

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Panel
Avery Wilkerson, Susan Barden, Mike Campbell

SCWCC File No. 1518978
Appellate Case No. 2017-001096

Pamela Grady, Employee, Claimant, Appellant,
v.
Magnolia Manor of Inman, Employer, and Zurich American Insurance Company of
Illinois c/o Gallagher Bassett Services, Inc., Carrier, Respondents.

RECORD ON APPEAL

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**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE No. 1518978**

PAMELA GRADY,
Employee/Claimant

vs.

MAGNOLIA MANOR
OF INMAN

And

ZURICH AMERICAN
INSURANCE COMPANY,

Defendants

DECISION AND ORDER

DATE OF HEARING: Hearing held in Spartanburg, SC on March 17, 2016

APPEARANCES: Claimant appeared and was represented by Mitchell K. Byrd Jr., Esquire of Greenville, South Carolina.

Defendants appeared and were represented by Landon Hughey, Esquire, of Greenville, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth on the Form 50 and Form 51.

COMMISSIONER: Commissioner Aisha Taylor

FILED: September 12, 2016

STIPULATIONS

The Claimant appeared represented by attorney Mitchell K. Byrd, Jr. The Defendants appeared represented by attorney Landon Hughey, Esquire. Claimant and Defendants stipulated as to the following, without objection:

1. Notice of the hearing was timely and properly served upon all parties of interest.
2. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.
3. Venue is proper in Spartanburg County, South Carolina.
4. Claimant's average weekly wage is \$1192.35, for a corresponding compensation rate of \$766.05.

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

APA SUBMISSIONS

Pursuant to the South Carolina Administrative Procedures Act and Regulations of the South Carolina Workers' Compensation Commission, the following records and documents were submitted into evidence:

1. Spartanburg Regional Emergency Center; 9/23/15; pages 1-6;
2. Carolina Orthopaedic Center; 10/07/15 - 1/12/16; pages 17-41;
3. Advanced Therapy Solutions; 11/10/15 - 2/1/16; pages 42- 81.

STATEMENT OF THE CASE

This case came before the Undersigned on March 17, 2016, pursuant to Claimant's Form 50 hearing request. Claimant alleged at the hearing that she suffered a fall while leaving work but still on the Employer's property on September 23, 2015, causing injury to her right shoulder and resulting in the need for a total right shoulder replacement surgery. She alleged that her fall was compensable and that medical and past-due TTD benefits were due. Defendants alleged that Claimant's fall was not a compensable injury by accident because it did not arise out of and in the course of her employment, as Claimant was not working at the time of the fall and could not explain why she fell.

EVIDENCE OF THE CASE

TESTIMONY OF THE CLAIMANT

Claimant works full time for Magnolia Manor of Inman. Claimant testified that she finished her work duties on September 23, 2015 and began walking to her car with a co-worker. After she exited the building, but still while she was on the sidewalk adjacent to the building and leading to the employer's parking lot, she stumbled and fell. She was not "on the clock" at the time of her fall, although she is a salaried employee. Claimant was carrying some files and her purse at the time of her fall. Claimant admitted that she did not know why she stumbled and fell on the sidewalk, and she did not specifically slip or trip on or over anything. She testified that when she stumbled, her feet stopped, and her body continued forward and she fell. Claimant landed on her right side, injuring her right shoulder. She was able to drive herself home, but quickly realized the severity of her injury and went to the emergency room at Spartanburg Regional. She testified that

she suffered a broken shoulder as a result of the fall and ultimately came under the treatment of Dr. Alan Posta at Carolina Orthopaedic Center. She underwent a total reverse right shoulder arthroplasty on October 16, 2015. She testified that she was out of work from September 24, 2015, through December 21, 2015, the date she returned to work at Magnolia Manor. She continues to work at Magnolia Manor of Inman. Claimant acknowledged that the area where she stumbled and fell was flat and that she did not know why she fell. She testified that she was walking, stumbled, and fell forward onto the sidewalk.

MEDICAL EVIDENCE

Claimant was seen at Spartanburg Regional Emergency Department on September 23, 2015. The note indicates an accidental fall with right shoulder injury after tripping while on a sidewalk leaving work. X-rays and CT scan were performed and Claimant was diagnosed with a right humeral head fracture. She was referred for orthopedic consultation and released. (APA #1)

Claimant was first seen by Dr. Alan Posta at Carolina Orthopaedic Center on October 7, 2015. Dr. Posta indicates Claimant saw Dr. Tony Sanchez, who referred Claimant to Dr. Posta for treatment. Dr. Posta noted bruising down Claimant's right arm and exam was limited due to discomfort. The impression was a three part right proximal humerus head fracture and Dr. Posta recommended a reverse total right shoulder replacement/arthroscopy. Claimant underwent the surgery on October 16, 2015 at St. Francis Eastside. (APA #2)

Claimant followed up with Dr. Posta on October 28, 2015, doing well. At her follow up on November 11, 2015, Claimant was getting better and participating in

physical therapy rehab for the right shoulder. On November 24, 2016, Claimant was again continued in physical therapy rehab and was improving. She was continued out of work. At her December 14, 2015 appointment with Dr. Posta, Claimant was allowed to return to work as of Monday, December 21, 2015. Her physical therapy was continued. Claimant's next appointment with Dr. Posta was on January 12, 2016. Claimant noted that she had returned to work. Dr. Posta continued Claimant in physical therapy. (APA #2)

Records indicate that Claimant participated in physical therapy at Advanced Therapy Solutions from November 10, 2015 at least through February 1, 2016, for her right shoulder upon referral by Dr. Posta. (APA #3)

FINDINGS OF FACT

1. Claimant sustained a compensable injury to her right shoulder arising out of and within the course and scope of her employment. I find that Williams v. South Carolina State Hospital, 245 S.C. 377, 140 S.E.2d 601 (1965) controls based on the following:

A. The sidewalk/walkway on which Claimant fell and broke her right shoulder was owned and maintained by the employer, Magnolia Manor. There is no evidence to the contrary. I find this is evidence of the employer's "control" over the sidewalk/walkway.

B. As noted in Williams (quoting Eargle v. South Carolina Electric & Gas Co., 205 S.C. 423, 32 S.E.2d 240 (1944)), "[i]f the employee be injured while passing, with the express or implied consent of the employer by a way . . . over those of another in such proximity and relation as to be in practical effect a part of the employer's premises, the injury is one arising out of and in the course of the employment. . . ." I find if the

Williams' Court extended coverage to a parking lot that was not owned by the Employer, the same would hold true when the Employer owns the area in which the Claimant fell. In this case, I find the sidewalk adjacent to the Employer's building is in practical effect a part of the building, based on the holding in Williams.

C. The fact that Claimant may have already clocked out for the day is a "red herring." Claimant was a salaried employee and was carrying files and her purse in her arms while she was walking to her car. However, even if she had clocked out, Claimant's fall still took place on employer controlled property very shortly after she exited the building for the day, within the scope of Williams.

D. I find that the cause of Claimant's fall was not idiopathic, as there was no evidence of any "internal breakdown." See Nicholson v. S.C. Dept of Social Services, 411 S.C. 381, 769 S.E.2d 1 (2015) and Barnes v. Charter 1 Realty, 411 S.C. 391, 768 S.E.2d 651 (2015). The fact Claimant could not exactly identify what caused her foot to stop as she was walking ("I don't know") does not mean it was idiopathic. The specific facts in this case are not very distinguishable from those of Nicholson.

2. Claimant is entitled to a lump-sum payment of past-due TTD from September 24, 2015 through December 21, 2015. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.

3. Defendants are liable for all causally-related medical treatment received as a result of this work injury, to be paid pursuant to the South Carolina Fee Schedule. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.

4. Claimant is entitled to reimbursement for all out-of-pocket expenses, including mileage reimbursement, if any. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
5. Claimant is not at maximum medical improvement for her work-related injury to her right shoulder. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
6. Although Defendants are generally entitled to direct medical treatment pursuant to the South Carolina Workers' Compensation Act, in this case, I find Claimant is entitled to continue treatment with Dr. Alan Posta, who performed Claimant's complex shoulder replacement surgery, and who has been monitoring her recovery. I find this will aid in coordination of Claimant's medical care and will lessen Claimant's period of disability. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
7. No hearing costs are assessed.

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, Williams v. South Carolina State Hospital, 245 S.C. 377, 140 S.E.2d 601 (1965), Nicholson v. S.C. Dept of Social Services, 411 S.C. 381, 769 S.E.2d 1 (2015) and Barnes v. Charter 1 Realty, 411 S.C. 391, 768 S.E.2d 651 (2015) Claimant sustained an injury by accident, arising out of and within the

course of her employment, to her right shoulder.

3. Under § 42-15-60, Claimant is entitled to the provision of and payment for all causally related medical treatment for her right shoulder injury, to include out of pocket expenses and mileage, if any.
4. Under § 42-9-10, Claimant is entitled to payment of temporary total disability benefits from September 24, 2015, through December 21, 2015.

