex1072
MCK000002

Critical Experience and Skills

Must Have: Additional Knowledge/Skills/Background Needed * How does the applicant meet critical experience and skills (Industry experience, Education, Certifications, Technical Skills)? Provide detailed summary of qualifications:

Experience selling in competitive market place

Full cycle sales experience: lead generation through closing of sale

Full cycle Sales: (B2B, Cold calling, New business, Lead Generation, Closing of Sale)

- **Most recent sales experience has been in:** focused primarily in the AED marketplace with his most recent employer he held the position of Channel Manager for the Southeast Region for sales of AEDs in the commercial industry and public space.
- **Demonstrated prospecting skills:** When prospecting he feels it is important to offer solutions opportunity for his clients. He feels it is important to understand the timeline of his clients and be organized and focused on a cycle on prospects timelines. To move your funnel and move the sales that are moving quickly through the cycle. Asking questions to client is critical to understand the sale cycle and ends success of the sale, to understand the clients timeline. Strong points are organizations and focus on opportunities.
- **Experience selling into a competitive market place:** In emergency care and resuscitation with Phillips, it is a very competitive marketplace. He always starts with differences in products despite the prices are so similar – the difference is the service before and after the sales. Developing a strong work ethics with matching up the needs of the clients. Let them see you follow thru and understand you will available to respond to them, thru integrity and trust they will see you work hard for them. Being available long term and a good listener while developing customer rapport. His success has been in being available and following up on questions before, during and after the sale cycle.
- **B2B sales experience:** In the last 3 years this has been his primary customer base. He is open to present a true partnership between products, businesses and need. It creates a understanding on the timelines and needs and where the mutual agreement can be built within a partnership for a profitable business negotiation.
- **Do you have experience with closing large capital accounts(50K & above)?** In his current accounts he manages accounts within the 50K. In his previous role he managed accounts of 100K+. He understand it is a slower process for closing a sale, as controllers or city managers can be involved due to capital outlay. Since 2005 to 2009 he was challenged due to economic sates he would offer lease options and was successful in exceeding his sales quota in building sale with third party financing to offer the value of leasing. It created creative opportunities in sales. Involved consultative sales method, develop trust and partnership with clients.

What are your critical success factors in contract negotiations

Key in initial developing of opportunity, is listening and understanding the vision and how you can partner with them. When negotiation of agreement you crossed the path of being the selected provider, trust with offer the best bank for the dollar. Often times in contract negotiations are when a new project manager will come into play. But if developing trust thru work and integrity, you have to be truthful and developed that partnership to that point they will believe and price will not be a large factor.

ExJ073
MCK000003

- **Prior experience managing margin:** Within Phillips, incentives were provided by ensuring all sales goals were met and a tier of goals were also included. If working with a distributor for AED he knew what competitive price discounts he could offer. To ensure the distributing partner would prove to be successful all around. He is honest to the client if he is able to offer a discount and what he is not able to meet but always offers a solution if possible. Very rarely did he lose a opportunity because he couldn't close a deal.
- **Demonstrated experience consistently hitting and or over achieving sales objectives and initiatives:** His last 5 year average he has successfully over achieved his sales objectives. His records sales have been over 120% of sales to quota. Average of 20 years sales performance to plan has been 118%.

Technical Skills: ability to conduct web searches for prospecting and research purposes, ability to utilize Excel, Word, smart phone devices including GPS/ navigation applications and ability to utilize email.

He rates himself as an advanced user for both Word and Excel. PowerPoint is advanced, he enjoys presenting a colorful but not cluttered.

He states he is very comfortable with smartphone and GPS devices.

Experience with CRM tools such as Salesforce.com: Yes, he has 3 years of experience.

Talent Advisor Feedback

Did applicant qualify for a phone interview? *If no—explain reason	
Was applicant presented to the HM? *If no—explain reason	

Francisca Amador

Talent Acquisition
623-302-9290 telephone
francisca.amador@mckesson.com

McKesson Career Sites



McKesson Corporation Sites

Ex 1074
MCK00004



McKesson Corporation
5995 Windward Parkway
Alpharetta, GA 30005
www.mckesson.com

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ExJ075
MCK000005

Barry S. Adickes

1137 Hummingbird Lane
Rock Hill, South Carolina 29732
803-370-1673
BarrySAdickes@gmail.com

PROFESSIONAL SUMMARY

Consummate sales professional with 30 years of sales success, unique career experiences, and a relentless drive to excel.

Summary of Skills

- o Impactful public communicator with a comfortable ease and effective delivery.
- o Extensively-trained practitioner of consultative sales methods.
- o Expertly organized and focused when moving opportunities through the sales cycle.
- o Developer of solid, long-term customer relations through diligence, trust and integrity.

PROFESSIONAL EXPERIENCE

Philips Healthcare

Andover, Massachusetts

June 1993 – January 2014

- Positions held with Philips Healthcare, Emergency Care & Resuscitation Division
Channel Manager, Southeast Region for sales of AEDs in the public space, commercial industry, and institutes of medical education. (May 2011 – January 2014)
Product Sales Specialist, the Carolinas for pre-hospital, EMS, and fire markets for sales of AEDs and advanced life support monitors. (August 2008 – April 2011)

Accomplished 122% to plan sales performance average over a five year period.

- Positions held with Philips Healthcare, Lifeline Division
HeartStart National Business Development Manager (June 2007 – July 2008)
Division Sales Manager, Southeast Region (August 1997 – May 2007)
Senior Accounts Manager (August 1996 – July 1997)
Accounts Manager (June 1993 – July 1996)

Accomplishments while with the Philips Lifeline Division:

- o 128% to plan sales performance average over a 14 year period.
- o Recognized 8 times with the *President's Achievement Award* for sales excellence.
- o Grew \$1 million territory in 1993 to \$3.1 million in 1996
- o Promoted to Division Sales Manager upon completion of an 18-month Sales Management Training Program, August 1997.

ExJ076
MCK000008

Barry S. Adickes _____ page two

- o As *Division Sales Manager*, launched special projects in Alabama, Florida, Louisiana, and Texas, 1998 through 2001.
- o Spent much of 2001 in Louisiana to establish and develop the Louisiana Healthcare Lifeline program. Louisiana Healthcare is now Philips Lifeline's largest U.S. accounts.
- o As *HeartStart National Business Development Manager*, launched the national integration of the Philips AED product line with the Philips *CarePoint* Response System.

Commerce Clearing House, Inc.

Chicago, Illinois

September 1989 – June 1993

Sales Representative for this Fortune 500 publisher of business and tax law research reports.

Primary sales focus was with corporate and tax attorneys, hospital CFOs and public accountants.

Accomplishments while with CCH, Inc.:

- o In 1992, earned *Winner's Circle Award* for top 20 sales performance out of 630 field sales representatives.
- o Ranked in the CCH *Weekly Top 25* seventy-three weeks from January 1990 to May 1993.

TUNES Music & Video, LLC

Rock Hill, South Carolina

October 1986 – August 1989

Owner-operator of this retail music and video outlet.

- o Despite South Carolina's small business first-year-failure rate of 90% and second-year-failure rate of 80%, *Tunes* was turning a profit by April 1987.
- o Remained profitable through the buy-out by Manifest Records, Columbia, South Carolina in August 1989.

Monsey Products, Inc.

Kimberton, Pennsylvania

September 1983 – August 1986

Sales Representative, southeastern region for this manufacturer of roof coatings.

- o Developed territory sales from \$1.5 million to \$7 million, 1983 to 1985.
- o Three-year sales performance average of 214% to plan.

EDUCATION

University of South Carolina

Columbia, South Carolina

School of Business Administration – *Bachelor of Science Degree, Management / Marketing*

Ex 1077
MCK000007

81706 - Director Channel Market Sales, Atlanta, GA 30303

Current Need

Currently we are seeking a Director of Channel Market Sales to join ZEE's Enterprise Sales Group with focused efforts on the South/ Southeast market.. We are seeking someone who has a proven success track record in professional capital equipment sales including program implementation on a National or Enterprise wide basis. This role will focus on our AED product category.

Position Description

Responsible for the sale of certain products or services. Duties involve direct one-to-one communication with customer or client. Performs field promotion work and develops new accounts. Demonstrates products and/ or services and provides assistance in the best application of product or services. Answers all questions concerning products or services and refers questions as necessary. May coordinate company product support (including technical engineering support) and services to ascertain customer's needs. May close transactions and take orders. May estimate time and sales expenses expected and submit to management. Investigates product/service warranty claims to ensure resolution within marketing policies. May analyze records of present and past sales, trends and costs, estimated and realized revenue, administrative commitments, and obligations incurred. Interprets accounts, trends, and records to management. Sells to new and present clients. Contacts prospects and explains features and merits of products or services offered, utilizing persuasive sales techniques.

Specific Job duties:

The Director of AED Channel Markets within The Enterprise Sales Group is responsible for the sales of a focused product line of AED (Defibrillators), consumable replacement parts, and specific AED program services and Training for Zee Medical in the South/ Southeast. Duties involve direct one-on-one communication with fortune 1,000 prospects and clients. Position is responsible for selling to both new and current clients. Employee will contact prospects and present features and merits of products and services offered, utilizing persuasive selling techniques. Performs field promotion work and develops new accounts. Demonstrates and provides assistance on best practice and application of products and services. Responsible for coordinating product support from AED Manufacturers to help ascertain specific clients needs. Will be required to provide weekly funnel report information including estimated closure dates, counter intuitive sales process measurements, estimated and realized revenue, market information, administrative commitments and obligations incurred. Interprets accounts, AED customer and market trends and reports findings to ZEE top management.

Minimum Requirements
8+ years sales experience

Additional Knowledge & Skills

- Thorough knowledge of assigned product(s), company functions, marketing and/or service policies and procedures and excellent communication skills
- Prior proven track record of success in the sales of AED's and Training a plus and preferred!

Education
4-year degree in business or related field or equivalent experience

Physical Requirements

General Office Demands

Benefits & Company Statement

We believe you should be rewarded for the important work you do. For that reason, you'll receive a competitive compensation and benefits package when you join our team.

It starts with you. That's a simple sentence but it says a lot. It reminds each one of us that what we do matters. Every single McKesson employee contributes to our mission - whatever your title, whatever your role, you act as a catalyst in a chain of events that helps millions of people all over the globe. And by choosing a career with ZEE Medical, Inc., you'll join a team of passionate people working together to improve lives and advance healthcare.

Ex1078
MCK000008

At McKesson, we believe we can empower healthcare. And it all starts with you.

As an equal opportunity employer, McKesson Corporation unites the talents and contributions of all to advance the power of healthcare. Learn more about our opportunities at mckesson.com/careers

Agency Statement

No agencies please.

Critical Skills

- Experience developing new business
- Full cycle sales experience from lead generation through closing of large capital expenditure sales.
- Skilled at negotiation
- Proficient with MS Office suite of programs including Excel and Power Point. Experience conducting web presentations.
- Experience with CRM tools such as Salesforce.com
- Availability to travel (50%)

ExJ079
MCK000009

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1102937
Carrier File #: 002380009116WC01
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Barry Simmons Adickes SSN: [REDACTED] Employer's Name: Phillips Healthcare
Address: 1137 Hummingbird Lane Address: 3000 Minuteman Road
City: Rock Hill State: SC Zip: 29732 City: Andover State: MA 01810
Home Phone: (864) 328-0160 Work Phone: () - Insurance Carrier: Galeagher Basset Services
Preparer's Name: Brooke A. Payne Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: (843) 353-0796

SUBPOENA

To: McKesson, One Post Street, San Francisco, CA 94104

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____

ROOM: _____

DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____

DATE AND TIME: _____

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: Any and all files in your possession or control related to Barry Adickes (DOB: [REDACTED]), employment records including, but not limited to:

Job description outlining all duties and functions, applications for employment, termination documents, performance evaluations, time and attendance records, wage records, pre or post-hire testing. If no actual employment relationship exists, please provide copies of any applications for employment and pre-hire testing submitted on behalf of Barry Adickes. THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL OR FAXED TO 843-353-0796.

PLACE: Lueder, Larkin & Hunter, LLC, 1037-D Chuck Dawley Blvd., Ste. 210, Mt. Pleasant SC 29464

DATE AND TIME: Within 10 days from the date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____

DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

[Signature]

ISSUING OFFICER'S SIGNATURE AND TITLE

(843) 353 - 0796
PHONE NUMBER

July 30, 2014
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

WCC Form # 27
Rev. 3/2014

27

SUBPOENA
ExJ080

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

The Oaks Business Center
1459 Stuart Engals Blvd.
Suite 204-A
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-6878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: Barry S. Adickes
Age: 53 (DOB: [REDACTED] 51)
Sex: Male
Handedness: Left

Date of Evaluation: October 7th, 2014

Reason for Referral: Barry Adickes is status post head and other injuries sustained in a motor vehicle accident that took place on or about March 23rd, 2011. Mr. Adickes has undergone extended care and intervention since that time. Mr. Adickes remains under the care of Howard Mandell, M.D., neurologist. Mr. Adickes was referred for neuropsychological evaluation through the office of William L. Smith, II, Esquire. The evaluation was conducted to assess Mr. Adickes' brain behavior and emotional functioning.

History of Presenting Difficulties: Mr. Adickes was on time for his scheduled appointment. He presented appropriately attired with good personal hygiene and maintenance of appropriate eye contact. Mr. Adickes related that the accident occurred on March 23rd, 2011. At that time, he was employed with Phillips Healthcare, being the distribution manager in the Southeast. He is no longer employed with that company. My understanding of Mr. Adickes' case was assisted by review of records including the following:

1. Burke County EMS.
2. Medical records from Piedmont Medical Center.
3. Medical records from James Rentz, M.D.
4. Medical records from Nicholas H. Tuttle, M.D.
5. Medical records from Howard Mandell, M.D.
6. Medical records from John Welshofer, M.D.
7. Medical records from Jerry L. Barron, M.D.
8. Medical records from Richard Park, M.D.
8. Report of vocational evaluation conducted by Joel Leonard, CVE.

In interview, Mr. Adickes reported that he had recently undergone vocational evaluation by Joel E. Leonard, CVE. It was Mr. Leonard's recommendation that Mr. Adickes seek a neuropsychological evaluation due to his persistent difficulties. Review of records reveal that Mr. Adickes suffered injuries when he was driving on a mountainous, winding road near Morgantown, North Carolina. Reportedly, at a road curve, there was need for a changing of speed and the car went airborne down a hill into a ravine. At that time, there may have been a loss of consciousness but upon becoming alert, Mr. Adickes was aware that the glass was broken in the car and that he was having pain affecting the left shoulder. Reportedly, he was able to get the left shoulder "back in place" with the pain settling down. At that point, he may have fallen back asleep but upon becoming alert, he called emergency services.

Upon EMS arrival, staff assembled gear and traversed down approximately a 75 to 100 foot embankment to gain access to assist Mr. Adickes. He was able to step out and ambulate with EMS staff back up the hill. Mr. Adickes received a Glasgow coma scale rating of 15/15.

D. Waid

Records reveal that Mr. Adickes experienced acute difficulties that necessitated undergoing CT scan of the head on March 23rd, 2011. The reason for pursuing CT scan of the head was "motor vehicle accident concussion/vomiting." The scan failed to reveal any acute intracranial abnormality. Mr. Adickes pursued continuing care with his primary care physician, Nicholas H. Tuttle, M.D. Evaluation by Dr. Tuttle on 03/24/11 revealed concussion, grade 2-3, with postconcussive syndrome including headaches. There was assessment of left parietal contusion to the scalp; left shoulder contusion with probable subluxation that was spontaneously reduced by the patient; and multiple abrasions of the forearms and right lower legs. Dr. Tuttle had ordered the CT scan of the head that took place the day before. Reportedly, x-rays of the left shoulder, C-spine, and left index finger were negative per Dr. Rentz's office. Mr. Adickes was provided medications to assist with pain/headaches. There was continuing follow up with Dr. Tuttle as Mr. Adickes continued with postconcussive symptoms including posttraumatic headaches and nausea. He was also assessed as having left shoulder contusion with probable AC separation. There was referral for neurological evaluation/intervention.

Mr. Adickes was seen in neurological consultation by Howard Mandell, M.D. on 04/06/11. There was review of the accident as well as the course of his difficulties and ongoing complaints. It was noted that he had seen orthopaedist, Dr. Rentz. There was report of improvement since the involvement in the accident, particularly with regard to nausea/vomiting and blurred vision, yet headaches persisted, waxing and waning in intensity. There was an assessment that Mr. Adickes was experiencing postconcussive symptoms that were showing a good recovery curve. Mr. Adickes was educated regarding the postconcussive syndrome. Dr. Mandell noted that Mr. Adickes had been provided nortriptyline with plan to increase the dosage. There was continuing follow up with Dr. Mandell including undergoing an MRI study of the brain on 07/14/11 that was assessed as normal. Mr. Adickes reported that he has continued in neurological care with Dr. Mandell with intervention directed toward posttraumatic headaches. A variety of medications and intervention strategies have been utilized including use of abortive and prophylactic medications. Currently, there is use of nadolol 40 mg q.h.s. and 20 mg q.a.m. as well as having available use of Imitrex for abortive intervention. Dr. Mandell has opined that Mr. Adickes will continue in treatment for posttraumatic headaches including use of abortive and prophylactic medications.

Mr. Adickes has also been involved in orthopaedic care. Initially, he came under the care of James Rentz, M.D. due to impingement and compromise affecting the right shoulder. Initially conservative care was pursued as subsequently persistent problems necessitated arthroscopic surgery of the right shoulder including debridement of a grade IV SLAP tear and an anterior labrum; biceps tenotomy; and open bicep tenodesis to the proximal humerus. There has also been intervention with Richard Hyde Park, M.D. that involved radio frequency denervation being performed on the right C4, right C5 middle branches. That intervention strategy was successful, though there is likely to be need for repeat radio frequency ablation. Mr. Adickes was also assessed as suffering cervicalgia.

Records reveal that Mr. Adickes was referred for an independent medical examination of the right shoulder conducted by Jerry L. Barron, M.D. on 12/12/12. It was Dr. Barron's opinion that Mr. Adickes had sustained acute injury to the head, neck, and bilateral shoulders as a result of the motor vehicle accident. There was recommendation regarding his treatment needs including MRI arthrogram of the right shoulder.

Mr. Adickes had also been involved in care with John A. Welshofer, M.D. Dr. Welshofer's assessment was cervical disc degeneration; postconcussive syndrome; and neck pain. There was conduction of a CT scan of the cervical spine (06/13/13) revealing a dominant focus of bone scan abnormality at the midright cervical spine correlates with advanced facet joint arthropathy at C4-C5. Dr. Welshofer opined that Mr. Adickes likely had underlying cervical degenerative conditions/spondylosis that was made materially worse by the motor vehicle accident on March 23rd, 2011. He viewed the mechanism of the injury to be consistent with a bone scan which showed facet uptake that he believed was more likely than not the result of the accident and the patient was more likely to have such an injury due to the preexisting underlying spondylosis.

Recently, Mr. Adickes underwent vocational evaluation conducted by Joel B. Leonard, CVE. Dr. Leonard provided profiles of Mr. Adickes' perceptive employability.

Current Clinical Presentation: In interview, I reviewed with Mr. Adickes his involvement in the motor vehicle accident. Mr. Adickes stated that he continues to experience lingering cluster headaches with migraine symptoms, offering that he does have Imitrex available for abortive intervention. Mr. Adickes reported that he is also using a cocktail of medications for prophylactic intervention. He noted that when he has to use Imitrex, it "lays me out for the rest of the day." With regard to cognitive functioning, Mr. Adickes reported some diminished functioning, particularly with regard to the manner in which it takes him longer "to do paperwork and complete tasks." There was review of how he has had several cervical procedures consistent with that depicted in the medical records. He also identified undergoing the previous shoulder surgery that was depicted in the records. In addition to use of nadolol, Mr. Adickes has available use of low dosage Adderall 5 mg q.a.m. that he commenced with usage approximately one month ago.

Mr. Adickes reported that he lost his employment at Phillips Health Care, offering that he did experience some "slide off" in performance following the accident, though he offered that Phillips would contend that that was not the case. He was let go after 20 ½ years and has been seeking alternative employment. There was review of how when he informs potential future employers of his use of medications, it "throws up a red flag." Yet, he was favorably hired in May, 2014, by URI a telehealth company out of Franklin, Ohio. He covers a rather large area of Florida, Georgia, and the Carolinas.

A structured symptom evaluation failed to reveal any complaints by Mr. Adickes with regard to olfactory and gustatory senses. There is use of reading glasses but no complaint of blurriness or diplopia. Mr. Adickes denied auditory acuity difficulties including tinnitus.

With regard to motor functioning, there was report of mild diffuse weakness. Mr. Adickes denied coordination/balance problems. He does experience some numbness and paresthesias affecting the hands, though offered that the radio frequency ablation was of assistance.

Mr. Adickes continues to experience pain in the cervical region that radiates to the right shoulder. He did attain partial relief from the rhizotomy with need for repeat of the procedure. Cervical and right shoulder pain are aggravated by extended motor vehicle trips as well as yard work/gardening which was a favored previous pursuit by Mr. Adickes. There was also report of more frequent headaches for which there is use of abortive and prophylactic medications. Currently, the headaches occur without debilitating migraine symptoms and Mr. Adickes is attaining a greater interim period of time between headaches. There was no report of experiencing disruptive dizziness other than when headaches occur with migraine symptoms. He denied history for seizures.

With regard to cognitive functioning, Mr. Adickes stated that he experiences attention/concentration difficulties, having problems sustaining his focus since his involvement in the accident. Yet, he did not believe he was experiencing an easy distractibility. There were expressed concerns regarding executive dysfunction, particularly with regard to "being able to formulate my thoughts and express them concisely." This occurs both with regard to language and writing. Mr. Adickes viewed himself as being somewhat slower in his thinking than he appreciated before. He also stated that he is more forgetful.

With regard to psychological functioning, Mr. Adickes denied being depressed or experiencing disruptive sleep disturbance. Occasionally, there are difficulties falling asleep. There was no report of being disrupted by nightmares. He did not assess himself as being disruptively anxious or tense. Since Mr. Adickes' involvement in the accident, he has had a few episodes of being emotionally disinhibited but did not view this as being a persistent problem. Yet, he offered that his wife would report that he is more short fused with an easier frustration. Energy level was described as being diminished with an easy fatigability that manifests as the day wears on. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Adickes denied phobic symptomatology. There was no report of hallucinations or evidence of psychotic symptomatology. Mr. Adickes was without complaint with regard to appetite or libido.

Mr. Adickes reported that his wife is very supportive and they are not experiencing any problems. He denied any problems getting along with family or friends. He has returned to the pursuit of social and recreational activities.

Medical History: Mr. Adickes reported that he sustained several concussions during his developmental upbringing. There was also report of previous knee surgery. Following the accident, Mr. Adickes underwent arthroscopic surgery of the right shoulder. History is significant for goiter surgery and previous surgery of the left shoulder.

Mr. Adickes denied history for serious infections. There is no history for diabetes or hypertension. He denied previous stroke or heart problems. He denied history for migraine or tension headaches.

Mr. Adickes denied history for psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a minimal, social consumer of alcohol without history for problematic usage. He does not use illicit drugs. He denied history for formal substance abuse treatment. He is without history for criminal arrest, DUI, or being the victim of abuse. There is no use of tobacco products.

Family History: Noncontributory for psychiatric illness or substance abuse problems.

Psychosocial Review: Mr. Adickes is a college graduate with a bachelor's degree in marketing from the University of South Carolina. He grew up and currently resides in Rock Hill, South Carolina. He denied any failure or repetition of grades. He denied any history for learning disabilities or placement in specialized classes. Mr. Adickes denied being previously diagnosed or provided intervention for disruptive behaviors associated with an Attention Deficit Hyperactivity Disorder. He did not serve in the military.

As mentioned, Mr. Adickes was employed with Phillips Healthcare at the time of the accident. Recently, he engaged in new employment with URJ Telehealth.

Mr. Adickes has been married to his wife for 28 years. They have four children ranging in ages 26, 23, 19, and 12.

Procedures: Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-IV, California Verbal Learning Test-II, Stroop Test, Brief Test of Attention, Judgment of Line Orientation Test, Conner's Continuous Performance Test-II, Trail Making Test, Controlled Oral Word Association Test, Category Fluency Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Wisconsin Card Sorting Test, Tactual Performance Test, Sensory Perceptual Exam, Grip Strength Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Personality Assessment Inventory, Post Mild Traumatic Brain Injury Symptom Checklist, Word Choice Test, ACS Test of Premorbid Functioning.

Examination Results: Most test scores in this report are expressed in statistical terms including *Standard Scores (SS)*, *T-Scores*, *Scaled Scores*, *Percentile Rankings (%ile)*, and *Composite/Index Scores*. The following is a general guide to assist in interpretation:

<u>Standard Score</u>	<u>T-Scores</u>	<u>Composite/Index Score</u>	<u>Scaled Score</u>	<u>%ile</u>	<u>Descriptor</u>
130+	70+	130+	18+	98+	Very Superior
120-129	63-69	120-129	16-17	90-97	Superior
110-119	57-62	110-119	13-15	75-89	High Average
90-109	44-56	90-109	8-12	25-74	Average
80-89	37-43	80-89	7	10-24	Low Average
70-79	31-36	70-79	3-6	3-9	Borderline
<70	<31	<70	<3	<3	Deficient

Neurobehavioral Observations: Mr. Adickes was on time for his scheduled appointment. He presented appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact and social reciprocity. He ambulated without evidence of a gait disturbance. He did not demonstrate disruptive psychomotor retardation or excitement. Mr. Adickes was friendly and cooperative in his interactions with the examiner. He appeared to have no difficulty understanding instructional sets. He worked in a straight forward, diligent fashion. Mr. Adickes was observed to put forth good effort to meet the demands of testing. Specific assessment of Mr. Adickes' testing effort was undertaken via administration of multiple symptom validity tests (Test of Memory Malingering; Word Choice Test) as well as review of validity indices embedded within the battery of tests including the ACS Recognition Memory tests. All of these validity indices were consistent with provision of good effort. The test results are viewed as a valid assessment of Mr. Adickes' current functioning.

Language Functions: There were no aphasic or agnostic symptoms. Mr. Adickes was without dyscalculia or right/left confusion. Conversational speech was prosodic, fluent, of normal rate and tone without disruptive dysarthria. Mr. Adickes was responsive to the examiner's inquiries without tangentiality, derailment, or disruptive word finding difficulties. Mr. Adickes performed well within the average range on executive functioning tests involving letter (T=56) and category (T=57) fluency. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functioning: Evaluation failed to reveal any imperceptions or suppressions affecting the tactile, auditory, or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Adickes performed errorlessly on a tactile finger recognition test as well as a test of graphesthesia. He correctly identified gross tactile forms in each of his extremities.

Mr. Adickes is left hand dominant. He was observed to ambulate without evidence of a gait disturbance. He did not report any lateralized motor weakness. Yet, he did undergo previous right shoulder surgery. Rhomberg testing conducted in the current evaluation was negative. Assessment of grip strength revealed mild bilateral deviation from expected performance with greater deviation affecting the dominant right hand (T=39).

Attention/Memory Functioning: Mr. Adickes did express concern regarding a decreased capacity for sustaining attention with slower processing speed. In the current evaluation, Mr. Adickes was assessed as well oriented, alert, and able to register information. Mr. Adickes performed in the average range on Wechsler Memory Scale-IV tests assessing mental control, clock drawing, incidental recall, inhibition, and verbal production. Mr. Adickes adequately estimated the time of day without observing a clock.

Mr. Adickes' performance on the Stroop test revealed average processing speed for word (T=43) and color (T=47) stimuli. Mr. Adickes demonstrated slow/impaired performance on the Stroop Divided Attention Test (T=39). His performance was suggestive of interference in divided attentional capacities (T=39). Mr. Adickes performed efficiently on the Brief Test of Attention (82nd percentile) which involves identification of numbers and letters in increasing spans. Mr. Adickes performed well within the average range on attentional tests demanding discrimination of rhythmic sounds (T=56) and discrimination of speech sounds and matching them to their phonemes (T=56). Mr. Adickes was administered the Paced Auditory Serial Addition Test (PASAT), a sensitive measure of information processing speed and attentional regulation. Observation of test performance revealed a good initial trial performance with only mild decrements in his performance on trials 2 and 3 which were more rapid and demanding. Mr. Adickes did demonstrate a decrement in his performance on trial 4 which is the most rapid and demanding. Utilizing Heaton et al (2004) norms, Mr. Adickes' total recall score on the PASAT placed him in the high average range (T=59) for an individual of his age and educational level.

Mr. Adickes was administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed fast reaction times but with relatively few errors. Therefore, the fast speed probably represents fast processing abilities. Mr. Adickes' performance on the CPT was substantially affected by the interstimulus interval. Specifically, there was a substantial decline in reaction time when the interstimulus interval was slowed from one second to two and four

seconds. Yet, Mr. Adickes demonstrated a good ability to sustain his vigilance to the demands of the task. Overall, Mr. Adickes' performance on the CPT was classified as poor and consistent with potential attention problems. The CPT discriminant function indicated that his results better matched a clinical versus nonclinical profile at a confidence index of 74.51%.

Mr. Adickes was administered the Wechsler Memory Scale-IV (WMS-IV) to assess anterograde memory. Mr. Adickes performed efficiently on WMS-IV tests assessing auditory memory (96th percentile) and visual memory (70th percentile). Collectively, Mr. Adickes' performance on WMS-IV tests assessing immediate memory was in the high average range (81st percentile) while he was superior on delayed memory tests (96th percentile).

Analysis of separate WMS-IV scale performance revealed Mr. Adickes' ability to immediately learn and recall orally presented narrative passages to place him at the 91st percentile. Mr. Adickes demonstrated an excellent ability to retain and recall previously learned narrative passages after a period of delay (98th percentile). Mr. Adickes' performance on the verbal paired associate test placed him at the 75th percentile. He demonstrated an excellent ability to retain and recall previously learned verbal paired associates after a period of delay (95th percentile). Mr. Adickes' performance on a visual memory test involving the immediate learning and recall of designs placed him at the 84th percentile. There was an excellent ability to retain and recall previously learned designs after a period of delay (91st percentile). Mr. Adickes' performance on a visual memory test involving the immediate learning and reproduction of visual designs placed him at the 37th percentile. His ability to retain and reconstruct previously learned visual designs after a period of delay placed him at the 50th percentile.

Mr. Adickes' performance on WMS-IV tests assessing visual working memory was in the average range. This included his performance on the spatial addition test (75th percentile) and symbol span test (37th percentile).

Mr. Adickes' anterograde memory functioning was further assessed via administration of the California Verbal Learning Test-II, a repetitive word list learning test. Mr. Adickes' total recall score after five administrations of the word list placed him at the 47th percentile compared to age related peers. Observation of test performance revealed an above average initial trial as well as an ability to profit from repetitive administrations of the word list. There were difficulties learning a new word list after repetitive administrations of a previous word list. Mr. Adickes demonstrated an average ability to retain and recall previously learned words in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed Mr. Adickes to be below average in the recall of words from the recency region of the word list. He did not demonstrate excessive intrusive errors. Mr. Adickes performed in the average range on a recognition test demanding that he discriminate target from nontarget words without false positive errors.

Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional dyspraxia. Mr. Adickes performed in the superior range on WAIS-IV tests assessing perceptual reasoning abilities (94th percentile). This included his performance on the Block Design Test (91st percentile), Matrix Reasoning Test (84th percentile), and Visual Puzzles Test (95th percentile). On a test demanding fine discriminations of lines in space, Mr. Adickes' performance was in the superior range (86th + percentile). On a visuographic sequencing test involving the serial processing of numbers, Mr. Adickes' performance was superior (T=66) for an individual of his age and educational level. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Adickes' performance was in the low average range (T=44) without sequencing error.

Executive/Higher Reasoning Abilities: Mr. Adickes was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Adickes performed efficiently on executive functioning tests involving letter and category fluency. He was able to meet the sequencing demands associated with Trail Making Test-Part B.

In the current evaluation, Mr. Adickes was administered the Wechsler Adult Intelligence Scale-IV (WAIS-IV) classifying his intellectual functioning to be in the high average range with a Full Scale I.Q. of 115, placing him at the 84th percentile compared to age related peers. Mr. Adickes performed superiorly on WAIS-IV tests assessing perceptual reasoning abilities (composite score=123/94th percentile) and working memory (composite score=125/95th percentile). Mr. Adickes performed in the average range on WAIS-IV tests assessing verbal comprehension abilities (composite score=105/53rd percentile), being less efficient in his performance on tests assessing processing speed (composite score=94/34th percentile).

WAIS-IV analysis revealed Mr. Adickes to demonstrate significant strength on the visual puzzles test (95th percentile) as well as a test demanding rapid computation of arithmetical problems (95th percentile). Mr. Adickes also performed efficiently on working memory tests including the digit span test (91st percentile) and letter/number sequencing test (91st percentile). There was relative weakness on a test demanding the finding of a common construct between disparate items (37th percentile). Mr. Adickes also demonstrated weakness on a processing speed test involving symbol search (25th percentile).

Mr. Adickes was administered the ACS Test of Premorbid Functioning (TOPF) to attain an estimate of his premorbid intellectual abilities. Mr. Adickes' performance on the TOPF resulted in a standard score of 110, placing him at the 74.8 percentile with a qualitative description of high average premorbid intellectual abilities.

Based on the TOPF, Mr. Adickes did not perform significantly deviant from that predicted across WAIS-IV tests. Based on the TOPF, Mr. Adickes also did not perform significantly deviant from predicted performance across Wechsler Memory Scale-IV immediate memory index, delayed memory index, or visual working memory index.

Review of Mr. Adickes' performance on WAIS-IV verbal and nonverbal tests assessing reasoning and problem solving abilities revealed him to perform efficiently. These abilities were further assessed via administration of the Wisconsin Card Sorting Test and Tactual Performance Test.

On the Wisconsin Card Sorting Test, Mr. Adickes was observed to readily identify the first correct solution set. Following that, Mr. Adickes was unable to methodically generate and discover the correct second solution set. The test was discontinued after a single deck administration to avoid excessive frustration. Thus, he attained only one out of the expected six categories with a significant rate of perseverative errors (19%) and no failures to maintain set.

Mr. Adickes was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Adickes' initial dominant hand performance was mildly slow, placing him in the low average range (T=40). Mr. Adickes remained mildly impaired/slow in his performance on the second trial, nondominant hand performance (T=39) and third trial, both hands performance (T=37). Mr. Adickes' total time performance on the TPT was in the low average range (T=40) for an individual of his age and educational level. Yet, his incidental memory score (T=57) as well as his location score (T=45) were within average limits.

Emotional/Behavioral Functioning: Mr. Adickes impressed as a resilient individual who is functioning reasonably well, though he continues with disruptive somatic symptoms, particularly recurrent headaches. Yet, he was not highly complaining of comorbid psychological difficulties. There was report of mild social executive changes rendering him with a shorter fuse and easier frustration.

In the current evaluation, Mr. Adickes responded to the Personality Assessment Inventory (PAI) to further assess his psychological/emotional functioning. Mr. Adickes' response set (validity scales) to the PAI indicated that he was somewhat defensive in his responding. There was no evidence to suggest that Mr. Adickes was motivated to portray himself in a more negative or pathological light than the clinical picture would warrant. Despite Mr. Adickes' level of defensiveness noted above, he described problems of greater intensity than is typical of defensive respondents in the areas of disruption in thought process;

unusual sensory/motor problems; frequent routine physical complaints; and preoccupation with physical functioning.

The PAI clinical profile failed to reveal any marked elevations that would be considered to indicate the presence of clinical psychopathology. There was moderate elevation reflective of Mr. Adickes' ongoing concerns regarding health functioning including disruptive pain/somatic symptoms. There was also complaint of thinking and concentration difficulties.

Mr. Adickes' self concept appears to involve a generally stable and positive self evaluation. He described an interpersonal style of having strong needs for affiliation and positive regard from others. He denied having difficulties in the management of his anger. There was no report of being distressed from thoughts of self harm.

Overall, the PAI clinical profile revealed Mr. Adickes to have continuing difficulties with disruptive headaches as well as thinking/concentration difficulties.

Mr. Adickes responded to the Post Mild Traumatic Brain Injury Symptom Checklist with regard to his current functioning. There was report of severe difficulties due to disruptive headaches and poor concentration. Moderate difficulties were noted with regard to forgetfulness, difficulties making decisions, slowed thinking/difficulty getting organized, and easy fatigability. There was report of mild difficulties with irritability and poor frustration tolerance/feeling easily overwhelmed by things.

Summary/Case Discussion: Mr. Barry Adickes is a 53-year-old, married Caucasian male who is status post head and other injuries sustained in a motor vehicle accident on or about March 23rd, 2011. This involved a single car accident in which Mr. Adickes lost control on a mountain road, propelling his car down into a ravine. It appears that there was some period of time that Mr. Adickes was not responsive or able to contact emergency staff. Yet, he underwent a CT scan of the brain at Piedmont Medical Center that failed to reveal any acute intracranial abnormality.

Following the accident, Mr. Adickes' orthopaedic injuries necessitated surgical procedure. There has also been persistent postconcussive symptoms, particularly posttraumatic headaches. Mr. Adickes remains under the neurological care of Howard Mandell, M.D. with need for use of abortive and prophylactic medications.

The current evaluation revealed Mr. Barry Adickes to be functioning in the high average range of intellectual abilities. Neuropsychological evaluation generally provided favorable results. Mr. Adickes did demonstrate variability in his capacity to sustain attention/concentration. Otherwise, his performance was suggestive of intact brain behavior functioning. It appears that compromise in the attentional/executive aspects of immediate learning are causal for complaints of forgetfulness in day to day pursuits. Yet, assessment of anterograde memory generally revealed intact immediate learning/memory as well as an efficient ability to retain and recall information once it is effectively encoded/learned. There was no evidence of compromise in visual spatial/perceptual reasoning abilities. Receptive and expressive language functioning is intact. There was no evidence of compromise in sensory perceptual functions. There is reduced strength affecting the right upper extremity. Mr. Adickes was generally able to meet the demands of higher reasoning/problem solving tests. Mild executive dysfunction appears to be present potentially affecting both cognitive and emotional domains.

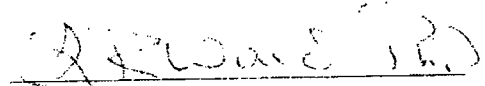
Assessment of emotional/behavioral functioning revealed an individual who continues to have to cope with residual disruptive headaches as well as some cervical pain that radiates to the right shoulder. There was report of mild difficulties with being shorter fused with an easier frustration. Yet, evaluation failed to reveal any compelling evidence for disruptive depression, sleep disturbance, anxiety, or more significant emotional compromises.

The current evaluation revealed Mr. Barry Adickes to have made a good recovery from head and other injuries sustained in a motor vehicle accident. Certainly, in day to day pursuits, he likely experiences

9

episodic forgetfulness due to the interfering effects of attention/executive difficulties and headaches. I wish Mr. Adickes well in his new employment pursuits.

If you have any questions regarding the neuropsychological evaluation that was conducted on Mr. Barry Adickes, please feel free to contact me.



L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist (SC License #333)

LRW/emf

Leonard & Associates, Inc.

Vocational and Rehabilitation Consultants

Joel D. Leonard
Vocational Consultant
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VOCATIONAL EVALUATION: PROSPECTIVE FEASIBILITY & IMPACT ASSESSMENT

Name:
Barry S. Adickes

Date of Evaluation:
August 25, 2014

DOB - Age:
[REDACTED] - 53

Status:
WC - Admitted

Referring Party:
William L. Smith, II

Injury Date:
March 22, 2011

I. REFERRAL STATUS:

Mr. Barry Adickes was referred for a vocational evaluation by Mr. William Smith of the law firm Chappell, Smith & Arden. Mr. Adickes' referral is tied to a workers' compensation claim arising from an injury that occurred on March 22, 2011.

Mr. Smith seeks an opinion concerning Mr. Adickes' residual employability and likely earning capacity subsequent to the March 2011 injury and its functional impact on his overall vocational profile. Mr. Adickes was evaluated at the offices of Leonard & Associates, Inc. in Columbia, South Carolina. The evaluation lasted just under four hours and consisted of a vocational interview as well as a series of routine tests intended to measure Mr. Adickes' academic and intellectual competencies.

All findings and conclusions contained herein are stated within a reasonable degree of vocational certainty and are based upon the evidence in my possession as of the signature date. The conclusions are issued irrespective of their potential impact on Mr. Adickes' claim and are subject to amendment pending any meaningful changes in the functional record.

II. BASIC BACKGROUND & MEDICAL PROGRESSION:

On or about March 22, 2011, Mr. Adickes was involved in a motor vehicle accident during the course of his employment with Philips Healthcare. Reportedly, Mr. Adickes was driving along a mountain highway when he encountered a sharp turn in the road. His vehicle left the roadway and descended into a thicket of trees on a hillside, eventually coming to a rest against two boulders. As a result of such events, Mr. Adickes sustained a multitude of injuries. Presently, however, he alleges ongoing symptomatic difficulties involving his head, neck and right shoulder.

Joel
Leonard

Consistent with company policy, Mr. Adickes' employer enacted a formal workers' compensation claim. Mr. Adickes' claim was admitted, and he has since been provided medical care within the context of the South Carolina Workers' Compensation Act.

The stated presence of maximum medical improvement tends to vary across the scope of Mr. Adickes' claim. He has reached maximum medical improvement with regard to his head injury and has been provided with a corresponding impairment rating in relation to a traumatic brain injury and post-concussion syndrome. He has also been provided with an impairment rating of the cervical spine, but has not yet been formally released from further care. Conversely, Mr. Adickes has been released to follow-up care with respect to his right shoulder injury but has not been issued an upper extremity impairment rating.

In light of such circumstances, Mr. Smith has requested an opinion as to Mr. Adickes' prospective employability with the understanding that his claim may need to be revisited at a later date. Obviously, such circumstances are subject to the administrative status of Mr. Adickes' claim.

III. SUBJECTIVE ASSERTIONS:

As a result of the March 2011 accident, Mr. Adickes alleges the presence of problematic symptoms affecting his head, neck and right shoulder. He contends that such symptoms result in functional deficits that adversely impact his ability to work.

Mr. Adickes experiences severe headaches lasting multiple days that occur, on average, every four to six weeks. He describes the presence of pain as well as a limited range of motion that affects both his neck and right shoulder. Mr. Adickes also experiences various cognitive difficulties as well as a general sense of fatigue.

When he experiences a severe headache, Mr. Adickes enacts a medical protocol that initially renders him incapable of any meaningful work activity. He takes an injection of Imitrex in an effort to abort the headache and seeks respite in a controlled environment. In the days following, Mr. Adickes monitors his status closely and takes additional medications as needed. During this recovery period, his ability to manage work-related tasks is also limited.