ORDER

IT IS HEREBY ORDERED that Defendants shall pay Claimant past-due temporary total disability benefits from September 24, 2015, through December 21, 2015, at her compensation rate of \$766.05, as well as all out of pocket expenses, including mileage, if any.

IT IS ALSO ORDERED that Defendants shall provide Claimant with causally related medical treatment for her right shoulder injury, to include payment for causally-related medical treatment modalities already incurred by Claimant and further causally-related medical treatment as directed by Dr. Alan Posta.

IT IS ALSO ORDERED that this file be returned to the General Files until such time as a hearing is requested by the parties.

IT IS SO ORDERED.



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

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

September 12, 2016

By: Renee Smith, Administrative Assistant to Commissioner Taylor

APPELLATE PANEL DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1518978

Pamela Grady

EMPLOYEE,
CLAIMANT/RESPONDENT

VS.

Magnolia Manor of Inman

EMPLOYER,

AND

Zurich American Insurance Company of
Illinois c/o Gallagher Bassett Services, Inc.

CARRIER,
DEFENDANTS/APPELLANTS,

Appellate Panel Review held in Columbia, South
Carolina, on December 12, 2016 per notices timely
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

April 7, 2017

APPEARANCES: Claimant/Appellant represented by Mitchell K. Byrd, Jr.

Defendants/Respondents represented by Landon Hughey and Brett H.
Bayne

STATEMENT OF THE CASE

This matter comes before the Full Commission on Defendant's appeal of the Single Commissioner Decision and Order. Defendant's appeal was timely filed. Defendants asserted the Single Commissioner erred in finding Claimant's claim compensable. In Defendants' Notice of Appeal, Defendants raised nine (9) exceptions to the Single Commissioner Decision and Order. However, prior to the Full Commission Hearing, Defendants abandoned Exception 5 and noted that Exceptions 2-4, 6, and 8-10 were proper findings of the Single Commissioner should the Full Commission affirm the Single Commissioner. Therefore, Defendants only proceeded on Exceptions 1 and 7 which addressed whether the Single Commissioner erred in finding Claimant sustained a compensable injury by accident within the course and scope of her employment. All parties were properly notified of the hearing and counsel for both parties appeared at the hearing. The hearing in this matter was conducted on December 12, 2016. Proposed Order instructions were sent to the parties on January 6, 2017.

SINGLE COMMISSIONER FINDINGS OF FACTS

1. Claimant sustained a compensable injury to her right shoulder arising out of and within the course and scope of her employment. I find that *Williams v. South Carolina State Hospital*, 245 S.C. 377, 140 S.E.2d 601 (1965) controls based on the following:
 - a. The sidewalk/walkway on which Claimant fell and broke her right shoulder was owned and maintained by the employer, Magnolia Manor. There is no evidence to the contrary. I find this is evidence of the employer's "control" over the sidewalk/walkway.
 - b. As noted in *Williams* (quoting *Eargle v. South Carolina Electric & Gas Co*, 205 S.C. 423, 32 S.E.2d 240 (1944)), "[i]f the employee be injured while passing, with

the express or implied consent of the employer by a way . . . over those of another in such proximity and relation as to be in practical effect a part of the employer's premises, the injury is one arising out of and in the course of the employment. . . ."

I find if the Williams' Court extended coverage to a parking lot that was not owned by the Employer, the same would hold true when the Employer owns the area in which the Claimant fell. In this case, I find the sidewalk adjacent to the Employer's building is in practical effect a part of the building, based on the holding in Williams.

- c. The fact that Claimant may have already clocked out for the day is a "red herring." Claimant was a salaried employee and was carrying files and her purse in her arms while she was walking to her car. However, even if she had clocked out, Claimant's fall still took place on employer controlled property very shortly after she exited the building for the day, within the scope of Williams.
 - d. I find that the cause of Claimant's fall was not idiopathic, as there was no evidence of any "internal breakdown." See *Nicholson v. S.C. Dept of Social Services*, 411 S.C. 381, 769 S.E.2d 1 (2015) and *Barnes v. Charter 1 Realty*, 411 S.C. 391, 768 S.E.2d 651 (2015). The fact Claimant could not exactly identify what caused her foot to stop as she was walking ("I don't know") does not mean it was idiopathic. The specific facts in this case are not very distinguishable from those of Nicholson.
2. Claimant is entitled to a lump-sum payment of past-due TTD from September 24, 2015 through December 21, 2015. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.

3. Defendants are liable for all causally-related medical treatment received as a result of this work injury, to be paid pursuant to the South Carolina Fee Schedule. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
4. Claimant is entitled to reimbursement for all out-of pocket expenses, including mileage reimbursement, if any. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
5. Claimant is not at maximum medical improvement for her work-related injury to her right shoulder. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
6. Although Defendants are generally entitled to direct medical treatment pursuant to the South Carolina Workers' Compensation Act, in this case, I find Claimant is entitled to continue treatment with Dr. Alan Posta, who performed Claimant's complex shoulder replacement surgery, and who has been monitoring her recovery. I find this will aid in coordination of Claimant's medical care and will lessen Claimant's period of disability. This finding of fact is based on the testimony of the Claimant, the medical records, and the evidence in the record as a whole.
7. No hearing costs are assessed.

SINGLE COMMISSIONER CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Williams v. South Carolina State Hospital, 245 S.C. 377, 140 S.E.2d 601 (1965), Nicholson v. S.C. Dept of Social Services, 411 S.C. 381, 769 S.E.2d 1 (2015) and Barnes v. Charter 1 Realty, 411 S.C. 391, 768 S.E.2d 651 (2015) Claimant sustained an injury by accident, arising out of and within the course of her employment, to her right shoulder.
3. Under § 42-15-60, Claimant is entitled to the provision of and payment for all causally related medical treatment for her right shoulder injury, to include out of pocket expenses and mileage, if any.
4. Under § 42-9-10, Claimant is entitled to payment of temporary total disability benefits from September 24, 2015, through December 21, 2015.

FACTUAL BACKGROUND

Claimant works full time for Magnolia Manor of Inman. Claimant testified that she finished her work duties on September 23, 2015 and began walking to her car with a co-worker. After she exited the building, but still while she was on the sidewalk adjacent to the building and leading to the employer's parking lot, she fell. She was not "on the clock" at the time of her fall (although she is a salaried employee). Claimant testified she was had some work files and her purse at the time of her fall. Claimant admitted that she did not know why she fell on the sidewalk, and specifically noted she did not slip or trip on or over anything. Claimant landed on her right side, injuring her right shoulder. She was able to drive herself home and later went to the emergency room at Spartanburg Regional. She testified that she suffered a broken shoulder as a result of the fall and ultimately came under the treatment of Dr. Alan Posta at Carolina Orthopaedic Center. She underwent a total reverse right shoulder arthroplasty on October 16, 2015. She testified that she was out of work from September 24, 2015, through December 21,

2015, the date she returned to work at Magnolia Manor. The parties stipulated Claimant's average weekly wage is \$1192.35 with a corresponding compensation rate of \$766.05. She continues to work at Magnolia Manor of Inman. Claimant acknowledged that the area where she stumbled and fell was flat and that she did not know why she fell.

FULL COMMISSION FINDINGS OF FACT

1. Claimant testified to the following in her deposition:

Q: Is the parking lot flat...

A: It's flat

Cl. Depo. Tr. 29:4-7

Q: Was it raining that day?

A: No.

Q: Was there any water in the parking lot that you could tell?

A: No

Q: ...I take it there was no ice or anything like that.

A: No.

Cl. Depo. Tr. 29:8-16

Q: What caused you to fall?

A: I stumbled and fell. My feet stopped. My body kept going.

Cl. Depo. Tr. 30:10-12

Q: Did you catch your foot on the part where it changes from old

cement to new cement?

A: I—I don't—I don't know that—that I did, no. I just know that my—I stumbled, and my feet stopped, and I fell.

Q: What caused you to stumble?

A: I don't know that.

Cl. Depo. Tr. 31:8-14

Q: Did your shoe catch on anything at the time of the fall?...But you don't remember anything specific that—

A: No.

Q: --caught them?

A: I don't.

Cl. Depo. Tr. 34:4-13

2. Claimant admits that there was no rain, water, or other substance that led to her fall. Claimant's testimony is clear that the unexplained fall occurred on a flat, level, dry surface during daylight hours.
3. Claimant did not trip over a ridge in the concrete, slip off a curb, slip on a wet surface, trip over a stick, scuff her foot, or any other event typically associated with falls.
4. Claimant has failed to provide any explanation, evidence, testimony, or witnesses as to why she "stumbled and fell." She does not recall slipping, scuffing her foot, tripping, or otherwise doing anything except falling. Quite simply, the fall is without explanation beyond "I fell."

FULL COMMISSION CONCLUSIONS OF LAW

1. The Single Commissioner cited to—and relied on—three cases in reaching her conclusions: Williams v. South Carolina State Hospital, 245 S.C. 377, 140 S.E.2d 601 (1965), Nicholson v. S.C. Dept of Social Services, 411 S.C. 381, 769 S.E.2d 1 (2015) and Barnes v. Charter 1 Realty, 411 S.C. 391, 768 S.E.2d 651 (2015). For the reasons set forth below, the Single Commissioner erred in relying on applying these cases to the present case as each is distinguishable both on their face and as set out in the concurring and dissenting opinions of Chief Justice Pleicones' in Nicholson and Barnes.
 - a. The facts surrounding the injury in Williams are distinguishable from the facts of the instant case. In Williams, the claimant slipped and fell while stepping off a curb due to rain and the resulting mud accumulation. Further, in Williams, the claimant could point to a direct cause—the mud. Here, Claimant admits she has no idea why she fell on a flat, dry surface. Therefore, Williams—to the extent it addresses the nature of the fall—is inapplicable.
 - b. Williams does not provide a blanket, universal holding that *any* injury on an employer owned premises is compensable as either “arising out of” or “in the course and scope” of employment. In fact, Nicholson and Barnes, also relied upon by the Single Commissioner set out this point—that location/proximity alone does not compensability make. Therefore, the Single Commissioner’s finding that the claim is compensable based on Williams on the sole basis that the fall occurred on an employer-owned property is in error.
 - c. In Nicholson, the claimant was determined to have suffered a compensable injury because her foot caught on a piece of carpet causing her to fall to the ground. The

Supreme Court took great care to delineate that the claimant's foot "caught on the hall carpet and she fell." This specific piece of information was the nexus of the Nicholson decision. In the present case, there are numerous distinguishing factors from Nicholson. First, the claimant could directly trace her injury to tripping on carpet in the office. In other words, the claimant had at least some reason for why she fell. In the present case however, Claimant cannot point to a reason why she fell on a flat, dry surface other than her foot "stopped."

- d. In Barnes, the claimant was "hurrying" down a hallway to check email when she fell. However, the key to Barnes was not whether the claimant had an explanation for the fall—as required by Crosby and Bagwell—but rather a legal error by the Commission that the claimant's fall in Barnes was "idiopathic." As this claim is not an idiopathic fall, reliance on Barnes was improper.
2. "An injury "arises out" of employment when there is a causal connection between the conditions under which the work is required to be performed and the injury." See, e.g., Ardis v. Combined Ins. Co., 380 S.C. 313, 669 S.E.2d 628 (Ct. App. 2008).
3. The fall claimed by Claimant in this case is an unexplained fall rather than an idiopathic fall. See Turner, Barnes, Crosby, Nicholson, Williams.
4. South Carolina is in the minority of jurisdictions denying compensation for unexplained falls. See Crosby v. Wal-Mart Store, Inc., 330 S.C. 489, 499 S.E.2d 253 (1998).
5. "It is not enough that a claimant show that she fell while at work but rather, when the fall occurs on a level surface, that she present evidence to explain her fall." See Crosby v. Wal-Mart Store, Inc., 330 S.C. 489, 499 S.E.2d 253 (1998); Bagwell v. Ernest Burwell, Inc., 227 S.C. 444, 88 S.E.2d 611 (1995).

6. In Crosby, the court stated "[t]he burden is on the claimant to prove such facts as will render the injury compensable, and such an award must not be based on surmise, conjecture or speculation." Crosby v. Wal-Mart Store, Inc., 330 S.C. 489, 496, 499 S.E.2d 253, 257 (Ct. App. 1998). "
7. A liberal construction of the evidence cannot be substituted for failure of proof of any essential element of the claim; and the preponderance of evidence rule has been held not to require, as a matter of law, that doubts arising from the evidence be resolved in favor of one party or the other." Cross v. Concrete Materials, 236 S.C. 440, 446-47, 114 S.E.2d 828, 832 (1960).
8. "Where the claimant presents no evidence as to what caused the fall, it is wholly conjectural to say that "employment was a contributing cause of [petitioner's] injury." Bagwell v. Ernest Burwell, Inc., 227 S.C. 444, 88 S.E.2d 611 (1995).
9. Turner v. SAILA Construction—was issued by the South Carolina Court of Appeals on December 7, 2016. Turner directly addresses the arguments set out by Defendant in its Initial Brief. Turner also embraces and validates the opinions of Chief Justice Pleicones in Nicholson and Barnes.
 - a. In Turner, an employee was found lying on the ground and had no memory of the fall or injury. While Claimant has a memory of the fall, the cases are similar in that both the claimant in Turner and Claimant in the present case could provide no explanation for their fall. The Turner court cited to Bagwell which stated that an unexplained fall is generally not compensable unless the employment contributed to either the cause or the effect of the fall. Here, Respondent cannot testify as to whether her employment contributed to the cause or the effect of the fall because

Respondent does not know how the fall actually happened.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Decision and Order of the Single Commissioner is **REVERSED**.

IT IS FURTHER ORDERED that in accordance with Turner, Claimant's fall is an unexplained fall and, therefore, is not a compensable accident arising out of the course and scope of her employment.

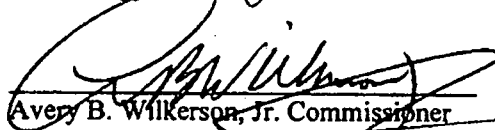
IT IS FURTHER ORDERED that as this claim is not compensable, Defendants are entitled to terminate all benefits to Claimant.

IT IS SO ORDERED.

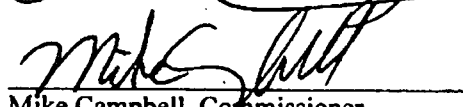


Susan S. Barden, Commissioner
For the Appellate Panel

WE CONCUR:



Avery B. Wilkerson, Jr. Commissioner



Mike Campbell, Commissioner

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on April 7, 2017

South Carolina Workers' Compensation Commission
1000 North Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
737-5723 www.WCC.sc.gov



WCC File #: Unknown
Carrier File #: Unknown
Carrier Code #: Unknown
Employer FEIN #: Unknown

Claimant's Name: Pamela Grady SSN: [REDACTED] Employer's Name: Magnolia Manor of Inman
Address: [REDACTED] Address: 63 Blackstock Rd
City: Inman State: SC Zip: 29349 City: Inman State: SC Zip: 29349
Home Phone: [REDACTED] 2409 Work Phone: () - Insurance Carrier: Zurich American Insurance Co.

Preparer's Name: Mitchell K. Byrd, Jr. Law Firm: The Carolina Law Group Preparer's Phone #: (864) 757 - 5555

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 09/23/2015

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to R Shoulder, RUE (Part(s) of Body Injured) on 09/23/2015 (Month/Day/Year) in Spartanburg county, state of SC.
2. Body part(s) affected are: R Shoulder, RUE.
Briefly describe how the accident occurred: Fell in parking lot.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 09/23/2015 (Month/Day/Year) in the following manner: Verbal to Bibi Burch, HR manager.

☒ 7. Due to injury, the claimant is in need of (check one):

- ☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: R Shoulder, RUE

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
TBD

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

- ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of \$TBD, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Magnolia Manor of Inman 63 Blackstock Rd Inman, SC 29349

11. Further grounds or unusual aspects of claim:
Claimant reserves the right to amend the Form 50.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Spartanburg Regional Hospital 101 East Wood Street Spartanburg, SC 29303; Orthopedic Specialists 303 East Wood St Spartanburg, SC 29303; Carolina Orthopaedic Center 209 Patwood Drive Greenville, SC 29615; Advanced therapy Solutions 2500 Winchester Place Suite 100 Spartanburg, SC 29301.

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

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

☐ 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed SCWCC hours

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Amy Bracy, Judicial Director, SC Worker's Compensation Commission, PO Box 1715 Columbia, SC 29202 and Zurich American Insurance Co., PO Box 968084 Schaumburg, IL 60196 on the 15 day of December 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: Mitchell K. Byrd, Jr. Title: Attorney At Law Email: mitche1@thecarolinallawgroup.com Date: December 15, 2015

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

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

DEC 21 2015

INSURANCE &
MEDICAL SERVICES

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov



WCC File #: 1518978
Carrier File #: 001960-083982-WC-01
Carrier Code #:
Employer FEIN #:

Claimant's Name: Pamela Grady SSN _____ Employer's Name: Magnolia Manor of Inman
Address: Inman, South Carolina 29349 Address: 63 Blackstock Road
Inman, South Carolina 29349
Home Phone: _____ Work Phone # _____
Date of Injury: 9/23/15 Insurance Carrier: Zurich American Insurance Company c/o
Gallagher Bassett Services, Inc.
Preparer's Name: Landon Hughey Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2261

Date of Injury or Illness: 9/23/15 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

- It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants deny Claimant sustained a compensable injury by accident. Defendants further deny Claimant is entitled to any benefits under the Act.
- It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee ☐ needs ☐ is entitled to additional medical care as a result of injury or illness. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ See Form 20 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: See Number 1 above. Defendants reserve the right to amend the Form 51 as discovery progresses.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67.1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an Impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