Mr. Adickes is unable to perform upper extremity tasks with his right arm that require a full range of motion. As such, he relies on the use of his left arm for tasks that require him to reach overhead and out from his body in a forceful manner. Prolonged tasks that engage his neck also lead to increased pain. Notably, he experiences increased pain and discomfort in both his neck and shoulder during periods of extended driving.

Mr. Adickes denies any temperamental deficits from an emotional perspective; however, he does experience deficits from a cognitive perspective. Mr. Adickes describes residual problems concerning his concentration and focus. He is unable to draft written correspondence in a proficient manner and is limited in his ability to comprehend/retain written material. His focus drifts as does his level of concentration. Since the accident, he experiences problems formulating his thoughts within the context of a conversation and finds that his pace of speech is slower. At the end of the day, Mr. Adickes is tired and worn out.

Despite the above difficulties, Mr. Adickes continues to engage in competitive employment. While he is no longer employed by Philips Healthcare, he has secured employment with a different company. Unfortunately, Mr. Adickes is earning significantly less. As such, the nature of Mr. Adickes' referral aims to determine whether or not his current job is an appropriate representation of his residual employability and expected earning capacity.

IV. PROFILE DEVELOPMENT - RELATIVE VOCATIONAL FACTORS:

A. Age, Education & Formal Training:

Mr. Adickes is a 53-year-old resident of Rock Hill, South Carolina. He holds a high school diploma as well as a degree in Business Administration from the University of South Carolina. As part of his professional development, Mr. Adickes has participated in ongoing training inclusive of an eighteen-month management internship.

Mr. Adickes denies any professional certifications or licensures. He is not a member of any union and has never served in the military. Mr. Adickes does not engage in any marketable hobbies or pastimes.

B. Work History:

Mr. Adickes maintains an employment history significant for various professional pursuits in the area of sales and sales management. Almost all of his relevant experience has involved the sale and promotion of medical products and services; though he has also operated a small retail music/video store.

At the time of his injury, Mr. Adickes was employed by Philips Healthcare as a channel distribution manager. He had moved into the position approximately one month prior to the March 2011 accident. As such, Mr. Adickes was transitioning between his new position as a channel distribution manager and his previous position as a product sales specialist.

Mr. Adickes engaged in a variety of tasks concerning the sale and delivery of defibrillators over a six-state region, with a specific focus on public and commercial facilities that had a need for such equipment. In addition to acting as a direct sales representative for Philips, Mr. Adickes called upon and monitored the activities of distributors who carried the very same equipment as part of their product line. Per the record, Mr. Adickes earned an average weekly wage of \$2608.52 prior to the accident (estimated annual wage of \$135,643.04).

Before becoming a channel distribution manager, Mr. Adickes held various positions with Philips to include assignments as a product sales specialist, division sales manager, senior account manager, etc. Each position involved the execution of sales-related tasks concerning a product or service offered by Philips Healthcare. He joined the company in 1993. Previous to his employment with Philips, Mr. Adickes was a sales representative for a company that published business law and tax reports. He also operated a retail music and video store over a period three years between 1986 and 1989.

C. Acquired Skills:

Mr. Adickes has developed a range of skills that are transferable to other occupations. The noted skills and associated work fields are as follows:

Professional Sales: knowledge of procedures, techniques and principles pertaining to the demonstration, operation and sales of medical equipment; use of industry resources and information databases; knowledge of related sales presentation techniques; knowledge of practice standards, jargon and work codes; information giving and receiving; coordination of tasks to include team and interdisciplinary procedures involving distributors; completion of sales reports; strategic sales planning; customer service skills, etc.

Retail Management: knowledge of procedures, techniques and principles pertaining to the management and operation of a retail music/video store; customer service skills; maintenance of required business bookkeeping to include invoices and tax reports; knowledge of jargon and work codes; etc.

Outside of any emotional, intellectual or physical restrictions, Mr. Adickes' skills would be transferable to positions such as durable goods salesperson, retail store manager, district manager, sales representative, etc.

D. Assessment Results:

Mr. Adickes was administered the Wide Range Achievement Test – Fourth Revision (WRAT-4) and the Standard Progressive Matrices (SPM) in order to assess his intellectual and academic standing. Testing observations indicate that Mr. Adickes put forth an acceptable effort on the assessments, though he reported the onset of fatigue and frustration on the latter sections of the SPM.

Mr. Adickes' scores on the WRAT-4 are consistent with his educational achievement. He is able to pronounce singular terms and comprehend differing sentence structures. He also demonstrated the ability to perform routine mathematical operations.

Mr. Adickes' performance on the SPM fell within an "average" range, but he did not perform as expected given his work history. He demonstrated the ability to apply moderate principles of reasoning and analysis based upon comparative visual stimuli. However, he did not successfully complete the questions that required him to employ a more advanced analysis.

Mr. Adickes' test results are considered to represent a positive vocational factor. However, caution is advised with respect to the application of such results within the context of his claim. In the absence of a comprehensive neuropsychological evaluation, they are not offered as proof as to the presence or absence of any cognitive compromise arising from the March 2011 accident. His results are as follows:

Achievement – Education:

WRAT-4 (Blue)	Raw:	SS:	%tile:
Word Reading	65	105	63 rd -75 th
Sentence Comprehension	50	125	95 th
Reading Composite	230	119	84 th -91 st
Math Computation	49	111	75 th -84 th
Spelling	46	104	50 th -63 rd

Intelligence – Aptitude:

SPM – Raven	Raw:	%tile:	Grade:	Dis:
	47	36 th	III	None

E. Previous Compensable Claims & Concurrent Proceedings:

Mr. Adickes denies any previous compensable claims and reports that this is his first exposure to such proceedings. He further denies any other proceedings concerning his capacity to

work. He is not presently receiving any private or public disability benefits, nor has he received any unemployment benefits since the injury.

F. Light Duty & Return to Work Status:

Mr. Adickes' claim is framed by an extended progression of post-injury work activity. Following the March 2011 accident, Mr. Adickes was taken out of work until May of 2011. He then returned to his position as a channel distribution manager, but did not travel in a significant manner. Reportedly, he was still suffering from rather severe headaches. Mr. Adickes states that his direct manager gave him a wide berth with respect to his operational activities. Eventually, Mr. Adickes assumed a more traditional scope of duties to include increased travel.

Mr. Adickes held the position of a channel manager until January 16, 2014. At that time he was terminated as part of a reported reduction in force (RIF). He was provided with a severance package as were other employees. Of note, however, Mr. Adickes states that he was informed by his manager (at the time of his termination conference) that his poor work performance was factored into the decision to let him go. In reference to such, Mr. Adickes reportedly fell short of his production goals in 2011, 2012 and 2013. Prior to such, he had always met or exceeded his production goals.

In the wake of his termination, Mr. Adickes pursued employment with the McKesson Corporation. He applied for an executive director position and believes that he was a strong candidate for the opening. However, after filling out a health questionnaire, Mr. Adickes received an e-mail indicating that he was no longer being considered for the position. He is of the opinion that his medical conditions adversely impacted his candidacy.

Concurrent to his efforts with McKesson, Mr. Adickes was being pursued by Valued Relationships, Inc. (VRI). VRI operates and manages telehealth systems. Mr. Adickes has known the vice president of sales for about sixteen years. He was courted by the company and eventually accepted a sales position as a territory manager. Mr. Adickes was upfront with the company with respect to his headaches, but did not reveal his cognitive difficulties. They were reportedly willing to work around his headaches based upon his past history as a high-achieving salesperson.

Mr. Adickes calls upon customers over a four-state territory that includes South Carolina, North Carolina, Georgia and Florida. He focuses on securing conversion contracts from entities that are already utilizing a competitor's telehealth system. He is paid an annual salary of \$55,000.00 (estimated weekly wage of \$1057.69 per week) with a bonus option tied to the number of executed contracts. As of the date of his evaluation, Mr. Adickes had not yet successfully closed a conversion contract.

Mr. Adickes has not returned to school since the accident. He is not actively pursuing other employment. He has not been provided or pursued any type of vocational rehabilitation services.

G. Psycho-Vocational Status - Emotional:

Mr. Adickes' workers' compensation claim is framed by the occurrence of a physical injury. The record is void of any formal evaluations or directive commentary that depicts the onset of a psychological disorder (affective) or overlay secondary to such events. There is no indication that the carrier has admitted a psychological injury nor is there any indication that Mr. Adickes has alleged any such impairment within the bounds of his claim.

Upon discussing his psycho-vocational status, Mr. Adickes does not allege any limitations in his capacity to work beyond some modest complaints resulting from his reported pain. Mr. Adickes is of the opinion that his capacity to work is primarily limited by his physical and cognitive difficulties. As such, he discounts the presence of any temperamental limitations or deficits associated with an emotional disorder.

Given my review of the evidence, it does not appear that the record provides any compelling or directive support for a deviation in Mr. Adickes' psycho-vocational status within the context of his workers' compensation claim. Beyond the fact that the administrative posture of Mr. Adickes' claim does not reference the occurrence of a psychological injury, he does not endorse any corresponding deficits, limitations or restrictions. As such, no adjustment in Mr. Adickes' psycho-vocational status is warranted.

H. Psycho-Vocational Status – Cognitive:

Mr. Adickes' claim is significant for the presence of a traumatic brain injury to include symptoms of associated with a post-concussion syndrome. Relative to such, Mr. Adickes alleges ongoing cognitive difficulties concerning his focus and concentration. The record reflects a history of such concerns but does not reference a current depiction of such difficulties within a diagnostic framework (i.e., cognitive disorder). There is no indication that Mr. Adickes has been seen in consultation by a neuropsychologist or undergone any such testing.

It would appear that the available evidence is accented by a potential conflict as to the likely presence or absence of any cognitive deficits arising from the March 2011 accident. The medical record cites subjective complaints concerning Mr. Adickes' cognitive status inclusive of various references to his memory, word finding, verbal fluency, sharpness, etc., but it is void of any clinical findings that depict a compromise in Mr. Adickes' cognitive status outside the use of certain medications. As of May 8, 2012, Mr. Adickes' treating neurologist was of the opinion that his cognitive issue had resolved. However, as of September 2012, Mr. Adickes' wife continued to reference such problems.

Presently, Mr. Adickes believes that he suffers from ongoing cognitive deficits with specific attention to speech formation, verbal fluency, attention, concentration and focus. As noted previously, he experiences difficulty drafting written correspondence. His comprehension is limited as is his ability to converse in a fluid manner.

Obviously, the outstanding nature of such circumstances is an important variable for consideration with respect to Mr. Adickes' overall vocational profile. The relative presence or absence of cognitive difficulties is of great importance with respect to his prospective employability. From a functional perspective, it would appear that the record contains findings that both support and discount a deviation in Mr. Adickes' cognitive standing.

I. Physio-Vocational Status – Admitted Injury:

Mr. Adickes' physio-vocational status is framed by ongoing symptomatic complaints involving his head, neck and right shoulder. My review of the record suggests that the cited regions have all been admitted within the context of his workers' compensation claim. As noted previously, the injury to Mr. Adickes' head has been defined within the context of a traumatic brain injury and a post-concussion syndrome.

Mr. Adickes has been evaluated and treated by a number of different specialists. The determined presence of maximum medical improvement varies across the scope of injuries, as does the provision of corresponding impairment ratings.

Following the March 22, 2011, injury, Mr. Adickes was treated by emergency medical personnel with the intent of transporting him to a local hospital. Apparently, Mr. Adickes declined hospital treatment, and instead, chose to stay at a local hotel until his wife picked him up the following morning.

On March 24, 2011, Mr. Adickes presented to Nicholas Tuttle, M.D., of Rock Hill Family Practice Associates, reporting the onset of a severe headache and vomiting. Dr. Tuttle cited the results of a CT scan of the head as negative for fracture or intracranial bleeding. Following an examination, Dr. Tuttle provided an assessment of a grade II - III concussion, post-concussion syndrome, headaches, contusion of the scalp, left-shoulder contusion and multiple abrasions of the forearms and right-lower leg. One week later, Dr. Tuttle requested a neurological referral and recommended short-term disability.

Mr. Adickes was next seen by Howard Mandell, M.D., of Metrolina Neurological Associates. On April 6, 2011, Mr. Adickes reported improved symptoms (decreased nausea, improved vision), though he continued to experience daily headaches. Mr. Adickes' wife noted that he was slower in responding to questions and analyzing information. Dr. Mandell performed an examination and provided an assessment of a post-concussion syndrome. He took Mr. Adickes out of work for a period of four weeks and monitored/adjusted his medications.

In the weeks following, Mr. Adickes continued to experience headaches, though their frequency and severity improved. On June 17, 2011, Dr. Mandell documented that Mr. Adickes was having mild difficulty with word retrieval and verbal fluency. He requested magnetic resonance imaging (MRI) of the brain. The MRI was read as "normal" though the unit utilized to conduct the study was not to Dr. Mandell's liking. In the wake of such, Dr. Mandell opined that Mr. Adickes was developing migraines headaches due to his post-concussion syndrome.

On August 25, 2011, James Rentz, M.D., of Carolina Orthopaedic Surgery Associates, documented the provision of care for Mr. Adickes' right shoulder following the accident. Apparently, Mr. Adickes and Dr. Rentz are neighbors. Dr. Rentz provided a right-shoulder steroid injection which he administered to Mr. Adickes at his home.

On October 5, 2011, Mr. Adickes was seen by Dr. Rentz for complaints of ongoing right-shoulder pain. Dr. Rentz reviewed the results of the right-shoulder x-ray and performed an examination. He provided an assessment of right-shoulder impingement/bursitis and discussed options for treatment. Mr. Adickes opted for surgery. On October 21, 2011, Dr. Rentz performed an arthroscopic debridement of a grade IV superior labrum anterior and posterior (SLAP) tear and biceps tenotomy, followed by an open biceps tenodesis of the proximal humerus.

In the months following the surgery (October 2011 - January 2012), Dr. Rentz documented steady improvement in Mr. Adickes' right shoulder. However, as of December 12, 2011, Dr. Rentz cited stiffness in the right shoulder as a result of adhesive capsulitis, while noting that physical therapy was addressing the issue.

On May 8, 2012, Mr. Adickes followed up with Dr. Mandell, reporting a decrease in his headaches and mild difficulties with multitasking, concentration and focus. He reported the occurrence of weekly headaches and intermittent migraines. Dr. Mandell opined that Mr. Adickes was doing "very well," and that the zonisamide was a "nice medication" for him. He documented the resolution of cognitive symptoms and the continuation of intermittent migraines. Dr. Mandell then cited the presence of maximum medical improvement.

On June 6, 2012, Mr. Adickes presented to Dr. Rentz reporting an "occasional catching" in his right shoulder while voicing concerns about the possibility of an impingement. An

examination revealed "excellent ROM," no instability, good strength and no pain to palpation. Dr. Rentz administered a steroid injection to the right shoulder.

Mr. Adickes was accompanied by his wife to his September 10, 2012, appointment with Dr. Mandell. Mr. Adickes reported headaches that came in clusters with a duration ranging from two to seven days. Mrs. Adickes voiced concern regarding her husband's memory and cognitive state, stating he was not as "sharp" or "quick" as he had been. Dr. Mandell indicated that he was unsure whether Mr. Adickes' cognitive issues were headache or medication-related. He noted his intent to change Mr. Adickes to beta blockers if such issues worsened.

Mr. Adickes next underwent a comprehensive special examination provided by John Welshofer, M.D., of Carolina Neurosurgery & Spine Associates. On October 31, 2012, Dr. Welshofer noted Mr. Adickes' medical progression, reviewed diagnostic testing and performed an examination. He documented positive impingement and restricted external rotation of the right shoulder. Dr. Welshofer provided an impression of post-concussion syndrome, "Disorder, shoulder region" and neck pain. He provided an impairment rating of 15% of the brain for post-concussion symptomology and headaches. In addition he recommended a flexion-extension forar MRI of the cervical spine and continued treatment with Dr. Mandell.

On November 21, 2012, Dr. Rentz responded to an attorney questionnaire correlating Mr. Adickes right-shoulder injury to the work accident.

Mr. Adickes next underwent an independent medical examination performed by Jerry L. Barron, M.D., of Barron & Homesley Orthopedic Specialists. On December 12, 2012, Dr. Barron reviewed Mr. Adickes' medical history and conducted an examination. He provided an assessment of "Status post motor vehicle accident with head injury, right shoulder injury, possible neck injury with persistent neck and right shoulder pain, status post right shoulder procedure." Dr. Barron opined that Mr. Adickes had sustained a right shoulder and cervical spine injury as a result of the work accident. He recommended pursuit of an MRI arthrogram of the right shoulder and an MRI of the cervical spine.

On January 21, 2013, Dr. Mandell documented dramatic improvement in Mr. Adickes' headaches secondary to an increased dosage of zonisamide. He further noted that the new dosage was impacting Mr. Adickes' memory. Mrs. Adickes provided numerous examples of her husband's memory problems. Dr. Mandell opted to lower the dose of the medication. He discussed changing the medication to a beta blocker in the event of increasing headaches.

Mr. Adickes returned to Dr. Welshofer on April 8, 2013. Dr. Welshofer cited the results of the MRI and requested further diagnostic testing to evaluate the presence of a non-healing cervical fracture and the extent of injury to the facet joint. Dr. Welshofer opined that Mr. Adickes might benefit from a diagnostic C4-5 medial branch block and possible radiofrequency ablation if the injury was "more to the facet joint."

The next day, Mr. Adickes, accompanied by his wife, returned to Dr. Mandell. Mr. Adickes reported improved though continuing headaches. Dr. Mandell noted that Mr. Adickes' medication had been changed two weeks prior from zonisamide to a beta blocker. Mr. Adickes reported improved memory, while his wife was uncertain of any change.

On June 19, 2013, Dr. Welshofer reviewed the results of a bone scan and cervical CT scan. He conducted an examination and provided an assessment of facet-mediated neck pain. Dr. Welshofer recommended referral to Richard Park, M.D., of Southeast Pain Care, and provided an impairment rating of 10% to the spine while noting he would see Mr. Adickes as necessary though he had no further treatment to offer.

On July 30, 2013, Mr. Adickes came under the care of Dr. Park. Dr. Park detailed the history of events and medical care arising from the March 2011 accident. He cited the results of an MRI as consistent with a foraminal facet arthrosis C4-5 while further indicating that the results of the bone scan were also correlated to the right C4-5 facet joint. Dr. Park provided an assessment of "Cervicogenic pain, right C4-C5 facet arthropathy." He recommended diagnostic right-facet joint injections at C4-5. He indicated that radiofrequency ablation of the noted joints would be considered for long-term relief should Mr. Adickes experience a short term reduction in his pain from the facet injections.

Dr. Welshofer responded to a medical questionnaire on September 26, 2013. Within the document, he asserted that Mr. Adickes had a pre-existing cervical condition that was exacerbated by the March 2011 accident.

Mr. Adickes was seen for follow-up by Dr. Mandell on October 8, 2013. Dr. Mandell documented continued improvement as well as the ongoing occurrence of headaches over a three-day duration. He reviewed Mr. Adickes medication protocol and opted to change his abortive agents.

Mr. Adickes underwent a series of two diagnostic facet joint injections at C4-5 provided by Dr. Park. On December 16, 2013, Mr. Adickes reported "almost completely resolved" shoulder pain, right arm pain and paresthesia. Unfortunately, he continued to experience discomfort in the right side of the neck. Dr. Park performed an examination revealing normal cervical range of motion and increased cervical pain with extension, right rotation and lateral bends. He administered "Successful medial branch blocks" at C4-5. Mr. Adickes experienced complete relief of his cervical pain and demonstrated full cervical range of motion, normal extension, rotation and lateral bends without pain. In response, Dr. Park recommended the pursuit of radiofrequency ablation of the C4-5 median branch. On January 6, 2014, Mr. Adickes underwent the noted procedure and experienced complete relief of his neck pain.

Dr. Mandell responded to an attorney questionnaire on February 5, 2014. He affirmed that Mr. Adickes would need ongoing care for his headaches to include medical follow-up and medications. He further indicated that Mr. Adickes might miss days at work as a result of headaches that did not respond to medication.

On March 24, 2014, Dr. Park provided a statement documenting his care of Mr. Adickes and the relief he experienced from such treatment. He indicated that Mr. Adickes would need future radiofrequency ablations, and that typically the procedure had to be repeated every six to twenty-four months for pain relief.

Based upon the functional evidence of record, it is apparent that Mr. Adickes has sustained various physical impairments secondary to the March 2011 accident. Such impairments involve his head, neck and right shoulder. At present, however, it would appear that Mr. Adickes' physio-vocational status is only subject to likely deficits pertaining to his expected workplace attendance in the face of recurring headaches.

I. Physio-Vocational Status - Combined Effects:

Mr. Adickes' injury occurred on March 22, 2011. Therefore, his claim is not subject to a greater analysis of the functional evidence under *Ellison v. Frigidaire Home Products, Inc.* Rather, *Ellison* is only applicable in cases with an injury date prior to July 1, 2007.

J. Secondary Medical Conditions:

Mr. Adickes denies any secondary conditions beyond the scope of his workers' compensation claim that would further impact his current physio-vocational status. He asserts that any and all limitations in his current ability to work are correlated to functional deficits arising from the March 2011 accident.

A review of the available record fails to reveal the presence of any additional conditions or impairments that would be expected to limit his capacity to work in a manner that exceeds the alleged impairments associated with his claim. As such, it does not appear that the record is subject to any "functional contamination" arising from an unrelated medical impairment or condition.

V. PLACEMENT PROFILE ANALYSIS:

A placement profile analysis refers to an interactive assessment between the factors noted in Section IV and additional employment concerns. The goal is to determine the overall ease or difficulty associated with securing appropriately targeted prospective employment. The areas outlined in Section IV are combined with other variables such as criminal standing, computer literacy, transportation, residential location, job-seeking skills, personal presentation, etc.

Mr. Adickes' placement profile is defined by a "favorable" designation. Beyond the obvious relevance of his current employment standing, it is characterized by an advanced education, a valid driver's license, a clean criminal record (past 10 years), a residence within commuting distance to active labor markets, an excellent work history, etc.

VI. PRE-MORBID EARNING CAPACITY:

Documents associated with Mr. Adickes' referral depict an average weekly wage of \$2608.52 prior to the March 2011 accident. As always, however, the parties associated with Mr. Adickes' claim are advised to review the appropriate documentary evidence in order to ensure an accurate determination of his pre-injury earning capacity. At no time should the wage citations provided within this report be considered a definitive determination of Mr. Adickes' pre-morbid earning capacity.

VII. BEHAVIORAL OBSERVATIONS:

Mr. Adickes arrived on time for his scheduled evaluation. He was dressed in a casual manner appropriate for the proceedings.

Upon introduction, Mr. Adickes was informed of my role relative to his claim and provided with a basic set of ground rules for the evaluation. He was told of my obligation to conduct an impartial and objective evaluation of his prospective capacity to work. Mr. Adickes was instructed to put forth a concerted effort, answer my questions honestly and attend to the evaluation in a serious manner. Lastly, he was directed to make himself comfortable, take breaks as needed and advised of his limited confidentiality within the context of the evaluation.

The entire evaluation lasted just under four hours and was completed primarily from a seated position. Mr. Adickes was very pleasant and cordial throughout the evaluation. He was personable and presented in a seemingly open and honest manner. He requested a short break after the testing. Relative to such, Mr. Adickes complained of fatigue associated with his completion of the SPM. Of note, Mr. Adickes presented with a slow and slightly fragmented speech pattern, though I have no personal knowledge of his pre-morbid speech presentation.

VIII. PROFILE & FEASIBILITY DETERMINATIONS:

The results of Mr. Adickes' vocational evaluation suggest the presence of competing outcomes with respect to his residual employability and prospective earning capacity subsequent to the March 2011 accident. The basis for such is driven by the apparent presence of competing evidence concerning not only Mr. Adickes' overall vocational profile but also the progression of events surrounding his departure from Philips Healthcare.

In light of such circumstances, the following profiles are offered for consideration within the context of Mr. Adickes' workers' compensation claim. Each profile considers the presence of admitted injuries to Mr. Adickes' head, right shoulder and neck. The cited wages consider both statistical and reported earnings within a period of forty hours per week over a total of fifty-two weeks per year.

Profile A:

Profile A characterizes Mr. Adickes' departure from Philips Healthcare as unfortunate personnel event completely unrelated to the March 2011 injury. It discounts the potential impact of any adverse functional deficits attributable to the accident (inclusive of any intervening effects on Mr. Adickes' job performance) and points to his length of employment with Philips as supportive of such circumstances.

Within the parameters of Profile A, Mr. Adickes' capacity to access the open labor market and earn a wage commensurate with his past employment would not be impacted by the March 2011 accident. Any demise in his residual earning capacity, subsequent to his release by Philips, would be attributed to events and circumstances germane to the open labor market in general.

Profile B:

Profile B is based upon a conclusion that Mr. Adickes' release from Philips Healthcare was due, at least in part, to performance-based deficits arising from the March 2011 accident and that he continues to experience a level of functional compromise that precludes a return to such work.

While Profile B acknowledges that Mr. Adickes was part of a general reduction in force, it accepts his impression that he became part of that reduction given his inability to effectively meet the demands of his job as a channel manager due to the medical conditions resulting from the accident. Profile B considers Mr. Adickes' reported failure to reach his targeted production goals in each year following the injury and further considers the progression of events depicted by Mr. Adickes with respect to his pursuit of subsequent employment with McKesson.

Within the parameters of Profile B, Mr. Adickes' current weekly wage (estimated at \$1057.69) would be considered a reasonable and proper representation of his likely earning capacity subsequent to the March 2011 accident. While he would be capable of performing other occupations in addition to his position with VRI, such work would not be expected to pay wages that significantly exceed his current compensation.

Profile C:

Profile C is based upon the same set of circumstances set forth in Profile B. However, it does not consider Mr. Adickes' current wages to be indicative of his likely earning capacity.

Rather, Profile C considers Mr. Adickes wages to be an understatement of his likely earning capacity.

Under Profile C, Mr. Adickes would be considered capable of performing occupations considered to be slightly more demanding in nature than his current position, though not at the level of his past employment as a channel manager. Within the parameters of Profile C, Mr. Adickes would retain an estimated, median earning capacity at or around \$1409.23 per week.

Based upon the results of Mr. Adickes' vocational evaluation, to include my consideration of the available evidence currently in my possession, it is my opinion that the above profiles properly represent the available record. Within the continuum of the noted profiles, however, it is my opinion that Mr. Adickes' current capacity to work is most accurately portrayed by the outcomes associated with Profile B.

In coming to the above conclusion, I am aware that my opinion is based extensively on the reports and representations of Mr. Adickes as to the progression of events associated with his claim and the nature of his current difficulties. I am further aware that the record in my possession is limited by a modest amount of evidence that specifically addresses such issues. Last but not least, I am aware that Mr. Adickes' representation of such events and circumstances could be inaccurate. Despite such circumstances, I maintain an opinion that Mr. Adickes' prospective employability is most properly defined by the conclusions cited in Profile B.

Simply put, at this juncture, I am disposed to take Mr. Adickes at his word with respect to his representation of the events surrounding his claim and their relevant impact on his functional status and prospective employability. In the absence of a comprehensive neuropsychological evaluation, it would be neither prudent nor proper to endorse work activity beyond Mr. Adickes' demonstrated state.

Should additional evidence come to light that alters my impression of Mr. Adickes' functional status, I am certainly available to revisit his claim and address such circumstances accordingly. In the interim, however, I do not believe that he is currently capable of earning wages that vary significantly from his present compensation.

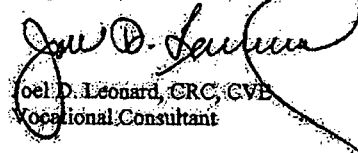
IX. SUMMARY CONCLUSIONS:

- Mr. Adickes experienced a work-related injury during the course of his employment with Philips Healthcare.
- Mr. Adickes' claim is framed by admitted injuries to his head, neck and right shoulder.
- Mr. Adickes has been provided medical care within the context of the South Carolina Workers' Compensation Act.
- Mr. Adickes has reached maximum medical improvement relative to certain injuries associated with his claim; however, issues persist as to the stated presence of maximum medical improvement with respect to the full scope of admitted injuries.
- Based upon the results of Mr. Adickes' vocational evaluation it is my professional opinion that his prospective employability is most consistent with the conclusions cited in Section VIII - Profile B.
- The conclusions reached in this report are based upon the available evidence. The right to amend or change such conclusions remains ongoing and subject to any changes in the functional evidence.

XI. RECOMMENDATIONS:

- As noted in Section VII, it is recommended that Mr. Adickes' pre-morbid wage be determined from official documents to ensure accurate wage comparisons. The parties are also encouraged to verify Mr. Adickes' current earnings with VRI.
- All post-injury employment should be thoroughly researched in order to ensure Mr. Adickes' representation of such events within the context of his vocational evaluation.
- The parties are encouraged to research the stated presence or absence of maximum medical improvement, and any corresponding impairment rating, with respect to Mr. Adickes' right shoulder.
- It is my understanding that Mr. Smith has requested Mr. Adickes' personnel file from Philips. Upon receipt of such, it is recommended that such information be forwarded for my review.
- Should competing impressions persist with respect to Mr. Adickes' cognitive status, it is recommended that the parties consider the completion of a neuropsychological evaluation.

Respectfully Submitted: 09/04/14


Joel D. Leonard, CRC, CVE
Vocational Consultant

cc: file

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Pain Management Visit Note(.)
Document Date: 16 July 2014 12:59 EDT
Document Status: Auth (Verified)
Document Title/Subject: Office Visit
Performed By/Author: PARK, RICHARD I MD on 16 July 2014 12:59 EDT
Verified By: PARK, RICHARD I MD on 18 July 2014 14:07 EDT
Encounter info: 1418800066, CMC-P, OPP - Outpatient Procedure Patient, 7/16/2014 - 7/16/2014
Contributor System: ESCRIPT

* Final Report *

Office Visit (Verified)

Pt Name: ADICKES, BARRY
Date of Service: 07/16/2014

MRN: 3461092

Date of Birth: 3/961

Mr. Adickes is a pleasant 52-year-old gentleman who presents with right-sided cervicogenic pain. He is a patient who has C4-C5 facet generated neck pain. On January 6th of this year, I performed a successful radiofrequency denervation of right C4, right C5 medial branches, with almost complete relief of his neck pain. Recently he has been experiencing tightness and some return of the same pain and this is beginning to interfere with his daily activities and ability to work and drive. It is in the same distribution. No numbness, weakness.

PHYSICAL EXAMINATION:

Vitals stable, afebrile, in no acute distress. Extension, right rotation causes discomfort over the C4-C5 facets segments. Once again, no radicular component of the pain, no weakness.

IMPRESSION:

1. Cervicalgia.
2. Right C4-C5 facet generated neck pain.

PLAN:

1. Successful radiofrequency denervation was performed right C4, right C5 medial branches, total of 2. Separate procedure note was dictated. At discharge, he was reporting complete relief of his neck pain. Range of motion is improved. He was very pleased. Usual instructions were given and he will return when needed.

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Printed on: 8/5/2014 14:45 EDT

Page 1 of 2
(Continued)

R Park

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

D: 07/16/2014 12:59PM RICHARD I. PARK, MD
T: 07/16/2014 14:25PM NTS
Job # 9981393/Conf # 1908355
cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
07/18/2014 02:07 PM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 16 July 2014 12:59 EDT
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 16 July 2014 14:25 EDT
- * Sign by PARK , RICHARD I MD on 18 July 2014 14:07 EDTRequested on 16 July 2014 14:25 EDT
- * VERIFY by PARK , RICHARD I MD on 18 July 2014 14:07 EDT

Printed by: KEMERAIT , EVA
Printed on: 8/5/2014 14:45 EDT

Page 2 of 2
(End of Report)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Operative/Procedure Reports
Document Date: 16 July 2014 0:00 EDT
Document Status: Auth (Verified)
Document Title/Subject: Operative Note
Performed By/Author: PARK, RICHARD I MD on 16 July 2014 12:57 EDT
Verified By: PARK, RICHARD I MD on 18 July 2014 14:07 EDT
Encounter info: 1418800066, CMC-P, OPP - Outpatient Procedure Patient, 7/16/2014 - 7/16/2014
Contributor System: ESCRIPT

* Final Report *

Operative Note (Verified)

Pt Name: ADICKES, BARRY
Date of Service: 07/16/2014

MRN: 3461092

Date of Birth: 11/1961

DATE OF PROCEDURE: 07/16/2014

PROCEDURE: Radiofrequency thermocoagulation with fluoroscopy.

POSITION: Right C4 and right C5 median branches, total of 2 lesioning.

ANESTHESIA: 1% lidocaine local.

AGENT: 80 degrees Celsius for 60 seconds radiofrequency thermocoagulation.

INDICATION:

1. Cervicalgia
2. Facet generated neck pain.

Chart was reviewed, questions were answered, consent was obtained.

DESCRIPTION OF PROCEDURE: The patient was placed prone and comfortable on fluoroscopic table. The surgical field was sterilely prepped with Chloraprep and draped in the usual fashion. Using fluoroscopy, the right C4-C5 and facet joints and accompanying anatomic landmarks were identified. One percent lidocaine local was given prior to placing 2 separate 10 mm radiofrequency probes corresponding to right C4 and right C5 median branches. Sensorimotor confirmation were performed at each level for final placement of the probes. A

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Page 1 of 2
(Continued)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

right C4 positive concordance of pain at 0.4 volts negative motor; right C5 positive concordance of pain 0.4 volts, negative motor. One percent lidocaine local given prior to lesioning at each level independently at 80 degrees Celsius for 60 seconds radiofrequency thermocoagulation. Prior to removal of the probes intact, 0.25% bupivacaine with 20 mg of Depo-Medrol, 1 cc, was injected. At discharge, he was complaining of pruritus and rash which often he gets with steroid injections as he had before and I suspect this might be a mild allergy to the preservative. He was given Benadryl IM and the symptoms resolved.

D: 07/16/2014 12:57PM RICHARD I. PARK, MD

T: 07/16/2014 13:39PM NTS

Job # 9981384/Conf # 1908350

cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD

07/18/2014 02:07 PM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 16 July 2014 12:57 EDT
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 16 July 2014 13:39 EDT
- * Sign by PARK , RICHARD I MD on 18 July 2014 14:07 EDTRequested on 16 July 2014 13:40 EDT
- * VERIFY by PARK , RICHARD I MD on 18 July 2014 14:07 EDT

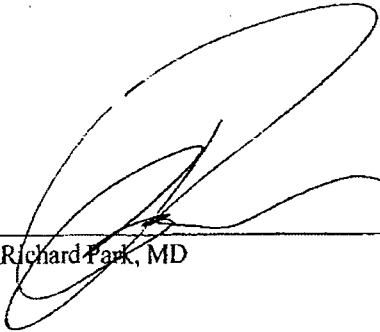
Printed by: KEMERAIT , EVA
Printed on: 8/5/2014 14:45 EDT

Page 2 of 2
(End of Report)

Re: Barry Simmons Adickes
DOB: [REDACTED]
DOI: 3/22/2011

SSN: [REDACTED]

I have been treating Barry Adickes as a result of an on the job injury. Initial treatment included pain medications and injections. Recently I performed a radio frequency ablation for Mr. Adickes and this has provided great relief for him. It is impossible for me to predict the exact future for Mr. Adickes but my experience and studies have shown the radio frequency ablations are typically repeated every six to twenty-four months for pain relief. Typically speaking successful radio frequency ablations provide pain relief and prevent the need for pain medications and injections.



Richard Park, MD

Dated: 3/24/14

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Pain Management Visit Note(.)
Document Date: 06 January 2014 15:44 EST
Document Status: Auth (Verified)
Document Title/Subject: Office Visit
Performed By/Author: PARK, RICHARD I MD on 06 January 2014 15:44 EST
Verified By: PARK, RICHARD I MD on 08 January 2014 8:10 EST
Encounter info: 1335800052, CMC-P, OPP - Outpatient Procedure Patient, 1/6/2014 - 1/6/2014
Contributor System: ESCRIPT

* Final Report *

Office Visit (Verified)

Pt Name: ADICKES, BARRY

MRN: 3461092

Date of Birth: [REDACTED] 1961

DATE OF SERVICE: 01/06/2014

DATE OF BIRTH: [REDACTED] 1961

Mr. Adickes is a very pleasant 52-year-old gentleman who has right cervicalgia as a chief complaint. He is a patient who was kindly referred by Dr. Welshofer.

He underwent 2 diagnostic injections including the last median branch blocks C4 and C5, corresponding to C4-C5 facet joint. For 12 hours, he had almost complete relief of his neck pain and he had the ability with normalization of range of motion. Given this finding to the previous diagnostic injections, he is a good candidate for radiofrequency thermocoagulation of these medial branches for long-term relief.

PHYSICAL EXAMINATION: Vitals stable, afebrile, no contraindications to planned procedure. Exam is unchanged; right-sided cervicogenic pain with extension and rotation.

IMPRESSION:

1. Cervicalgia.
2. Facet generated neck pain.

PLAN: Successful radiofrequency thermocoagulation were performed right C4 and right C5 median branches, corresponding to C4-C5 facet joint. A total of 2 lesioning. He tolerated the procedure well and at discharge he had complete relief of his neck pain. Usual instructions were given and he will return when needed.

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Printed on: 3/4/2014 15:33 EST

Page 1 of 2
(Continued)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

• Final Report •

D: 01/06/2014 03:44PM RICHARD I. PARK, MD
T: 01/07/2014 10:45AM NTS
Job # 9354279/Conf # 1724532
cc: JOHN A. WELSHOFER, MD

Signature Line

Electronically Signed By: PARK, RICHARD I MD
01/08/2014 08:10 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 06 January 2014 15:44 EST
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 07 January 2014 10:45 EST
- * Sign by PARK , RICHARD I MD on 08 January 2014 8:10 EST Requested on 07 January 2014 10:45 EST
- * VERIFY by PARK , RICHARD I MD on 08 January 2014 8:10 EST

Printed by: KEMERAIT , EVA
Printed on: 3/4/2014 15:33 EST

Page 2 of 2
(End of Report)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Operative/Procedure Reports
Document Date: 06 January 2014 0:00 EST
Document Status: Auth (Verified)
Document Title/Subject: Operative Note
Performed By/Author: PARK, RICHARD I MD on 06 January 2014 15:43 EST
Verified By: PARK, RICHARD I MD on 08 January 2014 8:10 EST
Encounter info: 1335800052, CMC-P, OPP - Outpatient Procedure Patient, 1/6/2014 - 1/6/2014
Contributor System: ESCRIPT

* Final Report *

Operative Note (Verified)

Pt Name: ADICKES, BARRY

MRN: 3461092

Date of Birth: [REDACTED] 1961

DATE OF SERVICE: 01/06/2014

DATE OF BIRTH: [REDACTED] 1961

PROCEDURE: Radiofrequency thermocoagulation with fluoroscopy.

POSITION: Right C4 and right C5 medial branches, total of 2 lesioning.

ANESTHESIA: 1% lidocaine local.

AGENT: 80 degrees Celsius for 60 seconds radiofrequency thermocoagulation.

INDICATIONS:

1. Cervicalgia.
2. Facet generated neck pain.

DESCRIPTION OF PROCEDURE: Chart was reviewed, questions were answered, consent was obtained. The patient was placed prone and comfortable on fluoroscopic table. The surgical field was sterilely prepped with Chloraprep and draped in the usual fashion. Using fluoroscopy, the right C4-C5 facet joints and accompanying anatomic landmarks were identified. One percent lidocaine local given prior to placing 2 separate 10 mm radiofrequency probes corresponding to right C4 and right C5 medial branch. Sensorimotor confirmation were performed at each level for final placement of the probes. At right C4 positive concordance of pain at 0.3 volts,

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Printed on: 3/4/2014 15:40 EST

Page 1 of 2
(Continued)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

Final Report *

negative motor; right C5 positive concordance at 0.5 volts and negative motor. One percent lidocaine local given prior to lesioning at each level independently at 80 degrees Celsius for 60 seconds radiofrequency thermocoagulation. Prior to removal of the probes intact, 0.25% bupivacaine with 10 mg Depo-Medrol, 1 cc, was injected. No complications. At discharge, he had complete relief of his neck pain.

D: 01/06/2014 03:43PM RICHARD I. PARK, MD

T: 01/06/2014 16:08PM NTS

Job # 9354267/Conf # 1724528

cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD

01/08/2014 08:10 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 06 January 2014 15:43 EST
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 06 January 2014 16:08 EST
- * Sign by PARK , RICHARD I MD on 08 January 2014 8:10 EST Requested on 06 January 2014 16:27 EST
- * VERIFY by PARK , RICHARD I MD on 08 January 2014 8:10 EST

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Printed on: 3/4/2014 15:40 EST

Page 2 of 2
(End of Report)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

: Final Report *

Document Type: Pain Management Visit Note(.)
Document Date: 16 December 2013 15:22 EST
Document Status: Auth (Verified)
Document Title/Subject: Office Visit
Performed By/Author: PARK, RICHARD I MD on 16 December 2013 15:22 EST
Verified By: PARK, RICHARD I MD on 18 December 2013 8:44 EST
Encounter info: 1334000182, CMC-P, OPP - Outpatient Procedure Patient, 12/16/2013 - 12/16/2013
Contributor System: ESCRIPT

* Final Report *

Office Visit (Verified)

Pt Name: ADICKES, BARRY

MRN: 3461092

Date of Birth: 12/16/1961

DATE OF SERVICE: 12/16/2013

DATE OF BIRTH: 12/16/1961

Mr. Adickes is a pleasant 52-year-old gentleman who has chronic right-sided cervical pain. After the 2 diagnostic facet joint injections C4-C5, his referred pain to the shoulder and right arm pain, paresthesia has almost completely resolved. He is left with discomfort in the right side of the neck, but overall he is very pleased with the improvement. He is here for diagnostic median branch block to see whether or not he would be a good candidate for radiofrequency ablation at this level.

PHYSICAL EXAMINATION

Vitals stable, afebrile, in no acute distress, 4/10 pain score. He has full range of motion, but full extension, right rotation and lateral bends cause increased pain in the right mid cervical spine near the C4-C5 facets segments. Once again, there is no weakness or neurologic deficits in the upper extremities.

IMPRESSION:

1. Cervicalgia.
2. Right C4-C5 facet generated neck pain.

PLAN:

1. Successful diagnostic medial branch blocks were performed, right C4 and right C5, corresponding to C4-C5

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Page 1 of 2
(Continued)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

Final Report

facet joint. At discharge, he had complete relief of his cervical pain. Range of motion is full, normal extension, rotation and lateral bends did not create any pain. Given this finding, we will pursue the radiofrequency denervation of C4-C5 median branch at next visit.