Preparer's Signature

Attorney for Employer/Carrier
Title _____ Email rhughey@mcclaw.com

February 2, 2016
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R.67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 7/13

51

Employer's Answer to Request for Hearing

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1518978

EMPLOYEE/CLAIMANT: PAMELA GRADY
EMPLOYER: MAGNOLIA MANOR OF INMAN
INSURER: ZURICH AMERICAN INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 17TH DAY OF
MARCH, 2016, COMMENCING AT THE HOUR OF 12:45 P.M., IN
SPARTANBURG, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA TAYLOR,
ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

 COPY

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864) 494-2705

APPEARANCES

MITCHELL K. BYRD, JR., ESQUIRE, OF THE FIRM
THE CAROLINA LAW GROUP
210 W. POINSETT STREET
GREER, SOUTH CAROLINA 29650

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

LONDON L. HUGHEY, ESQUIRE, OF THE FIRM
MCANGUS, GOUDELOCK & COURIE, L.L.C.
POST OFFICE BOX 12519
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: CLAIMANT'S HUSBAND

I N D E X

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PAMELA GRADY:

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CERTIFICATE OF NOTARY PUBLIC.....	26

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

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

6 BY COMMISSIONER TAYLOR:

7 TODAY IS THURSDAY, MARCH 17TH, 2016. WE ARE
8 HERE ON WORKERS' COMP. FILE NUMBER 1518978. THIS IS
9 THE CLAIM OF MS. PAMELA GRADY WHO IS PRESENT HERE
10 TODAY AND REPRESENTED BY MR. MITCHELL BYRD, JR. THE
11 EMPLOYER IS MAGNOLIA MANOR OF INMAN, AND THE CARRIER
12 IS ZURICH AMERICAN INSURANCE COMPANY. BOTH THE
13 EMPLOYER AND CARRIER AND REPRESENTED TODAY BY MR.
14 LANDON HUGHEY. I HAVE A DATE OF ACCIDENT OF
15 SEPTEMBER 23RD, 2015. WE ARE HERE ON THE CLAIMANT'S
16 FORM 50 REQUEST FOR HEARING. THE CLAIMANT HAS AN
17 AVERAGE WEEKLY WAGE OF \$1,192.35, WHICH YIELDS A
18 COMPENSATION RATE OF \$766.05, THE MAXIMUM
19 COMPENSATION RATE FOR 2015.

20 I WILL ALLOW THE PARTIES TO PUT DETAILED
21 POSITION STATEMENTS ON THE RECORD; HOWEVER, PRIOR TO
22 DOING SO, ARE THERE ANY OBJECTIONS TO APAs,
23 JURISDICTION, VENUE, OR ANY OTHER ITEMS? MR. BYRD?

24 BY MR. BYRD:

25 NO, MA'AM.

1 BY COMMISSIONER TAYLOR:

2 OKAY. MR. HUGHEY?

3 BY MR. HUGHEY:

4 NOTHING FROM THE DEFENDANTS, YOUR HONOR.

5 BY COMMISSIONER TAYLOR:

6 OKAY. WITHOUT OBJECTION, THE COMMISSION FILE
7 BECOMES A PART OF THE RECORD WITH THE EXCEPTION OF
8 SELF-SERVING DECLARATIONS AND UNSTIPULATED MEDICAL
9 REPORTS.

10 FOR THE RECORD, I HAVE RECEIVED APA SUBMISSIONS
11 FROM THE CLAIMANT, PAGES 1 THROUGH 81. I WILL
12 RETURN THOSE SUBMISSIONS TO THE CLAIMANT'S ATTORNEY
13 TO BE UPLOADED UNTO OUR E-CASE SYSTEM AT THE
14 CONCLUSION OF TODAY'S HEARING.

15 MR. BYRD.

16 BY MR. BYRD:

17 OKAY.

18 BY COMMISSIONER TAYLOR:

19 DO YOU HAVE A POSITION STATEMENT?

20 BY MR. BYRD:

21 OH, I'M SORRY.

22 BY COMMISSIONER TAYLOR:

23 THAT'S OKAY.

24 BY MR. BYRD:

25 THANK YOU, YOUR HONOR. MAY IT PLEASE THE

1 COMMISSION. OUR POSITION IS THAT THIS IS A
2 COMPENSABLE CLAIM INVOLVING MY CLIENT'S FALL AT WORK
3 ON WORK PREMISES ON SEPTEMBER 23RD, 2015. SHE FELL
4 WHILE SHE WAS EXITING THE BUILDING JUST AFTER
5 EXITING THE BUILDING HEADED TO HER CAR TO GO HOME
6 FOR THE DAY, SO IT WAS ON COMPANY PROPERTY, AND OUR
7 POSITION IS THAT THIS IS A FALL THAT IS -- THE FACTS
8 OF THIS -- THE FACTS WILL BEAR OUT THAT THIS CASE IS
9 GOVERNED BY THE NICHOLSON AND BARNES CASES IN THAT
10 THIS WAS NOT -- AND THERE'S NO EVIDENCE THIS WAS AN
11 IDIOPATHIC FALL INVOLVING A SEIZURE OR SOME TYPE OF
12 INTERNAL BREAKDOWN, AND RELYING ON NICHOLSON, WE
13 WOULD CONTEND THAT IT HAPPENED AT WORK. IT WAS NOT
14 CAUSED BY A CONDITION PECULIAR TO HER, AND IT WAS
15 THEREFORE AS NICHOLSON WOULD SAY, IT WAS CAUSALLY
16 CONNECTED TO HER EMPLOYMENT, AND I WAS QUOTING
17 NICHOLSON RIGHT THERE. SO, WE RELY ON THAT CASE AND
18 THE BARNES CASE, AND FURTHERMORE, WE WOULD POINT TO
19 JUST ONE OTHER CASE INVOLVING THE -- AND WE
20 SUBMITTING THIS FOR YOU. THIS IS THE CROSBY CASE,
21 MARY CROSBY VERSUS WAL-MART. THERE'S A PORTION OF
22 THAT CASE THAT DEALS WITH UNEXPLAINED FALLS, AND I
23 BELIEVE THAT THAT'S SOMETHING THAT I SHOULD BRING UP
24 IN PUTTING OUR POSITION ON THE RECORD. WE CONTEND
25 THAT THIS IS NOT AN UNEXPLAINED FALL, AND WE THINK

1 THAT THE CROSBY CASE SETS OUT WHAT AN UNEXPLAINED
2 FALL IS. AN UNEXPLAINED FALL BEING EITHER THERE'S
3 NO EXPLANATION FOR WHAT HAPPENED AT ALL BECAUSE
4 THERE WAS EITHER NO WITNESS OR SOMEONE JUST CAME
5 UPON A DEAD BODY, AND YOU DON'T KNOW WHETHER IT WAS
6 FROM FALLING WHILE THEY WERE WORKING OR WHAT. THE
7 WAY THAT THE CROSBY CASE PUTS THAT IS PRETTY GOOD,
8 AND IT STATES WHERE THE FALL IS UNWITNESSED OR
9 PURELY UNEXPLAINED AS IN SITUATIONS WHERE THE
10 EMPLOYEE DIES BEFORE HE HAS AN OPPORTUNITY TO RELAY
11 THE OCCURRENCE OR THERE ARE NO EYEWITNESSES, THAT --
12 WE CONTEND THAT THAT'S WHAT AN UNEXPLAINED INCIDENT
13 IS. THIS IS NOT AN UNEXPLAINED INCIDENT. SO, WE
14 WOULD CONTEND THAT THAT'S NOT IT. THE CASE ALSO
15 SAYS THAT THERE IS ANOTHER TYPE OF UNEXPLAINED
16 SITUATION, AND IT SAYS WHERE THE FALL WHILE
17 UNEXPLAINED HAD AN APPARENT LACK OF WORK CONNECTION,
18 THE IMPLICATION ARISING THAT THE FALL RESULTED FROM
19 SOME PREEXISTED PHYSICAL CONDITION, WHICH IS VERY
20 SIMILAR TO WHAT AN IDIOPATHIC INCIDENT WOULD BE, AND
21 THAT'S NOT WHAT WE HAVE HERE. SO, WE WOULD CONTEND
22 THAT WHILE -- AND YOU'LL HEAR THE TESTIMONY. SHE
23 DIDN'T TRIP OVER OR SLIP IN SOMETHING. IT'S VERY
24 SIMILAR TO NICHOLSON. SHE FELL, AND SHE WAS ON WORK
25 PREMISES, STILL WITHIN THE COURSE AND SCOPE OF HER

1 EMPLOYMENT. IT WASN'T UNEXPLAINED. SHE EXPLAINED
2 IT VERY WELL, AND OUR POSITION IS THAT UNDER ALL OF
3 THOSE CASES, THIS WOULD BE A COMPENSABLE WORK-
4 RELATED FALL.