D: 12/16/2013 03:22PM RICHARD I. PARK, MD

T: 12/17/2013 09:47AM NTS

Job # 9290745/Conf # 413057

cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD

12/18/2013 08:44 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 16 December 2013 15:22 EST
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 17 December 2013 9:47 EST
- * Sign by PARK , RICHARD I MD on 18 December 2013 8:44 EST Requested on 17 December 2013 9:48 EST
- * VERIFY by PARK , RICHARD I MD on 18 December 2013 8:44 EST

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Printed on: 3/4/2014 15:33 EST

Page 2 of 2
(End of Report)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Operative/Procedure Reports
Document Date: 16 December 2013 0:00 EST
Document Status: Auth (Verified)
Document Title/Subject: Operative Note
Performed By/Author: PARK, RICHARD I MD on 16 December 2013 15:20 EST
Verified By: PARK, RICHARD I MD on 18 December 2013 8:44 EST
Encounter info: 1334000182, CMC-P, OPP - Outpatient Procedure Patient, 12/16/2013 - 12/16/2013
Contributor System: ESCRIPT

* Final Report *

Operative Note (Verified)

Pt Name: ADICKES, BARRY

MRN: 3461092

Date of Birth: 12/12/1961

DATE OF SERVICE: 12/16/2013

DATE OF BIRTH: 12/12/1961

PROCEDURE: Medial branch block with fluoroscopy.

POSITION: Cervical, right C4 and right C5, corresponding to right C4-C5 facet joints, total of 1.

ANESTHESIA: 1% lidocaine.

AGENT: 0.5% bupivacaine, 1 mL each.

INDICATIONS:

1. Cervicalgia.
2. Facet generated back, neck pain.

DESCRIPTION OF PROCEDURE: Chart was reviewed, questions were answered, consent was obtained. The patient was placed prone and comfortable. The surgical field was sterilely prepped with ChloroPrep and draped in the usual fashion. Using fluoroscopy, right C4-C5 facet joint and accompanying anatomic landmarks were identified. One percent lidocaine local given prior to placing 2 separate 22-gauge spinal needles corresponding to right C4 and right C5 medial branches. After correct placement under fluoroscopy, therapeutic agent of 0.5% bupivacaine, 1 mL was injected at each level and the needle removed. Hemostasis was achieved. At discharge,

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Printed on: 3/4/2014 15:33 EST

Page 1 of 2
(Continued)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

he was reporting complete relief of his neck pain even with range of motion, rotation and extension.

D: 12/16/2013 03:20PM RICHARD I. PARK, MD

T: 12/17/2013 03:46AM NTS

Job # 9290733/Conf # 413053

cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
12/18/2013 08:44 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 16 December 2013 15:20 EST
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 17 December 2013 3:46 EST
- * Sign by PARK , RICHARD I MD on 18 December 2013 8:44 EST Requested on 17 December 2013 3:47 EST
- * VERIFY by PARK , RICHARD I MD on 18 December 2013 8:44 EST

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Printed on: 3/4/2014 15:33 EST

Page 2 of 2
(End of Report)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Pain Management Visit Note(.)
Document Date: 13 November 2013 11:22 EST
Document Status: Auth (Verified)
Document Title/Subject: Office Visit
Performed By/Author: PARK, RICHARD I MD on 13 November 2013 11:22 EST
Verified By: PARK, RICHARD I MD on 15 November 2013 13:08 EST
Encounter info: 1330800066, CMC-P, OPP - Outpatient Procedure Patient, 11/13/2013 - 11/13/2013
Contributor System: ESCRIPT

* Final Report *

Office Visit (Verified)

ADICKES, BARRY

3461092

DATE OF SERVICE: 11/13/2013

DATE OF BIRTH: 08-1961

Mr. Adickes is a 52-year-old gentleman who has chronic right-sided cervicalgia and episodic right arm pain. He had his first diagnostic right C4-C5 facet joint injection last visit. According to the patient, he had short-term relief where he noticed some improvement, but overall his symptoms have returned. It is still on the right side with headaches. He is also experiencing episodic pain radiating down the arms, numbness. He is here for a second diagnostic facet joint injection.

PHYSICAL EXAMINATION

Vitals stable, afebrile, in no contraindications to planned procedure, continues to exhibit increased neck pain with right rotation, extension of the C4-C5 facets segments. There is no profound weakness in the upper extremities. Reflexes are intact.

IMPRESSION:

1. Cervicalgia.
2. Facet arthropathy.
3. Cervical spondylosis.

PLAN: Intraarticular facet joint injections were performed right C4-C5 and at discharge, he was comfortable

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Printed on: 3/4/2014 15:33 EST

Page 1 of 2
(Continued)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

with marked decrease in his neck pain. Range of motion was also improved. He will keep a pain diary and depending on response, we may consider purely diagnostic medial branch blocks prior to radiofrequency ablation if the symptoms are not controlled long-term versus an intralaminar cervical epidural steroid injection at next visit.

D: 11/13/2013 11:22AM RICHARD I. PARK, MD
T: 11/13/2013 15:34PM NTS
Job # 9174468/Conf # 394813
cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
11/15/2013 01:08 PM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 13 November 2013 11:22 EST
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 13 November 2013 15:34 EST
- * Sign by PARK , RICHARD I MD on 15 November 2013 13:08 EST Requested on 13 November 2013 15:34 EST
- * VERIFY by PARK , RICHARD I MD on 15 November 2013 13:08 EST

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Printed on: 3/4/2014 15:33 EST

Page 2 of 2
(End of Report)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Operative/Procedure Reports
Document Date: 13 November 2013 0:00 EST
Document Status: Auth (Verified)
Document Title/Subject: Operative Note
Performed By/Author: PARK, RICHARD I MD on 13 November 2013 11:20 EST
Verified By: PARK, RICHARD I MD on 15 November 2013 13:09 EST
Encounter info: 1330800066, CMC-P, OPP - Outpatient Procedure Patient, 11/13/2013 - 11/13/2013
Contributor System: ESCRIPT

* Final Report *

Operative Note (Verified)

ADICKES, BARRY

3461092

DATE OF SERVICE: 11/13/2013

DATE OF BIRTH: 01/01/1961

PROCEDURE: Facet joint injection with fluoroscopy.

POSITION: Right C4-C5.

ANESTHESIA: 1% lidocaine local.

AGENT: 0.25% bupivacaine with 80 mg Depo-Medrol, 1.5 mL.

INDICATIONS:

1. Cervicalgia.
2. Facet arthrosis.

POSTOPERATIVE DIAGNOSES:

1. Cervicalgia.
2. Facet arthrosis.

DESCRIPTION: After obtaining informed consent, the patient was positioned on the padded fluoroscopy table as above. The skin overlying the spine in the area of interest was prepped and draped in the usual fashion.

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Page 1 of 2
(Continued)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Fluoroscopy was utilized to choose a site for needle insertion. Local anesthesia was administered at this site.

A sterile 22-gauge styletted spinal needle was advanced through the anesthetized skin and manipulated into the facet joint under fluoroscopic guidance. Aspiration was negative. Therapeutic agent was administered in increments. The needles were removed intact.

The patient tolerated the procedure well and recovered uneventfully in the pain center recovery room. Discharge instructions were given.

ADDENDUM: Intraarticular right C4-C5 facet joint injection was performed. At discharge, he had almost complete relief of his right-sided neck pain, range of motion was normalized.

D: 11/13/2013 11:20AM RICHARD I. PARK, MD

T: 11/13/2013 14:14PM NTS

Job # 9174463/Conf # 394808

cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD

11/15/2013 01:09 PM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 13 November 2013 11:20 EST
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 13 November 2013 14:14 EST
- * Sign by PARK , RICHARD I MD on 15 November 2013 13:09 EST Requested on 13 November 2013 14:15 EST
- * VERIFY by PARK , RICHARD I MD on 15 November 2013 13:09 EST

Printed by: KEMERAIT, EVA
Printed on: 3/4/2014 15:33 EST

Page 2 of 2
(End of Report)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Operative/Procedure Reports
Document Date: 21 October 2013 0:00 EDT
Document Status: Auth (Verified)
Document Title/Subject: Operative Note
Performed By/Author: PARK, RICHARD I MD on 21 October 2013 12:43 EDT
Verified By: PARK, RICHARD I MD on 22 October 2013 8:51 EDT
Encounter info: 1328300045, CMC-P, OPP - Outpatient Procedure Patient, 10/21/2013 - 10/21/2013
Contributor System: ESCRIPT

* Final Report *

Operative Note (Verified)

ADICKES, BARRY

3461092

DATE OF SERVICE: 10/21/2013

DATE OF BIRTH: 9/11/1961

PROCEDURE: Facet joint injection with fluoroscopy.

POSITION: Right C4-C5 facet joint.

ANESTHESIA: 1% lidocaine local.

AGENT: 0.25% bupivacaine with 60 mg Depo-Medrol, 1 mL.

INDICATIONS:

1. Cervicalgia.
2. Facet arthrosis.
3. Back and neck pain.

POSTOPERATIVE DIAGNOSES:

1. Cervicalgia.
2. Facet arthrosis.
3. Back and neck pain.

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Printed on: 3/4/2014 15:33 EST

Page 1 of 3
(Continued)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

DESCRIPTION OF PROCEDURE: After obtaining informed consent, the patient was positioned on the padded fluoroscopy table as above. The skin overlying the spine in the area of interest was prepped and draped in the usual fashion. Fluoroscopy was utilized to choose a site for needle insertion. Local anesthesia was administered at this site.

A sterile 22-gauge stylet spinal needle was advanced through the anesthetized skin and manipulated into the facet joint under fluoroscopic guidance. Aspiration was negative. Therapeutic agent was administered in increments. The needles were removed intact.

The patient tolerated the procedure well and recovered uneventfully in the pain center recovery room. Discharge instructions were given.

ADDENDUM: Intraarticular facet joint injection was performed right C4-C5. At discharge, he had 0/10 pain score and improved range of motion. During the recovery, he began to complain of pruritus and Benadryl 50 mg was given with complete resolution.

D: 10/21/2013 12:43PM RICHARD I. PARK, MD
T: 10/21/2013 13:05PM NTS
Job # 9085581/Conf # 6902670
cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
10/22/2013 08:51 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 21 October 2013 12:43 EDT
- * Transcribe by DESCRIPTION , TRANSCRIPTIONIST on 21 October 2013 13:05 EDT
- * Sign by PARK , RICHARD I MD on 22 October 2013 8:51 EDTRequested on 21 October 2013 13:06 EDT
- * VERIFY by PARK , RICHARD I MD on 22 October 2013 8:51 EDT

Printed by: KEMERAIT , EVA
Printed on: 3/4/2014 15:33 EST

Page 2 of 3
(Continued)

Operative/Procedure Reports

ADICKES, BARRY S - 0003461092

* Final Report *

Printed by: KEMERAIT, EVA
Printed on: 3/4/2014 15:33 EST

Page 3 of 3
(End of Report)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Pain Management Visit Note(.)
Document Date: 21 October 2013 12:44 EDT
Document Status: Auth (Verified)
Document Title/Subject: Office Visit
Performed By/Author: PARK, RICHARD I MD on 21 October 2013 12:44 EDT
Verified By: PARK, RICHARD I MD on 24 October 2013 13:12 EDT
Encounter info: 1328300045, CMC-P, OPP - Outpatient Procedure Patient, 10/21/2013 - 10/21/2013
Contributor System: ESCRIPT

* Final Report *

Office Visit (Verified)

ADICKES, BARRY

3461092

DATE OF SERVICE: 10/21/2013

DATE OF BIRTH: 10/21/1961

Mr. Adickes is a pleasant 52-year-old gentleman with chronic right neck pain. He is here for diagnostic facet joint injections C4-C5.

No changes are seen during interval.

PHYSICAL EXAMINATION:

Vitals stable, afebrile. No contraindications to planned procedure, 6/10 pain score.

IMPRESSION:

1. Intraarticular right C4-C5 facet joint injection was performed. At discharge, he had 0/10 pain score. Range of motion was normalized. In the recovery room he began to experience pruritus and he states that he had "cortisone shot" in the past by an orthopedist and he had the same reaction that was relieved with Benadryl. Benadryl 50 mg IM was given with complete relief. He may be allergic to the Depo-Medrol or the preservative. However, at the next visit in 3-4 weeks, if we have to repeat the injection for augmented response, we may consider a different steroid preparation.

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Printed on: 3/4/2014 15:32 EST

Page 1 of 2
(Continued)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

D: 10/21/2013 12:44PM RICHARD I. PARK, MD
T: 10/22/2013 09:04AM NTS
Job # 9085586/Conf # 6902671
cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
10/24/2013 01:12 PM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 21 October 2013 12:44 EDT
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 22 October 2013 9:04 EDT
- * Sign by PARK , RICHARD I MD on 24 October 2013 13:12 EDTRequested on 22 October 2013 9:04 EDT
- * VERIFY by PARK , RICHARD I MD on 24 October 2013 13:12 EDT

Printed by: KEMERAIT , EVA
Printed on: 3/4/2014 15:32 EST

Page 2 of 2
(End of Report)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Pain Management Visit Note(.)
Document Date: 25 September 2013 12:45 EDT
Document Status: Auth (Verified)
Document Title/Subject: Office Visit
Performed By/Author: PARK, RICHARD I MD on 25 September 2013 12:45 EDT
Verified By: PARK, RICHARD I MD on 26 September 2013 8:46 EDT
Encounter info: 1325900139, CMC-P, OP - Outpatient, 9/25/2013 - 9/25/2013
Contributor System: ESCRIPT

* Final Report *

Office Visit (Verified)

ADICKES, BARRY

3461092

DICTATOR FILL IN BLANKS

DATE OF SERVICE: 09/25/2013

DATE OF BIRTH: 09/25/1961

Mr. Adickes is a very pleasant 52-year-old gentleman who was initially evaluated from a referral from Dr. Welshofer for this patient's ongoing right cervicogenic pain. After assessment, my plan was to consider a right C4-C5 diagnostic facet joint injection. He was initially evaluated on July 30th. There was a long delay due to insurance issues as well as his recent trip to Alaska. Nevertheless, his neck pain is persistent, unchanged since the initial evaluation.

PHYSICAL EXAMINATION:

Vitals stable, afebrile, no acute distress. Still discomfort with extension, right lateral bends and rotation on the right cervical segment, C4-C5 region. No new neurologic deficits.

IMPRESSION:

1. Cervicalgia, right C4-C5 facet generated neck pain.

PLAN:

1. The plan was to consider diagnostic right C4-C5 facet joint injection as planned from the initial evaluation.

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Page 1 of 2
(Continued)

Pain Management Visit Note(.)

ADICKES, BARRY S - 0003461092

* Final Report *

However, I was notified that the insurance company, his insurance workman's compress, has _____ approved this procedure. We will reschedule this planned procedure ASAP. His workman's compensation insurance will approve this.

D: 09/25/2013 12:45PM RICHARD I. PARK, MD
T: 09/26/2013 07:48AM NTS
Job # 8989177/Conf # 361207
cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
09/26/2013 08:46 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 25 September 2013 12:45 EDT
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 26 September 2013 7:48 EDT
- * Sign by PARK , RICHARD I MD on 26 September 2013 8:46 EDTRequested on 26 September 2013 7:48 EDT
- * VERIFY by PARK , RICHARD I MD on 26 September 2013 8:46 EDT

Printed by: KEMERAIT , EVA
Printed on: 3/4/2014 15:32 EST

Page 2 of 2
(End of Report)

Pain Management Consult(.)

ADICKES, BARRY S - 0003461092

* Final Report *

Document Type: Pain Management Consult(.)
Document Date: 30 July 2013 12:58 EDT
Document Status: Auth (Verified)
Document Title/Subject: Ambulatory Consultation
Performed By/Author: PARK, RICHARD I MD on 30 July 2013 12:58 EDT
Verified By: PARK, RICHARD I MD on 31 July 2013 8:07 EDT
Encounter info: 1320700213, CMC-M, OP - Outpatient, 7/30/2013 - 7/30/2013
Contributor System: ESCRIPT

* Final Report *

Ambulatory Consultation (Verified)

ADICKES, BARRY

3461092

DATE OF VISIT: 07/30/2013

DATE OF BIRTH: 08/12/1961

Mr. Adickes is a pleasant 51-year-old gentleman who presents today with a chief complaint of right cervicogenic pain. He is referred by Dr. Welshofer for my opinion and possibly treatment considering facet joint injection therapy.

The patient was involved in a motor vehicle accident in March 2011 at which time he states on a mountain road he flipped a car incurring multiple injuries including post-concussive syndrome, headaches, had a _____ and biceps tear on the right which was repaired. Dislocated the right shoulder. During the interval with time, he has recovered from the surgeries. His headaches are improving. He is under the care of Dr. Mandell, neurologist for his headaches. However, his cervical pain has been persistent on the right side. He has difficulty with movement of the neck. Range of motion is difficult. Pain is there constantly, but there are days with activity it worsens. He has some discomfort radiating to the shoulders on the right side. I reviewed Dr. Welshofer's notes. An MRI showed foraminal facet arthrosis C4-C5 on the right side. No evidence of fracture. The bone scan is also correlated to the right C4-C5 facet joint. He has not had any injection therapy for this. Minimal physical therapy other than the shoulder therapy that he had received.

PAST MEDICAL HISTORY:

1. Hiatal hernia.
2. Headaches.

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Page 1 of 3
(Continued)

Pain Management Consult(.)

ADICKES, BARRY S -0003461092

* Final Report *

PAST SURGICAL HISTORY: Recent right knee surgery, right shoulder surgery.

ALLERGIES: None.

MEDICATIONS:

1. Nadolol.
2. Maxalt.
3. Multivitamins.
4. Aspirin.
5. Hydrocodone p.r.n.

FAMILY MEDICAL HISTORY: None.

SOCIAL HISTORY: He is married. He is now back to work as a sales manager. He does not smoke, occasional alcohol, no recreational drug use.

REVIEW OF SYSTEMS: Thirteen-points checked and incorporated in the chart. No constitutional symptoms, weight loss, weight gain, night sweats. He does complain of moderate headaches.

PHYSICAL EXAMINATION:

GENERAL: Pleasant demeanor, in no acute distress. He walks in with the crutches due to his right knee surgery.

HEENT EXAMINATION: Cranial nerves II-XII grossly intact. Range of motion of cervical spine is full, but he complains of discomfort with right lateral bends, rotation and extension of the spine. There is tenderness in the midcervical segment to the trapezius to palpation but mainly seems to be correlating to the C4-5 region.

RIGHT SHOULDER: There is a well-healed surgical scar. Range of motion is reasonable full to elevation and posterior reach. No dislocations. Structurally sound. Good strength in the upper extremities. Good hand grip. Deep tendon reflexes are intact.

BACK: Nonfocal.

KNEE EXAMINATION: Arthroscopic scars on the right. Moderate swelling. Range of motion is somewhat

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Printed on: 3/4/2014 15:32 EST

Page 2 of 3
(Continued)

Pain Management Consult(.)

ADICKES, BARRY S - 0003461092

* Final Report *

diminished to flexion and extension. Otherwise, no acute findings.

IMPRESSION:

1. Cervicogenic pain, right C4-5 facet arthropathy.

PLAN: Schedule him for a diagnostic right C4-C5 facet joint injections. We will consider 2 injections 3 weeks apart and if he has greater than 50% reduction in pain, but the relief is not long lasting, we may consider radiofrequency ablation of these joints for long-term relief.

D: 07/30/2013 12:58PM RICHARD I. PARK, MD
T: 07/30/2013 14:30PM NTS
Job # 8771177/Conf # 322089
cc:

Signature Line

Electronically Signed By: PARK, RICHARD I MD
07/31/2013 08:07 AM

Completed Action List:

- * Perform by PARK , RICHARD I MD on 30 July 2013 12:58 EDT
- * Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 30 July 2013 14:30 EDT
- * Sign by PARK , RICHARD I MD on 31 July 2013 8:07 EDTRequested on 30 July 2013 14:31 EDT
- * VERIFY by PARK , RICHARD I MD on 31 July 2013 8:07 EDT

Printed by: KEMERAIT , EVA
Printed on: 3/4/2014 15:32 EST

Page 3 of 3
(End of Report)

Name: Barry Adicks
 DOB: [REDACTED] 1961
 Date: 12/12/12

CHIEF COMPLAINT: IME right shoulder.

HPI: Barry is an active healthy 51-year old patient who unfortunately was injured in March of 2011. He was working for a medical company, Phillips returning from his work when he rolled off an embankment on the Blue Ridge Parkway. He rolled and fell approximately 100 feet landing on two boulders. He was twisting clockwise off the hill with his right shoulder on the steering wheel. He recalls that his right upper extremity was being twisted in the wheel. When he landed he did hit the left side of his head on the windshield and sustained a direct blow to his left shoulder. There may have been a period of unconsciousness. At some point however he became somewhat alert and aware of his condition and called the emergency services and 5 hours later he was retrieved and taken to the ER.

He was noted in the ER to have a Grade II to III concussion with a Grade I AC separation as well as multiple abrasions and contusions. I may not have the ER sheet but according to his history he is complaining of right shoulder pain in addition to headaches, multiple abrasions, contusions and left shoulder pain from the contusion.

Following this injury he was seen by Dr. Rentz in Rock Hill. He apparently evaluated his left shoulder and right shoulder. He had left shoulder surgery 5 years prior to this accident. The left AC sprain apparently improved and for the most part has resolved. Unfortunately he continued to have right shoulder pain, which persisted. During this time he may have received a MRI but there was concern about impingement and a SLAP tear. It should be noted that he was also complaining of some neck pain with pain radiating from the right side of his neck to his right shoulder as well as referred pain from the shoulder to his neck.

He was eventually taken to the operating room on 10/21/11 where he was noted to have a Type 4 SLAP tear with a bucket handle tear of the biceps attachment. He required arthroscopy with a biceps tenotomy, labral debridement and open biceps tenodesis.

He did receive some therapy. The right shoulder apparently was not accepted as worker's comp initially. He has not been rated. He was last seen by Dr. Rentz in June of 2012 at which time he was given a Cortisone shot. Mr. Adicks unfortunately continues to have significant pain in the shoulder. He feels as though he is impinging and is concerned about persistent pathology.

He apparently has been seen by Dr. Welshofer for his brain injury and has been given an impairment rating for that injury. He has returned to work but once again is concerned about his neck and persistent right shoulder pain.

Dr. Burns

Name: Barry Adicks
 DOB: [REDACTED]
 Date: 12/12/12
 Page 2

PHYSICAL EXAM:

VITALS: Stable.

GENERAL APPEARANCE: Healthy.

CARDIOVASCULAR: Radial pulses intact.

MUSCULOSKELETAL: Patient is in no acute distress. He has pain with impingement right shoulder. There is some crepitus with active range of motion. Biceps tenodesis appears intact but there is some mild deformity and weakness of the biceps. Minimal AC pain is noted on the right. He does have pain with impingement. There is pain with instability testing and with O'Brien's. Rotator cuff appears intact but he has mild pain with resisted cuff strength testing. He does have pain that radiates to the base of his right neck.

Neck exam reveals some mild decrease in range of motion. I can not reproduce any obvious true radicular symptoms but he does have some referred pain to his right shoulder anterior and posterior shoulder with cervical compression. Left shoulder is not examined.

Chart review is completed.

SKIN: Clear, no visible abnormalities.

NECK: No visible masses or abnormalities.

EYES: Clear, focused, and no visible abnormalities.

NEUROLOGICAL: Sensation intact.

PSYCHOLOGICAL: Patient is alert and oriented to time, place, and person.

ASSESSMENT: Status post motor vehicle accident with head injury, right shoulder injury, possible neck injury with persistent neck and right shoulder pain, status post right shoulder procedure.

PLAN: It is my opinion based upon all the facts made available to me that he did sustain an acute injury to his head, neck and bilateral shoulders. While the main focus of the initial ER visit apparently was on the head and left shoulder by the patient's history he did have significant injury to his right shoulder and did require eventual evaluation and

Name: Barry Adicks

DOB: [REDACTED]

Date: 12/12/12

Page 3

surgical treatment of that shoulder. He denies any prior right shoulder problems before the accident. In my opinion the right shoulder is a work related injury. He did sustain a significant closed head injury with a direct blow to his head. Once again based upon all these facts I think he did sustain an injury to his cervical spine as well as to his left shoulder. While the left shoulder injury appears to have resolved he continues to have neck symptoms. He unfortunately has not responded to surgical treatment on his right shoulder.

My recommendation is that he proceed with MRI arthrogram of the right shoulder. I would want that to be performed in Charlotte through the Charlotte Radiology Group. I also recommend that he have a MRI of his cervical spine. Based upon his history of injury including significant blow to his head I will be happy to see the patient for follow up once the studies have been completed. He has not been rated with regards to the right shoulder. At some point and time he will require rating of both shoulders and possibly his cervical spine. I may ask for a second opinion with regards to the cervical spine from Dr. Welshofer and Carolina at Neurosurgical Group.

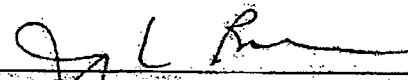
This note was dictated by Jerry L. Barron, M.D.

This note was electronically signed by Jerry L. Barron, M.D.

RE: Barry Adickes
DOB: [REDACTED]
Date: 1/14/15

I previously evaluated this patient on December 12, 2012. At that time I opined that he had suffered an acute injury to this head, neck, and bilateral shoulders. He had undergone surgery to his right shoulder but continued to experience difficulty. I recommended an MRI arthrogram.

Today I reviewed the updated report of Dr. James Rentz dated September 16, 2014 and the MRI performed on October 10, 2014. It is my opinion within a reasonable degree of medical certainty that Mr. Adickes has sustained permanent impairment of 15% to the right shoulder and 0% to the left shoulder. It is further my opinion that he will most probably eventually require additional surgery to the right shoulder based on the MRI findings as well as ongoing symptoms. It is reasonable for Mr. Adickes to try to avoid surgery as long as possible. It is further my opinion that Mr. Adickes condition was caused by his on the job automobile accident of March 22, 2011. These opinions are stated to a reasonable degree of medical certainty.



Jerry L. Barton, MD

Dated: 1/14/15

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Chart Update

PATIENT NAME: Barry Adickes
PATIENT ID: 000000--390241
DATE OF BIRTH: [REDACTED] 1961
PROVIDER: John A. Welshofer MD
DATE OF VISIT: September 26, 2013

I received a medical questionnaire regarding the patient and I can make the following statements, that the patient likely has an underlying cervical degenerative condition/spondylosis that was made materially worse by the motor vehicle accident on March 22, 2011. The mechanism of injury was consistent with the bone scan which showed facet uptake that I think was more likely than not the result of that accident and the patient was likely more likely to have such an injury due to the pre-existing underlying spondylosis.

John A. Welshofer MD 09/26/2013 7:39 AM

Dictation edited by: Jean Helms

cc:
Nicholas Tuttle, MD
Rock Hill Family Practice
1435 Ebenezer Road
Rock Hill, SC 29732

Richard Park, MD
Southeast Anesthesiology Consultants
PO Box 36351
Charlotte, NC 28236

Electronically signed by John A. Welshofer MD on 09/26/2013 07:44 AM

Dr. Welshofer

Barry Adickes
Date of Birth: [REDACTED]
1 of 1

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Office Visit- New

PATIENT NAME: Barry Adickes
PATIENT ID: 000000-390241
DATE OF BIRTH: 10/31/1961
PROVIDER: John A. Weishofer MD
DATE OF VISIT: June 19, 2013

CHIEF COMPLAINT

migraines intermittent, Neck pain, CT & Bone scan review OV

HISTORY OF PRESENT ILLNESS

The patient is seen today in re-evaluation his bone scan lights up rather significantly at the right C4-5 facet. CT scan shows significant degeneration at that level, but no fracture. Generalized spondylosis is noted.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 10/31/2012, which I have signed.

Past Medical / Surgical History

<u>Year</u>	<u>Disease</u>	<u>Surgery/Management</u>	<u>Date</u>	<u>MD</u>	<u>Comments</u>
		right shoulder surgery	2011		
		thyroidectomy	2004		
		right knee surgery	1993		
	headaches				

SOCIAL HISTORY

Reviewed.

MEDICATIONS

Motrin	800 Mg	Y
Cambia	50 Mg	Y
Maxalt	10 Mg	Y
Biotin		Y
Feverfew	500 Mg	Y
Naproxen	500 Mg	Y
Vitamin B Complex		Y
Fish Oil		Y

Y-denotes that the medication was prescribed elsewhere

Barry Adickes
Date of Birth: 10/31/1961
1 of 4

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

ALLERGIES

<u>Name</u>	<u>Allergen</u>	<u>Reaction</u>
	Hydrocortisone	

VITAL SIGNS

<u>Temp F</u>	<u>Pulse</u>	<u>Resp Rate</u>	<u>Bp Systolic</u>	<u>Bp Diastolic</u>	<u>Height Ft</u>	<u>Height In</u>	<u>Weight Lb</u>
	55	18	140	84	5.0	9.00	185.00

PHYSICAL EXAM

General

General Appearance: normal
Mood/Affect: normal
Orientation: normal
Lymphatic: normal
Pulses/Edema: normal
Gait/Station: normal
Coordination: normal

Skin

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal
Right Lower Extremity: normal
Left Lower Extremity: normal

Inspection/Palpation

	Right	Left
Cervical Spine:	middle, lower	middle, lower
Thoracic Spine:	normal	normal
Lumbar Spine:	normal	normal
Upper Extremity:	normal	normal
Lower Extremity:	normal	normal

Stability

Cervical Spine: motion is with pain
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal
Right Lower Extremity: normal
Left Lower Extremity: normal

Barry Adickes
Date of Birth: 11/19/1961
2 of 4

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Range of Motion

Cervical Spine:	extension: moderate restriction, right lateral bending: moderate restriction
Thoracic Spine:	normal
Lumbar Spine:	normal
Right Upper Extremity:	normal
Left Upper Extremity:	normal
Right Lower Extremity:	normal
Left Lower Extremity:	normal

Motor Strength

Upper and lower extremity motor strength was tested in the clinically pertinent muscles. Any abnormal findings will be noted below.

Sensory

Sensation was tested at C5 to T1 and L2 to S1. Any abnormal findings will be noted below..

Muscle Stretch Reflexes

Upper and lower extremity reflexes were tested at the clinically pertinent muscles. Any abnormal findings will be noted below.

DIAGNOSTIC RESULTS

Bone scan with SPECT imaging as well as CT scan as above.

IMPRESSION

Postconcussive syndrome.
Facet mediated neck pain.

ASSESSMENT/PLAN

1. Cervical Disc Degeneration (722.4)
2. Postconcussion Syndrome (310.2)
3. Pain/neck (723.1)

Barry Adickes
Date of Birth: 03/02/1961
3 of 4

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

The patient should be seen by Dr. Richard Park for a series of diagnostic and therapeutic facet injections possible radiofrequency treatment. I don't think there is a surgical lesion here or if there was it would be a fusion and he wants to avoid that. I suggested he has a 10% impairment of the spine based upon the AMA guidelines. I will see the patient as necessary I don't think that there is anything else to offer him at this time.

Orders

Timeframe

Referral Evaluate And Treat

Referrals

Timeframe

Referral Evaluate And Treat

John A. Welshofer MD 06/20/2013 1:43 PM

Dictation edited by: Michelle Chacon

cc:

John Welshofer MD, MD
14135 Ballantyne Corporate Pla
Suite 100
Charlotte, NC 282773109

Nicholas Tuttle, MD
Rock Hill Family Practice
1435 Ebenezer Road
Rock Hill, SC 29732

Richard Park, MD
Southeast Anesthesiology Consultants
PO Box 36351
Charlotte, NC 28236

Barry Adickes
Date of Birth: 01/1961
4 of 4

82

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Office Visit- Return

PATIENT NAME: Barry Adickes
PATIENT ID: 000000-390241
DATE OF BIRTH: 11/11/1961
PROVIDER: John A. Welshofer MD
DATE OF VISIT: April 08, 2013

CHIEF COMPLAINT

migraines intermittent, Neck pain

HISTORY OF PRESENT ILLNESS

The patient is seen today in re-evaluation. The flexion extension forar MRI shows an anterolisthesis C4-5 and there is definite T2 signal change in the right C4-5 facet, especially the inferior portion of C4 suggesting the possibility of a non-healing fracture versus injury to the facet joint.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 10/31/2012, which I have signed.

Past Medical / Surgical History

<u>Year</u>	<u>Disease</u>	<u>Surgery/Management</u>	<u>Date</u>	<u>MD</u>	<u>Comments</u>
		right shoulder surgery	2011		
		thyroidectomy	2004		
		right knee surgery	1993		
	headaches				

SOCIAL HISTORY

Reviewed.

MEDICATIONS

**Established Patients Medications Reviewed

Motrin	800 Mg	Y
Cambia	50 Mg	Y
Maxalt	10 Mg	Y
Biotin		Y
Feverfew	500 Mg	Y
Naproxen	500 Mg	Y
Vitamin B Complex		Y
Fish Oil		Y

Y-denotes that the medication was prescribed elsewhere

ALLERGIES

<u>Name</u>	<u>Allergen</u>	<u>Reaction</u>
-------------	-----------------	-----------------

Barry Adickes
Date of Birth: 11/11/1961
1 of 3

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Hydrocortisone

VITAL SIGNS

<u>Temp F</u>	<u>Pulse</u>	<u>Resp Rate</u>	<u>Bp Systolic</u>	<u>Bp Diastolic</u>	<u>Height Ft</u>	<u>Height In</u>	<u>Weight Lb</u>
	49	18	121	77		69.00	185.00

PHYSICAL EXAM

General

General Appearance: normal
Mood/Affect: normal
Orientation: normal
Lymphatic: normal
Pulses/Edema: normal
Gait/Station: normal
Coordination: normal

Skin

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal

Inspection/Palpation

	Right	Left
Cervical Spine:	middle, lower	middle, lower
Thoracic Spine:	normal	normal
Lumbar Spine:	normal	normal
Upper Extremity:	normal	normal

Stability

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal

Range of Motion

Cervical Spine: decreased range of motion
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal

Motor Strength

Barry Adickes
Date of Birth: 6/25/1961
2 of 3

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Upper extremity motor strength was tested in the clinically pertinent muscles .Any abnormal findings will be noted below..

Sensory

Sensation was tested at C5 to T1 .Any abnormal findings will be noted below..

Muscle Stretch Reflexes

Upper extremity reflexes were tested at the clinically pertinent muscles .Any abnormal findings will be noted below..

IMPRESSION

Possible non-healing C4 facet fracture.

ASSESSMENT/PLAN

1. Postconcussion Syndrome (310.2)
2. Cervical Disc Degeneration (722.4)
3. Pain/neck

The patient needs a cervical bone scan with SPECT imaging plus a bony CT of the cervical spine to evaluate. If the non-healing fracture is noted this may need surgery. If this is more injury to the facet joint the patient may benefit from diagnostic and therapeutic C4-5 medial branch blocks and possible radiofrequency ablation.

Orders

Timeframe

CT C-Spine W/o Contrast
Bone Scan

John A. Welshofer MD 04/11/2013 7:06 AM

Dictation edited by: Jean Helms

cc:
Nicholas Tuttle, MD
Rock Hill, SC 29732

Electronically signed by John A. Welshofer MD on 04/11/2013 07:52 AM

Barry Adickes
Date of Birth: 04/19/1961
3 of 3

If received in error call: 704-446-6161/866-446-6161
of 2

Printed/Taxed: 6/13/2013 9:59 Page 1



CMC-MOREHEAD MEDICAL PLAZA IMAGING

Carolina's HealthCare System

RADIOLOGICAL SERVICES

(704) 446-5200

Patient Name: ADICKES, BARRY

MRN: 0003461092 Accession #: 20972748

Patient Location: CMCT, MMP CT

Patient Type: PRO Visit #: 1316202818

Exam: 70572, CT SPINE CERVICAL W/O CONTRAST

Completed: 6/13/13 9:50 am

Clinical Information: CERVICAL DISC DEGEN

Requesting Provider: WELSHOFER, JOHN

225 BALDWIN AVENUE, CAROLINA NEUROSURGERY AND SPINE
CHARLOTTE, NC 28204

FINAL REPORT

DATE OF SERVICE: 6/13/2013 09:50:00

EXAM: CT scan of the cervical spine without contrast
Clinical history: Possible nonhealing cervical fracture.

Findings: Comparison is made to the prior CT from comparison is made to the prior MRI from March 28, 2013. There is minimal degenerative subluxation at the C4-5 level as noted on the patient's prior MRI. The alignment of the cervical vertebrae are otherwise within normal limits. There is no evidence of a fracture.

Evaluation of the individual levels demonstrates:

At C2-3, there is no disc bulge or herniation.

At C3-4, there is a small spondylitic ridge minimally deforming the thecal sac. The central canal and neural foramen are adequate.

At C4-5, there is advanced degenerative change of the right facet joint as noted on the prior MRI. There is moderate right-sided neural foraminal stenosis. The left neural foramen and central canal are adequate. There is minimal focal ossification of the posterior longitudinal ligament opposite the C4 C5 vertebrae.

At C5-6, there is no disc bulge or herniation.

At C6-7, there is no disc bulge or herniation.

At C7-T1, there is no disc bulge or herniation.

Impression:

1. Stable minimal degenerative subluxation at C4-5 with advanced degenerative facet arthropathy on the right side at that

CMC-MOREHEAD MEDICAL PLAZA IMAGING 1025 MOREHEAD MEDICAL DRIVE, SUITE 100, CHARLOTTE, NC 28204 (704) 446-5200

Patient Name: ADICKES, BARRY

DOB: 08/12/1961

Age: 51 Y

Sex: M

Page 1 of 2

Name: Adickes, Barry

DOB: 08/12/1961

ROA - 574

If received in error call: 704-446-6161/866-446-6161
of 2

Printed/Taxed: 6/13/2013 9:59

Page 2



CMC-MOREHEAD MEDICAL PLAZA IMAG

Carolinas HealthCare System

RADIOLOGICAL SERVICES

(704) 446-5200

Patient Name: ADICKES, BARRY

MRN: 0003461092 Accession #: 20972748

Patient Location: CMCT, MMP CT

Patient Type: PRO Visit #: 1316202818

Exam: 70572, CT SPINE CERVICAL W/O CONTRAST

Completed: 6/13/13 9:50 am

Clinical Information: -CERVICAL DISC DEGEN
-

level.

2. Moderate right-sided neural foraminal stenosis at C4-5.

3. No evidence of fracture.

4. Minimal focal ossification of the posterior longitudinal ligament opposite the C4 and C5 vertebral bodies.

Report ID: 5859971

D: 6/13/2013 09:36:56 SC: 145

Dictated by: Jonathan Clemente, MD

Transcribed By: SpeechQ

Signed By: JONATHAN CLEMENTE M.D.

Thursday, June 13, 2013 9:59:02AM

Thursday, June 13, 2013 9:59:02AM

CMC-MOREHEAD MEDICAL PLAZA IMAGING 1025 MOREHEAD MEDICAL DRIVE, SUITE 100, CHARLOTTE, NC 28204 (704) 446-5200

Patient Name: ADICKES, BARRY

DOB: 08/12/1961

Age: 51 Y

Sex: M

Page 2 of 2

Name: Adickes, Barry

DOB: 08/12/1961

- 87 -
ite:

ROA - 575

If received in error call: 704-446-6161/866-446-6161
of 2

Printed/Faxed: 6/13/2013 15:54 Page 1



CMC-MOREHEAD MEDICAL PLAZA IMAGING

Carolina's HealthCare System

RADIOLOGICAL SERVICES

(704) 446-5200

Patient Name: ADICKES, BARRY
Patient Location: CMCT, MMP CT
Exam: 8537, NM BONE SCN SPECT PM

MRN: 0003461092 Accession #: 20972746
Patient Type: PRO Visit #: 1316202818
Completed: 6/13/13 2:05 pm

Clinical Information: -CERVICAL DISC DEGEN
-

Requesting Provider: WELSHOFER, JOHN
225 BALDWIN AVENUE, CAROLINA NEUROSURGERY AND SPINE
CHARLOTTE, NC 28204

FINAL REPORT

DATE OF SERVICE: 6/13/2013 14:05:00

EXAM: BONE SCAN WHOLE BODY WITH SPECT

HISTORY: Right shoulder and neck pain. Previous MVC.

COMPARISON STUDIES: CT cervical spine today.

TECHNIQUE: Anterior and posterior planar whole-body images were obtained approximately 3 hours after the intravenous administration of 24.9 mCi of Tc-99m MDP. SPECT images of the cervical spine to include portions of the head and upper chest were obtained after whole body imaging.

FINDINGS: Whole body bone scan images show mildly asymmetric uptake at the AC joints, greater on the left possibly due to mild degenerative change. Increased activity at the medial right knee is probably also degenerative. Left wrist or distal forearm activity may be injection site related.

Dominant focus abnormal activity at the right mid cervical spine was further assessed with SPECT imaging which shows this to represent an isolated cervical spine abnormality. This likely correlates with the advanced facet joint degenerative change on the right at the C4-5 level noted on CT and MRI. No other specific bone scan abnormalities.

IMPRESSIONS: Dominant focus of bone scan abnormality at the mid right cervical spine correlates with advanced facet joint arthropathy at C4-5.

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Patient Name: ADICKES, BARRY DOB: 08/12/1961 Age: 51 Y Sex: M Page 1 of 2

Name: Adickes, Barry

DOB: 08/12/1961

ROA - 576

If received in error call: 704-446-6161/866-446-6161
of 2

Printed/Faxed: 6/13/2013 15:54 Page 2



CMC-MOREHEAD MEDICAL PLAZA IMAGING

Carolinas HealthCare System

RADIOLOGICAL SERVICES

(704) 446-5200

Patient Name: ADICKES, BARRY
Patient Location: CMCT, MMP CT
Exam: 8537, NM BONE SCN SPECT PM
Clinical Information: -CERVICAL DISC DEGEN
-

MRN: 0003461092 Accession #: 20972746
Patient Type: PRO Visit #: 1316202818
Completed: 6/13/13 2:05 pm

Report ID: 5862241
D: 6/13/2013 15:42:00 SC:
Dictated by: Andrew J. Beloni, MD

Transcribed By: SpeechQ
Signed By: ANDREW BELONI M.D.

Thursday, June 13, 2013 3:54:21 PM
Thursday, June 13, 2013 3:54:21 PM

CMC-MOREHEAD MEDICAL PLAZA IMAGING 1025 MOREHEAD MEDICAL DRIVE, SUITE 100, CHARLOTTE, NC 28204 (704) 446-5200

Patient Name: ADICKES, BARRY

DOB: 08/12/1961 Age: 51 Y Sex: M Page 2 of 2

Name: Adickes, Barry

DOB: 08/12/1961

- 89 -
ite:

ROA - 577

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place

Suite 100

Charlotte, NC 282773383

Phone: (704)831-4338

Office Visit- Return

PATIENT NAME: Barry Adickes

PATIENT ID: 000000-390241

DATE OF BIRTH: 02/27/1961

PROVIDER: John A. Welshofer MD

DATE OF VISIT: April 08, 2013

CHIEF COMPLAINT

migraines Intermittent, Neck pain

HISTORY OF PRESENT ILLNESS

The patient is seen today in re-evaluation. The flexion extension fonal MRI shows an anterolisthesis C4-5 and there is definite T2 signal change in the right C4-5 facet, especially the inferior portion of C4 suggesting the possibility of a non-healing fracture versus injury to the facet joint.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 10/31/2012, which I have signed.