5 BY COMMISSIONER TAYLOR:

6 ALL RIGHT. THANK YOU. MR. HUGHEY.

7 BY MR. HUGHEY:

8 THANK YOU, YOUR HONOR. I'LL BE BRIEF. WE
9 EXPLAINED OUR POSITION IN THE PREHEARING CONFERENCE,
10 BUT OF COURSE, OUR POSITION IS THAT THIS INJURY DID
11 NOT ARISE OUT OF THE EMPLOYMENT AND THAT THERE IS NO
12 CAUSAL CONNECTION BETWEEN THE INJURY AND MS. GRADY'S
13 EMPLOYMENT. WE WOULD ALSO RELY ON THE SAME LINE OF
14 CASES, NICHOLSON AND BARNES. NICHOLSON AND BARNES
15 BOTH MENTION THE BAGWELL CASE, WHICH WE POINT TO AND
16 THAT -- AND WE DO BELIEVE IT'S AN UNEXPLAINED FALL
17 AND THAT THERE'S NOT AN EXPLANATION AS TO WHY SHE
18 FELL, AND THAT IN THESE TYPE CASES WHEN THERE'S AN
19 UNEXPLAINED FALL, THAT MS. GRADY OR ANY OTHER
20 CLAIMANT WOULD HAVE TO SHOW SOME SPECIAL
21 CIRCUMSTANCE AS TO WHY SHE FELL. THEY WOULD HAVE TO
22 SHOW -- AND I'M READING FROM JUSTICE PLEICONES'
23 CONCURRING OPINION, "THERE'S AN OBLIGATION TO
24 PRESENT EVIDENCE THAT THE UNEXPLAINED FALL ON A
25 LEVEL SURFACE WAS THE RESULT OF SPECIAL CONDITIONS

1 AND CIRCUMSTANCES," AND I DON'T BELIEVE THERE IS ANY
2 SPECIAL CONDITION OR CIRCUMSTANCE IN THIS CASE TO
3 EXPLAIN THE FALL. TO MS. GRADY'S CREDIT, SHE WAS
4 VERY HONEST IN HER DEPOSITION, AND SHE DOESN'T
5 REALLY HAVE AN EXPLANATION AS TO WHY IT HAPPENED.
6 SO, TO HER CREDIT, SHE TESTIFIED TRUTHFULLY IN THAT
7 REGARD, BUT THERE STILL HAS TO BE A CAUSAL
8 CONNECTION TO THE EMPLOYMENT, AND WE JUST DON'T
9 THINK THAT IT'S MET IN THE TWO-PRONG TEST. SHE WAS
10 IN THE COURSE OF HER EMPLOYMENT, BUT WE DO NOT
11 BELIEVE THAT THIS INJURY AROSE OUT OF THE
12 EMPLOYMENT, AND IF YOUR HONOR WOULD LIKE, I WOULD BE
13 HAPPY TO BRIEF THIS ISSUE. IF YOU WANT THAT
14 AFTERWARDS, WE CAN DO THAT.

15 BY COMMISSIONER TAYLOR:

16 ALL RIGHT. THANK YOU.

17 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MS.
18 GRADY?

19 BY THE COURT REPORTER:

20 MA'AM, IF YOU WILL RAISE YOUR RIGHT HAND,
21 PLEASE.

22 * * * * *

23 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
24 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
25 MATTER HEREIN:

PAMELA GRADY

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

BY THE COURT REPORTER:

THANK YOU.

BY COMMISSIONER TAYLOR:

ALL RIGHT. MR. BYRD.

BY MR. BYRD:

THANK YOU, YOUR HONOR.

DIRECT EXAMINATION BY MR. BYRD:

Q. ARE YOU PAMELA GRADY?

A. I AM.

Q. MS. GRADY, HOW OLD ARE YOU?

A. SIXTY-THREE.

Q. WHERE DO YOU CURRENTLY WORK?

A. MAGNOLIA MANOR, INMAN.

Q. WERE YOU WORKING FOR MAGNOLIA MANOR OF INMAN ON
SEPTEMBER 23RD, 2015?

A. YES.

Q. DO YOU RECALL THAT DAY?

A. YES.

Q. DOES IT STAND OUT IN YOUR MIND?

A. YES.

Q. OKAY. AND DID SOMETHING IN PARTICULAR THAT WAS
DIFFERENT THAN YOUR NORMAL WORK DAY HAPPEN THAT DAY?

A. NO, NOTHING OTHER THAN WHEN I FELL.

- 1 Q. OKAY. AND YOU FELL. ALL RIGHT. THAT'S WHAT WE'RE
2 GOING TO -- I'M GOING TO ASK YOU SOME QUESTIONS
3 ABOUT THAT RIGHT NOW.
- 4 A. OKAY.
- 5 Q. DO YOU RECALL ABOUT WHAT TIME YOU FELL?
- 6 A. I WOULD SAY IT WAS 4:15, 4:30. THAT'S THE USUAL
7 TIME.
- 8 Q. WAS THAT TOWARDS THE END OF YOUR WORK DAY?
- 9 A. YES. I'M SALARIED. SO, I WORK UNTIL 4:30.
- 10 Q. I'M SORRY. I DIDN'T MEAN TO INTERRUPT YOU.
- 11 A. THAT'S FINE.
- 12 Q. HAD YOU FINISHED YOUR WORK DAY ON SEPTEMBER 23RD,
13 2015?
- 14 A. YES.
- 15 Q. WHAT DID YOU DO AFTER YOU FINISHED YOUR WORK DAY?
- 16 A. I WENT OUT TO GO HOME.
- 17 Q. OKAY. WERE YOU WITH ANYONE ELSE?
- 18 A. YES, MY CO-WORKER, SHE'S A FRIEND, WAS WITH ME.
- 19 Q. OKAY. AND DO YOU RECALL YOUR CO-WORKER'S NAME?
- 20 A. UH-HUH.
- 21 Q. WHO IS THAT?
- 22 A. BONNIE HYDER.
- 23 Q. BONNIE HINE?
- 24 A. HYDER.
- 25 Q. BONNIE HYDER, ALL RIGHT. AND NOW, WHAT HAPPENED AS

1 YOU WERE LEAVING THE BUILDING?

2 A. WE WERE WALKING OUT. WE WERE JUST TALKING WALKING
3 SIDE BY SIDE, AND JUST, YOU KNOW, NORMAL, JUST
4 WALKING.

5 Q. OKAY. HOW CLOSE WERE YOU TO THE BUILDING AT THE
6 TIME -- YOU SAID THAT YOU FELL, BUT HOW CLOSE WERE
7 YOU TO THE BUILDING?

8 A. YOU COME OUT THE DOOR AND DOWN THE SIDEWALK, AND
9 THEN YOU HAVE TO MAKE A RIGHT TURN. SO, I'M NOT
10 GOOD WITH FEET, BUT I DON'T KNOW.

11 Q. HAD YOU REACHED THE ACTUAL PARKING LOT ---

12 A. NO.

13 Q. --- WHERE YOUR CAR WAS PARKED?

14 A. NO. WE WERE STILL ON THE SIDEWALK.

15 Q. IS IT FAIR TO SAY THAT THIS WAS STILL ON, TO THE
16 BEST OF YOUR KNOWLEDGE, COMPANY PROPERTY?

17 A. OH, YES. STILL RIGHT -- THE BUILDING IS RIGHT STILL
18 THERE. THE BUILDING IS STILL THERE.

19 Q. ALL RIGHT.

20 BY MR. HUGHEY:

21 WE WILL STIPULATE TO THAT.

22 BY MR. BYRD:

23 THANK YOU.

24 DIRECT EXAMINATION RESUMED BY MR. BYRD:

25 Q. AND TELL THE COMMISSIONER WHAT HAPPENED TO YOU.

1. A. I WAS WALKING ALONG. MY FEET STOPPED IT SEEMED
2. LIKE, AND MY BODY KEPT GOING. SO, I KIND OF PITCHED
3. FORWARD, STUMBLED A LITTLE BIT AND HIT THE GROUND.
4. Q. AND YOU ARE NOT ALLEGING THAT YOU SLIPPED IN OIL OR
5. TRIPPED OVER SOMETHING?
6. A. NO, NOT TO MY KNOWLEDGE, NO.
7. Q. OKAY. BUT YOU SAID YOUR FEET STOPPED AND YOU KEPT
8. GOING FORWARD?
9. A. YES.
10. Q. WERE YOU HAVING SOME TYPE OF SEIZURE OR HEART
11. ATTACK?
12. A. NO.
13. Q. WAS THERE ANYTHING THAT -- ANY MEDICAL CONDITION
14. THAT YOU HAVE THAT CAUSED THIS FALL?
15. A. NO.
16. Q. OKAY. NOW, LET'S TALK AGAIN JUST A LITTLE BIT MORE.
17. DID YOU -- YOU SAID YOU DIDN'T TRIP OVER ANYTHING.
18. JUST DESCRIBE ONCE AGAIN FOR THE COMMISSIONER SORT
19. OF WHAT HAPPENED AND WHAT HAPPENED AFTER YOU FELL.
20. A. IT -- THE PAVEMENT AND STUFF IS ALL DIFFERENT TYPES
21. OF -- YOU KNOW, IT'S LIKE SIDEWALK CEMENT, AND THEN
22. IT GOES TO LIKE SMOOTH CEMENT UNDER A PORTICO, AND
23. IT WAS RIGHT ON THE EDGE OF THAT WHERE I -- IT SEEMS
24. MY FEET JUST -- SAME SHOES I ALWAYS WEAR AND
25. EVERYTHING. I MEAN, BUT IT SEEMED LIKE MY FEET JUST

1 KIND OF -- I DON'T REALLY WANT TO SAY CAUGHT, BUT
2 THEY STOPPED IN THAT PLACE, AND THEN AS MY BODY
3 WENT, MY FEET KIND OF STUMBLER FORWARD, AND I'M SURE
4 I PUT MY ARM OUT TO PROTECT MY FACE FROM HITTING THE
5 CEMENT. I THINK IT WAS JUST A REFLEX TO DO THAT,
6 AND I DIDN'T LOSE CONSCIOUSNESS OR ANYTHING, AND MY
7 FRIEND OF COURSE RUSHED OVER AND SAID, YOU KNOW,
8 "OH, MY GOD. WHAT CAN I DO?" AND I TURNED OVER,
9 AND SHE HELPED ME SIT UP, AND THAT WAS, YOU KNOW,
10 ABOUT IT. AND IT -- YOU KNOW, IT HURT, I MEAN, BUT
11 IT WASN'T, YOU KNOW, LIKE IF YOU CUT YOUR ARM OFF
12 AND IT HURT. I MEAN, IT WASN'T THAT KIND OF
13 IMMEDIATE HURT, BUT IT DID -- IT HURT, YOU KNOW, UP
14 IN MY SHOULDER AND...

15 Q. OKAY. SO, IS IT FAIR TO SAY THEN BASED ON YOUR
16 TESTIMONY THAT YOU STUMBLER AND FELL DOWN?

17 A. YES.

18 Q. AND HIT THE GROUND?

19 A. YES.

20 Q. NOW, I DON'T THINK THERE IS MUCH DISPUTE OVER THIS,
21 BUT JUST BRIEFLY, YOU SOUGHT TREATMENT ---

22 BY MR. BYRD:

23 THIS IS IN THE APAs, COMMISSIONER.

24 DIRECT EXAMINATION RESUMED BY MR. BYRD:

25 Q. YOU SOUGHT TREATMENT WITH SPARTANBURG REGIONAL

1 EMERGENCY CENTER?

2 A. RIGHT.

3 Q. AND THEN YOU HAVE ALSO RECEIVED SOME TREATMENT FROM

4 CAROLINA ORTHO WITH DR. POSTA, CORRECT?

5 A. YES.

6 Q. I BELIEVE YOU ALSO SAW ---

7 A. DR. SANCHEZ.

8 Q. --- DR. SANCHEZ WHO -- DID HE SEE YOU FOR SOMETHING

9 UNRELATED TO THIS ---

10 A. NO.

11 Q. --- IN THE PAST?

12 A. WHEN I WENT TO THE E.R., THEY TOOK THE X-RAYS. THEY

13 PUT IT IN A SLING AND SAID THE FEMUR WAS BROKEN IN

14 LIKE THREE PLACES AND THAT I NEEDED TO FOLLOW UP

15 WITH MY ORTHOPAEDIC, AND THAT'S WHAT I DID. THE

16 NEXT MORNING, I CALLED AND GOT AN APPOINTMENT TO GO

17 SEE DR. SANCHEZ.

18 Q. AND YOU HAD SEEN DR. SANCHEZ IN THE PAST FOR YOUR

19 KNEE; IS THAT RIGHT?

20 A. YES. HE HAS TREATED ME FOR PROBABLY TEN YEARS OR

21 MORE.

22 Q. OKAY. FOR SOMETHING PERSONAL, YOUR KNEE?

23 A. YEAH. UH-HUH. YEAH.

24 Q. AND THEN YOU SAID FEMUR, WHICH IS A LEG BONE, BUT I

25 BELIEVE ---

- 1 A. OH, SORRY.
- 2 Q. --- YOU'RE TALKING ABOUT ---
- 3 A. IT'S HERE (INDICATES), YEAH.
- 4 Q. --- YOUR SHOULDER, YOUR RIGHT SHOULDER?
- 5 A. YEAH.
- 6 Q. OKAY. AND THERE WAS A FRACTURE IN YOUR RIGHT
- 7 SHOULDER?
- 8 A. YES:
- 9 Q. YOU BEGAN TREATING WITH DR. POSTA, CORRECT?
- 10 A. YES.
- 11 Q. WHAT -- AND DID HE OPERATE ON YOU?
- 12 A. YES.
- 13 Q. TELL THE COMMISSIONER JUST WHAT TYPE OF PROCEDURE
- 14 YOU HAD.
- 15 A. HE DID A REVERSE RIGHT TOTAL REPLACEMENT OF MY
- 16 SHOULDER.
- 17 Q. ARE YOU RIGHT HANDED?
- 18 A. YES.
- 19 Q. NOW, WERE YOU ABLE TO WORK AFTER YOU FELL ON
- 20 SEPTEMBER 23RD?
- 21 A. NO. EVERYTHING SWELLED UP SO BAD THAT I COULDN'T
- 22 EVEN MOVE MY FINGERS.
- 23 Q. AND YOU SOUGHT MEDICAL TREATMENT RIGHT AWAY?
- 24 A. YES.
- 25 Q. WHEN DID YOU RETURN TO WORK?

1 A. DECEMBER 21ST.

2 Q. AND WAS THAT AFTER DR. POSTA CLEARED YOU TO GO BACK
3 TO WORK?

4 A. YES.

5 Q. DID YOU GET SOME PHYSICAL THERAPY WITH ADVANCED
6 THERAPY SOLUTIONS?

7 A. I DID.

8 Q. OKAY.

9 A. UP UNTIL THEN AND EVEN AFTER THEN.

10 Q. ALL RIGHT. AND YOU CONTINUE TO WORK THAT SAME JOB
11 NOW?

12 A. YES.

13 BY MR. BYRD:

14 ALL RIGHT. MS. GRADY, I BELIEVE THAT'S ALL THE
15 QUESTIONS THAT I'M GOING TO HAVE FOR YOU. PLEASE
16 ANSWER ANY QUESTIONS THAT MR. HUGHEY HAS.

17 BY COMMISSIONER TAYLOR:

18 OKAY. MR. HUGHEY.

19 BY MR. HUGHEY:

20 THANK YOU, YOUR HONOR.

21 CROSS EXAMINATION BY MR. HUGHEY:

22 Q. GOOD TO SEE YOU, MS. GRADY.

23 A. HI.

24 Q. THE PARKING LOT AREA OUTSIDE OF THE BUILDING IS
25 FLAT, CORRECT?

1 A. YES.

2 Q. IT'S NOT ON AN INCLINE OR ANYTHING?

3 A. NO.

4 Q. AND THE PORTICO AREA IS ---

5 A. YES.

6 Q. --- ALSO FLAT; IS THAT CORRECT?

7 A. YES.

8 Q. AND WOULD YOU DESCRIBE YOUR FALL AS BEING ON THAT

9 PORTICO AREA?

10 A. YES.

11 BY MR. HUGHEY:

12 YOUR HONOR, I WOULD LIKE TO GO AHEAD AND HAND

13 UP A COPY OF THE ORIGINAL DEPOSITION TRANSCRIPT.

14 BY COMMISSIONER TAYLOR:

15 OKAY.

16 CROSS EXAMINATION RESUMED BY MR. HUGHEY:

17 Q. MS. GRADY, UNFORTUNATELY, I ONLY HAVE TWO COPIES OF

18 YOUR DEPOSITION. SO, I'LL HAVE TO ---

19 BY MR. HUGHEY:

20 MAY I APPROACH, COMMISSIONER?

21 BY COMMISSIONER TAYLOR:

22 SURE.

23 CROSS EXAMINATION RESUMED BY MR. HUGHEY:

24 Q. MS. GRADY, I'M LOOKING AT PAGE 30 OF YOUR

25 DEPOSITION.

- 1 A. AM I GOING TO HAVE TO READ IT? IF I DO, I NEED MY
2 GLASSES.
- 3 Q. YEAH, WE WILL GRAB YOUR GLASSES FOR YOU. THERE YOU
4 GO.
- 5 A. THANK YOU.
- 6 Q. I'M LOOKING AT LINE 10 ON PAGE 30, AND MY QUESTION
7 WAS "WHAT CAUSED YOU TO FALL?" AND WHAT WAS YOUR
8 ANSWER?
- 9 A. THAT "I STUMBLED AND FELL. MY FEET STOPPED AND MY
10 BODY KEPT GOING."
- 11 Q. AND THAT'S -- YOU STAND BY THAT TESTIMONY TODAY?
- 12 A. I DO.
- 13 Q. DO YOU HAVE ANY IDEA OF WHAT CAUSED YOUR FEET TO
14 STOP?
- 15 A. NO.
- 16 Q. AND YOU DIDN'T -- YOU DON'T REMEMBER YOUR FEET OR
17 YOUR SHOES CATCHING ON ANYTHING IN PARTICULAR, DO
18 YOU?
- 19 A. NO. NO, NOT REALLY, BUT SOMETHING MADE THEM STOP.
20 I MEAN, YOU KNOW, I DIDN'T. THAT'S -- I DIDN'T
21 STOP.
- 22 Q. BUT YOUR SHOES DIDN'T CATCH ON ANYTHING THAT YOU'RE
23 AWARE OF?
- 24 A. NOT THAT I'M AWARE OF, NO. I MEAN...
- 25 Q. WELL, I'M LOOKING AT PAGE 31 OF YOUR DEPOSITION. MY