Past Medical / Surgical History

<u>Year</u>	<u>Disease</u>	<u>Surgery/Management</u>	<u>Date</u>	<u>MD</u>	<u>Comments</u>
		right shoulder surgery	2011		
		thyroidectomy	2004		
		right knee surgery	1993		
	headaches				

SOCIAL HISTORY

Reviewed.

MEDICATIONS

**Established Patients Medications Reviewed

Motrin	800 Mg	Y
Cambia	50 Mg	Y
Maxalt	10 Mg	Y
Biotin		Y
Feverfew	500 Mg	Y
Naproxen	500 Mg	Y
Vitamin B Complex		Y
Fish Oil		Y

Y-denotes that the medication was prescribed elsewhere

ALLERGIES

<u>Name</u>	<u>Allergen</u>	<u>Reaction</u>
	Hydrocortisone	

Barry Adickes
Date of Birth: 02/27/1961
1 of 3

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Charlotte, NC 282773383
Phone: (704)831-4338

VITAL SIGNS

Temp F	Pulse	Resp Rate	Bp Systolic	Bp Diastolic	Height Ft	Height In	Weight Lb
49	18		121	77		69.00	185.00

PHYSICAL EXAM

General

General Appearance: normal
Mood/Affect: normal
Orientation: normal
Lymphatic: normal
Pulses/Edema: normal
Gait/Station: normal
Coordination: normal

Skin

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal

Inspection/Palpation

	Right	Left
Cervical Spine:	middle, lower	middle, lower
Thoracic Spine:	normal	normal
Lumbar Spine:	normal	normal
Upper Extremity:	normal	normal

Stability

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal

Range of Motion

Cervical Spine: decreased range of motion
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal

Motor Strength

Upper extremity motor strength was tested in the clinically pertinent muscles. Any abnormal findings will be noted below..

Sensory

Barry Adickes
Date of Birth: 07/07/1961
2 of 3

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Phone: (704)831-4338

Sensation was tested at C5 to T1. Any abnormal findings will be noted below..

Muscle Stretch Reflexes

Upper extremity reflexes were tested at the clinically pertinent muscles. Any abnormal findings will be noted below..

IMPRESSION

Possible non-healing C4 facet fracture.

ASSESSMENT/PLAN

1. Postconcussion Syndrome (310.2)
2. Cervical Disc Degeneration (722.4)
3. Pain/neck

The patient needs a cervical bone scan with SPECT imaging plus a bony CT of the cervical spine to evaluate. If the non-healing fracture is noted this may need surgery. If this is more injury to the facet joint the patient may benefit from diagnostic and therapeutic C4-5 medial branch blocks and possible radiofrequency ablation.

Orders

Timeframe

CT C-Spine W/o Contrast
Bone Scan

John A. Welshofer MD 04/11/2013 7:06 AM

Dictation edited by: Jean Helms

cc:
Nicholas Tuttle, MD
Rock Hill, SC 29732

Electronically signed by John A. Welshofer MD on 04/11/2013 07:52 AM

Barry Adickes
Date of Birth: 04/11/1961
3 of 3

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Comp. Special Exam

PATIENT NAME: Barry Adickes
PATIENT ID: 000000--390241
DATE OF BIRTH: 09/01/1961
PROVIDER: John A. Welshofer MD
DATE OF VISIT: October 31, 2012

CHIEF COMPLAINT

Back pain

HISTORY OF PRESENT ILLNESS

The patient is seen today for a comprehensive special examination for ongoing symptoms as her surroundings and mild traumatic brain injury/concussion.

The patient has been under the care of Dr. Mandell, medical records same are reviewed and summary is the patient was injured in a motor vehicle collision that occurred March 22, 2011. He was driving on a highway and he went around a sharp curve and his vehicle crashed into the trees apparently traveling 100 feet down and the patient suffered loss of consciousness. He had had difficulty with pain in his left shoulder that he apparently popped back into place and has pain also in the right shoulder. The patient ultimately was rescued by EMS was taken to the hospital/emergency room a CAT scan and x-rays were performed showing no evidence of fracture. X-rays were done of the C-spine, shoulder, clavicle and hand. Subsequently the patient was treated extensively with orthopedic evaluations as well as a neurology consult. He was diagnosed with a grade 2-3 concussion and postconcussive syndrome he also ultimately was found to have a rotator cuff/labral tear for which ultimately had surgery on the right shoulder done in October 2011.

The patient states he continues to have daily symptomatology that is related to his head in terms of the postconcussive symptoms. He continues to have headaches as well as neck pain. The patient has been on multiple medications, he has occasional bouts of forgetfulness. His headaches include a varying degree in description well outlined by Dr. Mandell and his medications have included neuroleptics, anti-inflammatories, migraine headaches medicines such as cambia and Maxalt. He denies loss of bowel or bladder symptoms tend to be fluctuating on any given day.

PAST MEDICAL HISTORY, SURGICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY AND REVIEW OF SYSTEMS

I have reviewed the patient's past medical, surgical, family and social history as well as the comprehensive review of systems as included on the Carolina NeuroSurgery & Spine Associates history form dated 10/31/2012, which I have signed.

Past Medical / Surgical History

<u>Year</u>	<u>Disease</u>	<u>Surgery/Management</u>	<u>Date</u>	<u>MD</u>	<u>Comments</u>
		right shoulder surgery	2011		
		thyroidectomy	2004		
		right knee surgery	1993		

headaches

SOCIAL HISTORY

Reviewed.

Barry Adickes
Date of Birth: 09/01/1961
1 of 4

CAROLINA
NeuroSurgery & Spine
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 Suite 100
 Charlotte, NC 282773383
 Phone: (704)831-4338

MEDICATIONS

Fish Oil		Y
Zonisamide		Y
Motrin	800 Mg	Y
Cambia	50 Mg	Y
Maxalt	10 Mg	Y
Biotin		Y
Feverfew	500 Mg	Y
Naproxen	500 Mg	Y
Vitamin B Complex		Y

Y-denotes that the medication was prescribed elsewhere

ALLERGIES

<u>Name</u>	<u>Allergen</u>	<u>Reaction</u>
	Hydrocortisone	

VITAL SIGNS

<u>Temp F</u>	<u>Pulse</u>	<u>Resp Rate</u>	<u>Bp Systolic</u>	<u>Bp Diastolic</u>	<u>Height Ft</u>	<u>Height In</u>	<u>Weight Lb</u>
81	16		135	82		69.00	185.00

PHYSICAL EXAM**General**

General Appearance: normal
 Mood/Affect: normal
 Orientation: normal
 Lymphatic: normal
 Pulses/Edema: normal
 Gait/Station: normal
 Coordination: normal

Skin

Cervical Spine: normal
 Thoracic Spine: normal
 Lumbar Spine: normal
 Right Upper Extremity: normal
 Left Upper Extremity: normal
 Right Lower Extremity: normal
 Left Lower Extremity: normal

Inspection/Palpation

	Right
Cervical Spine:	normal
Thoracic Spine:	normal
Lumbar Spine:	normal
Upper Extremity:	normal

Left

normal
 normal
 normal
 normal

Barry Adickes

Date of Birth: 01/01/1961

2 of 4

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NeuroSurgery & Spine
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Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

Lower Extremity: normal normal

Stability

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: normal
Left Upper Extremity: normal
Right Lower Extremity: normal
Left Lower Extremity: normal

Range of Motion

Cervical Spine: normal
Thoracic Spine: normal
Lumbar Spine: normal
Right Upper Extremity: positive impingement, restricted shoulder external rotation
Left Upper Extremity: normal
Right Lower Extremity: normal
Left Lower Extremity: normal

Motor Strength

Upper and lower extremity motor strength was tested in the clinically pertinent muscles. Any abnormal findings will be noted below.

Sensory

Sensation was tested at C5 to T1 and L2 to S1. Any abnormal findings will be noted below..

Muscle Stretch Reflexes

Upper and lower extremity reflexes were tested at the clinically pertinent muscles. Any abnormal findings will be noted below.

DIAGNOSTIC RESULTS

No Imaging studies available for review.

IMPRESSION

Postconcussive syndrome.

Status post right shoulder surgery.

Chronic neck pain status post motor vehicle collision.

Barry Adickes

Date of Birth: 11-22-1961

3 of 4

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NeuroSurgery & Spine
ASSOCIATES

14135 Ballantyne Corporate Place
Suite 100
Charlotte, NC 282773383
Phone: (704)831-4338

ASSESSMENT/PLAN

1. Postconcussion Syndrome (310.2)
2. Disorder, shoulder region NEC (726.2)
3. Pain/neck (723.1)

I believe the patient's injury was a SOUTH CAROLINA injury based upon the AMA guidelines. I would grade him at a permanent impairment rating of 15% of the brain for continuous postconcussive symptomatology and headaches.

I do believe the patient may benefit from a flexion-extension fomar MRI of the cervical spine to look for ligamentous instability due to the chronic neck pain.

The patient should continue treating with Dr. Mandell.

John A. Welshofer MD 11/01/2012 10:45 AM

Dictation edited by: Michelle Chacon

cc:
Nicholas Tuttle, MD
Rock Hill Family Practice
1435 Ebenezer Road
Rock Hill, SC 29732

Electronically signed by John A. Welshofer MD on 11/01/2012 05:29 PM

Barry Adickes
Date of Birth: 11/11/1961
4 of 4



Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.

Mark A. Porter, MD. • Dennis M. Gettelfinger, Emeritus

Michael Leddy, PA-C MMS • Sharon Walter, PA-C

www.metrolinaneurology.com

August 29, 2014

SUMMARY FOR THE CHART

RE: Barry S. Adickes

DOB: 03-27-1961

HISTORY OF PRESENT ILLNESS: I saw Barry in neurology clinic today in followup of his traumatic brain injury and post-traumatic headaches. In general, he has done well, but continues to have difficulties. This is due to his intermittent migraines, as well as difficulty with focus and concentration. He is not sure if this is due to age or the head injury, but it was not there before he was involved in the accident.

He does get a headache maybe every six weeks, but upon reviewing his record, really, it is more frequent than that. He gets a headache probably every two weeks, but he can go up to six weeks without a headache, at his best.

When he gets the headache, he takes Imitrex injection right away, which gives him tightness in the jaw and makes him feel kind of bad. He would lie down, and the headache would drop from maybe an 8/10 to a 2-3/10. He will go on his way, but the headache will linger at a 2-3/10. He will take Frova later that day, and take another one the next day, as the headache usually lingers a day or two.

He knows really of no triggers. He has had radiofrequency ablation to his neck, which really gave him excellent relief from the pain going from his neck to his shoulders, and really has not done much for the headaches.

He notes that he is more forgetful and has more difficulty putting his words together. Often, there are delays when he gives an answer. He is not as sharp as he used to be.

He is less able to formulate thoughts and less able to quickly figure out a complex task, though he still can. It just takes him more time.

GENERAL REVIEW OF SYSTEMS: No headaches, fever or chills, ear aches or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, allergy problems.

CURRENT MEDICATIONS:

1. Nadolol 40 mg.
2. Imitrex 4 mg subcutaneous injection p.r.n.
3. Frova p.r.n.

SOCIAL HISTORY: He does not smoke or drink.

CMC Pineville :
10620 Park Rd, Ste 230
Charlotte, NC 28210
(704)542-6698

Rock Hill Medical Park:
200 S. Herlong Ave, Ste H
Rock Hill, SC 29732
(803)366-6135

CMC-Carolina Lakes Medical Plaza:
7666 Charlotte Hwy
Indian Land, SC 29707
(803) 578-9050

Dr. Mandell

NEUROLOGICAL EXAMINATION:

Mental status testing: On examination, he is very pleasant, awake, alert, and oriented times four. He does delay in answering questions. It takes him more time to gather his thoughts, but otherwise does well.

Language function: No significant aphasia or dysarthria was noted.

CN II: Optic fundi were normal with no papilledema noted.

CN III, IV, VI: The pupils were equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements were full with no nystagmus and no ptosis noted.

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevated symmetrically and normal gag reflex was noted.

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: The tongue protruded in the midline with normal strength and movement.

Carotid Arteries: No bruits heard.

C-Spine: There is normal ROM for age, non-tender, and no muscle spasms.

L-S-Spine: There is normal ROM for age, negative SLR, non-tender, no muscle spasm.

Motor examination: Power is 5/5. Tone and coordination are normal.

Sensory examination: Sensation was intact to pin prick and light touch and vibration sense.

Reflexes: Reflexes are 2/4. Plantar responses are downgoing.

Cerebellar testing: Normal finger to nose, heel/knee/shin, and tandem walk.

Gait testing: The patient walks with a narrow based gait.

IMPRESSION AND PLAN:

1. Barry is doing well, taking everything into consideration. He still does, however, have leftover migraines. I think he underestimates the frequency of his headaches. When I review his diary, it is more frequent than every six weeks, and more like every two weeks. He was able to knock it out with Imitrex injection, but the headache lingers for a day or two, and he will have to take Froya. He is not incapacitated. He is able to function, but does have a headache wearing him down for a few days.
2. Difficulty with focus and concentration. I suspect that this is related to the brain injury. I would like to give him a trial of Adderall.
3. Migraine prophylaxis on nadolol 40 mg. Heart rate is 62. I suggested that we go from 40 mg to 60 mg.

We will see how he does on the above mentioned plan.


Howard Mandell, MD, FRCPC
HM/arb (08/29) 23436183

cc: Nicholas Tuttle, M.D.

Dictated but not read to expedite mailing.



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• 7666 Charlotte Highway, Suite 220 • Indian Land, SC 29707 • (803) 578-9050

HOWARD MANDELL, M.D.
SC DEA#BM316
NC DEA#BM320

EBINEHITA ARHEBAMEN, M.D.
SC DEA#FA449
NC DEA#FA450

ALLAN S. RYDER-COOK, M.D.
SC DEA#BR477
NC DEA#BR483

MICHAEL LEDDY, PA-C
SC DEA#ML071
NC DEA#ML113

MARK A. PORTER, M.D.
SC DEA#AP188
NC DEA#BP744

SHARON H. WALTER, PA-C
SC DEA#MW263
NC DEA#MW236

FOR Howard Mandell DATE 12/22/07

R

1) Addendum to #1 m
#1 m

2) Intake on day at med hld.
Repeat on Mon #14 p.m.

3) Please call for a new med hld.
Repeat on Mon #14 p.m.

DISPENSE AS WRITTEN M.D./PAC SUBSTITUTION PERMITTED M.D./PAC
REFILL ZERO 1 2 3 4 5 6 LABEL ALL MEDICINE



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HOWARD MANDELL, M.D.
SC DEA#BM316
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NC DEA#ML113

MARK A. PORTER, M.D.
SC DEA#AP188
NC DEA#BP744

SHARON H. WALTER, PA-C
SC DEA#MW263
NC DEA#MW236

FOR Howard Mandell DATE 12/22/07

R

1) Addendum to #1 m

T-2 PM

60 p.m.
(sub.)

DISPENSE AS WRITTEN M.D./PAC SUBSTITUTION PERMITTED M.D./PAC
REFILL ZERO 1 2 3 4 5 6 LABEL ALL MEDICINE

Re: Barry Simmons Adickes v. Philips Healthcare

DOB: [REDACTED] 1961

SSN: [REDACTED]

DOI: 3/22/2011

I have been treating Barry Adickes for traumatic brain injury and post-concussive syndrome as a result of the on the job injury. It is my opinion that Mr. Adickes will need the following treatments:

Ongoing care for post traumatic headaches. To include doctor visits 2 or 3 per year, medications for prevention & abortive treatment. Possible missed days at work for occasional headache not aborted by medications

I anticipate that Mr. Adickes will continue to need these treatments for the rest of his life.



Howard S. Mandell, MD

Dated: 2/5/14



Howard Mandell, MD, FRCPC • Allan S. Ryder-Cook, MD, PhD.
Mark A. Porter, MD • Dennis M. Gettelfinger, Emeritus
Michael Leddy, PA-C MMS • Sharon Walter, PA-C
www.metrolinaneurology.com

February 5, 2014

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: 1/12/1961

HISTORY OF PRESENT ILLNESS: I saw Barry in the neurology clinic today in followup of his traumatic brain injury and post-traumatic headaches. In general, he has done well. He still, however, has intermittent migraines perhaps once or twice a month. We have come up with the best abortive strategy, which is Imitrex injection at the onset of the headache and Frova the next day if there is leftover headache. On this regimen, he seems to do quite well and is very functional. He found radiofrequency ablation in his neck to be very helpful. The CT scan did not confirm a non-healed fracture, but instead showed edema and what sounds like facet arthropathy. The radiofrequency ablation to the medial nerves gave him instant relief of his neck and arm pain and triggered a headache. His wife wonders whether some of the headaches might be neck related (cervicogenic). He continues to have some minor issues with memory. He is not sure if it is related to being 52 or if it is due to the head trauma, and he is willing to attribute it to age. This is going into a room and then wondering what he went into the room for and had to backtrack his steps in order to figure it out, needing to keep lists and mild short-term memory difficulties, but he is not sure that is any different than any of his other friends. He and his wife are trying to be very honest as to what is related to the head trauma and what is not. On top of everything, he was laid off the company says due to downsizing, but it really does not seem like that was the entire case. Nonetheless, he does have a lot of options available for him.

GENERAL REVIEW OF SYSTEMS: No headaches, fever or chills, earaches, or sinus infections. No chest pain, PND, orthopnea, or ankle swelling. No cough, SOB, sputum production, or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena, or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, or allergy problems.

CURRENT MEDICATIONS:

1. Nadolol 40 mg
2. Imitrex injection
3. Frova

NEUROLOGICAL EXAMINATION: He is very pleasant, awake and alert, oriented times four.

CN III, IV, VI: The pupils are equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements are full with no nystagmus and no ptosis noted.

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

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Charlotte, NC 28210
(704)542-6698

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200 S. Herlong Ave, Ste H
Rock Hill, SC 29732
(803)366-6135

CMC-Carolina Lakes Medical Plaza:
7666 Charlotte Hwy
Indian Land, SC 29707
(803) 578-9050

CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevates symmetrically and normal gag reflex is noted.

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: The tongue protrudes in the midline with normal strength and movement.

Motor examination: Power is 5/5. Tone and coordination are normal.

Reflexes: Reflexes are symmetrical.

Gait testing: He walks with a narrow-based gait.

IMPRESSION AND PLAN: Barry is doing well. He still has intermittent migraines precipitated by the head injury. Nadolol is a good abortive treatment, and Imitrex injections/Frova are good for the headache that might occur the next day. I refilled prescriptions. I will see him again in six months' time.

Howard Mandell, M.D.
Howard Mandell, M.D., FRCPC
HM:loc (02/06) 52509517

cc: Nicholas H. Tuttle, M.D.

Dictated but not read to expedite mailing.



Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.
Mark A. Porter, MD. • Dennis M. Gettelfinger, Emeritus
Michael Leddy, PA-C MMS • Sharon Walter, PA-C
www.metrolinaneurology.com

October 8, 2013

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: 07-1961

HISTORY OF PRESENT ILLNESS: I saw Barry in the neurology clinic today in followup of his traumatic brain injury and post-concussion syndrome. He in general has done a lot better though continues to have headaches. He generally gets one headache a month that lasts three days. He will take Maxalt on the first day, which will knock the headache down. He often will have to take another one. The next day the headache will recur. The third day he will have leftovers of where the headache was. He uses Naprosyn for in between headaches maybe a few days a month. Sleep is difficult. He does have an inflamed facet joint in his neck. Apparently, this did not turn out to be an incompletely healed fracture. He finally got his nerve blocks approved.

GENERAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No chest pain, PND, orthopnea, or ankle swelling. No cough, SOB, sputum production, or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena, or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, or allergy problems.

CURRENT MEDICATIONS:

1. Nadolol 40 mg
2. Maxalt p.r.n.

SOCIAL HISTORY (MARRIAGE, WORK, SMOKING, ALCOHOL AND DRUGS, SEXUAL ORIENTATION):
He does not smoke or drink.

NEUROLOGICAL EXAMINATION: He is very pleasant, awake and alert, oriented times four. Blood pressure is 130/80. Heart rate is 66. He tells me his heart rates are often in the 58 to 60 range at home and blood pressures 120s/70s.

CN III, IV, VI: The pupils are equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements are full with no nystagmus and no ptosis noted.

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevates symmetrically and normal gag reflex is noted.

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Charlotte, NC 28210
(704)542-6698

Rock Hill Medical Park:
200 S. Herlong Ave, Ste H
Rock Hill, SC 29732
(803)366-6135

CMC-Carolina Lakes Medical Plaza:
7666 Charlotte Hwy
Indian Land, SC 29707
(803) 578-9050

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: The tongue protrudes in the midline with normal strength and movement.

Motor examination: Power is 5/5. Tone and coordination are normal.

Reflexes: Reflexes are symmetrical.

Gait testing: He walks with a narrow-based gait.

IMPRESSION AND PLAN: Barry is doing better than his worst. He still has intermittent migraines precipitated by his concussion. Nadolol has been a good medication for him, though we cannot go up higher because he appears to be quite beta blocked. I have suggested that we change the abortive treatments so that he will inject himself at the onset of the headache which can be repeated again in an hour. For the second day, he can take Frova, a longer acting triptan, in the hope that this will prevent recurrence of his headache on the third day. We will see how he does on the above mentioned plan.


Howard Mandell, M.D., FRCPC
HM:loc (10/09) 52392451

cc: Nicholas H. Tuttle, M.D.

Dictated but not read to expedite mailing.



Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.
Mark A. Porter, MD. • Shankar Perumal, MD. • Dennis M. Gettelfinger, Emeritus
Michael Leddy, PA-C MMS • Sharon Walter, PA-C
www.metrolinaneurology.com

April 9, 2013

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: [REDACTED] 1961

HISTORY OF PRESENT ILLNESS: I saw Barry in the neurology clinic today in followup of his traumatic brain injury and postconcussion syndrome. He in general has had a very good improvement in the headaches though he still does get intermittent headaches. In fact, he had a three-day headache according to his wife who is a much better observer than he is. We have recently reduced and stopped his zonisamide because it seemed to be giving him the difficulties with memory. We place him on nadolol, which he has tolerated quite well, and, in fact, it has helped his blood pressure significantly from 140s/80s range now down to the 110s/60s. He has not had any side effects though on one occasion he was mildly lightheaded, his wife states, but he himself minimizes this. He has noted no side effects, and since being on the nadolol, he has only had one small headache easily knocked out by a triptan. Of course, he has only been on the nadolol now for two weeks.

NEUROLOGICAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No diplopia, dysarthria, dysphagia, or dysphonia. No lateralizing weakness or paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production, or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena, or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, allergy problems.

CURRENT MEDICATIONS:

1. Nadolol 40 mg
2. Maxalt p.r.n.

SOCIAL HISTORY (MARRIAGE, WORK, SMOKING, ALCOHOL AND DRUGS, SEXUAL ORIENTATION):
He does not smoke or drink.

NEUROLOGICAL EXAMINATION: He is a very pleasant gentleman, awake and alert, oriented times four.

CN III, IV, VI: The pupils are equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements are full with no nystagmus and no ptosis noted.

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

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CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevates symmetrically and normal gag reflex is noted.

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

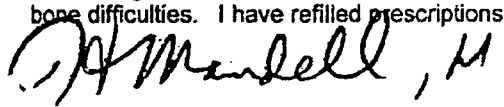
CN XII: The tongue protrudes in the midline with normal strength and movement.

Motor examination: Power is 5/5. Tone and coordination are normal.

Reflexes: Reflexes are symmetrical.

Gait testing: He walks with a narrow-based gait.

IMPRESSION AND PLAN: Barry is doing better. He still has intermittent migraines from his concussion. He is now off the zonisamide, and we will see if his memory gets better. He feels it has. His wife is not certain. He is tolerating the beta blocker quite nicely, though his blood pressure is 108/60, and heart rate is 68 today. He does not appear to be symptomatic so I do not think we are causing hypotension, though we did discuss symptoms of this. He also has his own blood pressure machine which he brought today, but unfortunately the battery is dead so we could not test it today. He will continue to use triptans such as Maxalt for abortive therapy and Cambia for nonmigrainous headaches. He is all in all doing considerably better though still does have intermittent migraines. He has recently been seen by one of the physiatrists finally through Workman's Comp, and they did an MRI of the cervical spine which apparently may show a nonhealing fracture. They are following that up with a CT of the neck, which would be more sensitive for bone difficulties. I have refilled prescriptions. I will see him again in four months' time.


Howard Mandell, M.D., FRCPC
HM:loc (4/10) 52126097

Dictated but not read to expedite mailing.



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HOWARD MANDELL, M.D.
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NC DEA #ML113

ALLAN S. RYDER-COOK, M.D.
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NC DEA#BR483

SHARON H. WALTER, PA-C
SC DEA#MW263
NC DEA#MW236

MARK A. PORTER, M.D.
SC DEA#AP188
NC DEA#BP744

FOR Barry Adkins DATE 10/6/13

R_x

① Mitre on S.I. eye
Inject at oral margin
Repeat in 1 hr if needed
#

② Comp to be made
Repeat in 4-6 hrs
M.D./PAC [Signature] M.D./PAC
DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

REFILL ZERO 1 2 (3) 4 5 6 LABEL ALL MEDICINE



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SC DEA#MW263
NC DEA#MW236

MARK A. PORTER, M.D.
SC DEA#AP188
NC DEA#BP744

FOR Barry Adickes DATE 10/6/13

R

① Nubel 40. - 1d

1m

M.D./PAC

M.D./PAC

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

REFILL ZERO 1 2 3 4 5 6 LABEL ALL MEDICINE

DATE: 10-8-13

NAME: Barry S. Adickes ACCT: 107888

REFERRING DOCTOR: _____

PROBLEM: RV

Med
Nechell to

OK

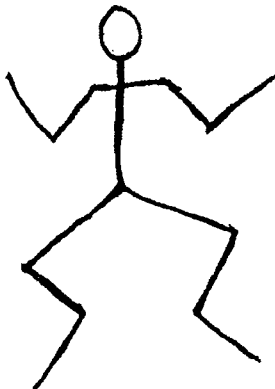
Freq: June 12

Aug 4-6 put brace on, started 2d
? turn back

Sept 25-28 ? turn

(134/80
66)

Hmc 58-60
122/70



Each lasts 3 days

= naproxen for
inflammation
needs 2-3 mg/n

Sheep: inflamed joint

Finally approved EST out 21st

→ inject 2 units

TX: mesalt at onset
& long term

Reduces units = 50%
often need 2nd one
2 wks next day (3rd)

GOOD PHARMACY OF ROCK HILL, INC

1257 EBENEZER RD
ROCK HILL, SC 29732

PHONE: 803-327-2081 FAX: 803-327-3585

#107888
RH

August 08, 2013

HOWARD MANDELL
200 S. HERLONG AVE. SUITE H
ROCK HILL, SC 29732
(P) 803-366-6135 (F) 366-3439

DEA: BM3169871

The patient identified below is requesting a refill for the prescription indicated; however, there are no authorized refills remaining. If you would like to authorize additional refills, please complete this form and fax it back to 803-327-3585, or you may contact the pharmacist by calling 803-327-2081.

Sincerely,

HICKLIN, KIA

Patient:	ADICKES, BARRY	Date of Birth:	1961
Address:	1137 HUMPHREY ST ROCK HILL, SC 29732	Phone:	803-000-0000
		Date Written:	05/08/2012
		Last Dispensed:	03/27/2013
Prescription#:	6307168	P/C:	28
Product:	NAPROXEN 500 MG TABLET	For:	NAPROSYN 500 MG TABLET
Quantity:	30 TAB		
Directions:	TAKE 1 TABLET BY MOUTH AS NEEDED		

☒ I authorize this refill plus 3 additional refills.

☐ Do not refill.

☐ Have patient contact my office.

Dr. _____
Dispense as WrittenDr. Howard Mandell
Substitution Permitted

06307168

Authorized By _____

Date _____

Apt
-111-12



☐ Howard Mandell, M.D.
☐ Allan S. Ryder-Cook, M.D.
☐ Mark A. Porter, M.D.

☐ Shankar Perumal, M.D.
☐ Michael Leddy, PA-C
☐ Sharon Walter, PA-C

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(803) 366-6135 • FAX: (803) 366-3439
7666 Charlotte Hwy, Suite 220 • Indian Land, SC 297
(803) 578-9050 Fax: (803) 578-9060

ACCOUNT #	PDATA	SSN	BIRTHDAY	SEX/AGE	NEXT CHARGE DATE	DR.	APPOINTMENT DATE & TIME	NO.
7888BA	NPP	XXX-XX-XXXX	6/61	M/52		3	08/20/13- 4:00p	4792
PATIENT				GUARANTEE: Return visit. pfm				
ADICKES, MR. BARRY S. :mr (BA) 1137 HUMMINGBIRD LANE ROCK HILL, SC 29732 (H)803-328-9561				BLUE CROSS (XMIT) PAIDNSF PHL08579034 REFERING DOCTOR 100300 COLUMBIA, SC 29202 GALLAGHER BASSETT SERV C000002825 COMMUNITY HOSPITAL TUCSON, AZ 85734				
PREVIOUS BALANCE	DELO. AGE/AMOUNT	ADATA	SEE NOTE					
0.00	0.00	WC						
LAST PAYMENT DATE	LAST PMT AMOUNT	AMT PD THIS YR	CNTL	INSURANCE FILED				
06/11/13	100.95	181.70	XC	06/11/13				
EMPLOYER				TUTTLE, NICHOLAS H. B92352				
PHILIPS MEDICAL GRP#:295645 400								
PREV. ICD-9 CODE	DESCRIPTION OF PREVIOUS DIAGNOSIS							
999.99	UNSPECIFIED DIAGNOSIS 08/11							
784.0	HEADACHES OR FACIAL P 04/13							
PARENT NOTES				Sig: B NPP: 04/06/11-H				

OFFICE SERVICES	CODE	FEES	DIAGNOSIS
Consultation: Expanded/SF	99242		
Consultation: Detailed/LC	99243		
Consultation: Comprehensive/MC	99244		
Consultation: Comprehensive/HC	99245		
Return Visit: Problem Focused/SF	99212		
Return Visit: Expanded/LC	99213		
Return Visit: Detailed/MC	99214		
Return Visit: Comprehensive/HC	99215		
INJECTIONS CONT.			
New Patient: Expanded/SF (Medicare)	99202		Injection of small joint 20600
New Patient: Detailed/LC (Medicare)	99203		Injection of intermediate joint 20605
New Patient: Comprehensive/MC (Medicare)	99204		Injection of major joint 20610
New Patient: Comprehensive/HC (Medicare)	99205		Tendon origin/insertion 20551
ELECTRODIAGNOSTIC STUDIES			
Needle EMG, each extremity-4 or less muscles	95885		Single or Multiple Trigger Points 1 or 2 Muscle Group(s) 20552
Needle EMG, each extremity-5 or more muscles	95886		Single or Multiple Trigger Points 3 or more Muscle Groups 20553
Needle EMG, non-extremity	95887		Medication
Repetitive Stimulation	95937		
1-2 NCS	95907		
3-4 NCS	95908		
5-6 NCS	95909		
7-8 NCS	95910		
9-10 NCS	95911		
11-12 NCS	95912		
13 or more NCS	95913		
INJECTIONS:			
Injection, carpal tunnel	64450		
Injection, femoral cutaneous	64425		
Injection, greater occipital nerve	64405		
Injection, tendon sheath, ligament, ganglion sheath	20550		
SPECIAL STUDIES			
Visual Evoked Potentials	95930		
Neurostimulator Programming	95974		
EEG, greater than 1 hour	95813		
EEG, recording awake and drowsy	95816		
EEG, including recording awake and asleep	95819		
Ambulatory EEG	95953		
E-PRESCRIBE			
E-Prescribe	G8553		

ASSIGNMENT & RELEASE: I authorize my insurance benefits to be paid to Metrolina Neurological Associates, P.A. and I understand that I am financially responsible for services not covered. I authorize the release of any information required to process this claim.

SIGNED:

DATE:

ATTENTION MEDICARE PATIENTS: Your claim will be filed for you by the physician in accordance with Medicare regulations. Keep as a receipt.
PLEASE RETURN THIS FORM TO THE RECEPTIONIST. PAYMENT OF OFFICE FEES IS REQUIRED AT TIME OF SERVICE. THANK YOU! 112

ALLSCRIPT 33-3



- ☐ Howard Mandell, M.D.
☐ Allan S. Ryder-Cook, M.D.
☐ Mark A. Porter, M.D.

- ☐ Shankar Perumal, M.D.
☐ Michael Leddy, PA-C
☐ Sharon Walter, PA-C

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(803) 366-6135 • FAX: (803) 366-3439
7666 Charlotte Hwy, Suite 220 • Indian Land, SC 2971
(803) 578-9050 Fax: (803) 578-9060

PT#	PDATA	SSN	BIRTHDAY	SEX/AGE	NEXT CHARGE DATE	DR.	APPOINTMENT DATE & TIME	NO.
788888	NPP	XXX-XX-XXXX	/61	M52		3	08/21/13-1:15PM	4830
PATIENT			INSURANCE					
ADICKES, MR. BARRY S. JR.			(BA)			BLUE CROSS (XMIT) PAIDN3F PHI.88579038		
1137 HUMMINGBIRD LANE						P. O. BOX 100300 COLUMBIA, SC 29202		
ROCK HILL, SC 29732						GALLAGHER BASSETT SERV C000002025		
(H)803-328-9561						PO BOX 23812 TUCSON, AZ 85734		
PREVIOUS BALANCE	DELQ. AGE/AMOUNT	ADATA	SEE NOTE			REFERRING DOCTOR NICHOLAS H. B92352		
06/11/13	100.95	81.70	YF 06/11/13			COMMENTS/INSTRUCTIONS:		
LAST PAYMENT DATE	LAST PMT AMOUNT	AMT PD THIS YR	CNL INSURANCE FILED					
PHILIPS	MEDICAL	GRP#: 295545 400						
EMPLOYER								
999.99	UNSPECIFIED DIAGNOSIS 08/11							
PREV ICD 9 CODE	DESCRIPTION OF PREVIOUS DIAGNOSIS							
	HEMOPTOSES OF FACIAL P 04/13							
Rel: Y-	Sig: B NPP: 04/06/11-H							

PATIENT NOTES

pt did not want to wait
Can - will come in Oct when schedule opens

OFFICE SERVICES	CODE	FEE	DIAGNOSIS
Consultation: Expanded/SF	99242		
Consultation: Detailed/LC	99243		
Consultation: Comprehensive/MC	99244		
Consultation: Comprehensive/HC	99245		
Return Visit: Problem Focused/SF	99212		
Return Visit: Expanded/LC	99213		
Return Visit: Detailed/MC	99214		
Return Visit: Comprehensive/HC	99215		
New Patient: Expanded/SF (Medicare)	99202		
New Patient: Detailed/LC (Medicare)	99203		
New Patient: Comprehensive/MC (Medicare)	99204		
New Patient: Comprehensive/HC (Medicare)	99205		
ELECTRODIAGNOSTIC STUDIES			
Needle EMG each extremity-4 or less muscles	95885		
Needle EMG each extremity-5 or more muscles	95886		
Needle EMG non-extremity	95887		
Repetitive Stimulation	95937		
Motor without Fwave	95900		
Motor with Fwave	95903		
Sensory	95904		
H Reflex	95934		
INJECTIONS			
Injection, carpal tunnel	64450		
Injection, femoral cutaneous	64425		
Injection, greater occipital nerve	64405		
Injection tendon sheath, ligament, ganglion sheath	20550		
Injection of small joint	20600		
Injection of intermediate joint	20605		
INJECTIONS, CONT.			
Injection of major joint	20610		
Tendon origin/insertion	20551		
Single or Multiple Trigger Points 1 or 2 Muscle Group(s)	20552		
Single or Multiple Trigger Points 3 or more Muscle Groups	20553		
MEDICATION			
SPECIAL STUDIES			
Visual Evoked Potentials	95930		
Neurostimulator Programming	95974		
EEG greater than 1 hour	95813		
EEG, recording awake and drowsy	95816		
EEG, including recording awake and asleep	95819		
E-PRESCRIBE			
E-Prescribe	G8553		

ASSIGNMENT & RELEASE: I authorize my insurance benefits to be paid to Metrolina Neurological Associates, P.A. and I understand that I am financially responsible for not covered. I authorize the release of any information required to process this claim.

SIGNED: _____ DATE: _____

ATTENTION MEDICARE PATIENTS: Your claim will be filed for you by the physician, in accordance with Medicare regulations. Keep as a receipt only.
PLEASE RETURN THIS FORM TO THE RECEPTIONIST. PAYMENT OF OFFICE FEES IS REQUIRED AT TIME OF SERVICE. THANK YOU. 113-433



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NC DEA#FP198

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NC DEA#BR483

MICHAEL LEDDY, PA-C
SC DEA #ML071
NC DEA #ML113

MARK A. PORTER, M.D.
SC DEA#AP188
NC DEA#BR744

SHARON H. WALTER, PA-C
SC DEA#MW263
NC DEA#MW236

FOR Barry Adkins DATE 4/9/13

R

① Mandell - 2000
migraine. Percocet - 2000

3mo (30 pills)

② Nadolol 40mg
- 3mo

M.D./PAC

M.D./PAC

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

REFILL ZERO 1 2 3 4 5 6 LABEL ALL MEDICINE

DATE: 4-9-13

NAME: Barry S. Adickes ACCT: 107888 - II

REFERRING DOCTOR: _____

PROBLEM: HR

Natrol 40, 1/2

B.P. 140/80, 1 year ago 110/60

- Last 1 wk 120/70 on med
off 2 completely now

- 1 small one, HRIC/5m

108/60
67





Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.
Mark A. Porter, MD. • Shankar Perumal, MD. • Dennis M. Gettelfinger, Emeritus
Michael Leddy, PA-C MMS • Sharon Walter, PA-C
www.metrolinaneurology.com

January 21, 2013

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: [REDACTED] 1961

HISTORY OF PRESENT ILLNESS: I saw Barry in the neurology clinic today in followup of his traumatic brain injury and postconcussion syndrome. When seen last in September, I increased his zonisamide to 200 mg a day. This has had a dramatic improvement in his headaches, only really having two headaches since I saw him last. This however has come with a price, and that is in memory. His wife who accompanies him goes on to give me many examples of his forgetfulness noted not just by himself but also the children as well as him even having some forgetfulness at work such as missing some meetings. It takes him longer to do things. He is just not as quick or as sharp as he use to be. He misplaces things.

NEUROLOGICAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No diplopia, dysarthria, dysphagia, or dysphonia. No lateralizing weakness or paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production, or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena, or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, allergy problems.

PAST MEDICAL AND SURGICAL HISTORIES, HOSPITALIZATIONS: SLAP surgery for left shoulder, goiter surgery, knee surgery, rotator cuff surgery.

CURRENT MEDICATIONS:

1. Zonisamide taking 200 mg a day
2. Maxalt 10 mg p.r.n.
3. Naprosyn p.r.n.

SOCIAL HISTORY (MARRIAGE, WORK, SMOKING, ALCOHOL AND DRUGS, SEXUAL ORIENTATION):
He does not smoke or drink.

NEUROLOGICAL EXAMINATION: He is very pleasant, awake and alert, oriented times four. He does seem a little slow to respond. He does have some mild short-term memory loss. Speech also has some difficulty with verbal retrieval. Blood pressure is 140/74. Heart rate is 76.

CN III, IV, VI: The pupils are equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements are full with no nystagmus and no ptosis noted.

CMC Pineville :
10620 Park Rd, Ste 230
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(704)542-6698

Rock Hill Medical Park:
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(803)366-6135

CMC-Carolina Lakes Medical Plaza:
7666 Charlotte Hwy
Indian Land, SC 29707
(803) 578-9050

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevates symmetrically and normal gag reflex is noted.

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: The tongue protrudes in the midline with normal strength and movement.

Motor examination: Power is 5/5. Tone and coordination are normal.

Reflexes: Reflexes are symmetrical.

Gait testing: He walks with a narrow-based gait.

IMPRESSION AND PLAN: Barry is doing much better regarding his headaches; however, it has come with a price and that is more forgetfulness. This is undoubtedly due to his zonisamide. We have many choices in this situation but today have decided to drop back down to 150 mg and see how his headaches are. I am hopeful that the zonisamide has broken his cycle and maybe he no longer will need prophylaxis. If, however, as we reduce the zonisamide headaches increase, then I would suggest we use a beta blocker. This would be Nadolol 40 mg and titrate up accordingly. He also appears to have occult hypertension. I advised him to keep track of his blood pressures. He does apparently have a home blood pressure machine. He will keep a log of two blood pressures a day and review them with Dr. Tuttle to see if anything needs to be done. If he does prove to have occult hypertension, then beta blocker might be a good way to go and we will just wean him off of the zonisamide regardless. He will keep a good headache diary for me. He will use Maxalt for abortive therapy and Cambia for nonmigrainous headaches. I will see him again in followup.

Howard Mander, M.D., FRCPC
HM:loc (1/22) 52006781

cc: Nicholas H. Tuttle, M.D. 328-3879

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Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.
Mark A. Porter, MD. • Shankar Perumal, M.D. • Dennis M. Gettelfinger, Emeritus
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September 10, 2012

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: 06/22/1961

HISTORY OF PRESENT ILLNESS: I saw Barry in neurology clinic today in follow-up of his traumatic brain injury and postconcussion syndrome. He continues to have difficulty with headaches. They tend to come in clusters. They will last anywhere from 2 to 7 days. Flying seems to trigger them or at least perpetuate them. Maxalt is helpful for the migraine part but he often has a lingering headache for several days. He also has milder headaches in between.

His wife believes that he is not as cognitively sharp as he used to be. It takes him longer to do things. He is more forgetful. He does not have any real deficits but he is not as quick as he used to be. She goes on to tell me that they expect him to misplace things and gives me many examples of him forgetting, for example going to a football game, forgetting the tickets, and always having to go back to the house to get his sunglasses and many instances of misplacing things.

He also notes he is having a lot of shoulder problems and Workman's Comp is trying to deny that it happened in the accident. There is also a lot of clicking in his neck. He is soon to go to physical therapy.

He is having some stress at work. He has to fly a lot. He does long hours. He does try to get good sleep.

NEUROLOGICAL REVIEW OF SYSTEMS: He does get headaches. No fever or chills, ear ache or sinus infections. No diplopia, dysarthria, dysphagia, dysphonia. No lateralizing weakness, paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: He does get headaches. No fever or chills, ear aches or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, allergy problems.