1 QUESTION BEGINS ON LINE EIGHT AND GOES ONTO NINE.
2 MY QUESTION WAS "DID YOU CATCH YOUR FOOT ON THE PART
3 WHERE IT CHANGES FROM OLD CEMENT TO NEW CEMENT?" AND
4 WHAT WAS YOUR ANSWER BEGINNING ON THE NEXT LINE?
5 A. THAT I DON'T KNOW. I DON'T KNOW THAT. SOMETHING
6 MADE MY SHOES AND MY FEET STOP. NO, I DON'T KNOW
7 THAT I STUMBLED. YES.
8 Q. OKAY. WELL, YOUR ANSWER WAS HERE?
9 A. "I JUST DON'T -- I JUST KNOW THAT I STUMBLED AND MY
10 FEET STOPPED, AND I FELL."
11 Q. AND THEN I ASKED YOU ON THE NEXT LINE "WHAT CAUSED
12 YOU TO STUMBLE?" AND YOU SAID WHAT?
13 A. YEAH. "AND I DON'T KNOW."
14 Q. OKAY. SO, AS WE SIT HERE TODAY MARCH 17TH, YOU
15 STILL DON'T KNOW WHAT IT WAS THAT CAUSED ---
16 A. NO.
17 Q. --- YOU TO FALL, DO YOU?
18 A. NO.
19 Q. YOU DON'T KNOW WHAT CAUSED YOU TO STUMBLE?
20 A. NO.
21 Q. DO YOU HAVE ANY EVIDENCE OF WHAT MIGHT HAVE CAUSED
22 YOUR FALL?
23 A. OTHER THAN AFTER GOING BACK AND LOOKING AT IT, THE
24 PAVEMENT IS UNEVEN THERE, BUT NO, I DON'T -- I MEAN,
25 I CAN'T SAY THAT THAT'S WHAT HAPPENED.

- 1 Q. BUT YOU DON'T KNOW THAT THAT'S WHERE YOUR FOOT
2 CAUGHT?
- 3 A. NO, BUT THAT'S WHERE MY FEET WERE WAS RIGHT THERE ON
4 THE EDGE ---
- 5 Q. ALL RIGHT.
- 6 A. --- AS WE, YOU KNOW, WE WERE GOING UNDER THAT
7 PORTICO. I KNOW WHERE I WAS, BUT I...
- 8 Q. AGAIN, AND I'LL JUST REPEAT WHAT I ASKED YOU ON PAGE
9 31, "DID YOU CATCH YOUR FOOT ON THE PART WHERE IT
10 CHANGES FROM THE OLD CEMENT TO THE NEW CEMENT?"
- 11 A. AND I DON'T KNOW THAT.
- 12 Q. OKAY.
- 13 A. I'M STILL SAYING I DON'T KNOW.
- 14 Q. OKAY.
- 15 A. I DON'T KNOW THAT.
- 16 Q. SO, YOU DON'T KNOW WHETHER OR NOT ANY CHANGE IN THE
17 CEMENT HAD ANYTHING AT ALL ---
- 18 A. NO.
- 19 Q. --- TO DO WITH YOUR FALL?
- 20 A. NO.
- 21 Q. ALL RIGHT. WAS THERE ANY SPECIAL CONDITION OR
22 CIRCUMSTANCE AT WORK THAT YOU'RE AWARE OF THAT LED
23 TO YOUR FALL?
- 24 A. NO.
- 25 Q. AND YOU ARE BACK WORKING NOW?

1 A. YES.

2 Q. AND YOU'RE WORKING -- I BELIEVE YOUR JOB NOW IS A
3 LITTLE BIT LIGHTER THAT WHAT YOU'VE DONE IN THE PAST
4 IN GENERAL; IS THAT FAIR TO SAY?

5 A. YES, BUT IT IS THE SAME JOB I WAS DOING AT THE TIME.

6 Q. AT THE TIME OF THE ACCIDENT?

7 A. YES.

8 Q. AND YOU'RE STILL MAKING THE SAME MONEY?

9 A. YES.

10 Q. THEY DID BRING YOU BACK TO THAT POSITION?

11 A. YES.

12 Q. AS FAR AS YOU KNOW, EVERYTHING IS GOING FINE AT
13 WORK?

14 A. I HOPE SO.

15 Q. AND YOU'RE STILL WORKING ---

16 A. YES.

17 Q. --- FULL TIME NOW?

18 A. YES.

19 Q. ALL RIGHT.

20 BY MR. HUGHEY:

21 THANK YOU FOR YOUR TIME. MS. GRADY. I

22 APPRECIATE YOU BEING HERE.

23 BY THE WITNESS:

24 YOU'RE WELCOME.

25 BY COMMISSIONER TAYLOR:

1 MR. BYRD, ANY OTHER QUESTIONS?

2 BY MR. BYRD:

3 JUST ONE OR TWO.

4 RE-DIRECT EXAMINATION BY MR. BYRD:

5 Q. MS. GRADY, YOU'VE DESCRIBED HOW YOUR FEET STOPPED
6 BUT YOUR BODY KEPT GOING. WERE YOU WALKING
7 IMMEDIATELY PRIOR TO YOUR FEET STOPPING?

8 A. YES.

9 Q. AND THAT'S ONE FOOT IN FRONT OF THE NEXT, RIGHT?

10 A. RIGHT.

11 Q. AND SO, WHEN YOUR -- DID YOUR FEET STOP BUT YOUR
12 BODY WAS STILL IN MOTION?

13 A. YES.

14 Q. AND YOU KEPT GOING FORWARD AND FELL DOWN?

15 A. YES.

16 Q. OKAY. WOULD IT BE FAIR TO SAY THAT YOU -- AGAIN, MY
17 WORDS, NOT YOURS, BUT WOULD IT BE FAIR TO SAY THAT
18 YOU TRIPPED UP AND FELL?

19 BY MR. HUGHEY:

20 OBJECT TO THE FORM OF THE QUESTION.

21 BY COMMISSIONER TAYLOR:

22 SUSTAINED.

23 BY MR. BYRD:

24 ALL RIGHT. I'LL WITHDRAW THAT QUESTION. OKAY.

25 I DON'T HAVE ANY MORE QUESTIONS.

1 BY COMMISSIONER TAYLOR:

2 OKAY. ANY FOLLOW UP, MR. HUGHEY?

3 BY MR. HUGHEY:

4 I DON'T HAVE ANYTHING ELSE, YOUR HONOR.

5 BY COMMISSIONER TAYLOR:

6 ALL RIGHT. MS. GRADY, I DID JUST WANT TO NOTE,
7 THANK YOU FOR BEING HERE TODAY.

8 BY THE WITNESS:

9 YES, MA'AM.

10 BY COMMISSIONER TAYLOR:

11 THESE CASES ARE HARD EVEN FOR ME. I DON'T WANT
12 YOU TO FEEL LIKE THIS IS ANY INDICTMENT ON YOU OR
13 YOU PERSONALLY. IT'S A LEGAL CONUNDRUM THAT THE
14 LAWYERS AND MY JOB AS A COMMISSIONER ARE INVOLVED
15 IN. SO, I JUST DIDN'T WANT YOU TO TAKE IT
16 PERSONALLY. IT'S TRICKY, YOU KNOW. IT'S JUST
17 LAWYERS BEING LAWYERS.