CURRENT MEDICATIONS: These are zonisamide 150 mg, 25 mg pills taking six at h.s., Maxalt 10 mg, Naprosyn p.r.n. and Nexium p.r.n.

SOCIAL HISTORY: He does not smoke or drink.

PAST MEDICAL HISTORY: This includes SLAP surgery of his left shoulder, goiter surgery, knee surgery and rotator cuff surgery.

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NEUROLOGICAL EXAMINATION: He is a very pleasant gentleman. He is awake, alert and oriented times four. Speech is fluent without paraphasic error or dysarthria. Fundi show sharp disks. Pupils are equal and reactive to light. Visual fields are full to bedside confrontation. Cranial nerves III to XII are normal. Power is 5/5. Tone and coordination are normal. Reflexes are symmetrical. He walks with a narrow-based gait.

IMPRESSION AND PLAN: Barry continues to struggle with intermittent headaches. In fact, his headaches are more frequent than he wants to admit. His wife is a very good historian and observer and has kept a better diary. There are also cognitive issues which it is unclear whether it is related to ongoing headaches from his brain injury or from zonisamide. We talked about many different choices we have. At this time, we have chosen to titrate the zonisamide up further to 200 mg. If cognitive issues become more of a problem, we will change him over to beta blockers, perhaps nadolol. I advised him to use anti-inflammatories. I have given him some samples and a prescription for Cambia. These are to be used for milder headaches and for the postdrome. He will keep a good diary for me. For purposes of documentation, 45 minutes was spent with the patient and his wife discussing symptoms and strategies.


Howard Mandell, M.D., FRCPC
HM:scs (09/13) 51825452

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328-3874



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May 8, 2012

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: 03/19/1961

HISTORY OF PRESENT ILLNESS: I saw Barry in the neurology clinic today in followup of his traumatic brain injury and post-concussion syndrome. He has done very well in most regards. His cognitive issues have resolved but he still continues to have intermittent migraines. He also has relatively frequent headaches. His wife points out that he has never been a headache prone person before. Since Christmas, he has really only had one bad headache but it lasted three days. He had to take four Maxalt that week. There were no obvious triggers as to why that flare would occur. Other than that flare, three days of headaches, he has not had any bad headaches. His wife points out that he does have a headache once a week, which requires naproxen sodium that knocks it out quickly. Sometimes it occurs after being on the computer for a few hours but other times there really is no rhyme or reason or any triggers that are obvious.

NEUROLOGICAL REVIEW OF SYSTEMS: No fever or chills, earache, or sinus infections. No diplopia, dysarthria, dysphagia, or dysphonia. No lateralizing weakness or paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production, or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena, or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, allergy problems.

CURRENT MEDICATIONS:

1. Zonisamide 150 mg (he chooses 25 mg six pills a day as this is more reasonably priced)
2. Maxalt 10 mg
3. Naproxen 500 mg p.r.n.
4. Nexium p.r.n.

SOCIAL HISTORY (MARRIAGE, WORK, SMOKING, ALCOHOL AND DRUGS, SEXUAL ORIENTATION):
He does not smoke or drink.

NEUROLOGICAL EXAMINATION: He is very pleasant, awake and alert, oriented times four. Speech is fluent without paraphasic error or dysarthria. Fundi show sharp disks with good venous pulsations. Pupils are equal and reactive to light. Visual fields are full to bedside confrontation. Cranial nerves III to XII are normal. Power is 5/5. Tone and coordination are normal. Reflexes are symmetrical. He walks with a narrow-based gait.

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Barry S. Adickes

Page 2

05/08/2012

IMPRESSION AND PLAN: Barry is doing very well. He does, however, have leftover migraines, which were triggered by his head injury. Zonisamide has been a very nice medication for him. I am hopeful that this will settle down with time, but this remains to be determined. It is not uncommon for concussion to trigger post-traumatic headaches. He does have a family history of headaches though he himself has never been headache prone. He is here today with his rehab nurse, and I suggest that he has reached maximal medical improvement. I will see him again in followup.

H Mandell MD

Howard Mandell, M.D., FRCPC
HM:loc (05/09) 51640939

cc: Nicholas Tuttle, M.D. 817, 1735

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- 121 -



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Quanwei Zhang, MD. • Michael Leddy, PA-C MMS
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November 1, 2011

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: [REDACTED] 1961

HISTORY OF PRESENT ILLNESS: I saw Mr. Adickes in the neurology clinic today in followup of his dramatic brain injury and post-concussion syndrome. He continues to progress nicely. Headaches have been much better in October though in September he had seven. For most of them, he took Naprosyn. For a few, he took Maxalt. The latter always helps but he tends to delay using the medications per his wife's report. They are not sure of his barometric pressure, though there are other stressors going on as well. He has recently had shoulder surgery, which has gone well, but, of course, this adds to his discomfort and interferes with sleep, though he has done very well in October only having two headaches. He notes that there may be some still minor difficulties multitasking and little difficulty with concentration and focus, but both he and his wife say that it is not very much.

NEUROLOGICAL REVIEW OF SYSTEMS: No fever or chills, earache, or sinus infections. No diplopia, dysarthria, dysphagia, or dysphonia. No lateralizing weakness or paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No fever or chills, earaches, or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production, or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena, or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems, allergy problems.

CURRENT MEDICATIONS:

1. Zonisamide 150 mg (He chooses the 25 mg as that is more reasonably priced.)
2. Nexium p.r.n.
3. Maxalt 10 mg p.o. p.r.n.
4. Naproxen 500 mg p.r.n.

NEUROLOGICAL EXAMINATION: He is very pleasant, awake and alert, oriented times four. CN III to XII is normal. Power is 5/5. Tone and coordination are normal. Reflexes are symmetrical. He walks with a narrow-based gait.

IMPRESSION AND PLAN: He is doing very well with a nice improvement. He has very little symptoms of his traumatic brain injury left over. He does, however, have migraines which he never had prior. Hopefully, these will melt away with time, though it is certainly not a guarantee. Zonisamide has been a good medication for him.

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We will continue him on the 150 mg. Maxalt and Naprosyn combination have been good for abortive therapy. We will see him again in followup in six months' time.

Howard Mandell, M.D.

Howard Mandell, M.D., FRCPC
HM:loc (11/02) 51388102

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July 29, 2011

SUMMARY FOR THE CHART:

RE: Barry S. Adickes
DOB: 08/22/1961

HISTORY OF PRESENT ILLNESS: I saw Barry in neurology clinic today in follow up of his traumatic brain injury and post concussion syndrome. He is continuing to do better. Zonisamide has been helpful and it has dropped his headaches down significantly. They are still frequent, about 10 in a month, though only three required Maxalt, which knocked the headache out immediately. The others, he either toughed out, or took Naprosyn with good results. No debilitating headaches for at least a few weeks now.

He did have another mild head injury where he was picking blueberries and somehow hit his head on a rod. This hit his left parietal/temporal region, just where he had banged his head before, and he saw stars, had a knot and a bruise for about 10 days, but no other sequelae.

He did get his MRI scan and chose to get it at the open MRI scan (at Carowinds, with very weak magnet and extremely limited software), which was normal for what it could show.

He is generally doing better in all regards, and his wife notes that his mood swings are better as well.

NEUROLOGICAL REVIEW OF SYSTEMS: No headache, fever or chills, ear ache or sinus infections. No diplopia, dysarthria, dysphagia, dysphonia. No lateralizing weakness, paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No headaches, fever or chills, ear aches or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena or hematochezia. No new joint problems, skin problems, vision problems, ear, nose or throat problems; allergy problems.

CURRENT MEDICATIONS:

1. Zonisamide 100 mg h.s.
2. Nexium p.r.n.
3. Maxalt p.r.n.
4. Naproxen sodium p.r.n.

NEUROLOGICAL EXAMINATION: This is a pleasant gentleman, awake, alert, and oriented times four, with a normal mental status. Fundi showed sharp disks with good venous pulsations. Pupils are equal and reactive to light. Visual fields are full to bedside confrontation. Cranial nerves III-XII are normal. Power is 5/5. Tone and coordination are normal. Reflexes are symmetrical. He walks with a narrow based gait.

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IMPRESSION: Barry is doing well. He is showing significant improvement. I have advised him to continue just as he is. If the headaches continue to improve, we do not need to do anything further. If they should flare, then I would increase the zonisamide further. All in all, he has done well. We will see him again in four months time.


Howard Madden, MD, FRCP
HM/arb (08/01) 51249599

cc: Nicholas H. Tuttle, M.D. 817-1735

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June 17, 2011

SUMMARY FOR THE CHART

RE: Barry S. Adickes
DOB: 08/12/1961

HISTORY OF PRESENT ILLNESS: I saw Mr. Adickes in neurology clinic today in follow-up of his traumatic brain injury and post-concussive syndrome. In general, he is doing better though it has been a slow progress. He has had several "debilitating headaches." His wife states that on June 4 for two days he was in bed. Barry goes on to talk about an intense left parietal and vertex headache, lying down with an ice pack for a few hours, getting better, then having it come back later on in the day. On 05/14/11, he attended a wedding but all of the noise at the wedding was so much that it triggered a severe headache.

He has a headache most days. He will take naproxen sodium 500 mg, which helps, but he generally has to take it b.i.d. His wife notes that he has triggers with noise, heat, and sun. He drinks about 16 ounces of caffeine a day. He sleeps generally quite well. He has a few beers on the weekend. He denies depression. He did have some stressors at work. It turned out that at this time is when his job changed as well, and he has a new boss, who is the type of boss that just gives you things and has you either sink or swim. This is generally okay for Barry, but at this time, it was more of struggle than it would have been. In addition, his boss' personality was one that they did not get along as well as his prior boss though that seems to have been ironed out.

There is no distinct difficulties with balance.

NEUROLOGICAL REVIEW OF SYSTEMS: No headache, fever or chills, ear ache or sinus infections. No diplopia, dysarthria, dysphagia, dysphonia. No lateralizing weakness, paresthesias. No loss of consciousness, tonic-clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No headaches, fever or chills, ear aches or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena or hematochezia. No new joint problems, vision problems, ear, nose or throat problems, allergy problems. No skin problems.

PAST MEDICAL HISTORY: Includes SLAP surgery of his left shoulder, goiter surgery, and knee surgery.

SOCIAL HISTORY: He does not smoke. He drinks rarely. He works for Phillip Cardiac Equipment.

CURRENT MEDICATIONS:

1. Naprosyn twice a day.
2. Nexium.

ALLERGIES: None

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PHYSICAL EXAMINATION:

Appearance: He is a pleasant gentleman.

Skin: Shows no significant skin lesions or abnormalities, rashes bruises, etc.

Heart: Shows normal rhythms with no significant murmurs detected.

Chest: Suggested normal breath sounds, no rales or rhonchi detected.

Abdomen: Shows the abdomen to be nontender with unremarkable bowel sounds.

NEUROLOGICAL EXAMINATION:

Mental status testing: He is awake and alert, oriented times four, mild difficulties with word retrieval and verbal fluency.

Language function: No significant aphasia or dysarthria was noted.

CN II: Optic fundi were normal with no papilledema noted.

CN III, IV, VI: The pupils were equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements were full with no nystagmus and no ptosis noted.

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevated symmetrically and normal gag reflex was noted.

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: The tongue protruded in the midline with normal strength and movement.

Carotid Arteries: No bruits heard

C-Spine: Normal ROM for age, non-tender, no muscle spasms

L-S-Spine: Normal ROM for age, negative SLR, non-tender, no muscle spasm

Motor examination: The patient had no abnormal spontaneous movements. Tone was normal. There was no atrophy or fasciculations noted. The patient had no drift in the extremities and normal direct muscle testing and fine motor skill movements were normal.

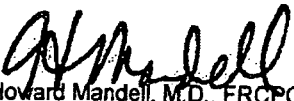
Sensory examination: Sensation was intact to pin prick and light touch and vibration sense

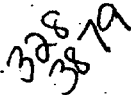
Reflexes: Deep tendon reflexes were normal and symmetrical, grade 2/4 diffusely. No pathological reflexes were noted.

Cerebellar testing: Normal finger to nose, heel/knee/shin, and tandem walk.

Gait testing: Gait testing was normal with normal Romberg testing and no abnormalities such as broad base gait or spasticity.

IMPRESSION AND PLAN: Barry is struggling, better than his worse but continues to have quite significant headaches. He has never been a headache-prone person prior. He also does have some word-finding difficulties and verbal fluency difficulties, mild but present. It would be my suggestion that we get an MRI scan to be sure we are not dealing with any secondary problems such as accumulating subdural or contusions. He does appear to be developing some intermittent migraines, never had a history of this before though he does have a family history of migraine. It is clearly a part of the post-concussion syndrome. We talked about various medications and today have decided to start zonisamide 25 mg and slowly titrate up to 100 mg if tolerated. He will call me after the MRI scan. Further management will depend upon his course.


Howard Mandell, M.D., FRCPC
HM:se (06/22) 51194858

cc: Nicholas H. Tuttle, M.D. 

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April 6, 2011

Nicholas H. Tuttle, M.D.
Rock Hill Family Practice
1435 Ebenezer Road
Rock Hill, SC 29732

RE: Barry Adickes
DOB: 03-22-1961

Dear Nick:

Thank you for asking me to see Mr. Adickes. He is a 49-year-old left-handed gentleman who was involved in a serious motor vehicle accident on 03/22/2011. As you are well-aware of his course, I will only state it here for my records. The history is obtained from the patient and his wife, as well as reviewing your notes.

HISTORY OF PRESENT ILLNESS: Mr. Adickes is a very good historian and he remembers leaving the training session he was attending on 03/22/2011. He was driving down 181 winding road going about 45 mph. The road curves and turns and changes speeds frequently and he did not realize that the speed was changing to 25 mph and he was going through a very sharp curve. He, as a consequence, did not slow down quickly enough, hit a guard rail on the passenger side and the car was airborne barreling down the hill about 100 feet down into a ravine-area. It flipped the drivers' side down. He estimates he was out about 30 minutes but remembers coming to with the drivers' side down, having hit his head on the left side and all the glass was broken in the car. He was in intense pain with his left shoulder but once "got it back in place" the pain settled down. He realized that he had not broken anything. He had not broken his neck. He could move all four extremities. He then "said a prayer and fell asleep". He was in and out for multiple times throughout the next several hours. He felt calm though and was certain that he would be found and was just grateful that no more serious injury occurred to him as he was sitting in his car flipped over. He was down about five hours. Eventually he was able to get to his cellphone, used the car charger to call 9-1-1 and they came to get him. They got him out of the car. He was able to walk. In fact, he did not even want to go to the local hospital but did go to a hospital close to home. He was evaluated and there were no broken bones. He did have a lot of headache, nausea and vomiting, blurred vision. He saw orthopaedics, Dr. Rentz. He had a CT of the head by you and is now referred here for neurological evaluation.

Over the course of the last two weeks, he has slowly improved. He is no longer having any nausea or vomiting. The blurred vision has resolved but he still has headaches. The headaches occur daily. They wax and wane in intensity. It seems to be a pressure, throbbing pain over the left parietal region where he hit his head and across his forehead. Other times it is all over his head. Generally he rates it 6 to 7 out of 10. Early in the morning when he gets up, he will take an ibuprofen and it will ease it down to about 3 or 4 only to come back again later on. He does have light sensitivity and noise sensitivity.

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He denies any memory difficulties, though his wife thinks he might be a little slower than he was in terms of answering or analyzing things, though he still is doing very well. She gives an example of one of the e-mails he was typing and it took him a lot longer to do that e-mail than it would have normally. It seemed to take a lot more thought. He denies any drop-off of any previously acquired skills.

NEUROLOGICAL REVIEW OF SYSTEMS: No headache, fever or chills, ear ache or sinus infections. No diplopia, dysarthria, dysphagia, dysphonia. No lateralizing weakness, paresthesias. No loss of consciousness, tonic, clonic or myoclonic movements. No tongue biting or urinary incontinence. No neck or back pain.

GENERAL REVIEW OF SYSTEMS: No headaches, fever or chills, ear aches or sinus infections. No chest pain, PND, orthopnea or ankle swelling. No cough, SOB, sputum production or hemoptysis. No abdominal pain, nausea, vomiting, hematemesis, melena or hematochezia. No new joint problems, vision problems, ear, nose or throat problems, allergy problems.

He denies any mood or personality changes. His wife corroborates this. He does not have any nightmares. He feels actually quite calm, blessed for escaping this near-death event, but not really upset by it.

PAST MEDICAL/SURGICAL HISTORY: This includes SLAP surgery of his left shoulder, goiter surgery and knee surgery. Otherwise this is completely unremarkable.

SOCIAL HISTORY: He does not smoke. He drinks rarely. He works for Phillips Cardiac Equipment.

MEDICATIONS:

1. Nortriptyline 10 mg at h.s.
2. Motrin perhaps three a day
3. Nexium one a day

ALLERGIES: There are none known.

PHYSICAL EXAMINATION:

Appearance: The patient in general looks their stated age, healthy and fit.

Skin: Shows no significant skin lesions or abnormalities, rashes bruises, etc.

Heart: Shows normal rhythms with no significant murmurs detected.

Chest: Suggested normal breath sounds, no rales or rhonchi detected.

Abdomen: Shows the abdomen to be nontender with unremarkable bowel sounds.

NEUROLOGICAL EXAMINATION:

Mental status testing: Brief mental status testing showed the patient to be alert, oriented times three, able to provide a good history, had general good fund of knowledge, appropriate judgment and insight and no impairment of short term memory.

Language function: No significant aphasia or dysarthria was noted.

CN II: Optic fundi were normal with no papilledema noted.

CN III, IV, VI: The pupils were equal and round and reactive to light symmetrically and to accommodation. Extraocular eye movements were full with no nystagmus and no ptosis noted.

CN V: Shows normal sensation and jaw opens symmetrically.

CN VII: Shows normal facial movement symmetrically, upper and lower bilaterally.

CN VIII: Shows no significant hearing loss on examination in the office.

CN IX, X: The palate elevated symmetrically and normal gag reflex was noted.

CN XI: Normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: The tongue protruded in the midline with normal strength and movement.

Carotid Arteries: No bruits heard

C-Spine: Normal ROM for age, non-tender, no muscle spasms

L-S-Spine: Normal ROM for age, negative SLR, non-tender, no muscle spasm

Motor examination: The patient had no abnormal spontaneous movements. Tone was normal. There was no atrophy or fasciculations noted. The patient had no drift in the extremities and normal direct muscle testing and fine motor skill movements were normal.

Sensory examination: Sensation was intact to pin prick and light touch and vibration sense

Reflexes: Deep tendon reflexes were normal and symmetrical, grade 2/4 diffusely. No pathological reflexes were noted.

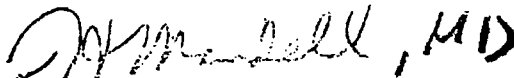
Cerebellar testing: Normal finger to nose, heel/knee/shin, and tandem walk.

Gait testing: Gait testing was normal with normal Romberg testing and no abnormalities such as broad base gait or spasticity.

IMPRESSION AND PLAN: This gentleman's history is incredible and it is absolutely remarkable that he has had no injury as a consequence of this. There truly was someone looking out for him. He has had a concussion and does have postconcussive symptoms as you well note and these are improving quite nicely. We talked in detail today regarding the postconcussion syndrome, the metabolic derangements of the brain associated with this, second impact syndrome and the importance of not overly taxing his brain mentally until full metabolic recovery occurs as well. We talked about the latest studies with MRI scan and MR spectroscopy showing us that in fact the traumatic brain injury of a concussion lasts 30 days even though athletes in this situation often have reported complete recovery sooner but their MRI spectroscopy shows that is not the case. I therefore gave him the statistics and the general prognosis. I believe he will have an excellent and full recovery. We do need to be careful however in this vulnerable period and we discussed this. It is my suggestion therefore that he not work for a total of four weeks and he will comply with this. You have appropriately given him nortriptyline and I think that is one reasonable choice in many. I have suggested we go up further since he is still getting the headaches and poor sleep. I believe some of his headache may be developing rebound from the ibuprofen and I have suggested that he use naproxen sodium instead.

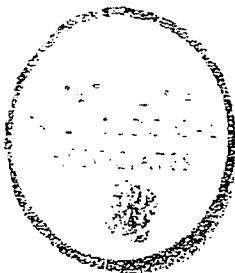
~~Other choices for prophylaxis could be Zanaflex.~~ Again his wife asked appropriate questions. I am concerned about posttraumatic stress disorder, though he has no evidence for this whatsoever at this time. It is almost uncanny that he is so calm and collect and unnerved by this near-death experience. I am not sure if he is going to go through more of the emotional facets of this experience as time goes on or not. He is quite convinced that he will not, but is certainly open-minded to keeping an eye on this. At this time point in time, I do not feel we need to do anything further. He is having a very nice recovery and I expect a full recovery. I have asked to see him again in two months, but only if symptoms persist. I also advised him if his symptoms should not continue to go in the correct direction that he should contact me and we have many options available if we need to. Thank you very much for referring this very nice gentleman with a remarkable story.

Sincerely,



Howard Mandell, M.D., FRCPC
HM:scs (04/10) 51081432

Dictated but not read to expedite mailing.



Dr. Wayne M.D. FRCP(C) Alan S. Ryder-Cook M.D. F.R.C.
Dr. Mark A. Porter M.D. Dennis M. Gettelfinger M.D.
Quannwei Zhang M.D. Michael T. Leddy P.A.-C MMS
www.rockhillmedicalpark.com

Name Barry Adickes

Record Number 107888

Physician _____

Date _____

Labs	Normal	Abnormal	Comments

MR/MRA _____

EEG _____

Other _____

Return Visit: 7-29

- Nil, but done in a very cool
MRI scanner with poor software
- Would not have agreed to
do the study there!

#11

- ☐ Dennis M. Gettelfinger, M.D.
- ☒ Howard Mandell, M.D.
- ☐ Allan S. Ryder-Cook, M.D.
- ☐ Mark A. Porter, M.D.
- ☐ Quannwei Zhang, M.D.
- ☐ Michael T. Leddy, P.A.-C

Patient contacted _____

CMC Pineville

Rock Hill Medical Park

Lancaster

EMR 7-29

SOUTH CAROLINA DIAGNOSTIC IMAGING

RH

Fort Mill

271 Carowinds Boulevard, Fort Mill, SC 29708

Phone: 803-547-1133 Fax: 803-547-1137

PATIENT: Adickes, Barry
 DOB: 1961
 MRN: 781798
 PATIENT PHONE: 803-328-0106
 PHYSICIAN: Howard Mandell, MD
 DATE: 7/14/2011

EXAM: MRI BRAIN WITHOUT AND WITH CONTRAST

HISTORY: Post motor vehicle accident and headaches.

TECHNIQUE: Multiplanar, multisequence imaging through the brain before and after the bolus of 18 cc of Magnevist on a 0.3 Tesla Hitachi AIRIS Elite open system.

FINDINGS: Brain shows normal midline development with a normal corpus callosum. There is no pineal or pituitary region mass. Normal flow voids are present in anterior and posterior circulations at the skull base. Orbits and orbital contents are symmetric and unremarkable.

Intracranially, there is no mass, hemorrhage, or infarction. There is no abnormal parenchymal or extraaxial enhancement. White matter tracts and ventricular calibers are normal.

IMPRESSION: Normal MRI brain.

Thank you for this referral.

Perry Edenfield, MD
 WE / lb

DD: 7/14/2011
 DT: 7/14/2011
 Job: 13135542

This document has been reviewed and electronically signed.

Perry Edenfield MD

*Why was MRI
 done there??*

1/4/11

*Noted to Referral girls
 7/29/11
 Anakaheing
 MA*

*- For my pt
 I don't want
 the MRI done
 at that facility
 - Please note me if
 the hyper scan
 fails*

*7/25/11, per note in computer
 per Cindy Hull, "Ellis, Gallagher
 - Bassett" - required notes to
 be faxed to them for scheduling
 @ facility of their choice.*

*pt wanted
 file to workers comp -
 Page 1 of 1 their chusco uses this
 place for their testing*

134

Barry S Adickes
9/11/2014 11:45 AM Office Visit
MRN: 62372471

Description: Male DOB: 03/24/1961
Provider: Nicholas Hamner Tuttle, MD
Department: Rhfp Family Medicine

Diagnoses

Postconcussion syndrome - Primary
310.2
Cervical myofascial pain syndrome
729.1

Reason for Visit

Follow-up

Vitals - Last Recorded

Temp(Src)	Ht	Wt	BMI
98.7 °F (37.1 °C) (Oral)	5' 9" (1.753 m)	195 lb (88.451 kg)	28.78 kg/m2

Vitals History Recorded

Progress Notes

Nicholas Hamner Tuttle, MD at 9/12/2014 5:54 PM

Status Signed

Barry Adickes is a 53-year-old male who presents today as a Worker's Compensation case apparently. The patient was seen by me on 03/24/2011 after a severe motor vehicle accident. The patient drove off a mountaintop while driving from Morganton, North Carolina, to another town for medical sales. Patient was seen by me on 03/24/2011 after an ER visit in Morganton, North Carolina. The patient had been seen by Dr. Rentz, orthopedic surgeon, with negative x-rays of his left shoulder, left index finger, and C-spine. CT scan of the head in the ER was negative for any bleed or fracture. My evaluation was consistent with concussion with postconcussive syndrome. He had headaches, left parietal contusion of his scalp, left shoulder contusion. Probably had subluxed while he was trapped in the car and spontaneously reduced by patient. He had multiple abrasions of his forearms and right lower leg. He was seen by me and then referred to Dr. Mandell, neurologist, who evaluated and treated the patient. The patient has been followed by Dr. Mandell since that time and is followed on a regular basis. The patient has had severe neck pain and was referred by Dr. Mandell to the pain clinic for radioactive ablation of his right occipital nerve with some success. The patient has continued intermittent headaches. He is maintained on a regimen of nadolol for prevention of headaches, Frova pills for p.r.n. migraine occurrence, Imitrex subcutaneous injection for migraines p.r.n., Pamelor at night, and Adderall to help with cognitive issues which have developed some since the posttraumatic headache syndrome. The patient also uses occasional ibuprofen for pain.

Past medical, social, and family history per EMR.

Review Of Systems

NEUROLOGIC: Per above. No history of migraine headaches in the past.

PULMONARY: No asthma.

CARDIAC: No hypertension or chest pain.

ORTHOPEDICS: Patient had left rotator cuff surgery in 2007 by Dr. Rentz.

Physical Examination

GENERAL: White male in no acute distress. Mental status appears very stable. No signs of anxiety or depression at this time.

NECK: Supple. There is some mild tenderness with flexion, extension, and lateral movement.

LUNGS: Clear.

HEART: Regular sinus rhythm.

NEUROLOGIC: No focal findings today, but he does admit to intermittent headaches and some mild cognitive issues since the wreck. Followed by Dr. Mandell, neurologist.

Impression

1. Postconcussive headache syndrome.

N. Tuttle

2. Headaches secondary to above.

Plan

Forms completed. Continue followup with specialists as directed.

Revision History

Not recorded

Discontinued Medications

Reason for Discontinue

hydrocodone-homatropine (HYCODAN)
5-1.5 mg/5 mL syrup
esomeprazole (NEXIUM) 40 MG capsule

Level of Service

PR OFFICE OUTPATIENT VISIT 15 MINUTES
[99213]

All Flowsheet Templates (all recorded)

Encounter Vitals Flowsheet
Custom Formula Data Flowsheet
Anthropometrics Flowsheet

Patient Education

Patient Education Report

Referring Provider

Nicholas Hamner Tuttle, MD

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99213	PR OFFICE OUTPATIENT VISIT 15 MINUTES	9/11/2014	Nicholas Hamner Tuttle, MD		1
3017F	COLORECTAL CA SCREEN DOC REV	9/11/2014	Nicholas Hamner Tuttle, MD		1
G8419	PR CALC BMI OUT NRM PARAM NOFU	9/11/2014	Nicholas Hamner Tuttle, MD		1
G8427	PR DOC CUR MEDS BY PROV	9/11/2014	Nicholas Hamner Tuttle, MD		1
G8732	PR NO DOC OF PAIN	9/11/2014	Nicholas Hamner Tuttle, MD		1
G8432	PR CLIN DEPRESSION SCREEN NOT D	9/11/2014	Nicholas Hamner Tuttle, MD		1
1036F	TOBACCO NON-USER	9/11/2014	Nicholas Hamner Tuttle, MD		1

Other Encounter Related Information

Allergies & Medications

Problem List

History

Patient-Entered Questionnaires

SmartForms

Diabetes
CHE

Barry S Adickes
2/4/2014 10:15 AM Office Visit
MRN: 52372471

Description: Male DOB [REDACTED] 1961
Provider: Nicholas Hamner Tuttle, MD
Department: Rhfp Family Medicine

Diagnoses

Bronchitis - Primary
490
Cervical myofascial strain
847.0
Special screening for malignant neoplasm of prostate
V76.44
Health care maintenance
V70.9

Reason for Visit

Labs
PSA and chlorestrol

Vitals - Last Recorded

BP	Pulse	Temp(Src)	Ht	Wt	BMI
121/79	55	98 °F (36.7 °C) (Oral)	5' 9" (1.753 m)	192 lb (87.091 kg)	28.34 kg/m2

Progress Notes

Nicholas Hamner Tuttle, MD at 2/5/2014 5:54 PM

Status: Signed

Patient ID

Barry Adickes is a 52 y.o. year old (DOB 8/12/1961) male.

Chief Complaint

Patient presents with

- Labs
PSA and chlorestrol

History of Present Illness

Patient is in today with a history of coughing for the last week, worse at night, with mucoid sputum production. He denies fever, chills or wheezing. He did receive a flu vaccine this year. He has been sleeping on his couch over the last several nights and has developed right neck pain. There are no radicular symptoms.

Patient Active Problem List

- Diagnosis**
- GERD (gastroesophageal reflux disease)

History Review

History of traumatic brain injury, 3/2011, followed by Dr. Mandell, neurologist, with history of posttraumatic headache syndrome and post-concussive syndrome. He is now off of his Zonisamide. He takes occasional Imitrex injection and Naprosyn for headaches. He is maintained on Corgard 40 mg daily at this time for migraine prevention. He is status post ablation to his right occipital nerve by the pain clinic just this past month with good success.

History of elevated PSA values in the past. He was seen by me for this condition in 2009. He had elevated PSA for several years, 2006 - 2009. He had a PSA of 4.1 and treated in 11/2007 for one month with antibiotics. He had a repeat PSA of 3.9. PSA in 11/2012 was 2.2. He has been followed by Dr. Ezell for several years. He has had two prostate biopsies both returning negative for prostate CA. He was seen by a urologist at John's Hopkin's in Baltimore in 2007, a prostate CA specialist, who recommended prostate surgery. Patient declined. He denies a significant history of BPH, nocturia, decreased stream, or any erectile

dysfunction. Patient has had no testicular swelling. He also would like to have a PSA, lipid profile and labs today.

Past Medical, Surgical, Family, Social History

Reviewed and updated per encounter.

Allergies

Allergen

• Codeine

Reactions

Unknown

Review of Systems

PULMONARY: Denies asthma or pneumonia.

CARDIAC: No hypertension.

Physical Examination

BP 121/79 | Pulse 55 | Temp(Src) 98 °F (36.7 °C) (Oral) | Ht 5' 9" (1.753 m) | Wt 192 lb (87.091 kg) | BMI 28.34 kg/m2

GENERAL: Patient in no acute distress.

HEENT: Nares show pale mucosa. Pharynx is slightly red. TMs are clear.

NECK: Supple; no bruits, thyromegaly, or adenopathy. He is slightly tender over the right trapezius cervical spine area. He has a negative Spurling's maneuver.

LUNGS: Clear.

HEART: Regular sinus rhythm without murmur, gallop or rub.

GU: Exam is deferred.

Assessment

1. Bronchitis
2. Right cervical myofascial strain with history of some underlying osteoarthritis and recent ablation by pain clinic
3. Elevated PSA in the past with negative prostate biopsy x 2 by Dr. Ezell, urologist.

Plan

Discussed:

Medications prescribed today.

Check PSA and lipid profile.

Ice to neck.

Follow-up with results.

Patient's Medications

New Prescriptions

AZITHROMYCIN (ZITHROMAX Z-PAK)
250 MG TABLET

Take 2 tablets (500 mg) on Day 1,
followed by 1 tablet (250 mg) once daily
on Days 2 through 5.

HYDROCODONE-HOMATROPINE
(HYCODAN) 5-1.5 MG/5 ML SYRUP

5cc po q 4hs prn cough

Previous Medications

ESOMEPRAZOLE (NEXIUM) 40 MG
CAPSULE

Take 40 mg by mouth 30 (thirty) minutes
before breakfast.

FROVA 2.5 MG TABLET

IBUPROFEN (ADVIL, MOTRIN) 800 MG
TABLET

Take 800 mg by mouth 3 (three) times a
day as needed.

NADOLOL (CORGARD) 40 MG TABLET
NAPROXEN (NAPROSYN) 500 MG
TABLET

NORTRIPTYLINE (PAMELOR) 10 MG Take 10 mg by mouth at bedtime

CAPSULE

SUMATRIPTAN (IMITREX) 6 MG/0.5ML
SOLN

Modified Medications

No medications on file

Discontinued Medications

CHERATUSSIN AC 100-10 MG/5ML
SYRUP

Orders Placed This Encounter

Procedures

- PSA
- Lipid panel

Risks, benefits, and alternatives of the medications and treatment plan prescribed today were discussed, and patient expressed understanding. Follow-up as discussed or as needed if any worsening symptoms or change in condition.

Revision History

Not recorded

Medications Ordered This Encounter

	Disp	Refills	Start	End
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet	6 tablet	0	2/4/2014	2/9/2014
Take 2 tablets (500 mg) on Day 1, followed by 1 tablet (250 mg) once daily on Days 2 through 5.				
hydrocodone-homatropine (HYCODAN) 5-1.5 mg/5 mL syrup (Discontinued)	120 mL	0	2/4/2014	9/11/2014
5cc po q hs prn cough				

Discontinued Medications

Reason for Discontinue

CHERATUSSIN AC 100-10 MG/5ML
syrup

Orders Placed This Encounter

Lipid panel [LAB18 Custom]
PSA [LAB116 Custom]

Future Labs/Procedures

Lipid panel [LAB18 Custom]

Expected by: As directed

Expires: 2/4/2015

PSA [LAB116 Custom]

Expected by: As directed

Expires: 2/4/2015

Results are available for this encounter

Level of Service

PR OFFICE OUTPATIENT VISIT 15 MINUTES

[99213]

Follow-up and Disposition

Routing History Recorded

All Flowsheet Templates (all recorded)

Encounter Vitals Flowsheet

Custom Formula Data Flowsheet

Anthropometrics Flowsheet

Vital Signs Flowsheet

Patient Education

Patient Education Report

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99213	PR OFFICE OUTPATIENT VISIT 15 MINUTES	2/4/2014	Nicholas Hamner Tuttle, MD		1
84153	ASSAY OF PSA TOTAL	2/4/2014	Nicholas Hamner Tuttle, MD		1
80061	LIPID PANEL	2/4/2014	Nicholas Hamner Tuttle, MD		1

Other Encounter Related Information

Allergies & Medications

Problem List

History

Patient-Entered Questionnaires

SmartForms

Diabetes

CHF

Results

PSA (Lab ID/Accession # 03507653360) (Order 88825042)

Department

Name	Address	Phone	Fax
Novant Health Rock Hill Family Medicine	1435 Ebenezer Road Rock Hill SC 29732-2338	803-328-3828	803-328-3879

Provider Information

Ordering User	Authorizing Provider
Nicholas Hamner Tuttle, MD	Nicholas Hamner Tuttle, MD
PCP	Billing Provider
Nicholas Hamner Tuttle, MD	Nicholas Hamner Tuttle, MD

PSA (Lab ID/Accession # 88825042L) (Order 88825042)

PSA

Status: Final result Visible to patient: This result is not viewable by the patient. Next appt: None
Dx: Special screening for malignant neopl...

	Range	7mo ago	1yr ago
PSA	0.0 - 4.0 ng/mL	2.2	2.2 cm

Comments: Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Resulting Agency 01 LabCorp

Result Narrative

Performed at: 01 - LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD Phone: 8007624344

Specimen Collected: 02/04/14 11:00 AM Last Resulted: 02/05/14 9:41 AM
CM=Additional comments

[Lab Flowsheet](#) [Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

Other Results from 2/4/2014**Lipid panel**

Status: Final result Visible to patient: This result is not viewable by the patient. Next appt: None
Dx: Health care maintenance

	Value	Range
Cholesterol, Total	228 (H)	100 - 199 mg/dL
Triglycerides	235 (H)	0 - 149 mg/dL
HDL	36 (L)	>39 mg/dL

Comments: According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal	47 (H)	5 - 40 mg/dL
LDL Calculated	145 (H)	0 - 99 mg/dL

Resulting Agency 01

Result Narrative

Performed at: 01 - LabCorp Burlington

1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD, Phone: 8007624344

Specimen Collected: 02/04/14 11:00 AM Last Resulted: 02/05/14 9:41 AM
[Lab Flowsheet](#) [Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

Reviewed by List

Nicholas Hamner Tuttle, MD on 2/6/2014 2:07 PM

Encounter

[View Encounter](#)

Result Information

Status

Final result (2/5/2014 9:41 AM)

Provider Status: Reviewed

Lab Information

LABCORP

Additional Information

Specimen ID	Bill Type	Client ID
03507653360	Client	32807965
Specimen Date Taken	Specimen Time Taken	Specimen Received Date
Feb 4, 2014	11:00 AM	Feb 4, 2014
Specimen Received Time	Result Date	Result Time
8:33 PM	Feb 5, 2014	9:41 AM

Patient Information

Patient Name	Sex	DOB	SSN
Adickes, Barry S	Male	8/12/1961	xxx-xx-7784

PSA (Order

88825042)

Lab

Order: 88825042

Released By: Taiwana Gordon

Authorizing: Nicholas Hamner Tuttle, MD

Date: 2/4/2014

Department: Novant Health Rock Hill Family Medicine

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
02/04/14 10:50 AM	02/04/14 11:00 AM	2/4/2014	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	CB Clinic Collect

Associated Diagnoses

Special screening for malignant neoplasm of prostate

Quest Reprint Requisition

PSA (Order #88825042) on 2/4/14

Solstas Reprint Requisition

PSA (Order #88825042) on 2/4/14

LabCorp Reprint Requisition

PSA (Order #88825042) on 2/4/14

Collection Information

Collected: 2/4/2014 11:00 AM Resulting Lab: LABCORP
Agency:

Original Order

Ordered On	Ordered By
Tue Feb 4, 2014 10:50 AM	Nicholas Hamner Tuttle, MD

ABN Associated with this Order

There is no ABN associated with this order.

Results

Lipid panel (Lab ID/Accession # 03507653380) (Order 88825043)

Department

Name	Address	Phone	Fax
Novant Health Rock Hill Family Medicine	1435 Ebenezer Road Rock Hill SC 29732-2338	803-328-3828	803 328-3879

Provider Information

Ordering User	Authorizing Provider
Nicholas Hamner Tuttle, MD	Nicholas Hamner Tuttle, MD
PCP	Billing Provider
Nicholas Hamner Tuttle, MD	Nicholas Hamner Tuttle, MD

Lipid panel (Lab ID/Accession # 88825042L) (Order 88825043)

Lipid panel

Status: Final result Visible to patient: This result is not viewable by the patient. Next appt: None
Dx: Health care maintenance

	Value	Range
Cholesterol, Total	228 (H)	100 - 199 mg/dL
Triglycerides	235 (H)	0 - 149 mg/dL
HDL	36 (L)	>39 mg/dL
Comments: According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.		
VLDL Cholesterol Cal	47 (H)	5 - 40 mg/dL
LDL Calculated	145 (H)	0 - 99 mg/dL
Resulting Agency	01	

Result Narrative

Performed at: 01 - LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD, Phone: 8007624344

Specimen Collected: 02/04/14 11:00 AM Last Resulted: 02/05/14 9:41 AM [Lab Flowsheet](#) [Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

Other Results from 2/4/2014**PSA**

Status: Final result Visible to patient: This result is not viewable by the patient. Next appt: None
Dx: Special screening for malignant neopl...

	Range	7mo ago	1yr ago
PSA	0.0 - 4.0 ng/mL	2.2	2.2
Comments: Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.			
Resulting Agency	01	LabCorp	
Result Narrative			

Performed at 01 : LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD, Phone: 8007624344

Specimen Collected: 02/04/14 11:00 AM Last Resulted: 02/05/14 9:41 AM Lab Flowsheet Order Details View Encounter Lab
and Collection Details Routing Result History
CM=Additional comments

Order Questions

Question	Answer	Comment
Has the patient fasted?	Yes	

Reviewed by List

Nicholas Hamner Tuttle, MD on 2/6/2014 2:07 PM

Encounter

[View Encounter](#)

Result Information

Abnormal

Status: Final result (2/5/2014 9:41 AM)
Provider Status: Reviewed

Lab Information

LABCORP

Additional Information

Specimen ID	Bill Type	Client ID
03507653360	Client	32807965
Specimen Date Taken	Specimen Time Taken	Specimen Received Date
Feb 4, 2014	11:00 AM	Feb 4, 2014
Specimen Received Time	Result Date	Result Time
8:33 PM	Feb 5, 2014	9:41 AM

Patient Information

Patient Name	Sex	DOB	SSN
Adickes, Barry S	Male	8/12/1961	xxx-xx-7784

Lipid panel (Order 88825043)

Lab

Order: 88825043

Released By: Taiwana Gordon
Authorizing: Nicholas Hamner
Tuttle, MD

Date: 2/4/2014
Department: Novant Health Rock Hill
Family Medicine

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
02/04/14 10:50 AM	02/04/14 11:00 AM	2/4/2014	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	CB Clinic Collect

Associated Diagnoses

Health care maintenance

Order Questions

Question	Answer	Comment
Has the patient fasted?	Yes	

Quest Reprint Requisition

LIPID PANEL (Order #88825043) on 2/4/14

Solstas Reprint Requisition

LIPID PANEL (Order #88825043) on 2/4/14

LabCorp Reprint Requisition

LIPID PANEL (Order #88825043) on 2/4/14

Collection Information

Collected: 2/4/2014 11:00 AM

Resulting LABCORP
Agency.

Original Order

Ordered On
Tue Feb 4, 2014 10:50 AM

Ordered By
Nicholas Hamner Tuttle, MD

ABN Associated with this Order

There is no ABN associated with this order.

Results

PSA (Lab ID/Accession # 32407653690) (Order 26321676)

DepartmentName
epic-conversions**Provider Information**Ordering User
Labcorp Lab Results In InterfaceAuthorizing Provider
Epic Z Conversion

PSA (Lab ID/Accession # 116312) (Order 26321676)

PSA

Status: Final result Visible to patient: This result is not viewable by the patient. Next appt: None

	Value	Range
PSA	2.2	0.0 - 4.0 ng/mL

Comments: Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Resulting Agency LabCorp

Result Narrative

Performed at: 01 - LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD Phone: 8007624344

Specimen Collected:
11/19/12 2:48 PMLast Resulted: 11/20/12
5:42 AM[Lab Flowsheet](#) [Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)**Encounter**[View Encounter](#)**Result Information**

Status

Final result (11/20/2012 5:42 AM)

Provider Status: Ordered

Lab Information

LABCORP

Additional InformationSpecimen ID
32407653690

Bill Type

Client ID

Specimen Date
Taken
Nov 19, 2012Specimen Time
Taken
2:48 PMSpecimen
Received Date
Nov 19, 2012Specimen
Received Time
7:17 PMResult Date
Nov 20, 2012Result Time
5:42 AM**Patient Information**Patient Name
Adickes, Barry SSex
MaleDOB
8/12/1961SSN
xxx-xx-7784PSA (Order
26321676)Lab
Order: 26321676Ordering: Labcorp Lab Results In
Interface
Authorizing: Epic Z ConversionDate: 11/19/2012
Department: epic
conversions

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
11/19/12 12:00 AM	None	11/19/12 12:00 AM	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Normal

Quest Reprint Requisition

PSA (Order #26321676) on 11/19/12

Solstas Reprint Requisition

PSA (Order #26321676) on 11/19/12

LabCorp Reprint Requisition

PSA (Order #26321676) on 11/19/12

Collection Information

Collected: 11/19/2012 2:48 PM	Resulting LABCORP Agency:
-------------------------------	------------------------------

Comments

Order ed by N TUTTLE

ABN Associated with this Order

There is no ABN associated with this order.

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: [REDACTED] 1961

Date of service: 11/19/2012

PSA test

He is in today with history of some elevated PSA values in the past. Was last seen by me for this condition in 2009. He had elevated PSA for several years, from 2006 to 2009. He had a PSA of 4.1 treated in 11/2007. He was treated with antibiotics for a month with repeat PSA of 3.9. He has been followed by Dr. Ezell for several years. He had two prostate biopsies with both returning negative for prostate CA. He was seen by a urologist at John's Hopkins in Baltimore who was a prostate CA specialist. He recommended prostate surgery but patient declined. He denies history of BPH, denies nocturia, decreased stream or any erectile dysfunction. He denies problems with testicular swelling at this time. His PSA was 1.9 in 1/2009.

Traumatic brain injury, 3/2011, followed by neurologist, Dr. Mandell, with history of posttraumatic headache syndrome and post-concussive syndrome, stable on Zonisamide daily, Motrin prn for headache, Maxalt prn for headache.

CODEINE DERIVATIVES

MOTRIN ORAL TABLET 800 MG, 1 THREE TIMES DAILY with food
NORTRIPTYLINE HCL ORAL CAPSULE CONVENTIONAL 10 MG, 1 Every Day At Bedtime
ZONISAMIDE ORAL CAPSULE CONVENTIONAL 100 MG, 1 EVERY DAY AT BEDTIME
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG, 2 A Day

No smoking.
No significant ETOH use.

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 01-19-1961

Date of service: 11/19/2012

GENERAL: In no acute distress. VITAL SIGNS: Per above. LUNGS: Clear. HEART: Regular sinus rhythm without murmur, gallop or rub. ABDOMEN: Soft, nontender. GU: Exam is deferred since patient needs PSA today.

1. Elevated PSA in the past with last PSA in 2009 being normal status post two negative prostate biopsies in the past by Dr. Ezell.
2. Traumatic brain injury with posttraumatic headache syndrome and post-concussive syndrome, stable, followed by neurology since 3/2011.

Check PSA. Will follow-up with results.

NHT:bf

First Print Date: 05/01/2013 5:09 pm
Reprint Date: 09/22/2014 9:40 am

ADICKES, BARRY S

137 HUMMINGBIRD LN
ROCK HILL, SC 29732

RHFP
1435 EBENEZER ROAD
ROCK HILL, SC 29732
(803) 328-3828

Patient ID/# 18283BA
SSN xxx-xx-xxxx
Home Phone (803) 370-1673

Order Status: All Results Signed
11/20/2012 11:40 am

DOB 11/16/1961 Age 51 years Gender Male

Work Phone () x

Fasting - No

Ordering NICHOLAS H TUTTLE

Order # 118312

Specimen Collection Date: 11/19/2012 2:48 pm

Order Comments

Tests Ordered Drawing Fee - 996660; J01828 - ROCK HILL FAMILY PRACTICE; Prostate-Specific Ag, Serum - 010322

Referring

Order Service Date 11/19/2012 2:43 pm

Copy To

LIS Order Accession # 32407653690

Order Sent To LIS 11/19/2012 2:54 pm

TEST DESCRIPTION

RESULTS

REFERENCE RANGE

UNITS

Prostate-Specific Ag, Serum - 010322

Result Status: FINAL

Test Ordered Date: 11/19/2012 2:43 pm

Performing Lab: 2 Verified By: 11/20/2012 4:57 am

Result Date: 11/20/2012 4:57 am

Test Status: Complete

Test Accession #: 32407653690

Prostate Specific Ag, Serum - 010334

2.2

0.0 - 4.0

ng/mL

Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

THE BENEFITS AND RISKS WERE DISCUSSED IN DETAIL THE PATIENT WANTS THE STUDY

FINAL: Electronically signed by Nicholas H. Tuttle, MD on 11/20/2012 11:40 am

Tests Performed At

2

LABCORP

Ph:
Lab Director

CLIA:

Page 1 of 1

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 04-19-1961

Date of service: 04/19/2012

AGE: 50 YRS

VITAL SIGNS:

VS-TEMPERATURE: 98.7°f Oral
VS-BLOOD PRESSURE: 122/80 Left Arm Sitting
VS-HEIGHT: 5ft9in
VS-WEIGHT: 186lbs
BMI: 27.46

Performed By: Takisha M. Burris, CMA, AB

CHIEF COMPLAINT: Complains of blood in the stool.

HISTORY OF PRESENT ILLNESS:

50 year old white male with history of rectal bleeding x 3 episodes associated with a churning sensation in his abdomen. There was no severe pain in his abdomen. He had no nausea or vomiting. He states his stools have been loose and bloody x 3. He denies rectal pain, hemorrhoids. He denies fever, chills. He has not had this in the past. He has had a colonoscopy in the past. He eats fiber and says he has always had normal bowel movements and is very regular. He denies syncope.

PAST MEDICAL HISTORY:

Posttraumatic brain injury last year from motor vehicle accident. History of posttraumatic headache syndrome and post-concussive syndrome. Took Motrin and Naprosyn, as much as 2000 mg. a day for six months. Has not taken any until last week when he took five days worth of ibuprofen for headache. He has not taken ibuprofen in the last five days.

CURRENT ALLERGY LIST:

CODEINE DERIVATIVES

CURRENT MEDICATION LIST:

MOTRIN ORAL TABLET 800 MG, 1 THREE TIMES DAILY with food
NORTRIPTYLINE HCL ORAL CAPSULE CONVENTIONAL 10 MG, 1 Every Day At Bedtime
ZONISAMIDE ORAL CAPSULE CONVENTIONAL 100 MG, 1 EVERY DAY AT BEDTIME

SOCIAL HISTORY:

No smoking.
No significant ETOH use.

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

Date of service: 04/19/2012

GENERAL: In no acute distress. VITAL SIGNS: Per above. LUNGS: Clear. HEART: Regular sinus rhythm without murmur, gallop or rub. ABDOMEN: Soft, nontender. GU: Anorectal exam shows no fissure, no hemorrhoids. There is some blood tinged stool on my finger which is heme positive.

HEMOGLOBIN: 13.7 Normal Range Male: 13.5-17.5
Normal Range Female: 12.2-14.9

Nexium 40 mg. 2 now and tomorrow, then one a day for 2 weeks, samples given. Refer to GI tomorrow ASAP for further evaluation and treatment.

Electronically Signed by: Nicholas H. Tuttle, MD on Friday, April 20, 2012 at 12:54 pm

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 02/19/1961

Date of service: 03/30/2011

AGE: 49 YRS

VITAL SIGNS:

VS-TEMPERATURE: 98.9°f Oral
VS-BLOOD PRESSURE: 112/76 Left Arm Sitting
VS-HEIGHT: 5ft9in
VS-WEIGHT: 190lbs
BMI: 28.06
Large cuff.
Performed By: Amyree Yarborough, RN

CHIEF COMPLAINT: Here for follow up evaluation. Concussion w/ continued headache, nausea/ Vision issues have resolved in last couple of days

HISTORY OF PRESENT ILLNESS:

Patient is in for follow-up of his recent motor vehicle accident with a grade II to III concussion. Patient has a history of posttraumatic headaches and post-concussive syndrome. This accident occurred the night of March 22, 2010, see note. Patient is currently using ibuprofen and Lortab at night. Lortab has not been successful in controlling these headaches. He admits to some nausea at this time also. He is taking ibuprofen 800 mg. tid. He admits to some problems with insomnia but is napping some during the day. He denies any significant problems with cognitive issues per his report. He has not driven since the accident. He has been resting at my request.

He has a history of left shoulder contusion with probable grade I AC separation. X-rays from Dr. Rentz were negative for any fracture. He is status post surgery for torn rotator cuff of his left shoulder four years ago.

History of various abrasions on his ear, elbows, left biceps and right lower leg which are healing at this time. See extensive note per above.

Patient admits to a hiatal hernia in the past.

CURRENT ALLERGY LIST:

CODEINE DERIVATIVES

CURRENT MEDICATION LIST:

VICODIN ORAL TABLET 5-500 MG, 1 q hs for pain
MOTRIN ORAL TABLET 800 MG, 1 THREE TIMES DAILY with food

IMMUNIZATIONS:

on 03/30/2011, Influenza Vaccine Not Administered because Personal Reason.
on 03/30/2011, Tetanus and Diphtheria Toxoids Vaccine Not Administered because Personal Reason.

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 01/12/1961

Date of service: 03/30/2011

SOCIAL HISTORY:

TOBACCO USE: Has no smoking history.

ALCOHOL: Does not give any significant history of alcohol usage.

REVIEW OF SYSTEMS:

GU: Denies any problems with urination. PULMONARY: No asthma or chest pain. CARDIAC: Denies chest pain. GI: Per above note. ORTHO: Per above. PSYCH: No history of depression in the past. NEURO: No history of migraine headaches in the past. Has had concussions x 2 in the past before this concussion. He is accompanied by his wife.

PHYSICAL EXAM:

GENERAL: In no acute distress. VITAL SIGNS: Per above. HEENT: EOMI. Nares clear. Pharynx is clear. TMs are clear. Neck is supple, no bruits, thyromegaly or adenopathy. LUNGS: Clear. HEART: Regular sinus rhythm without murmur, gallop or rub. ABDOMEN: Soft, nontender. EXTREMITIES: No edema. SKIN: He has an abrasion to the left ear which is healed and his forearm abrasions have healed. He has a contusion with ecchymosis of his left biceps and shoulder area. NEURO: No focal findings. He is tender over the left parietal aspect of his scalp.

LAB REVIEW:

CT scan of his head was negative for fracture or bleed done at PMC on 3/23/11.

ASSESSMENT/PLAN:

1. Post-concussive syndrome with posttraumatic headache.
2. Nausea secondary to above.
3. History of hiatal hernia. At risk for NSAID gastritis.
4. Left shoulder contusion. Probable AC separation, stable.
5. Multiple abrasions and contusion, resolving.

Recommend Nexium 40 mg. one a day for 2 weeks, sample given. Then start Prilosec OTC when using high-dose Motrin. Continue Motrin 800 mg. tid. May stop Lortab if not successful. Add melatonin 300 mg. one at night to help with sleep. Add Nortriptyline 10 mg. one at night, #30 with 12 refills.

Refer to Dr. Mandell for further evaluation.

Recommend short-term disability for at least one more month.

NHT:bf

Electronically Signed by: Nicholas H. Tuttle, MD on Thursday, April 07, 2011 at 06:16 pm

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

Patient ID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 11/12/1961

Date of service: 03/24/2011

AGE: 49 YRS

VITAL SIGNS:

VS-TEMPERATURE: 100.1°f Oral
VS-BLOOD PRESSURE: 112/80 Left Arm Sitting
VS-HEIGHT: 5ft9in
VS-WEIGHT: 187lbs
BMI: 27.61
Large cuff.
Performed By: Donna S. Bragg, RMA

CHIEF COMPLAINT: Follow up on MVA

HISTORY OF PRESENT ILLNESS:

Patient was involved in a motor vehicle accident on Tuesday night around 8:00 to 8:30. He states he was in Morganton, NC on a work related mission and was apparently driving on highway 181, a mountainous type highway, in a small SUV going approximately 45 mph. He went around a very sharp curve and actually went over the guard-rail with his vehicle which apparently cork-screwed through the trees on a 60 degree embankment. He went approximately 100 feet down into a gully/ravine and was apparently knocked unconscious. When he woke it was dark and felt he suffered an injury to his shoulder. He says he couldn't move his shoulder and felt some stiffness. He popped his shoulder back into place, per his report, lying at an angle in his vehicle. He realized that he was not seriously injured otherwise and fell back asleep. Upon awakening again, it was dark but was able to use some light from his GPS navigator to find his cell phone. He was able to contact 911 and they arrived on the scene within 15 minutes. Initially they were unable to see the vehicle in the gully/ravine. His rescue required repelling and mountain gear to extract him from the scene. He was then transported to the ER via 911. All his vital signs were stable. He had no severe neck pain or back pain, but had some pain in his left shoulder and had multiple abrasions on his arms, forearms, and right leg. No lacerations. There was broken glass everywhere which was removed from his body. He was told in the ER that he needed to be admitted for further observation, for a CT scan and other x-rays. He declined this and signed a waiver. He then went to the Comfort Inn in Morganton waiting for his wife to pick him up. He showered and fell asleep there and she picked him up at approximately 10:00 yesterday morning and drove him back. In driving back to Rock Hill he had a severe headache and vomited x 3. He was then brought home and saw Dr. Rentz, a neighbor, in his orthopaedic office in Rock Hill. He had x-rays of his C-spine, left shoulder, clavicle and left third finger all of which were negative for fractures. Patient was noted to have some bruising in his left biceps area and the abrasions of his arms and right leg as noted above. He also had an abrasion of his left ear.

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 04-19-1961

Date of service: 03/24/2011

He admits to headache but was able to sleep last night. He has tried ibuprofen for pain relief. He admits to just stiffness in his total body but otherwise denies any severe neck or back pain. He has pain in his left shoulder with some stiffness and bruising to his left biceps area. He denies chest wall pain, abdominal pain, or any pain in his hips or legs of significance. He denies any dizziness or vertigo symptoms at this time. His headache is mostly in the left parietal aspect of his scalp. He was able to extract some glass from his face and ears during his shoulder at the Comfort Inn yesterday morning in Morganton, NC. He denies any hearing loss or visual problems.

PAST MEDICAL HISTORY:

Left rotator cuff shoulder surgery done four years ago.

CURRENT ALLERGY LIST:

CODEINE DERIVATIVES but he can tolerate Vicodin without problems.

CURRENT MEDICATION LIST:

FAMILY HISTORY:

Noncontributory.

SOCIAL HISTORY:

TOBACCO USE: Has no smoking history.

ALCOHOL: Does not give any significant history of alcohol usage.

REVIEW OF SYSTEMS:

GU: Denies any hematuria. PULMONARY: Denies cough or chest wall pain of significance.

CARDIAC: Denies hypertension. ORTHO: Per above. PSYCH: No history of depression. NEURO: Concussions x 2 in high school. Was briefly knocked unconscious while playing football. This was brief per his report. No history of chronic headaches or migraine headaches.

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: [REDACTED] 1961

Date of service: 03/24/2011

PHYSICAL EXAM:

GENERAL: In no acute distress. **VITAL SIGNS:** Per above. **HEENT:** EOMI. Nares clear. Pharynx is clear. TMs are clear. No glass is seen in the ear canals. He has some abrasions, dried blood, on his left outer ear. There is an abrasion to his left sternoclavicular area from the seatbelt. There is no swelling. He has full range of motion of this area. **LUNGS:** Clear. **CHEST:** Chest wall is nontender. **HEART:** Regular sinus rhythm without murmur, gallop or rub. **ABDOMEN:** Soft, nontender. Pelvic area is nontender on exam. **EXTREMITIES/ MUSCULOSKELETAL:** Hips and knees show full range of motion, nontender. Ankles are nontender. He has a wound to his right lower leg which is not bleeding; no signs of secondary infection. Both forearms show some abrasions but they are not infected or bleeding at this time. Elbows and wrists show full range of motion. Left shoulder shows some tenderness to palpation with some ecchymosis noted around the left biceps medial area but no signs of any torn biceps. He has normal strength. Left shoulder shows mild stiffness with full abduction and some pain with abduction, but there is full abduction noted. Back shows mild tenderness of the C-spine, T-spine and L-spine, but no significant pain. He has full range of motion. **NEURO:** Cranial nerves 2-12 are intact. Motor is 5/5, upper and lower extremities. Reflexes are 2+ and equal. Sensory is intact to light touch. **MENTAL STATUS:** Patient is alert and oriented x 3. He complains of headache. Palpation of the scalp shows tenderness of the left parietal area of his scalp but no crepitus or significant hematoma is noted on my exam.

LAB REVIEW:

CT scan of his head was obtained at my request yesterday at PMC at 6:00. The report is negative for fracture or any intracranial bleeding per the radiologist.

X-rays of the left shoulder, C-spine, and left index finger were negative per Dr. Rentz's office.

ASSESSMENT/PLAN:

Motor vehicle accident with:

1. Concussion, grade II-III.
2. Post-concussive syndrome.
3. Headaches secondary to above.
4. Left parietal contusion of scalp.
5. Left shoulder contusion with probable subluxation that was spontaneously reduced by patient.
6. Multiple abrasions of forearms and right lower legs.

Vicodin 1 at night, #15 with no refill. Take Ibuprofen during the day.

No alcohol. No hard impact exercise. May walk for exercise.

Follow-up with me on Wednesday for further evaluation. Patient will be accompanied by his wife at that time.

NHT:bf

ROCK HILL FAMILY PRACTICE ASSOCIATES

1435 EBENEZER RD.
ROCK HILL, SC 29732
OFFICE PHONE (803) 328-3828
FAX (803) 328-3879

PatientID: 18283BA
Patient Name: BARRY S ADICKES
Date of Birth: 10/28/1961

Date of service: 03/24/2011

Electronically Signed by: Nicholas H. Tuttle, MD on Wednesday, March 30, 2011 at 05:27 pm

OCT-13-2014 12:23 From:

To: Call Care Management P.2/3

Radiology Reports

Page 1 of 2

Metrolina Diagnostic Center
127 Professional Park Dr.
Rock Hill, SC 29732
Phone: (803) 329-8635
Fax:

Name:	BARRY ADICKES	Exam Date:	10/10/2014
Patient ID:	M107888	Exam:	MRI JOINT UPR EXTREM W/O CONTRAST
DOB:	██████-961	Reason:	719.91 - JOINT DIS NOS-SHLDER 719.91
Phone:		Referrer:	Matthew Schwartz, M.D.
Acc#:	234238	2nd Referrer:	Diagnostic Center Metrolina
		3rd Referrer:	

Results**MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST**

CLINICAL DATA: Right shoulder pain with history of prior surgery.

TECHNIQUE: Axial gradient echo images, oblique coronal, and oblique sagittal T2 weighted turbo spin echo, oblique coronal STIR, and proton density through the right shoulder. All images were obtained utilizing a 1.5 Tesla Siemens open bore system.

FINDINGS: There is an intrasubstance insertional tear, delamination type, within the mid fibers of the supraspinatus tendon extending into the confluence with the infraspinatus tendon. The infraspinatus tendon is moderately thickened with mild articular surface irregularity. The subscapularis and teres minor tendons are intact. The teres minor muscle belly is completely atrophied. There are moderate to severe AC joint arthritic changes with marrow edema, joint effusion and inferior osteophytosis.

There is a subacromial spur.

There is irregularity of the superior labrum at its articular cartilage interface. The long head of the biceps tendon is retracted distally with evidence of a biceps tenodesis.

There is mild subacromial/subdeltoid bursal fluid accumulation.

IMPRESSION:

1. Supraspinatus and infraspinatus insertional tendinopathy with an intrasubstance delamination tear at their confluence measuring 5 mm in AP dimension, 7 mm in length. This does extend as a delamination tear into the infraspinatus tendon but the tear is quite small.
2. Moderate to severe AC joint arthropathy and inferior osteophytosis as well as small subacromial spur.
3. Biceps tenodesis with mild glenohumeral joint osteoarthritic changes.

Dr. Lentz

<http://ris.pittsrad.net/Reports/printreport.aspx?acc=234238>

10/13/2014

OCT-13-2014 12:23 From:

Radiology Reports

To: Call Care Management P.3/3

Page 2 of 2

Paul Aitchison, M.D.
Radiologist
PITTS RADIOLOGY
PA:mb

Report Electronically Signed by: Paul Aitchison M.D.
Report Signed on: 10/10/2014 4:40 PM

PL Name:	BARRY ADICKES	Exam:	MRI JOINT UPR EXTREM
Patient ID:	M107888	Acc:	W/O CONTRAST
Completed		Interpreting	234238
Date:	10/10/2014 2:53:00 PM	Rad:	Paul Aitchison M.D.
Transcribed By:	Mitzi Berry	Dictated	
Transcribed Date:	10/10/2014 4:18:25 PM	Date:	
		Finalized Date:	10/10/2014 4:40 PM

<http://ris.pittsrad.net/Reports/printreport.aspx?acc=234238>

10/13/2014

ADICKES, BARRY (id #361770, dob: 08/12/1961)

Encounter Summary

Patient

Name ADICKES, BARRY (53, M) ID# 361770 Appt. Date/Time 09/16/2014 01:20PM

DOB 08/12/1961 Service Dept. FM-FM

Provider JAMES N. RENTZ, JR

Insurance Med Legal: ATTY MCANGUS GOUDELOCK ATTORNEY AT LAW COLUMBIA
Insurance #: 251317784
Employer Name : PHILLIPS LIFELINE
Case Injury Date : 05/09/2013
Med Worker's Comp: GALLAGHER BASSETT SERVICES
Policy/Group #: 002380009116WC01
Employer Name : PHILLIPS LIFELINE
Case #: 002380009116wc01
Case Injury Date : 03/22/2011
Prescription: ESI1 - Member is eligible. [details](#)

Patient's Care Team

Other: NICHOLAS TUTTLE MD: 1435 EBENEZER RD, ROCK HILL, SC 29732, Ph (803) 328-3828, Fax (803) 328-3879
Insurance Adjuster (Worker's Comp): SABRINA MARTIN: Ph (704) 405-6733, Fax (866) 654-4646

Patient's Pharmacies

GOOD PHARMACY (ERX): 1237 EBENEZER ROAD, ROCK HILL SC 29732, Ph (803) 327-2081, Fax (803) 327-3585

Chief Complaint

Right Shoulder pain

The patient is here today for a Rate and Release of his right shoulder. DOI was 2011.

Problems

Reviewed Problems

- Derangement of knee
- Knee pain, Right
- Sprain of knee and leg

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - controlled
Dental, specify: Y - crown
Fracture, hand: Y - multiple finger fractures, right wrist
Fracture, lower leg: Y - right tibia, bilateral ankle
Fracture, shoulder: Y - right clavicle
Hiatal Hernia: Y
Migraines: Y - medication as needed
Sleep, snoring: Y - no study
Thyroid Problems, Adrenal, Pituitary: Y - thyroid
Vision, glasses, contacts: Y - reading glasses

Surgical History

Reviewed Surgical History

- Orthopaedic, shoulder - left SLAP repair
- Other - thyroidectomy
- Orthopaedic, shoulder - 10/2011 - right biceps tenodesis
- Orthopaedic, knee - 1993 - right knee scope

Family History

Discussed Family History

Father - Malignant neoplastic disease
- previously recorded as Cancer

Social History

Discussed Social History

Social History COS
Smoking Status: Never smoker.
Tobacco-years of use: 0.

ADICKES, BARRY (id #361770, dob: [REDACTED] 1961)

Education: Post Graduate
 Occupation: sales manager Phillips Medical
 Marital status: Married
 Non-smoker
 Tobacco, smokeless, snuff, chewing: N
 Alcohol intake: Occasional
 Illicit drugs used: N
 Advance directive: Y
 Animal exposure?: Y dog
 Live alone or with others?: with others
 Have you traveled out of the country in the last six months: N

Medications

Reviewed Medications

Name	Date
Frova 2.5 mg tablet Take by oral route as needed.	09/16/14 entered
Imitrex STATdose Kit Refill 4 mg/0.5 mL subcutaneous cartridge Inject by subcutaneous route as needed.	09/16/14 entered
Maxalt 10 mg tablet Take 1 tablet(s) as needed by oral route.	07/25/13 entered
nadolol 20 mg tablet Take 1 tablet(s) twice a day by oral route.	07/24/13 entered

Allergies

Reviewed Allergies

CORTISONE: Other (Mild to moderate) - urticaria/perservative in IL
 NKDA

Vitals

09/16/2014 01:39 pm
 Ht: 5 ft 9 in Wt: 191 lbs BMI: 28.2

HPI

Shoulder

Reported by patient

Hand Dominance: left
 Location: right
 Quality: sharp, frequent
 Severity: moderate
 Duration: continuous since onset (2011 w/c)
 Timing: recurrent
 Context: work injury
 Alleviating Factors: ice; PT/OT; cortisone injection
 Aggravating Factors: lifting
 Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down arm; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits
 Previous Surgery: surgical procedure; date: (October 2011)
 Prior Imaging: no recent studies
 Previous Injections: helped significantly
 Previous PT: helped significantly
 Work Related: yes
 Working: regular duty

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.

ADICKES, BARRY (id #361770, dob: [REDACTED] 1961)

Physical Exam

Patient is a 53-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

C-Spine/Neck: Active Range of Motion: no crepitus or pain elicited on motion and flexion normal, extension normal, rotation normal, and lateral flexion normal. Passive Range of Motion: flexion normal, extension normal, rotation normal, and lateral flexion normal.

Shoulders: Inspection Right: no misalignment, atrophy, erythema, induration, swelling, or warmth and AC prominence normal. Inspection Left: no misalignment, atrophy, erythema, induration, swelling, or warmth and AC prominence normal. Bony Palpation Right: no tenderness of the sternoclavicular joint, the clavicle, the acromioclavicular joint, the acromial, the greater tuberosity, or the bicipital groove. Bony Palpation Left: no tenderness of the sternoclavicular joint, the clavicle, the acromioclavicular joint, the acromial, the greater tuberosity, or the bicipital groove. Soft Tissue Palpation Right: no tenderness of the costochondral junction, the trapezius, the rhomboid, the deltoid, or the lateral cuff insertion. Soft Tissue Palpation Left: no tenderness of the trapezius, the rhomboid, the deltoid, or the lateral cuff insertion. Active Range of Motion Right: external rotation at 0 deg. of abduction normal and 90 deg. of abduction normal; internal rotation normal and at 90 deg. of abduction normal; and normal, forward flexion normal, extension normal, and abduction normal. Active Range of Motion Left: external rotation at 0 deg. of abduction normal and 90 deg. of abduction normal; internal rotation normal and at 90 deg. of abduction normal; and normal, forward flexion normal, extension normal, and abduction normal. Passive Range of Motion Right: external rotation at 0 deg. of abduction normal and 90 deg. of abduction normal; internal rotation normal and at 90 deg. of abduction normal; and normal, forward flexion normal, extension normal, and abduction normal. Passive Range of Motion Left: external rotation at 0 deg. of abduction normal and 90 deg. of abduction normal; internal rotation normal and at 90 deg. of abduction normal; and normal, forward flexion normal, extension normal, and abduction normal. Special Tests Right: Hawkin's test negative, empty can sign negative, and subscapularis strength tests normal. Special Tests Left: Hawkin's test negative, empty can sign negative, and subscapularis strength tests normal. Stability Right: no dislocation or laxity and sulcus sign negative. Stability Left: no dislocation or laxity and sulcus sign negative. Strength Right: external rotation at 0 deg. of abduction 5/5 and 90 deg. of abduction 5/5 and abduction 5/5, adduction 5/5, flexion 5/5, extension 5/5, internal rotation 5/5, and scapular elevation 5/5. Strength Left: external rotation at 0 deg. of abduction 5/5 and 90 deg. of abduction 5/5 and abduction 5/5, adduction 5/5, flexion 5/5, extension 5/5, internal rotation 5/5, and scapular elevation 5/5.

Skin: Right Upper Extremity: normal. Left Upper Extremity: normal.

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal (2). Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Right: C5 normal, C6 normal, C7 normal, C8 normal, T1 normal, and T2 normal. Sensation on the Left: C5 normal, C6 normal, C7 normal, C8 normal, T1 normal, and T2 normal.

he has full range of motion of the right shoulder with pain reaching overhead and behind his back. He has some popping in the subacromial region with motion. Strength is good. He has normal appearance of the biceps despite having a previous tenotomy with tenodesis in the proximal humerus. He has good strength with elbow flexion. Good strength with internal and external rotation with the arm at the side.

Assessment / Plan

1. Impingement syndrome of shoulder region

719.91: Unspecified disorder of joint, shoulder region

• MRI, SHOULDER

Side: RIGHT

Contrast (MRI): Without

Height (ft): 5 ft 9 in

Weight (lbs): 191

Pacemaker or defibrillator?: N Metal in body?: N

Possibility of Pregnancy?: N Patient claustrophobic?: N

Discussion

Discussion Notes

continued pain of the right shoulder after a previous arthroscopy with labral debridement and biceps tenotomy followed by open tenodesis to the proximal humerus for grade 4 SLAP tear. He has continued to have pain with overhead activities and states that it wants to pop and catch. We will set up an MRI for the right shoulder and I will see him back after that. No work restrictions at this time.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James N. Rentz Jr, 09/16/2014.

ADICKES, BARRY (id #361770, dob: [REDACTED] 1961)

Encounter performed and documented by James N. Rentz Jr

Encounter reviewed & signed by James N. Rentz Jr on 09/16/2014 at 3:21pm

Barry Simmons Adickes
DOB: [REDACTED] 1961
My Chart No: 104301-BA

SSN: [REDACTED]

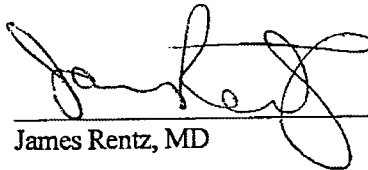
I have been treating Barry Adickes since October 5, 2011. Mr. Adickes gave me a history of suffering an injury in an on the job car accident. I understand that the right shoulder has been denied by the insurance company. It is my opinion within a reasonable degree of medical certainty that Mr. Adickes right shoulder problems were most probably caused by that accident. I performed arthroscopic surgery on the right shoulder including a debridement of a grade four SLAP tear and an anterior labrum, biceps tenotomy, and open biceps tenodesis to the proximal humerus. It is my opinion that these problems were most probably caused by his on the job car accident.



I agree with the above statement.



I do not agree with the above statement.



James Rentz, MD

Dated: 11/21/12

BARRY S ADICKES
06/25/2012
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

The patient is a 50 year old male who presents for a recheck of RIGHT SHOULDER PAIN.

Subjective Transcription

He returns for his right shoulder. He is doing a lot better. Motion is essentially back to full. He still has some occasional catching and was just concerned that he was getting some impingement again or maybe the spur was coming back from his acromioplasty.

Objective Transcription

He has excellent ROM. No instability. Good strength. No pain to palpation.

X: We did an AP and outlet and the acromion looks flat and looks good.

Assessments Transcription

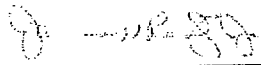
IMPINGEMENT RIGHT SHOULDER WHICH I THINK IS JUST SOME RESIDUAL AFTER EVERYTHING ELSE THAT HE HAS HAD.

Plan Transcription

He would like to try another injection. He has several injections and has had no problems. For his last injection he had some hives but unsure if this is truly from the injection. He would like to go ahead with the injection. We did have a Benadryl and gave him that. We injected the subacromial space with 1 cc of Depo-Medrol 40 mg/mL and Marcaine under alcohol prep. He will let me know how this does. I will see him back p.r.n.

James N. Rentz, Jr., M.D. /jw 238916

c: Nicholas Tuttle, M.D., Rock Hill Family Practice, 1435 Ebenezer Road, Rock Hill, SC 29732
[fax:8171735]



Electronically signed by James .Rentz

ADICKES, BARRY

Page 2 / 2

-168-



134 Professional Park Drive
Rock Hill, SC 29732
Phone: 803-329-3130
Fax: 803-329-2611

BARRY S ADICKES
01/25/2012
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

Assessment & Plan Unspecified Diagnosis Current Plans:

- Lortab 10-500MG, 1 Tablet every eight hours with food, as needed for pain, #30, 01/25/2012, No Refill. Active.

Electronically signed by James .Rentz

ADICKES, BARRY

Page 1 / 1

-169-

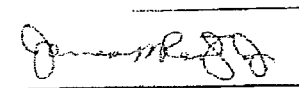
BARRY S ADICKES
01/05/2012
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

Assessment & Plan
Unspecified Diagnosis

Current Plans:

- Lortab 10-500MG, 1 Tablet every eight hours with food, as needed for pain, #30, 01/05/2012, No Refill. Active.



Electronically signed by James .Rentz

BARRY S ADICKES
12/12/2011
Patient #: 104301-BA
DOB: [REDACTED] 961

History of Present Illness

The patient is a 50 year old male who presents for a recheck of RIGHT SHOULDER PAIN.

Subjective Transcription

He returns for his arthroscopy of the right shoulder and biceps tenodesis. Everything is doing well.

Objective Transcription

He is a little stiff in the shoulder with some adhesive capsulitis but therapy is working on that.

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- Lortab 5-500MG, 1 Tablet every eight hours, as needed for pain, #40, 12/12/2011, No Refill.
Active.

Plan Transcription

He can start some dumbbell exercises up to about five pounds. Nothing more than that for two weeks. Then after two weeks if doing well he can progress up to about 10 pounds. Nothing more than 10 pounds until 12 weeks post-op. He is about seven weeks now. I gave him another prescription for Lortab to help with pain at night. We will follow up with him in about a month.
James N. Rentz, Jr., M.D. /jw 235269

c: Nicholas Tuttle, M.D., Rock Hill Family Practice, 1435 Ebenezer Road, Rock Hill, SC 29732
[fax:8171735]

James R. Rentz

Electronically signed by James .Rentz

ADICKES, BARRY

Page 2 / 2

-172-

BARRY S ADICKES
11/17/2011
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

The patient is a 50 year old male who presents for a recheck of RIGHT SHOULDER PAIN.

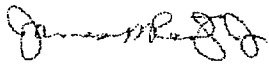
Subjective Transcription

He returns for his arthroscopy of the right shoulder and biceps tenotomy followed by open tenodesis. He is doing well. He has full extension back.

Plan Transcription

I told him still no lifting or pulling with the arm until I see him back in three weeks.

James N. Rentz, Jr., MD/ ss 234899



Electronically signed by James .Rentz

BARRY S ADICKES
10/28/2011
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

The patient is a 50 year old male who presents for a recheck of POST OP. Note for "POST OP":
right shoulder

Subjective Transcription

He returns post-op for his right shoulder scope and biceps tenotomy followed by open biceps tenodesis of the proximal humerus. He is doing well.

Objective Transcription

Everything looks good. He is a little stiff as expected.

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- Lortab 5-500MG, 1 Tablet every eight hours, as needed for pain, #30, 10/28/2011, No Refill.
Active.

Shoulder Pain (719.41)

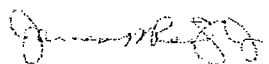
Current Plans:

- PT - EVAL AND TREAT (97001); Routine (eval/tx 2 to 3 X wk for 3 to 4 wks ---s/p right shoulder scope with open biceps tenodesis --ROM)

Plan Transcription

We are going to start working with his motion. He wants to go to therapy to help with the shoulder so we are going to set that up. I gave him some Lortab to help with pain at night and with therapy. We will see him back in about a month.
James N. Rentz, Jr., M.D. /jw 234491

c: Nicholas Tuttle, M.D., Rock Hill Family Practice, 1435 Ebenezer Road, Rock Hill, SC 29732
[fax:8171735]



Electronically signed by James .Rentz

ADICKES, BARRY

Page 2/2

175



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

BARRY S ADICKES
10/21/2011
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

The patient is a 50 year old male seen today for SURGERY. Note for "SURGERY - COS": Pt here for right shoulder arthroscopy by Dr. Rentz

Allergies

CORTISONE: Urticaria; AFTER RIGHT SHOULDER INJECTION

Past Medical History

Patient Denies History of Cardiac Problems
Patient Denies History of Breathing Problems
Patient Denies any History of Digestive / Metabolic problems
Patient Denies any History of Liver / Kidney Problems
Concussion; POST CONCUSSION SYNDROME FROM MVA IN MARCH 2011
Patient Denies any History of Circulatory problems
Patient Denies any History of Dental problems
Fracture Of Finger; MULTIPLE FX OF VARIOUS FINGER
Fracture Of Lower Leg; RIGHT
Fracture Of Clavicle; RIGHT
Vision Problems; readers
Fracture Of Ankle; BILATERAL
General Anesthesia
PSEUDOCHOLINESTERASE DEFICIENCY; NONE
MALIGNANT HYPERTHERMIA; NONE

Family History

Cancer: Father

Social History

Non Smoker/No Tobacco Use
Alcohol Use: Occasional alcohol use
Living Situation: Lives with spouse; children
Current Work/Study Status: Full-time

Medication History

TAKES A SEIZURE MEDICATION AT NIGHT FOR HEADACHES D/T THE CONCUSSION CANT REMEMBER THE NAME (AT BEDTIME) Active.
Naproxen (250MG Tablet 1 Oral twice daily) Active.
Multivitamins (1 Oral daily) Active.

Other Problems

Shoulder Pain (719.41)

Past Surgical

knee surgery: Right
Shoulder Surgery: Left
Thyroidectomy; partial

ADICKES, BARRY

Page 1/2

-176-

Review of Systems

General: Not Present- Fever, Weight Gain and Weight Loss.

Skin: Not Present- New Lesions and Ulcer.

HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.

Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.

Cardiovascular: Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.

Neurological: Not Present- Difficulty Speaking and Visual Changes.

Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.

Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

10/21/2011 07:08 AM

Weight: 182 lb **Height:** 69 in

Body Surface Area: 2 m² **Body Mass Index:** 26.88 kg/m²

Temp.: 97.9 °F **Pulse:** 68 (Regular) **Resp.:** 20 (Unlabored) **P. OX:** 99% (Room air)

BP: 118/83 Manual (Sitting, Left Arm, Large)

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- A-118 PREOPERATIVE NURSING PROCEDURES; Routine

Vicki Simmons

Electronically signed by Vicki Simmons, RN

BARRY S ADICKES
10/21/2011
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

The patient is a 50 year old male seen today for SURGERY.

OPERATIVE REPORT

10/21/11

PRIMARY SURGEON: James N. Rentz, Jr., M.D.

ASSISTANT SURGEON: N/A

PREOPERATIVE DIAGNOSIS: Pain right shoulder with possible impingement versus possible rotator cuff tear versus proximal SLAP tear.

POSTOPERATIVE DIAGNOSIS: 1) Grade IV SLAP tear right shoulder.
2) Bucket handle tear of the biceps attachment, labral fraying and anterior labral fraying right shoulder.

OPERATION PERFORMED: 1) Arthroscopy right shoulder with debridement of grade IV SLAP tear and anterior labrum.

- 2) Biceps tenotomy right shoulder.
- 3) Open biceps tenodesis to the proximal humerus.

ANESTHESIA: General along with a right scalene block/Dr. Menkhaus.

BLOOD LOSS: Minimal.

COMPLICATIONS: None.

INDICATIONS FOR PROCEDURE: Pain of the right shoulder failing conservative management.

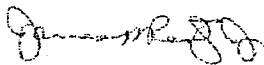
DESCRIPTION OF PROCEDURE: The patient was brought to the operating room after a scalene block was administered on the right by Dr. Menkhaus. He was placed in supine position and a gram of Ancef was given. General anesthesia was administered. He was placed in modified beach chair position. The right shoulder and arm were prepped and draped in sterile fashion. After appropriate

ADICKES, BARRY

Page 1 / 2

timeout we made a posterior portal starting with a spinal needle into the joint, injected and got good backflow. We made a small skin incision and then placed our cannula for the scope and inflow. On inspection there was a large amount of fraying of the anterior labrum and superior labrum and some fraying of the attachment of the biceps tendon. We made an anterior portal from outside in and on further inspection there was a large bucket handle component of the insertion of the biceps tendon on the labrum and therefore it was felt that this would need to have a biceps tenotomy with biceps tenodesis. We then inserted the shaver and arthroscopy scissors and did a biceps tenotomy. We then debrided the labrum anteriorly and superiorly. On inspection of the undersurface of the rotator cuff there was also some fraying of the undersurface of the rotator cuff that was debrided with the shaver. We then stopped the arthroscopy and all instruments were removed. We made an incision anteriorly over the area of the biceps tendon over the proximal humerus and dissected through the soft tissues and exposed the biceps tendon in the bicipital groove. We placed a 5.5 Arthrex suture anchor into the proximal humerus. The fiberwire was then passed through the biceps tendon and this was secured against the proximal humerus. The remaining proximal portion of the biceps was then pulled into the wound, cut and removed. Sutures were then cut. We closed this incision with 2-0 Monocryl subcutaneous tissues and 4-0 Monocryl subcuticular stitch for the skin. The other portal sites were closed with 4-0 Monocryl subcuticular stitches. Everything was cleaned. Dressings were placed. Sling was placed. He was then awoken and taken to the recovery room in stable condition. No immediate complications.

235046
10/21/11 16:20



Electronically signed by James .Rentz

BARRY S ADICKES

10/10/2011

Patient #: 104301-BA

DOB: 09/01/1961

History of Present Illness

The patient is a 50 year old male who presents for a pre-op visit. Note for "PRE-OP VISIT":
PRESENTS TODAY FOR CLEARANCE FOR DR RENTZ FOR A RIGHT SHOULDER
ARTHROSCOPY WITH SAD AND POSS. OPEN RCR

Allergies

CORTISONE; AFTER RIGHT SHOULDER INJECTION

Past Medical History

Patient Denies History of Cardiac Problems

Patient Denies History of Breathing Problems

Patient Denies any History of Digestive / Metabolic problems

Patient Denies any History of Liver / Kidney Problems

Concussion; POST CONCUSSION SYNDROME FROM MVA IN MARCH 2011

Patient Denies any History of Circulatory problems

Patient Denies any History of Dental problems

Fracture Of Ankle; BILATERAL

Fracture Of Finger; MULTIPLE FX OF VARIOUS FINGER

Fracture Of Lower Leg; RIGHT

Fracture Of Clavicle; RIGHT

General Anesthesia

PSEUDOCHOLINESTERASE DEFICIENCY; NONE

MALIGNANT HYPERTHERMIA; NONE

Family History

Cancer

Social History

Living Situation; children

Current Work/Study Status

Non Smoker/No Tobacco Use

Alcohol Use

Medication History

Naproxen (250MG Tablet 1 Oral twice daily) Active - Hx Entry.

Multivitamins (1 Oral daily) Active - Hx Entry.

TKES A SEIZURE MEDICATION AT NIGHT FOR HEADACHES D/T THE CONCUSSION CANT REMEMBER THE
NAME (AT BEDTIME) Active - Hx Entry.

Past Surgical

Thyroidectomy; partial

knee surgery

Shoulder Surgery

ADICKES, BARRY

Page 1/2

Review of Systems

General: Not Present- Fever, Weight Gain and Weight Loss.

Skin: Not Present- New Lesions and Ulcer.

HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.

Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.

Cardiovascular: Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.

Neurological: Not Present- Difficulty Speaking and Visual Changes.

Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.

Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

10/10/2011 09:35 AM

Weight: 182 lb **Height:** 60 in

Body Surface Area: 1.87 m² **Body Mass Index:** 35.54 kg/m²

Pain level: 3/10

Pulse: 61 (Regular) **Resp.:** 20 (Unlabored) **P. OX:** 99% (Room air)

BP: 118/85 Manual (Sitting, Right Arm, Large)

PAIN IN RIGHT SHOULDER WITH MOVEMENT

Renee Biggerstaff

Electronically signed by Renee Biggerstaff, RN

BARRY S ADICKES
10/05/2011
Patient #: 104301-BA
DOB: [REDACTED] 1961

History of Present Illness

The patient is a 50 year old male who presents with a complaint of RIGHT SHOULDER PAIN. The onset of the pain has been acute and has been occurring in an intermittent pattern for 6 months. The course has been constant. The pain is described as moderate. The pain is relieved by The symptoms are relieved by : over-the-counter medication. The pain The symptoms occur occur both day and night. There has been associated pain. Note for "RIGHT SHOULDER PAIN": .

CHIEF COMPLAINT: RIGHT SHOULDER PAIN

REFERRED BY: SELF

ACCOMPANIED BY: ALONE

PCP: DR. TUTTLE
SEND COPY TO PCP? YES

Patient states he had mva on 03/22/11 causing injury to his right shoulder. He is here for evaluation and no recent xrays have been taken.

Allergies
CORTISONE

Past Medical History
Pain in joint, shoulder (719.41) (11/20/2006)
Pain in joint, ankle/foot (719.47) (02/27/2008)
No reported breathing problems
Cardiac - None
Thyroid Problem
None - Liver/Kidney
None - Neurologic
None - Blood
None - Dental
Vision Problems; readers
Fracture Of Ankle
Fracture Of Arm
Fracture Of Clavicle
Fracture Of Finger
General Anesthesia

Family History
Cancer

ADICKES, BARRY

Page 1 / 3

Social History
Non Smoker/No Tobacco Use
Alcohol Use
Living Situation; children
Current Work/Study Status

Medication History
Naproxen (250MG Tablet 1 Oral twice daily) Active - Hx Entry.
Multivitamins (1 Oral daily) Active - Hx Entry.

Past Surgical
Shoulder Surgery
knee surgery
Thyroidectomy; partial

Review of Systems

General: Not Present- Fever, Weight Gain and Weight Loss.

Skin: Not Present- New Lesions and Ulcer.

HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.

Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.

Cardiovascular: Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.

Neurological: Not Present- Difficulty Speaking and Visual Changes.

Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.

Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

10/05/2011 10:15 AM

Weight: 185 lb **Height:** 69 in

Body Surface Area: 2.02 m² **Body Mass Index:** 27.32 kg/m²

Pulse: 65 (Regular) **P. OX:** 95% (Room air)

Objective Transcription

Exam shows an average-size white male, alert and oriented, pleasant and cooperative, in no acute distress. He has full motion for the right shoulder overhead and behind his back. He has mild pain with impingement testing. He has a catch when we go from external to internal rotation with the arm abducted 90 degrees and that hurts. Once he is past that he can fully internally rotate. Good strength to internal and external rotation with the arm at the side. No point tenderness to palpation around the AC joint or the rest of the shoulder. The arm and hand are neurovascularly intact for both. No abnormalities for the left shoulder. He had surgery on the left and this is doing well.

X: He has x-rays several months here after a car wreck for the right shoulder which showed a grade II/III acromion. No other abnormalities. It has just continued to hurt.

Assessments Transcription

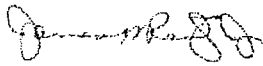
IMPINGEMENT/BURSITIS RIGHT SHOULDER.

Plan Transcription

I have discussed this with him. We discussed options of therapy. He has had an injection previously which did not help. He did well with surgery on the left shoulder and would rather not do an MRI. He would rather go ahead with an arthroscopy and just address whatever is going on with the hope that it is just impingement and can be improved with a subacromial decompression and acromioplasty. We discussed possible rotator-cuff repair, possible SLAP repair. He understands all that. He wants to go ahead and set this up so we will work on that. We will see him back sometime around surgery.

James N. Rentz, Jr., M.D. /jw 234026

c: Nicholas Tuttle, M.D., Rock Hill Family Practice, 1435 Ebenezer Road, Rock Hill, SC 29732
[fax:8171735]



Electronically signed by James .Rentz



134 Professional Park Drive
Rock Hill, SC 29732
Phone: 803-329-3130
Fax: 803-329-2611

BARRY S ADICKES

08/25/2011

Patient #: 104301-BA

DOB: [REDACTED] 961

History of Present Illness

This is a neighbor of mine who was having some shoulder trouble on the right. We had seen him previously for this after a car wreck several months ago. He was still having pain so I took some Depo-Medrol 40 mg/mL 1 cc with Marcaine to inject his shoulder in the subacromial space and did this at home. About five minutes after the injection he developed some hives and itching, and therefore I would state that he may have a possible allergy to the Depo-Medrol. He has had Methylprednisolone in the past with no issues, so I think there is a possibility that Depo-Medrol may be something that he should not take in the future.
James N. Rentz, Jr., M.D. /jw 233228

A handwritten signature in cursive script, appearing to read "James N. Rentz, Jr.", is written over a horizontal line.

Electronically signed by James .Rentz

ADICKES, BARRY

Page 1 / 1

PIEDMONT MEDICAL CENTER 222 South Herlong Avenue, Rock Hill, SC 29730		
ACCOUNT # E72396328	ADICKES, BARRY S 1137 HUMMINGBIRD LN ROCK HILL, SC 29732	Adm/Svc Date/Time: 03/23/11 1809 Location: CT Ref Dr: Tuttle, Nicholas MD 1161 Att Dr: Tuttle, Nicholas MD 1161 Adx Dr:
MED REC # H00D085425	Home Phone: (803)328-9561 Alt Phone: (803)370-1673 CELL	Birthdate: [REDACTED] 1961 Age/Sex: 49 M Soc Sec #: [REDACTED]
Last I/P Visit: Last O/P Visit: 03/14/08 REF		
PATIENT EMPLOYER NOT AVAILABLE Occupation: PATIENT ADDRESS, PATIENT CITY, SC 1111 (111)111-1111		
GUARANTOR/RESPONSIBLE PARTY ADICKES, BARRY S Relationship: 01 SELF/SAME AS PATIENT 1137 HUMMINGBIRD LN, ROCK HILL, SC 29732-7737 Home Phone: (803)328-9561 Soc Sec #: 251-31-7784		
PRIMARY INSURANCE BCBS SC PPO PPC/401-NY POB 100300, COLUMBIA, SC 29202 (800)416-0765 Insured Name: ADICKES, BARRY S Policy #: PHL88579038 Relationship: 01 SELF/SAME AS PATIENT Group #: 295645400 Employer: NOT AVAILABLE Emp Status: 9 UNKNOWN PATIENT'S ADDRESS, ROCK HILL, SC 29730		
SECONDARY INSURANCE Insured Name: Policy #: Relationship: Group #: Employer: Emp Status:		
NEXT OF KIN: E: W: PERSON TO NOTIFY: JEANIE ADICKES Relationship: H: (803)328-9561 W: 1137 HUMMINGBIRD LN, ROCK HILL, SC 29732 Relationship: SPOUSE		
REASON FOR VISIT: TRAUMA NVA ADMIT REP: GALLK		
COMMENTS: FROM HX MV		
PTP/BSV: 2 60 CTY: 046 INS#1 DOB: 08/12/1961 OCCURRENCES: 11 03/23/11 FIN CLASS: 80 SEC: A INS#2 DOB: MARITAL ST: M RACE: 1 ETHNICITY: 2		
TREATMENT AUTH# for INS#1: INS#2:		

*Piedmont
Med Ctr.*

03/23/2011 Wed 10:06

Piedmont Medical Center



PNC-PO

not per
neg. by
J. B. C. B.

Piedmont Medical Center

222 S. Herlong Avenue, Rock Hill SC 29732
803-329-1234 1-800-378-4555

Visit our website at www.piedmontmedicalcenter.com

Call
Report to
Dr. Little
328-3828
328-2152

OUTPATIENT REQUEST FORM

Patient's Name Barry Adickson

Date of Birth 3/1/61

Imag.
3-23-11
6:50 pm

1. Hours: Monday - Friday 8:30 am to 6:00 pm
Saturday (Imaging) 7:00 am to 3:00 pm

2. Upon receiving the outpatient forms, you will be directed to the appropriate outpatient service.

3. When registering, you will be asked to pay for the tests being performed or supply adequate insurance to cover all charges.

☐ X-ray	☐ Radiology	☐ Nuclear Medicine	☐ Echo
☐ Physical Therapy	☒ T.V. Scan	☐ Ultrasound	☐ Muller
☐ Occupational Therapy	☐ MRI	☐ Outpatient Surgery/Obst	
☐ EKG	☐ Mammo	☐ Outpatient Surgery Laboratory	
☐ Other	☐ ERG	☐ PET	

Referring Physician MVA Concussion, Vertigo

Physician's Order CT of head and for bleed

- SURGERY CENTER/HEART CENTER all surgeries/pre-testing, cardiac catheterization, direct admits and EKG
- IMAGING CENTER all x-ray procedures, scheduled cardiology exams, nutritional counseling and physical therapy
- WOMEN'S CENTER OB pre-admitting and admitting
- WOMEN'S DIAGNOSTIC CENTER Mammogram/Women's Diag. Testing

Date 3/23/11 Physician's Signature Chris Vukobrat

DATE: 03/24/11 0 0024		Piedmont Medical Ctr of "LIVE"		PAGE 1	
USER: GALLK		PATIENT ORDER SUMMARY			
PMIDIST: 572396128 - ADICKAS, BARRY S UNIT Q: M000085423					
ORDER: 03/23/11 1815 REG CT 0323-0092 ROUT CMC 03/23/11 TUTTNI GALLK X OK W					
DIRECTIONS: STOP DATE/TIME: ORDER KEY: 1 03/23/11 1815 GALLK PMCI172026177212 order entered 2 03/23/11 1815 GALLK PMCI172026177212 order source is WRITTEN - no signature necessary for entry 3 03/23/11 1816 System AMP-BG3 order transmitted 4 03/23/11 1816 System AMP-BG3 order's status changed from TRANS to LOGGED 5 03/23/11 1852 BLANTONL AMP-BG3 order's status changed from LOGGED to CMC					
03/23/11 1824 CT HEADNO 0323-0081 STAT 1 RIS 03/23/11 TUTTNI DEKKEBHC C RAD					
Patient Program? Physician ordered call report? Clinical Data: 0 Pain Comments: MVC					
DATE TIME USER DEVICE EVENT 1 03/23/11 1825 DEKKEBHC PMCI172026178232 order entered in IFS 2 03/23/11 1850 PACS AMP-BG3 order's status changed from LOGGED to TAKEN 3 03/23/11 1851 ENG HAMMEN AMP-BG3 order's status changed from TAKEN to RESULT					

Piedmont Medical Center
222 South Horling Avenue
Rock Hill, SC 29732

Report Status: Signed

Patient Name: ADICKES, BARRY S
Date of Birth: 03/23/1961 49M
Ordering Dr: Tuttle, Nicholas MD

Acct: E72396328
MR: M000085425
Status: REG CL
Location: CT

Exam Date: 03/23/11
CT / HEAD WO CONTRAST / 0323-0082
Pain

report generated by Voice Recognition transcription software

HISTORY: Motor vehicle accident

Examination: CT head without contrast, 03/23/2011.

COMPARISON: None

Technique: Multiple transaxial CT images of the brain were performed without the use of contrast material.

FINDINGS: The calvarium is intact and unremarkable in appearance. Visualized portions of the orbits and sinuses and mastoid air cells are unremarkable. The bilateral cerebral hemispheres are unremarkable in appearance. No intracranial hemorrhage, mass, mass effect or midline shift or hydrocephalus identified. The basilar cisterns are intact and unremarkable.

IMPRESSION:

1. No acute intracranial abnormality identified.

Reported by: Robert Reuter, MD

Signed by: Reuter, Robert MD

cc:
Nicholas Tuttle, MD

Technologist: Leanne Blanton, RTR
Dictated Date: 03/23/11 Signed Date: 03/23/11 1851
Transcribed by: PWS Transcribed Date: 03/23/11 1842

Report #: 0323-0346

Page 1



Patient's Name: Barry Adickes

1. **CONSENT TO MEDICAL AND SURGICAL PROCEDURES:** I consent to the procedures which may be performed during this hospitalization or while I am an outpatient or emergency department patient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital. I also consent to the use of removed organs, tissues, and/or fluids for research or education purposes.
2. **NURSING CARE:** This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.
3. **TEACHING:** Students, residents, postgraduate fellows, nursing and other clinical students may participate in my care as a part of the clinical education or research programs of the hospital under appropriate supervision. I agree that unless I notify this hospital to the contrary in writing, I agree to participate in the educational or research programs of this hospital.
4. **PHYSICIANS ARE NOT EMPLOYEES OR AGENTS OF THE HOSPITAL:** All physicians, surgeons and various allied healthcare professionals furnishing services to the patients, including but not limited to emergency department physicians, radiologists, pathologists, anesthesiologists, and all physicians and other independent practitioners who are consulted or otherwise participate in the care of the patient, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of the attending physician and it is the responsibility of the hospital and the nursing staff to carry out the instructions of all physicians. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician. Emergency department physicians and other physicians caring for the patient may hire physician assistants and nurse practitioners to assist them in the performance of medical care and diagnosis. Such physician assistants and nurse practitioners are usually employed by the physicians alone, and are not employees or agents of the hospital. By initialing at the end of this paragraph or my signature at the end of this form certifies that I have read the two paragraphs above, I received a copy thereof, understand and agree to the terms of these paragraphs, and am the patient, the patient's legal representative, or am duly authorized by the patient as the patient's general agent, to execute the above and accept no compensation. Patient Initials: BA
5. **MATERNITY PATIENTS:** If I deliver an infant(s) while a patient of this hospital, I agree that this same Condition of Services apply to the infant(s).
6. **PERSONAL BELONGINGS:** As a patient, I am encouraged to leave personal items at home. The hospital maintains a (prepaid) safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, documents, fur, fur coats, fur garments, cameras, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property unless deposited with the hospital for safekeeping. Hospital's maximum liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500.00) unless I receive a written receipt for a greater amount from the hospital.
7. **CONSENT TO PHOTOGRAPH/VIDEOTAPING:** The hospital is permitted to take pictures of the medical or surgery progress involving patients and to use same for scientific, educational or research purposes. I consent to photograph during medical and surgical procedures and the use of same for scientific, educational or research purposes. I further consent to routine photography related to patient care, including newborns. The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.
8. **EMERGENCY OR LABORING PATIENTS:** In accordance with federal law, I understand my right to receive an appropriate medical screening examination performed by a doctor, or other qualified medical professional, to determine whether I am suffering from an emergency medical condition and, if such a condition exists, stabilizing treatment within the capabilities of the hospital's staff and facilities, even if I cannot pay for these services, do not have medical insurance or I am not entitled to Medicare or Medicaid.
9. **FINANCIAL OBLIGATIONS:** Notwithstanding paragraph 8, I agree to promptly pay all hospital bills in accordance with the regular rates and terms of the hospital, including its charity care and discount payment policies, if applicable. I understand that all physicians and surgeons, including the radiologists, pathologists, emergency physicians, anesthesiologists, and others, will bill separately for their services. Should any account be referred to an attorney or collection agency for collection, I will pay actual attorney's fees and

Conditions of Service



03/23/2011

ACCT# 573398328 MR# 0000086428

ADICKES, BARRY S MD MD

Tulsa, Oklahoma 03/23/2011

EZ-8016 CONSER R205

- 191 -



1. Consent to Medical and Surgical Procedures

I, the patient identified below or the patient's legally authorized representative, consent to the procedures which may be performed during this hospitalization or an outpatient basis, including emergency treatment or services, and which may include, but are not limited to, laboratory procedures, including testing of blood or other bodily fluid to determine the presence of any communicable disease such as, to the extent allowed by law, Hepatitis and Human Immunodeficiency Virus (the causative agent of AIDS), x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of my/the patient's physician or surgeon. I further consent to my/the patient's physician or surgeon or his/her designees including other practitioners and hospital personnel, which may include health care professionals in training, performing or administering all tests, services or treatments indicated as previously described.

2. Consent to Photograph

I permit the hospital to photograph as a part of the documentation of my/the patient's medical/surgical condition. These photographs will be maintained as part of my/the patient's permanent medical record. I understand and acknowledge that the hospital is permitted to use cameras to monitor all patients.

3. Nursing Care

I understand and acknowledge that this hospital will provide nursing care to meet my/the patient's needs in accordance with accepted standards of nursing practices. If I/the patient desire after services or the services of a private duty nurse to provide personal care needs, I understand that such retention of such services is my responsibility and I agree to notify the hospital if I intend to arrange for additional or private duty nursing. I also understand and acknowledge that the hospital may use cameras or other devices for patient monitoring.

The undersigned certifies that I have read the foregoing, received a copy thereof, and I am the patient, the patient's legal representative, or I am duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Date 3-23-11

Patient/Patient's Authorized Signature

If other than patient, indicate relationship

Witness

Witness

Consent for Treatment
TCE0000E2

3/23/2011 4:06:53 PM

E2-5017



03/23/2011

ACCT# E72395128 MRN# 0000089326

ADICKES, BARRY S MDY MD

TUES, Nicholas DDC00121631

Pladmont Medical Center



A Notice of Privacy Practices (NPP) is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information.

The undersigned certifies that he/she has read the foregoing, received a copy of the Notice of Privacy Practices and is the patient, or the patient's personal representative.

Barry Adickes

Name of Patient

Signature of Patient

3 / 23 / 11

Date Signed

Name of Patient's Personal Representative

Signature of Patient's Personal Representative

Date Signed

FOR INTERNAL USE ONLY

Name of Employee

Signature of Employee

If applicable, reason patient's written acknowledgment could not be obtained:

- ☐ Patient was unable to sign.
- ☐ Patient refused to sign.
- ☐ Other:

Notice Version 2.0

Notice Dated: 12/08/03

Joint Notice of Privacy Practices (NPP)
Acknowledgement

02/22/11 10:00 PM TCE-1089



03/23/2011

ACCT# E72186328 MR#: M000065486
ADICKES, BARRY B 49Y M
Tuttle, Nicholas DOB: 05/12/1931

07/23/2012 03:42 7842829399

P REDDECK RN COM

PAGE 19/24

PatientID: 18213AA
 Patient Name: BARRY S ADICKES
 HIC Description: CT SCAN

From: unknown Page: 2/2 Date: 3/24/2011 7:35:17 AM

Date of Birth: 08/12/1951
 Date of Service: 03/23/2011

Piedmont Medical Center
 222 South Merfong Avenue
 Rock Hill, SC 29732

Report Status: Signed

Patient Name: ADICKES, BARRY S
 Date of Birth: 08/12/1951 4PM
 Ordering Dr: Tuttle, Nicholas MD
 Nicholas Tuttle MD
 1435 Ebenezer Road
 Rock Hill, SC 29732

Acct: E72986328
 MR: M000065426
 Status: REG CLI
 Location: OT

Exam Date: 03/23/11
 CT / HEAD W/O CONTRAST / 0323-0082
 Pain

Report generated by Voice Recognition transcription software

HISTORY: Motor vehicle accident

Examination: CT head without contrast. 03/23/2011.

COMPARISON: None

Technique: Multiple transaxial CT images of the brain were performed without the use of contrast material.

FINDINGS: The calvarium is intact and unremarkable in appearance. Visualized portions of the orbits and sinuses and mastoid air cells are unremarkable. The bilateral cerebral hemispheres are unremarkable in appearance. No intracranial hemorrhage, mass, mass effect or midline shift or hydrocephalus identified. The basilar cisterns are intact and unremarkable.

IMPRESSION:
 1. No acute intracranial abnormality identified.

Reported by: Robert Reuter, MD
 Signed by: Reuter, Robert MD

cc:
 Nicholas Tuttle MD

Technologist: Leanne Blanton, RTR
 Dictated Date: 03/23/11 Signed Date: 03/23/11 18:51
 Transcribed by: PWS Transcribed Date: 03/23/11 18:42

TUTTLE

Report #: 0323-0346

Page 1

This fax was received by GF FAXmaker fax server. For more information, visit <http://www.gf.com>
 Final: Electronically signed by Nicholas E. Tuttle, MD on 03/24/2011 at 6:01:21 pm

07/23/2012 03:42

7042829393

P REDDECK RN GCM

PAGE 09/24

Fax Server

7/15/2011 7:34:34 AM PAGE 2/002 Fax Server

SOUTH CAROLINA DIAGNOSTIC IMAGING

Fort Mill

271 Quivinda Boulevard, Fort Mill, SC 29703

Phone: 803-547-1133 Fax: 803-547-1137

PATIENT: Adickes, Barry
DOB: 08/12/1961
MRN: 781798
PATIENT PHONE: 803-323-0106
PHYSICIAN: Howard Mandell, MD
DATE: 7/14/2011

EXAM: MRI BRAIN WITHOUT AND WITH CONTRAST

HISTORY: Post motor vehicle accident and headaches.

TECHNIQUE: Multiphase, multisequence imaging through the brain before and after the bolus of 18 cc of Magnevist on a 0.5 Tesla Hitachi AIRIS Elite open system.

FINDINGS: Brain shows normal midline development with a normal corpus callosum. There is no pineal or pituitary region mass. Normal flow voids are present in anterior and posterior circulations at the skull base. Orbits and orbital contents are symmetric and unremarkable.

Intracranially, there is no mass, hemorrhage, or infarction. There is no abnormal parenchymal or extraaxial enhancement. White matter tracts and ventricular calibers are normal.

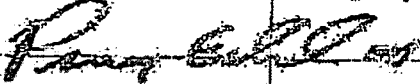
IMPRESSION: Normal MRI brain.

Thank you for this referral.

Perry Eikenbush, MD
WB/ls

DD: 7/14/2011
DT: 7/14/2011
Job: 13133542

This document has been reviewed and electronically signed.



Page 1 of 1

07/23/2012 03:42

7842829399

P REDDECK RN CCM

PAGE 24/24

ACCOUNT # E72396328 ADICKES, BARRY S 1137 HUMMINGBIRD LN ROCK HILL, SC 29732 Home Phone: (803)329-9561 Alt Phone: (803)370-1673 CELL Birthdate: 08/12/1961 Age/Sex: 51 M Sec Sec #:		Adm/Sec Date/Time: 03/22/11 Location: CT Status: PRE CLT Ref Dr: Tattle, Nicholas MD 1161 1st Dr: Tattle, Nicholas MD 1161 Adm Dr: Last I/P Visit: Last O/P Visit: 03/14/08 REF
PATIENT EMPLOYER NOT AVAILABLE PATIENT ADDRESS: PATIENT CITY, SC 11111 (117)111-1111 Occupation:		
GUARANTOR/RESPONSIBLE PARTY ADICKES, BARRY S 1137 HUMMINGBIRD LN, ROCK HILL, SC 29732-7737 Home Phone: (803)329-9561 Relationship: 01 SELF/HAVE AS PATIENT Sec Sec #: 251-91-7784		
PRIMARY INSURANCE ECSC NEW YORK-NY Insured Name: ADICKES, BARRY S Relationship: 01 SELF/SAME AS PATIENT Employer: NOT AVAILABLE PATIENT'S ADDRESS: ROCK HILL, SC 29730 DOB: 100380, COLUMBIA, SC 29202 (800)416-0755 Policy #: PH198579030 Group #: 275645400 Exp Status: 9 UNKNOWN		
SECONDARY INSURANCE Insured Name: Relationship: Employer: Policy #: Group #: Exp Status:		
NAME OF KIN: H: 7: Relationship:		PERSON TO NOTIFY: JERRIE ADICKES 1137 HUMMINGBIRD LN, ROCK HILL, SC 29732 H: (803)329-9562 Relationship: SPOUSE
REASON FOR VISIT: TRAUMA /VA ADMIT REF: VICTORY		
COMMENTS: FROM HT HT		
FIN CLASS: 0 36 FIN CLASS: 80 MARITAL ST: M RACE: 1 ETHNICITY: 2 DOB: 08/12/1961 OCCURRENCES: 11 03/22/11 INSURANCE:		
TREATMENT AUTH: FROM JERRIE INSURANCE:		



PRID:13195197

CAD Run Number:11002883

Service:Surge County Emergency

Date:March 23, 2011

Base:Station 5

Team:ALS

Unit:Crew 25

Crew 1:Primary Caregiver

Shift:Shift

*Angley, Josh

ENT-P

EMD: Yes, With Pre-Arrival

* ALS Provider

Instructions - 29105

Mode to Rec:

Dispatched As:Traffic Accident

Mass Casualty:Not Recorded

Vehc. Grid:Zone 5

Type of Svc:Scene Unscheduled

Response Code:Lights and Siren

Mode to Ref:Lights / Sirens

Moved Via:Assisted/Walk

Outcome: Treated and refused transport

Location:1100 NC 181

NEWLAND, NC

Requester:ADICKS, BARRY

Scene Grid:Zone 5

Last Name: adickes First: Barry

Address: 1137 hummingbird ln

City: Newport ST:SC Zip:29732

County: York

Citizenship: United States

Phone: (803) 370-1673

DOB: [REDACTED] 1961 SSN: [REDACTED]

Age: 49y Sex: M Weight:

Subscriber: No

Race: White, non-Hispanic

Barriers to Care: None

Billing Information:

QrghdJyng

Odometer	Times
Start: 392.0	Received: 02:47
At Ref: 398.4	Dispatch: 02:50
At Rec: 398.4	Acknowledged:
End: 398.4	EnRoute: 02:53
Ld Miles: 0.0	First Resp: 03:02
Tot Miles: 6.4	At Ref: 03:02
	Leave Ref:
	At Rec:
	Available: 04:50

Consent Signed: No

PCS / Medical Necessity Signed: No

Primary Method of Payment: Self Pay

Scene Information		
Other Agencies: Fire, Law, Rescue		
Chief Complaint (Category: Traffic Accident)		
stiffness		
Duration: 20 Minutes		
ALS Assessment: Completed for Suspected Illness		
History of Present Illness		
CALLLED TO NC 181 NEAR JUST ABOVE THE BARK HOUSE. UPON ARRIVAL WE ASSEMBLED GEAR AND TRAVERSED DOWN AN APPROX 75FT TO 100FT EMBANKMENT TO MAKE ACCESS TO THE PT. UPON ARRIVAL TO THE PT WHO HAD TOLD EOC ON THE PHONE THAT HE WAS UNABLE THAT HE WAS ENTRAPPED IN THE VEHICLE. WHEN WE REACHED THE BACK OF THE VEHICLE THE PT STEPPED OUT TO US. HE STATED THAT HE WAS FINE AND WOULD WALK UP TO THE TO HIS SELF. WE ALL WALKED UP THE EMBANKMENT TO THE SIDE OF 181 TO THE TRUCK. WE GOT INSIDE OF THE TRUCK AND I ACCESSED HIM. HIS BP WAS 128/82, RESPIRATIONS WERE 14XMIN, SKIN WARM AND DRY, PUPILS PERRL. THE PT REFUSED TRANSPORT. HE WAS EXPLAINED THE REFUSAL AND HE SIGNED IT, IT WAS ALSO WITNESSED BY TROOPER SHUFFLER.		
Medical History	Current Medications	Allergies
None	None Listed	None
Neurological Exam		
Level of Consciousness: Alert	Loss of Consciousness: No	Glasgow Coma Scale
Chemically Paralyzed: No		

Handwritten signature/initials

Neurological Exam			
Pupils		Motor Sensory	
Left	Right	LR: Normal	Normal
Size: Normal	Normal	RA: Normal	Normal
		LI: Normal	Normal
		RI: Normal	Normal
		E V M Tot	
		Int: 4 5 6 = 15	
		Revised Trauma Score	
		12.00	
Airway		Respiratory	
Status: Patent		Effort: Normal	
		Sounds: L: Clear R: Clear	
Cardiovascular			
JVD: Not Appreciated		Cap. Refill: Less than 2 Seconds	
Edema: Not Appreciated		Pulses	
		Left	Right
		Carotid:	
		Radial: Strong	Strong
		Femoral:	
Injury Details			
Reason for Encounter: Non-Injury			

Initial Physical Findings
<u>Assessment</u>
Head Findings: Normocephalic, unremarkable
Neck Findings: Supple, trachea midline, unremarkable
Chest Findings: Chest wall intact, clear bilateral breath sounds
Abdominal Appearance: Normal
Abdominal Palpation: Soft, non-tender
Pelvis Findings: Stable to flex/compression
Back Findings: No abnormalities
Extremity Findings: Moves all extremities well
Skin Findings: Warm and dry

Activity										
Time	H.R.	S.P.	SaO2	Resp	Rhythm	GCS	ECG Method	Protol	Pain	CRW*
	H.R. Method	Method		Resp Effort						
03:30	82	128 / 82	95	14	Normal	4/5/6	Univ	0	#1	
Manual Cuff										

* Assessment made by

Jerry L Barron M.D.

OFFICE ADDRESS:

Barron & Homesely Orthopedic Specialists
449 N. Wendover Rd.
Charlotte, N.C. 28211
Office : 704-365-6730
Fax: 704-365-6731
Email: jbarron@bhortho.com

HOME ADDRESS:

611 Museum Dr.
Charlotte, N.C.
28207
704-372-6897

PERSONAL:

Name Preference: Jerry
Birth Place: Lubbock, Texas
Birthdate: May 26, 1958
Spouse: Midge Knox Barron
Children: Hunter 23, Dillon 19, Grace 15, Olivia 10

Current Civic Activities

Charlotte Basketball committee
Charlotte Sportsman Club
Charlotte Sports Commission
Myers Park Presbyterian Church Member
Charlotte Country Club

CURRENT HEAD TEAM PHYSICIAN

Charlotte Checkers 1995-present
Queens University 2006-present
Charlotte Rugby Club 2001-present

CURRENT TEAM ORTHOPEDIC CONSULTANT

Mecklenburg Aquatic Club 2006-present
Charlotte Adult League Baseball 2002-present
Charlotte United Futbol Club 2005-present
North Carolina Dance Theater 2001-present
Lancaster High School
Richmond County High School

Hendrick Motor Sports
Dale Earnhardt Incorporated
Rousch-Fenway Racing
Evernham Racing
Gnassi Racing
Robert Yates Racing
Red Bull Racing
Woods Brothers

February 2007-Present

Perry & Barron Orthopedics and Sports Medicine
2826 Randolph Road
Charlotte, N.C. 28211

Miller Orthopedic Clinic
Aug 1990-Aug 2001

POST GRADUATE EDUCATION:

Kerlan-Jobe Orthopedic Clinic
Inglewood, California
Fellowship in Sports Medicine, Arthroscopy, Knee and Shoulder Reconstructive Surgery
July 1989-August 1990

Carolinas Medical Center, Department of Orthopedic Surgery
Charlotte, North Carolina
Orthopedic Surgical Residency
July 1985- May 1989

Carolinas Medical Center Rotating Internship
Charlotte, North Carolina
July 1984-May 1985

EDUCATION

M.D. University of Texas Medical Branch Galveston
Galveston, Texas
August 1980-May 1984

B.S. Baylor University
Waco, Texas
Major: Biology, Pre Med
August 1976-May 1980

MEMBERSHIP ASSOCIATIONS

North Carolina Medical Society
American Medical Association
American Academy Sports Medicine
American Academy Orthopedic Surgery

Busch Truck Series
Michael Waltrip racing
Haas Racing

PREVIOUS HEAD TEAM PHYSICIAN

UNC Charlotte 1993-2001
Davidson College 1993-2001
Winthrop University 1999-2001
Carolina Cobras (Arena Football) 1999,2000
Charlotte Sting WNBA 2001-2006

PREVIOUS TEAM MEDICAL CONSULTANT

Track Physician at Charlotte Motor Speedway 1994-1996

LICENSING CERTIFICATION

Board Certified in Orthopedic Surgery
1991

North Carolina Medical License
29215

Texas Medical License

California Medical License

DEA

EMPLOYMENT

Barron & Homesley Orthopedic Specialists
449 N. Wendover Road 28211
Charlotte, N.C. 28211
Office: 704-365-6730 Fax: 704-365-6731
Attending Orthopedic surgeon
Privileges at Carolina Health System, Presbyterian Health System, Charlotte Surgical Center

MEDICAL SCHOOL ACTIVITIES

Alpha Kappa Kappa, Medical Fraternity, 1980-1984
President
Intramural Sports

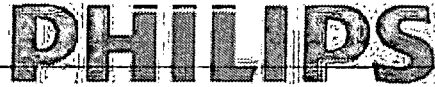
UNDERGRADUATE ACTIVITIES

Baylor University Baseball Varsity 1976-1978
Kappa Omega Tau Fraternity
Baylor Foundation
Intramural Sports

Honors and Awards
Dean's List
Scholarships

EXTRACURRICULAR ACTIVITIES

Golf, Hunting, Snow Skiing



People Performance Management (strictly confidential)

Employee : Adickes, Barry
 Manager : Stoddard, Paul
 Document status : Completed

Level 2 : Philips Healthcare
 Local Grade : 6S
 Completion Date : 01/02/2010

Performance Review 2009

Key Areas of Responsibility	Manager's conclusions (please note any related achievements)
- Meet or exceed quota - Build and maintain an active funnel 2x your quota - Deliver on on-time Forecast w/ +/- 10% accuracy - Maintain an installed base matrix - Maintain and update CAP data - Utilize the Customer Feedback System >2x per month - Maintain Demo Inventory with no write-offs - Provide on-going, timely feedback on territory status - Utilize marketing center to support big deal proposals	Employee's input (please note any related achievements) Though an incredibly challenging year of state budget cuts, capital purchase freezes, and state employee furloughs, 2009 brought great opportunities to load the funnel and get well-positioned against the competition.

- * 14 EMS agencies conducted MRx evaluations of 30 days or more.
- * Four new Whisperflow customers closed with a dozen more in the funnel.
- * Five large AED deals closed for a total of \$120,000.
- * Funnel exceeds 4x 2009 sales quota.

Personal Objective (SMAR)	Employee's Input	Manager's conclusions
Objective 1 Meet or exceed the 2009 AOP (Sales Quota) in all measured MAGs	Comments Monthly sales quota was achieved only twice the entire year of 2009. The first quarter of the year, sales revenue to plan was recorded at 5%. The second quarter of the year saw a little bit of a climb out of a deep hole with EMS, fire and rescue sales revenue in the state reaching 61% to plan. The third quarter reflected another dip in revenue at 41% to plan. Year-end sales performance is projected to be 42% of AOP.	Given the economic conditions I think Barry did a decent job versus AOP. I have talked to Barry to express how critical it is to attain quota on a more regular basis. Barry had a great December (2009) and I look forward to a greater year to 2010. This Personal Objective was not met.
Objective 2 Build and maintain an active funnel of at least 2X quota. Use funnel regularly as tool to help manage territory.	Comments The sales funnel for the territory reflects excellent potential, exceeding \$6 million.	This Personal Objective was met.
Objective 3 Submit timely and accurate sales forecasts of +/- 10%. Regularly consult funnel as tool for managing business.	Comments For five months of the year, sales forecasts were within 10% of actual revenue. Three months forecasts were within 20% of actual. Forecasts for four months of the year had a greater than 20% variation of actual. Often these were caused by AED closures that went through distributors and were not directly recorded in territory revenue.	This has been a challenging year for forecasting. Barry has done a nice job in keeping me up to date on the constant changes monthly.
Objective 4 Provide ongoing and timely feedback on territory status. Work with regional manager to develop format and schedule for communications	Comments Communication via email, vmail and ear-to-ear contact was maintained daily. Rarely did 48 hours pass during the year without dialogue of some sort happening with regional manager.	I agree with Barry's comments. I have already enjoyed working more closely with Barry.
Objective 5 Close at least 6 MRx (at least 3 with 12-Lead transmission, temperature monitoring or Q-CPR) and 4 FRx/FR3 competitive conversion accounts	Comments Eight MRx deals were closed in 2009 totaling 22 units; five deals were for single unit orders (three community colleges). Only one MRx sale included QCPR and one for temperature	Personal Objective attained

monitoring.

Nine AED competitive conversions for the year totaling 52 units (all through distributors).

Objective 6 Identify all D2B opportunities in territory and work effectively with hospital colleagues to close EMS business

Comments There is strength in the field sales teams within Philips Healthcare that must be leveraged to optimize the sales results through all business modalities. Currently there is not a cohesive Customer Care Team in North Carolina. There are willing Philips sales personnel in the state and I have set the goal to begin the initial process of forming a CCT in January 2010. The objective of the CCT will be to capitalize on all sales opportunities to the greater benefit of all team members and to bring to forth more One Philips models.

Personal Objective attained

Employee's Input

The challenges of a weak economy and a particularly dreadful budget situation in the state of North Carolina were evident in this year's sales performance.

Manager's conclusions

Agreed, Barry and I will continue to dialogue about all the opportunities in his territory and strategize on closing them.

What's Behavior - How we work

Please indicate strengths and areas of improvement based on the following Philips values:

1. Delight customers - We anticipate and exceed customer expectations
2. Deliver great results - We continually raise the bar
3. Develop people - We get the best from ourselves and each other
4. Depend on each other - We deliver more value by working as one Philips

Employee's Input

Strengths

Strived each day of 2009 to optimize my learning of the EMS market while utilizing all resources available to develop sales opportunities.

Maintaining focus on ALS opportunities and developing these through the D2B chain to capture AED opportunities.

A well-structured geographic coverage routine allowed for optimal face time with customers and prospects.

14 NC EMS agencies conducted 30 day or more evaluations of the MRx for 2010 consideration.

Manager's conclusions

Delighting customers is Barry's best strength. His willingness to dive into the most difficult customer challenges is impressive. While doing this he also finds time to be a great team player to help me develop the rest of the region to be better and is someone I can always depend on. His passion for great sales results is extremely strong and I could not ask for more than he gives today. I know with the return of a stronger economy that Barry will have many years of over quota results.

Areas for improvement

Working closely with distributor reps will be a key to 2010 success. Relationships have developed in 2009; however, maintaining a closer, more consistent dialogue will insure that Philips is well-positioned to win the big deals. Only two of the four distributor reps in North Carolina could be characterized as strong assets for our ALS business. A sense of urgency and accountability must be developed with all.

I will work close with Barry to improve in these areas.

Performance rating grid

Results (what): horizontal. Behavior (how) vertical.

Calibrated view on performance

Final rating.

Role model			
Valued player			
Improvement required			
	Partially meets	Solid results	Exceptional results

Too early to rate

Promotability rating grid

Final rating.

Calibrated view on promotability

Fast track		Is currently seen to have the potential to take on significantly greater responsibility and move up two corporate grades (in five to six years).
Growth path		Is currently seen to have the potential to take on more responsibility and move up one corporate grade (in two to three years).
Well placed		Placed in the appropriate grade level for the next two to three years. And possible move horizontally.
Not applicable		Too early to rate OR for all corporate grade 80 and above employees now covered by the Annual Talent Review.

Performance Plan 2010

Major Objectives (Strategic Initiatives)

- Meet or exceed quota
- Build and maintain an active funnel 2x your quota
- Deliver on on-time Forecast w/ +/- 10% accuracy
- Maintain an installed base matrix
- Maintain and update CAP data
- Utilize the Customer Feedback System > 2x per month
- Maintain Demo Inventory with no write-offs
- Provide on-going, timely feedback on territory status
- Utilize marketing center to support big deal proposals

Major Objectives (SMART)

- 1 In January, meet with all distributor reps in the state to discuss sales opportunities for Q1, 2010 closure and communicate at a minimum weekly to stay on track with identified opportunities. Strategies for all 2010 sales opportunities will also be mapped out.
- 2 In January, follow up with all Philips Healthcare sales contacts in North Carolina to plan the development of a Philips Customer Care Team. Plan a time to meet briefly in February at our Mega Meeting in Orlando. Plan for quarterly CCT meetings.
- 3 In January, meet with the grant coordinator of the NCOEMS main office to gather information on funds from the Duke Endowment projected to be available for application in early 2010.
- 4 Once per quarter, meet with all three regional managers of the NCOEMS to gather information on potential sales opportunities.
- 5 Participate and assist with sponsorship with the quarterly NC RACE-ER Program (Reperfusion of Acute Myocardial Infarction in Carolina Emergency Departments - Emergency Response).
- 6 Participate in the Winter and Summer conferences held by the North Carolina Association of Rescue & EMS, Inc.

Development

Barry should continue in his efforts to develop the necessary skills and knowledge to effectively manage his territory by:

- Enrolling in the Strategic Selling class
- Enrolling in Principles of Sales Mastery class
- Enrolling in the Wavelengths (Heartbeat of Communications) presentation class
- Arranging a ride-along with a local ALS EMS provider
- Arranging to audit an ACLS course.

Employee's Input

Manager's reflections:

Even though Barry did not take any courses outside of his territory due to the financial cutbacks at Philips and the time consuming customer facing issues I believe there was great development with Barry. This was possibly the toughest year we have all faced due to the recession and cutbacks. Everyone was doing the work of many and this in itself produced an opportunity for tremendous new knowledge and development. We have all seen things and learned from them this year that have not happened in many years and we all furthered our knowledge base and development from this.

You can use the Individual Development Plan (IDP), see link below, to guide your development actions.

Check Planning (Optional) Please select the type of this trade-in and select the character

Employee's aspirations:

Manager's suggestions:
Barry does have aspirations to attain a management position within Phillips. In the short term his main goal is to optimize sales in his current territory.

Mobility ☐ Global ☐ Regional ☐ Local ☐ Not mobile

North America

Restrictions

Mid-Year development conversation

Please confirm that you will prepare and plan for a mid-year development conversation during the period June - August.

Employee

The Employee has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Manager

The Manager has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Signing and final comments

Employee

Signed and agreed on 02/01/2010 16:14

Final Comments

Manager

Signed on 02/02/2010 16:37

Final Comments



People Performance Management (strictly confidential)

Employee : Adickes, Barry
 Manager : Johnson, Mark
 Document status : Completed

Level 2 : Healthcare
 Local Grade : 6S
 Completion Date : 08/02/2011

Performance Review 2010

GOALS/SMART	Employee's input	Manager's conclusions
GOALS/SMART - Meet or exceed quota - Build and maintain an active funnel 2x your quota - Deliver on on-time Forecast w/ +/- 10% accuracy - Maintain an installed base matrix - Maintain and update CAP data - Utilize the Customer Feedback System >2x per month - Maintain Demo inventory with no write-offs - Provide on-going, timely feedback on territory status - Utilize marketing center to support big deal proposals	Employee's input (please note any related achievements) Year-end overall territory sales revenue forecast to meet quota. Current funnel exceeds \$7 million in sales opportunities. Forecast timeliness and accuracy meets expectations. CAP is utilized as a productive tracking tool for sales opportunities; however, there are other online tools that should become more effectively incorporated into my weekly administrative routine. Inventory is always in peak demo condition. Write-offs this year reflect loss of shipment of one FR2 & one FRx in May 2009. Territory status reports should become more routine and frequent. Marketing center resources are utilized as needed; however, the big one that got away, Wake County, still causes me to reflect on how I could have better engaged the talent of our marketing personnel to put in a stronger position to win the deal.	Manager's conclusions (please note any related achievements) Barry did a very nice job with his KARS this year. As he mentions he will have already met his 2010 AOP and is 64K over through November. Currently he is 7% to plan. Barry is typically on time with his forecast and other admin duties but does need a reminder once in a while. Outside of that, Barry did meet or exceed all his KARS. Barry was also on a PIP for most of 2010 and I am thrilled to mention that this has been removed completely and he is on his way to great things in 2011.
GOALS/SMART Objective 1 In January, meet with all distributor reps in the state to discuss sales opportunities for Q1, 2010 closure and communicate at a minimum weekly to stay on track with identified opportunities. Strategies for all 2010 sales opportunities will also be mapped out.	Employee's input Comments I met with four of five dist. reps Jan & Feb to plan for the year. Dialogued at least weekly with these reps. The fifth dist rep lives in VA and is not very active in his NC territory.	Manager's conclusions Barry does a fantastic job with his channel partners. His communication with them is current and timely. Barry has some great CP's to work with in the EMS/Fire markets and should continue to do so in 2011. This objective was clearly met.
GOALS/SMART Objective 2 In January, follow up with all Philips Healthcare sales contacts in North Carolina to plan the development of a Philips Customer Care Team. Plan a time to meet briefly in February at our Mega Meeting in Orlando. Plan for quarterly CCT meetings.	Employee's input Comments This objective was not fully met. Initial meeting in Orlando was held and in August we had a productive day of training with more than 30 Philips service and sales people from NC. However, we never developed a real cohesive CCT with regular meetings and dialogue. This will be a carryover objective for 2011.	Manager's conclusions I agree with Barry that this should be a continue personal objective in 2011. It is very difficult to get all these Philips people together but it always yields great info. I would not hold this objective against Barry in 2010. This is something we ALL should drive towards in 2011.
GOALS/SMART Objective 3 In January, meet with the grant coordinator of the NCOEMS main office to gather information on funds from the Duke Endowment projected to be available for application in early 2010.	Employee's input Comments Made early and frequent contact with Peggy Handon at OEMS in Raleigh, which helped us get an early alert that the Duke Endowment was announcing the availability of \$1.7 million for EMS & Rescue agencies in NC for 12 lead & capnography equipment. Application processing concluded on Nov 28. Awards announced in March.	Manager's conclusions Barry did a great job in understanding what the funding option where in NC all year. Objective met!
GOALS/SMART Objective 4 Once per quarter, meet with all three regional managers of the NCOEMS to gather information on potential sales opportunities.	Employee's input Comments This objective was met and proved to be helpful as the Duke Endowment funds became available.	Manager's conclusions As mentioned above, Objective met.
GOALS/SMART Objective 5 Participate and assist with sponsorship with the quarterly NC RACE-ER Program (Reperfusion of Acute Myocardial Infarction in Carolina Emergency Departments - Emergency Response).		

Comments Phillips was represented in one such event in March. Lisa Monk, the state RACE coordinator says that there will be more opportunities to participate in Spring 2011.

Agreed that this objective was met.

Objective 6 Participate in the Winter and Summer conferences held by the North Carolina Association of Rescue & EMS, Inc.

Comments This objective was not met entirely. There was some real good teamwork with two FAST counterparts in NC; one resulting in the strategic win of East Care of Pitt County, NC.

Agreed that this objective should continue in 2011.

This initiative will be renewed and further cultivated in 2011.

Considerations about results

Employee's Input

Some key wins for 2010 include Rowan County, Hyde County, McDowell County, Cabarrus County and East Care of Pitt County. Budget challenges postponed many opportunities into 2011.

Manager's conclusions

Barry really had an outstanding year in 2010. He has taken this territory to a great consistent performance level. I would be remiss if I did not state how professional and upbeat Barry was throughout the entire PIP process. I never heard him get down on himself or even admit anything other than success. He stayed focused all year and it really paid off for him. GREAT JOB BARRY!

Overall Summary of the year

Please indicate strengths and areas of improvement based on the following Phillips values:

1. Delight customers - We anticipate and exceed customer expectations
2. Deliver great results - We continually raise the bar
3. Develop people - We get the best from ourselves and each other
4. Depend on each other - We deliver more value by working as one Phillips

Employee's input

Strengths

Strived each day of 2010 to have contact with existing customer base and to stay on top of service issues.

Maintained focus on ALS opportunities and developed these through the D2B chain to capture AED opportunities.

Kept a well-structured geographic coverage routine which allowed for optimal face time with customers and prospects.

Worked productively with two FAST counterparts to develop and close deals.

Manager's conclusions

Barry does a very nice job with the Phillips Values. He works every day to embody these values and I believe he comes across professional and is exactly the type of person we need here at Phillips. His ability to deliver great results this year was impressive and a great comeback for him.

Areas for improvement

As mentioned above, the utilization of online tools and processes need to be introduced into my daily and weekly administrative routine.

There are still two out of five dist reps that I need to develop closer and more consistent working relationships with.

Performance rating grid

Results (what): horizontal. Behavior (how) vertical.

Final rating.

Role model				
Valued player				
Improvement required				
	Partially meets	Solid results	Exceptional results	Too early to rate

Calibrated view on performance

Barry is a great asset and valued player for Phillips in the EMS/Fire Rescue sales force. He has delivered solid results in 2010 in achieving his AOP in November. Great job.

Promotability rating grid

Final rating.

Calibrated view on promotability

I believe Barry is well placed in his role for 2011. If there is a desire to go to the next level Barry could do so with 2-3 year of consistent performance.

Fast track		Is currently seen to have the potential to take on significantly greater responsibility and move up two corporate grades (in five to six years).
Growth path		Is currently seen to have the potential to take on more responsibility and move up one corporate grade (in two to three years).
Well placed		Placed in the appropriate grade level for the next two to three years. And possible move horizontally.
Not applicable		Too early to rate OR for all corporate grade 80 and above employees now covered by the Annual Talent Review.

Performance Plan 2011

Key responsibilities for the coming period

- Meet or exceed quota
- Build and maintain an active funnel 2x your quota
- Deliver on on-time Forecast w/ +/- 10% accuracy
- Maintain an installed base matrix
- Maintain and update CAP data
- Utilize the Customer Feedback System >2x per month
- Maintain Demo Inventory with no write-offs
- Provide on-going, timely feedback on territory status
- Utilize marketing center to support big deal proposals

Personal Objectives Summary

- 1 Personally meet with all channel partners and their subs by the end of March 2011.
- 2 Conduct quarterly training and business reviews with each of my stocking distributors.
- 3 Collaborate with my wheels counterparts to close at least 1 new law enforcement sale per state during 2011.
- 4 Collaborate with my CBM to close at least 4 new \$1-2 billion accounts during 2011.
- 5 Work with my channel partners to close the following:
 - 4 new police programs
 - 4 new school programs
 - 4 new PAD programs
- 6 Meet with all my contracted American Red Cross chapters by the end of April 2011. Sign up 4 new chapters during the year. Conduct semi annual training sessions with the Charlotte, Raleigh, Nashville, Memphis, New Orleans, Little Rock, Jackson chapters of the American Red Cross.

Development

Performance from the previous period

Employee's input

Continued training travel constraints preventing my enrolling in the suggested sales courses: Strategic Selling and Principles of Sales Mastery.

Participated in four EMS ride alongs in 2011.

Kept up my TMS assignments on a timely basis.

You can use the Individual Development Plan (IDP), see link below, to guide your development actions.

Where budget and time constraints allow I would like to enroll in Strategic Selling and Principles of Sales Mastery classes. I had an extensive Strategic Selling course ten years ago and incorporate the core principles regular in my sales activities. Refresher training may prove to be productive.

I would like to help with some of the EM national conferences where Philips is participating.

Manager's reflections

Career planning (optional) Please note: the input in this field cannot exceed 390 characters

Employee's aspirations:

I have had successful stints in my sales career as a manager and I aspire to manage a team again. However, my aspiration currently is to optimize the sales revenue in my territory in 2011.

Manager's suggestions:

Barry does have aspirations to attain a management position within Philips. In the short term his main goal is to optimize sales in his current territory.

Mobility ☐ Global ☒ Regional ☐ Local ☐ Not mobile

North America

Restrictions

Mid-Year development conversation

Please confirm that you will prepare and plan for a mid-year development conversation during the period June - August.

Employee

The Employee has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Manager
The Manager has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Signing and final comments

Employee

Signed and agreed on 02/08/2011 15:03

Final Comments

Manager

Signed on 02/08/2011 15:03

Final Comments

People Performance Management (strictly confidential)

Employee : Adickes, Barry
Manager : Johnson, Mark
Document status : Completed

Level 2 : Healthcare
Local Grade : 6S
Completion Date : 09/02/2012

Performance Review 2011

Key Areas of Responsibility

- Meet or exceed quota
- Build and maintain an active funnel 2x your quota
- Deliver on on-time Forecast w/ +/- 10% accuracy
- Maintain an installed base matrix
- Maintain and update CAP data
- Utilize the Customer Feedback System >2x per month
- Maintain Demo Inventory with no write-offs
- Provide on-going, timely feedback on territory status
- Utilize marketing center to support big deal proposals

Employee's input (please note any related achievements)
2011 was an interesting year of transition to the position of Channel Manager. The professional challenge was exciting and were it not for the additional personal challenge of a couple of months on STD, I know the performance to plan would have been much better. I have pure enthusiasm for the prospects of the coming year. There are over 30 law enforcement opps in the funnel with 2012 closure forecasts. Newly fostered relationships with solid reps from Moore Medical and Physician Sales & Service brought forth some solid sales in 2011 with outstanding prospects for 2012. Three community PAD program prospects in the funnel should close early in the year. And I am encouraged with the positive relations developed through the year with the cornerstone master distributors of the territory, SEE and Lifeguard.

I am projecting to finish this year at 86.5% to plan. The admin KAR tasks are mostly met, though the forecast accuracy on a few months deviated +/- greater than 10%.

Manager's conclusions (please note any related achievements)

On 2011 Barry reported on meeting his financial commitment to the company. He indicated that, for the approximately 25% of GDP, that is a failure of the company's primary obligation to provide earnings until September 2012, he is going to attempt to improve the performance. He said, "I have a lot of information and I know how to do it, but the channel partner is the problem." Barry called the channel partner a "very tight knit group of people" and, during the year, Barry had a "write-on of 1052" and the unit was less as a result of Barry's medication.

An area of concern to Barry is the territory sales he is lacking. Barry is primarily afraid that he is going to need to reduce his level from his million dollar territory. Barry said, "I am going to have to provide updates to the channel partner on my channel partner activity. I was recently audited and I am concerned about the stretch to win a promotion and I am not sure if the channel partner is also going to be the same as Barry's. He is not the American Express account. On several occasions Barry has received notices of debt and account status as 30, 60, 90, and 120 days. He has been late on some of the money is owed which he claims to follow up on and pay back in a week."

Personal Objectives (SMART)

Employee's input

Objective 1

Personally meet with all channel partners and their subs by the end of March-2011

Comments Met with Carla Baker, Southeastern Emergency Equipment, in January to discuss my new role, the SEE/Philips partnership, and expectations for 2011.

Met with Chet Frist and Harvard Reynolds, Lifeguard Medical Solutions, in early February to discuss my new role and how we can best position our strengths to grow Philips business in Lifeguard geography. Met with all Lifeguard subs in Feb-Mar and started up two new subs in Q1.

Objective 2

Conduct quarterly training and business reviews with each of my stocking distributors.

Comments Though we did not get on the same page with Lifeguard in regards to timely tracing reports, this objective was met.

Barry will conduct training and indoctrination with his assigned distribution. Barry's former duty will need to continue to challenge him in order to have the training impact with the change in position in an effort to keep them engaged and motivated to kill the good guys.

Objective 3 Collaborate with my wheels counterparts to close at least 1 new law enforcement sale per state during 2011.

Comments Collaboration was achieved to load the funnel with law enforcement opportunities in all six states. Deals closed in NC, SC, TN & MS. Excellant ops for Q1 2012 In LA, TN, NC & SC.

later, this collaboration well with the first, requiring no further law, jurisdiction. Both of this collaboration involved the work with the New Orleans Department. Making a lot was an example of a successful collaboration in the law enforcement market during 2011.

Objective 4 Collaborate with my CBM to close at least 4 new \$1-2 billion accounts during 2011

Comments NA...

am not aware of any business that Barry was involved with involving in the collection to close business in the United States market. Trading and investment in the stock market activity here.

Objective 5 Work with my channel partners to close the following:

4 new police programs
4 new school programs
4 new PAD programs

Comments Closed 6 new police programs with 27 more added to the funnel.
Closed 2 school programs (McDowell City and Caldwell City, both in NC)
Closed 7 new PAD programs.

Barry was successful in closing 4 police opportunities (Mount Juliet Police and King Police are two examples). His work with Southeastern to use Ashcroft's connections to develop law enforcement leads has led to a significant increase in the law enforcement funnel that should pay dividends in 2012. The only significant PAD program that I am aware of closing to Barry's territory during 2012 was City of Columbia. However, there were numerous add-on orders for existing PAD programs.

Objective 6 Meet with all my contracted American Red Cross chapters by the end of April 2011. Sign up 4 new chapters during the year. Conduct semi annual training sessions with the Charlotte, Raleigh, Nashville, Memphis, New Orleans, Little Rock, Jackson chapters of the American Red Cross.

Comments ARC restructuring delayed Q1-Q3 productivity with chapters; however, Q4 activity shows that there is some promise in the regions of Charlotte, Raleigh, Columbia, and Memphis.

Barry was active in working with and supporting the American Red Cross during 2011. He implemented Philips Strategy with this important partner.

Conclusion/Summary

Employee's input

Early focus at the beginning of my transition to Channel Manager was to develop relationships with the master distributors and their viable subs and in the case of SEE, to quickly establish a dialogue with their territory reps to prioritize opportunity follow up and set goals for the year. By February, we were well on track.

Manager's conclusions

Early focus at the beginning of my transition to Channel Manager was to develop relationships with the master distributors and their viable subs and in the case of SEE, to quickly establish a dialogue with their territory reps to prioritize opportunity follow up and set goals for the year. By February, we were well on track.

2011 was a challenging year for Barry. Shortly after he began his new role of indirect Channel Manager, Barry went on short term disability. This no doubt slowed his transition into this new role. Barry met several of his personal objectives but failed to meet all of them including his primary objective of meeting first AED commitment to the company. That said, I believe that Barry successfully transitioned into his new role. Additional attention to communication, urgency, and follow-up, and his administrative details should position him to be successful in 2012.

Our Barry Job - How We Work

Please indicate strengths and areas of improvement based on the following Philips values:

1. **Eager to win**
 - Take an outside in perspective, serve our customers
 - Adapt to the diversity of Businesses and Markets
 - Ensure speed of action, outpace competition
 - Resource to win for long term leadership
2. **Take ownership**
 - Take courageous decisions
 - Empower and hold each other accountable to deliver
 - Execute rigorously, see things through
 - Focus on results over activity
3. **Team up to Excel**
 - Have open and tough dialogues, productive conclusions
 - Collaborate, leverage each other
 - Celebrate success
 - Learn, improve, develop
4. **Please indicate strengths and areas of improvement based on the behaviors**

Employee's input

Strengths

I have a pragmatic and methodical approach to management tasks that is conducive to the position of Channel Manager.
I have developed a deep knowledge of the AED industry over the past five years, and I have been successful in applying my market insight to close competitive deals.
I have a passion for the product and the crusade, which makes it fun to get up early and work full days.
I strive everyday ultimately to inspire our distributors and end users to love Philips.

Manager's conclusions

Barry is a positive ambassador of Philips, our products, and our mission. His attitude will serve him well as he tries to recruit and motivate channel partners to sell our products. He collaborates well with others on the team and within support functions of Philips. He is a credit to the team and the company.

Areas for improvement

I find myself on too many occasions sucked into time drains that put my day off track; ex: spending too much time to help make a church AED customer happy that does not hear back from the sub-dist that sold the device.

I get too far behind in my expense reporting. I found myself putting off the Concur task because it was excruciatingly slow with my previous laptop. The speed is better with my new HP, and I will strive to stay within two weeks of all reporting.

I struggled initially with the forecasting process with our Master Dists, but believe the CRM tool has improved that.

I must gain

Manager's overall summary

Performance rating grid

As Barry notes, he is pragmatic and methodical in his approach to the business. While this at times is an asset, it can also be a liability that Barry needs to be cautious of. Barry appears to have a sense of urgency. One such example was his handling of the Uncovered Medical Training Grants. Barry seemed to take an approach that said "if they get their training in before the end of the year it will be OK." While this is a good attitude, it shows a lack of urgency for meeting monthly and quarterly targets for which he is measured. A greater sense and sense of urgency on these matters within the channel will allow Barry to be even more valuable for work. Additionally, this sense of urgency will extend to his ability to provide timely follow up to his needs and customers as well as meet the administrative deadlines.

Calibrated View on performance

Results (what): horizontal. Behavior (how) vertical.

Final rating.

Role model				
Valued player				
Improvement required				
	Partially meets	Solid results	Exceptional results	Too early to rate

Barry partially met his performance goals for the year. He fell short of achieving his AOP commitment by finishing the year at only 78% (approximately 1 of 10 of his Personal Objectives for the year, but not all of his). Objective 5, and part of Objective 3. During the year, Barry met the Regional Team meeting. Barry was an active participant in the CRM training. However, his presentation of his best practice was not well received by his peers or his manager (emoj of his best practice story). During the year, Barry frequently complimented others. While this is a good practice, Barry should focus more attention on providing feedback that adds more substantial value. Barry has a wealth of experience and should focus on sharing best practices for the team as a whole. I believe that Barry needs to become improving his sense of urgency in driving results in his territory. Improvement is required in the area.

Promotability rating grid

Final rating.

Fast track	Is currently seen to have the potential to take on significantly greater responsibility and move up two corporate grades (in five to six years).
Growth path	Is currently seen to have the potential to take on more responsibility and move up one corporate grade (in two to three years).
Well placed	Placed in the appropriate grade level for the next two to three years. And possible move horizontally.
Not applicable	Too early to rate OR for all corporate grade 80 and above employees now covered by the Annual Talent Review.

Calibrated view on promotability
Barry has a great deal of experience and talent. He should focus his energy on improving his performance and learning the CRM system in an effort to return to overachievement.

Performance Plan 2012

1. TERRITORY RESPONSIBILITY FOR THE COMPANY QUOTA

Meet or exceed quota

Build and maintain an active funnel 2x your quota

Deliver on on-time Forecast w/ +/- 10% accuracy

Review contracts with all Master and Sub distributors in Q1

Successfully utilize OneCRM to manage forecast and funnel

Maintain Demo inventory with no write-offs

Provide on-going, timely feedback on territory status to your Regional Manager

Utilize marketing center to support big deal proposals

2. PERSONAL OBJECTIVES

1. Exceed AOP/Quota for 2011.

By February, meet with Master Distributors to discuss 2012 promos and marketing initiatives (ex. Stretch to Win, Pallet Promo) and to map the 2012 marketing plans. Expectations will be set early and understood thoroughly.

Take ownership of your territory meeting the following criteria:

- ☐ Co-Travel with Channel Partner reps. (10 times per month)
- ☐ Develop relationships with local and regional associations to position Philips AED favorably by holding one strategic alliance meeting with each association during the year.
- ☐ Examples: Dental, Boy Scouts, AED Foundations, Police
- ☐ Use Tradings data to provide business development opportunities for each master and sub distributor in your territory.
- ☐ Conduct meetings with Channel Partners to review this data quarterly

Provide regular phone, in-person, and online training for all channels within your territory including sub-distributors. Needs to be more than just product training. Should include creative positioning during training class.

Work with campaign management to create at least 3 call campaigns per year. These should be used to follow legislation and/or connected to the markets you identified as focused markets with your channel partners.

Maintain a connection with your Channel Partners internet presence working with those Strategic Internet partners just as if they are a bricks and mortar partner

- 2 Q1, develop Flex Med in Louisiana into a viable Master Distributor and get them on board with an initial stocking order of \$250,000.
- 3 Q1, schedule follow through and move to closure the three largest Law Enforcement AED opportunities in the territory: New Orleans PD, Charlotte/Mecklenburg PD, Lafayette/New Iberia Sheriff's Dept.
- 4 Continue the follow through on the SEE/Marketing Connections AEDs to Law Enforcement Initiative to close 2 deals in each of Q1 and Q2. 27 qualified leads developed through the Initiative in 2011.

Collaborate with your EMS/Fire Rescue Specialist on opportunities within the Police market and State/Local Emergency Management markets.
- 5 Develop the business with the Gulf oil platform worker training and transport industry in LA. with the sales target of 25 MRX monitors.

Verify that this is not a CBM account or a Wheels account.
- 6 January 2012, gain the commitment right away from MD's that accurate tracings will be submitted on time each month and to help establish their practice of total tracing accuracy throughout the year.

Development

Development in this previous period

Where budget and time constraints allow I would like to enroll in Strategic Selling and Principles of Sales Mastery classes. I had an extensive Strategic Selling course ten years ago and incorporate the core principles regular in my sales activities. Refresher training may prove to be productive.

I would like to help with some of the EM national conferences where Philips is participating.

Employee's Input

Continued restraints for travel to train.

Barry likes to continue to focus on developing himself as an indirect Channel Manager. Considering the size and scope of his territory I recommend that Barry take a time management course offered by Philip

Development in the coming period

You can use the Individual Development Plan (IDP), see link below, to guide your development actions.

Where budget and time constraints allow I would like to enroll in Strategic Selling and Principles of Sales Mastery classes. I had an extensive Strategic Selling course in 1998 and incorporate the core principles regular in my sales activities. Refresher training would be productive.

During either Q1 or Q2 Barry should enroll in a time management course.

Career Planning (Optional): Please note the input in this field cannot exceed 390 characters.

Employee's aspirations:

Varied sales opportunities will unfold in the coming year in this territory. It's going to be busy and a lot of fun. I have a grasp on this Channel Manager position and I aspire to apply all I have to offer to the success of this region.

Mobility ☐ Global ☒ Regional ☐ Local ☐ Not mobile

North America

Restrictions

Mid-Year development conversation

Please confirm that you will prepare and plan for a mid-year development conversation during the period June - August.

Employee

The Employee has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Manager
The manager has confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Signing and final comments

Employee

Signed and agreed on 02/09/2012 17:30

Final Comments

Manager
Signed on 02/09/2012 17:30
Final Comments



People Performance Management (strictly confidential)

Employee : Adickes, Barry
 Manager : Johnson, Mark
 Document status : Completed

Level 2 : Healthcare
 Local Grade : 6S
 Completion Date : 13/02/2013

Performance Review 2012

Employee's input (please note any related achievements)	Manager's conclusions (please note any related achievements)
Meet or exceed annual quota Successfully utilize Salesforce.com to manage forecast and funnel and deliver on on-time forecast within +/- 10% accuracy Be proficient with Philips distributor contracts and all related processes, i.e. including, but not limited to lead participation forms, discount exception requests, use of CoOp, marketing promotions like Accelerate Growth, etc. ☐ Review contracts with all Masters and Sub Distributors in Q1. Manage all Promotions and Rewards Plus activity with your Channel Partners ☐ Monthly calls to discuss their Accelerate current status ☐ Near quarter end have weekly (and daily) calls to review status ☐ Provide urgent feedback to management if issues occur Manage the contract request process for all Master and Subs within your assigned territory. ☐ Meet with the new potential partner to establish relationship and set ground rules ☐ Review their business plan ☐ Route requests to appropriate managers and gain approvals. Own the tracings process for your Masters within your territory ☐ Call the CP prior to tracings due date to ensure they have what they need from Philips ☐ Be copied on all CP tracings submission emails to tracings@philips.com ☐ Verify with your RSM and Bill Berry that all tracings have been submitted before the due date each month. Maintain Demo Inventory with no write-offs 100% quota achievement is possible with a big final month (\$385k). Meets all expectations in SFDC implementation and timely forecasting, proficiency in distributor and sub-distributor contract processes, and use of co-op \$. Maintained steady dialogue with Masters to keep them informed of their performance status vis-a-vis the Accelerate Growth and Rewards Plus programs. Established 17 new strategic subs through Lifeguard and One Beat. Established one new Master Dist, DXE Medical, with high expectations for 2013, while managing their amicable separation from Lifeguard. With the exception of Lifeguard's January report, tracings from both Masters arrived throughout the year on a timely basis. Will develop a better routine of confirming tracings submissions. All demo inventory maintained and well-utilized throughout the year; no write-offs.	Barry fell just short of meeting his AOP commitment to the company by finishing at 85% of AOP for 2012. The AOP finish placed him #5 out of the 11 ICM's in his peer group. This finish is an improvement over his 2011 finish of 87% of AOP. Barry does successfully utilize the company CRM tool, SFDC, to track his distributor opportunities and successfully utilizes it to forecast his day one and mid-month forecasts. Forecasting distributor orders can be challenging and I am satisfied with Barry's accuracy and communication with his channel partners. Barry understands our contract and communicates it well with both his masters and subs. Barry made good use of the company marketing promotions with his channel partners during 2012. Barry responsibly manages the company assets. He had no write-offs during 2012. One area that Barry needs to improve is providing his manager confirmation of the monthly tracings compliance of his stocking distributors. Barry typically must be asked regarding the tracings status per the KARS and other written requests. ICM's are to inform their manager when tracings are submitted by stocking distributors.

Employee's input	Manager's conclusions
Objective 1.1. Exceed AOP/Quota for 2012. 2. Serve as main point of contact for all distributors (masters and subs) within your assigned territory. Summarize mtgs/visits in your monthly one-on-one calls, or in a written summary, with your manager. a. Travel with Distributor Reps (Masters & Subs) a minimum of 10 times per month total b. Meet and travel with National partners (ARC/NSC) in your assigned territory a minimum of 2 times per month c. Develop relationships with local and regional associations to position Philips AED favorably by holding one strategic alliance meeting with each association during the year d. Use Tracings data to provide business development opportunities for each master and sub distributor in your territory. 3. Provide regular phone, in-person, and online training for all channel partners within your territory including sub-distributors, summarize in a monthly report to your manager	

4. Collaborate with your EMS/Fire Rescue Specialist on opportunities within the Police market and State/Local Emergency Management markets. Collaborate with Corporate Business Managers on opportunities for Companies with revenue between \$1-2Billion, summarize in a monthly report to your manager

5. Work with campaign management to create at least 3 call campaigns per year. These can be used to follow-legislation-or-be-connected-to-the-markets-you-identified-with-your-distributors.

6. Maintain a connection with your Internet Distributors, working with those Strategic Internet partners. Check all Channel Partner websites (including subs) weekly for:
a. MAP violations.
b. Philips approved images, content, and videos.
c. Make sure all links are functional and point to active Philips websites.

Comments 100% will be achieved with \$385k of tracings in Dec.

Barry fell just short of meeting his quota for 2012. He finished at 96% of AOP for the year. Barry surpassed year over year in terms of performance. Barry's involvement with the Mississippi Dental program and his continued penetration of the law enforcement vertical market highlighted his performance and activities for 2012. Examples of noteworthy sales include his stocking order from LifeGuard for \$447K in November, \$98K LifeGuard orders for Mississippi Dental campaign, \$94K BoundTree order for North Carolina Department of Corrections, and a \$44K MRX order for Woodgroup Safety.

Objective 2

Comments Met with and maintained continuous contact with master distributors throughout 2012. Worked closely in the field with SEE reps and One Beat / Lifeguard subs with a focus on multiple unit opportunities.

Barry is an active ICM. He is in constant contact with his channel partners and travels routinely in his large geography. He conducts training sessions with his new channel partner reps (i.e. his new SEE rep), and has quarterly meetings with his stocking distributors.

Helped coordinate a productive Philips session at the SEE Sales Meeting and worked with marketing to get new product in their reps' hands.

Objective 3

Comments Conducted thorough training sessions with 6 ARC chapters and 4 NSC offices. Trained 17 new One Beat & Lifeguard subs.

Barry is very conscientious about meeting with his existing and new channel partners in an effort to provide training. He is in constant contact with his ARC partners. Barry took responsibility to managing the annual SEE meeting that Philips participated in.

Objective 4

Comments In collaboration with EMS/Fire reps, closed three law enforcement deals in NC/SC and two in LA/MS.

Barry has worked well with his EMS counterparts within ECR. The best examples are with Joe Stevenson where together they are working the New Orleans and Memphis Police Departments for potential AED business. Barry and Joe did meet his goal of closing law enforcement opportunities. He also showed interest in working with his CBM counterpart as evidenced by his Hagemeyer work with Card.

Worked with corp rep to develop a distribution opportunity through Hagemeyer NA; however, our model was not viewed as conducive and it became more evident that the opportunity for residual business was not great. Hagemeyer is an electrical supplies distributor that offers Heartsine on a drop-ship basis. It appears that they sell just a handful each year and would not entertain stocking inventory, nor were they interested currently in a sub distributor arrangement. Hagemeyer has an independent sister company in Louisiana, Irby Electric, that is considering a sub-distributorship in 2013.

Objective 5

Comments Managed successful call campaigns for MS Dental, law enforcement, and currently developing one with Lifeguard for municipalities and LE through Fire House Subs grant program. Developed multiple grant opps with Police Grants Help. Two PGH assisted grants came through this year; both in NC.

I was greatly impressed with the actions that Barry took with regards to pursuing the Mississippi dental campaign. Barry effectively utilized Campaign Management to develop leads for several of his Channel Partners. He also strategically reached out and involved several of Philips Channel Partners to maximize his results in this opportunity. Allied, HeartSmart, One Beat, and LifeGuard all participated in what should be considered a successful effort. This opportunity provided Barry with much experience in how to navigate through our complex distribution model.

Objective 6

Comments This objective will be even more critical in 2013 with the addition of DXE, a genuine national player in the industry with a high-touch internet strategy. Their early transgressions caused some angst, but were totally unintentional and have been corrected.

Barry has developed an excellent relationship with DXE which could prove to be a strong partner. Philips Barry will need to continue to closely monitor this partner in an effort to grab more of their mindshare moving forward. Dixie will play an important part in Barry's ability to over-achieve in 2013.

Employee's Input

2012 felt to me very much like the year 2010. Some very positive deals were developed and some were brought to closure. And whereas in 2010 when territory plan was achieved but not greatly exceeded, the anticipated blow out year was to be the year following. I am forecasting a 97% - 100% finish for the year, and I am very enthusiastic about the developing deals that could propel this territory to an outstanding 2013.

Manager's conclusions

While it is disappointing that Barry fell short of his AOP target, it is encouraging to see that he had year over year improvement in his performance (96% of AOP in 2012 versus 87% of AOP in 2011).

Barry has grown into the ICM position during 2012. He has learned the subtleties of managing a complex distribution model in a very large geography. His challenge moving forward will be to continue to bring urgency and energy to his business. 2013 will be a critical year for Barry to show that he can deliver on his annual AOP commitment to the company.

Please indicate strengths and areas of improvement based on the following Philips values:

1. Eager to win

- Take an outside in perspective, serve our customers
- Adapt to the diversity of Businesses and Markets
- Ensure speed of action, outpace competition
- Resource to win for long term leadership

2. Take ownership

- Take courageous decisions
- Empower and hold each other accountable to deliver
- Execute rigorously, see things through
- Focus on results over activity

3. Team up to Excel

- Have open and tough dialogues, productive conclusions
- Collaborate, leverage each other
- Celebrate success
- Learn, Improve, develop

4. Please indicate strengths and areas of improvement based on the behaviors

Employee's input

Strengths

Providing the kind of customer support and service that our partners expect.
Representing Philips products and the company in a positive and professional manner.
Developing trust with our distributors, our customers, and my colleagues.
I am relentless in the field when it comes to maximizing my presence and positioning Philips AEDs within a community.

Areas for Improvement

Optimizing my capabilities through fine-tuned time-mangement.
The challenge will continue in 2013 to manage the array of tasks that come with the job, while driving business through the channel.

Manager's conclusions:

Barry does display the behavior and core values that Philips expects of its employees. Several examples include:

Eager to Win

Barry's work with the Mississippi Region opportunity was aggressive and showed urgency. He navigated through a challenging situation and adopted his approach and strategy as needed. Because of this, Philips was able to gain market share in what has historically been an underachieving geography.

Take Ownership

Barry's management of the Southeastern Emergency Meeting shows that he executes a broad plan. Barry pulled together a team of Philips counterparts in what would consider to be a very successful meeting. It is a credit to Barry and able to improve a key strategic relationship that has been damaged over the past few years.

Team up to Excel

Barry is a team player. He works well with his Southeast Region counterparts as evidenced by his successful teaming up with Don Stevenson on law enforcement opportunities.

Several areas of concern I had during 2012 with Barry include:

Tracings communication: ICMs are required as part of their KARS to provide their Regional Manager with confirmation of tracings each month. Often Barry's manager must reach out to him to confirm.

Communication: Early in 2012 I received several complaints regarding it being "difficult" to get in touch with Barry. While this seemed to improve after it was pointed out in March, Barry needs to continue to focus on making himself available and providing timely responses.

Administrative: During 2012 Barry was notified on several occasions that his American Express bill was in arrears. Barry needs to focus attention on managing this situation more closely moving forward.

Calibrated view on performance

Barry is a valued member of the Southeast Region. During 2012 while his performance fell just shy of meeting AOP, he was able to deliver solid results to the team. Barry seems to be settling into his role as an ICM and appears to be effectively managing his large geography. 2013 Barry will enter his third year as an ICM. This will be a critical year in which Barry will need to keep focused and demonstrate that he can deliver on his AOP commitment to the company.

Performance rating grid

Results (what): horizontal. Behavior (how) vertical.

Final rating.

Role model				
Valued player				
Improvement required				
	Partially meets	Solid results	Exceptional results	Too early to rate

Promotability rating grid

Final rating.

Fast track	Is currently seen to have the potential to take on significantly greater responsibility and move up two corporate grades (in five to six years).
Growth path	Is currently seen to have the potential to take on more responsibility and move up one corporate grade (in two to three years).
Well placed	Placed in the appropriate grade level for the next two to three years. And possible move horizontally.
Not applicable	Too early to rate OR for all corporate grade 80 and above employees now covered by the Annual Talent Review.

Calibrated view on promotability
Barry certainly has the ability to be considered for additional responsibilities. His growth as an ICM during 2012 has been a very positive sign. With continued focus on a big picture strategy for his territory and with continued leadership opportunities within his region and ECR Barry could easily position himself for additional responsibilities when those opportunities surface moving forward.

Performance Plan 2013

Key Areas of Responsibility for the coming year:

- Meet or exceed annual quota
- Successfully utilize Salesforce.com to manage forecast and funnel and deliver on on-time forecast within +/- 10% accuracy
- Be proficient with Philips distributor contracts and all related processes, i.e. including, but not limited to lead participation forms, discount exception requests, use of CoOp, marketing promotions like Accelerate Growth, etc.
 - ☐ Review contracts with all Masters and Sub Distributors in Q1.
- Manage all Promotions and Rewards Plus activity with your Channel Partners
 - ☐ Monthly calls to discuss their Accelerate current status
 - ☐ Near quarter end have weekly (and daily) calls to review status
 - ☐ Provide urgent feedback to management if issues occur
- Manage the contract request process for all Master and Subs within your assigned territory.
 - ☐ Meet with the new potential partner to establish relationship and set ground rules
 - ☐ Review their business plan
 - ☐ Route requests to appropriate managers and gain approvals.
- Own the tracings process for your Masters within your territory
 - ☐ Call the CP prior to tracings due date to ensure they have what they need from Philips
 - ☐ Be copied on all CP tracings submission emails to tracings@philips.com
 - ☐ Verify with your RSM and Bill Berry that all tracings have been submitted before the due date each month.
- Maintain Demo inventory with no write-offs

Key Performance Indicators

- 1 Exceed AOP/Quota for 2013.
- 2 Serve as main point of contact for all distributors (masters and subs) within your assigned territory. Summarize mtgs/visits in your monthly one-on-one calls, or in a written summary, with your manager.
 - a. Travel with Distributor Reps (Masters & Subs) a minimum of 10 times per month total
 - b. Meet and travel with National partners (ARC/NSC) in your assigned territory a minimum of 2 times per month
 - c. Develop relationships with local and regional associations to position Philips AED favorably by holding one strategic alliance meeting with each association during the year
 - d. Use Tracings data to provide business development opportunities for each master and sub distributor in your territory.
- 3 Provide regular phone, in-person, and online training for all channel partners within your territory including sub-distributors, summarize in a monthly report to your manager
- 4 Collaborate with your EMS/Fire Rescue Specialist on opportunities within the Police market and State/Local Emergency Management markets.
- 5 Work with campaign management to create at least 3 call campaigns per year. These can be used to follow legislation or be connected to the markets you identified with your distributors.
- 6 Maintain a connection with your Internet Distributors, working with those Strategic Internet partners. Check all Channel Partner websites (including subs) weekly for:
 - a. MAP violations.
 - b. Philips approved images, content, and videos.
 - c. Make sure all links are functional and point to active Philips websites.

Development

Development in the previous period

Employee's input

Manager's reflections:

Barry successfully trained in the use of the company's new CRM tool, Salesforce.com during 2012.

Development in the coming period

You can use the Individual Development Plan (IDP), see link below, to guide your development actions.

Barry should consider a taking a time management course to help him better manage his large and challenging geography.

Employee's aspirations and goals for the coming period

Employee's aspirations:

Varied sales opportunities will unfold in the coming year in this territory. It's going to be busy and a lot of fun. I have a grasp on this Channel Manager position and I aspire to apply all I have to offer to the success of this region.

Manager's suggestions:

Barry should continue to focus on developing his management skills as an ICM. By doing so and by focusing on meeting and exceeding AOP, Barry will demonstrate that he can deliver results to the company.

Mobility ☐ Global ☒ Regional ☐ Local ☐ Not mobile

North America

Restrictions

Mid-year development conversation

Please confirm that you will prepare and plan for a mid-year development conversation during the period June - August.

Employee

The Employee has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Manager

The Manager has not confirmed that a mid-year development conversation will be prepared and planned during the period June - August.

Signing and final comments

Employee

Signed and agreed on 02/12/2013 16:50

Final Comments

Manager

Signed on 02/13/2013 15:20

Final Comments



1400 Commerce Center Dr
Franklin, OH 45005
Tel: 800-800-4230
Fax: 800-692-8189

Barry,

We are pleased to offer you an opportunity to join the VRI family. This letter outlines the compensation package and benefits for the position.

Title: Territory Manager - Sales

Start Date: May 20, 2014

Compensation: Annual salary: \$55,000 (paid bi-weekly for each period worked)

Bonus plan: You will be paid one month revenue for all new business you create. For instance if you create 30 clients at \$30 a month, your commission will be \$900 for that month.

Benefits:

Health: The company provides all full time employees with health insurance coverage through Anthem with 3 plan choices. Employees are eligible to join the plan after 90 days of continuous employment with VRI. The company currently pays 100% of employee premiums and a portion of the premiums for employee families or spouses. For details on the specific plans, please contact Kimberly Witt at kwitt@monitoringcare.com

The company also provides a dental plan that employees may elect to participate in if they choose. VRI pays a portion of the cost, and asks the employee to pay a portion of the cost depending on the plan selected.

Life: VRI provides a life insurance policy of \$25,000 for all employees. The premiums are paid 100% by VRI.

401(K): VRI provides a 401(K) plan for its employees. The plan currently matches 50% of employee contributions on up to 8% of each employee's salary. Employees are eligible to participate in the plan after one year of employment. The company also makes a discretionary profit sharing contribution for all employees that are qualified and in the plan.

Other: VRI offers access to short term disability and extended health coverage through Allstate and Assurant. Premiums for these coverages are paid for by the employee, but can be paid on a pre-tax or post-tax basis depending on the choice of the employee.



1400 Commerce Center Dr
Franklin, OH 45005
Tel: 800-868-4230
Fax: 800-692-8189

Personal Time:

Company does not allocate time off to external sales reps. Take 2 days or two months. You have goals to hit and we are confident you put in the time require to hit and exceed these goals.

Other:

VRI requires completion of a background check and drug screening as conditions of this offer.

VRI requires the employee to sign a non-solicit and non-compete agreement.

This offer of employment is an at-will offer, and does not bind either VRI or the employee to any length or commitment of employment. No term or language in this letter shall be construed as contractual.

ACKNOWLEDGED:

VALUED RELATIONSHIPS, INC

Barry Adickes

By:

(Authorized Signature)

By:

(Authorized Signature)

Name:

Rob McDonald
(Print or Type)

Name:

Barry Adickes
(Print or Type)

Title:

Sales Manager

Title:

Territory Manager - Sales

Date:

Date:

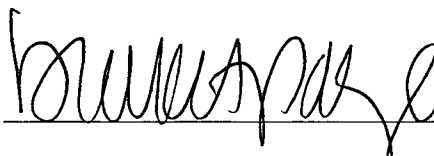
May 20, 2014

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material. Additionally, the undersigned hereby certifies that this Record on Appeal complies with the Supreme Court Order dated April 15, 2014.

Respectfully submitted:

Lueder, Larkin & Hunter, LLC

A handwritten signature in black ink, appearing to read "Brooke A. Payne", written over a horizontal line.

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Attorneys for Appellants

Charleston, South Carolina

Dated: 7.19.14