18 BY THE WITNESS:

19 I UNDERSTAND.

20 BY COMMISSIONER TAYLOR:

21 AND IT'S THE LAW THAT WE'RE BOUND BY, BUT I
22 WILL TRY TO -- I TOLD YOUR ATTORNEY, I HAVE A COUPLE
23 MORE CASES SIMILAR TO THIS, ---

24 BY THE WITNESS:

25 OKAY.

1 BY COMMISSIONER TAYLOR:

2 --- AND I'M GOING TO TRY TO TACKLE IT SOON,

3 OKAY?

4 BY THE WITNESS:

5 ALL RIGHT.

6 BY COMMISSIONER TAYLOR:

7 THANK YOU. THAT CONCLUDES THIS MATTER.

8 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS

9 CONCLUDED AT THE HOUR OF 1:03 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1518978

EMPLOYEE/CLAIMANT: PAMELA GRADY

EMPLOYER: MAGNOLIA MANOR OF INMAN

INSURER: ZURICH AMERICAN INSURANCE COMPANY

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 25 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF PAMELA GRADY TAKEN ON THE 17TH DAY OF MARCH, 2016.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 7TH DAY OF NOVEMBER, 2016.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 2-04-2024

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1518978

Pamela Grady,)
)
Claimant,)
)
v.)
)
Magnolia Manor of Inman,)
)
Employer,)
)
and)
)
Zurich American Insurance,)
)
Carrier/Defendants.)
_____)

COPY

FULL COMMISSION HEARING

Monday, December 12, 2016
4:22 p.m. - 4:46 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Avery B. Wilkerson, Jr., and R. Michael Campbell, II, Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 12th day of December, 2016, before Sonia D. Wallace-Sanders, Court Reporter and Notary Public in and for the State of South Carolina.



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APPEARANCES

Brett H. Bayne, Esquire
McAngus, Goudelock & Courie, L.L.C.
1320 Main Street, 10th Floor
Columbia, South Carolina 29201
Attorney for the Claimant

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The Carolina Law Group
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Greenville, South Carolina 29601
Attorney for the Defendants

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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1 COURT REPORTER: Today is December 12th, 2016. This
2 is South Carolina Workers' Compensation Case
3 Number 1518978. This is the case of Pamela
4 Grady, claimant, versus Magnolia Manor of
5 Inman, employer and Zurich American Insurance,
6 carrier. The appellant is the
7 claimant/defendant represented by Landon
8 Hughey. The respondent is represented by
9 Mithcell K. Byrd. Each side is allowed 10
10 minutes for oral argument and the appellant
11 three minutes in reply. You are requested to
12 argue the grounds of exception and stay within
13 the record.

14 CHAIR: All right. And you have 10 minutes. And
15 can -- could you for the record identify
16 yourself ---

17 MR. BAYNE: Yes, Commissioner.

18 CHAIR: --- so I know you're not Mr. Hughey?

19 MR. BAYNE: I'm not nearly spelt enough to be Mr.
20 Hughey. I am Brett Bayne, B-A-Y-N-E. And I'm
21 here on behalf of Mr. Hughey today. I have
22 helped prepare the briefs in this matter.

23 CHAIR: Okay. Thank you, sir. And you have 10
24 minutes, sir.

25 ARGUMENT BY MR. BAYNE:



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1 MR. BAYNE: Thank you, Commissioner. This is a,
2 what is termed in South Carolina now, as an
3 unexplained fall case that we're here for
4 today. I know that a new case came out on
5 December 7th that has been addressed in the
6 reply brief that was published by the Court of
7 Appeals following the initial appellant and
8 respondent's briefs, that I'll touch on, which
9 essentially affirmed the line of reasoning that
10 we were presenting in our appellant's briefs.
11 Although, at the time, arguing a dissenting and
12 concurring opinion of Justice Pleicones, this
13 new Turner Case actually endorses those
14 opinions as the law in South Carolina, as it
15 relates to unexplained fall cases. So I'm
16 going to address, briefly, sort of the factual
17 background and then explain the case law that
18 Justice Pleicones has set out, and then what
19 the new Court of Appeals case discusses. But
20 as I was stating, this is an unexplained fall
21 case. The claimant in this case was walking
22 through the parking lot on the way to her car
23 after work when she fell down. She has been
24 unable, so far, to give any type of explanation
25 as to why she fell. The closest she's come is



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1 in ---

2 COMMISSIONER BARDEN: And it's not an idiopathic
3 case? It's not like she's saying her ankle
4 gave way or anything like that, correct?

5 MR. BAYNE: Correct. It is not ---

6 COMMISSIONER BARDEN: It's an unexplained fall?

7 MR. BAYNE: Yes, it is not an idiopathic case. It
8 is an unexplained fall case. Ms. -- the
9 claimant in this case gave a deposition and
10 gave trial testimony, and I'll read a couple of
11 excerpts from that: Is the parking lot flat?
12 It's flat. Was it raining that day? No. Was
13 there any water in the parking lot, that you
14 could tell? No. I take it there was no ice or
15 anything like that? No. What caused you to
16 fall? I stumbled and fell. My feet stopped,
17 my body kept going. Did you catch your foot on
18 the part where it changes from old cement to
19 new cement? I don't know that, but I did know
20 -- I just know that I stumbled. My feet
21 stopped and I fell. What caused you to
22 stumble? I don't know that. Did you catch
23 your shoe on anything? No. So the claimant,
24 in her testimony, admits that she doesn't have
25 an explanation for why she fell, why she



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1 stumbled and fell. There's just that she fell.
2 She was walking and all of a sudden she's on
3 the ground on her right side. The case law
4 that was set out or the dissenting opinion,
5 concurring opinion from Nicholson and Barnes by
6 Justice Pleicones and that are now -- have been
7 adopted in Turner, relating to unexplained fall
8 cases, require that there be some type of
9 explanation. Some type of essentially
10 environmental, for lack a of better term,
11 explanation for the fall. That doesn't mean
12 rain or wind, but like in Nicholson, which was
13 hotly debated up and down, a fall on a flat
14 level surface, but in that case, the claimant
15 scuffed her foot on carpet. There was an
16 environmental factor. There was a scuff on the
17 carpet that caused her to stumble, caused her
18 to fall down and that created a compensable
19 claim. In this claim we don't have that. What
20 we have is, I stumbled and fell down. I don't
21 know why; I don't know what I caught my foot
22 on, if anything; I don't know that I caught my
23 foot on anything; and nothing made me fall.
24 And that makes it an unexplained fall case.
25 The single Commissioner cited the three cases.



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1 She cited the Williams and then she cited the
2 Nicholson and Barnes. The Williams case is
3 distinguishable because factually, that case
4 involves a claimant who actually stepped off of
5 a sidewalk in a rainy muddy condition and
6 slipped and fell. That's not what happened
7 here. It also is, essentially, an idiopathic
8 fall case but the factual background of that
9 case is distinguished from this one in that
10 there were specific factors that led to the
11 fall. And, then, of course Nicholson, which we
12 talked about, was a fall that resulted from
13 somebody tripping over carpet in their office.
14 And Barnes involved a fall ---

15 COMMISSIONER BARDEN: Hurrying down the hall.

16 MR. BAYNE: Hurrying down the hall.

17 COMMISSIONER BARDEN: Right. Okay.

18 MR. BAYNE: So, what we have when you read Nicholson
19 and Barnes, when you read Justice Pleicones'
20 portions of those cases, he talks about very
21 specific requirements when you have an
22 unexplained fall case. He says, for example,
23 it's not enough that a claimant show that she
24 fell while at work.

25 COMMISSIONER BARDEN: Uh-huh.



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1 MR. BAYNE: But rather, when the fall occurs on a
2 level surface, that she present evidence to
3 explain her fall. So that comes from this line
4 of cases where we're slowly building up
5 jurisprudence into this new Turner unexplained
6 fall case. Claimant here has not presented any
7 evidence that -- of what contributed to her
8 fall or what caused her fall. Simply that she
9 fell. As we move, we move into the Turner
10 cases, but the jurisprudence on these cases
11 essentially stems from -- and Barnes also was
12 a idiopathic fall. Crosby, which was cited in
13 those cases, was both idiopathic and
14 unexplained. And the Court, I think in that
15 case, determined that it met both prongs
16 because they were -- there was both a my leg
17 gave out, but also no explanation for why she
18 slipped and fell in that case. But we turn to
19 this Turner case and, admittedly, the facts of
20 that case are far distinguishable from this
21 one. As I'm sure you all are aware, the
22 claimant in that case fell while he was either
23 getting into his truck or near his truck, hit
24 his head, has no recollection of the accident.
25 In this case, the claimant does have a



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1 recollection of the accident but what's more
2 important out of that case is that it fully
3 embraces these ideals that Justice Pleicones
4 set forth in his concurrence in Nicholson and
5 his dissent in Barnes, that it's not enough
6 just to show that you fall at work. But when
7 the fall occurs on a level surface, as it did
8 here, evidence be presented to explain the
9 fall. And he further goes on to say that
10 because the claimant failed to present evidence
11 that her employment caused her fall, she failed
12 to meet the arises out of employment prong to
13 prove a compensable injury. So, essentially,
14 this new Turner case validates those opinions,
15 which we had argued in the appellant's brief.
16 And it shows that this claim, unfortunately, is
17 not compensable because the claimant is unable
18 to provide any explanation or any reason as to
19 why she stumbled and fell on the flat level
20 sidewalk that day without any rain, wind, mud,
21 sleet, ice or any other type of factor that
22 would have resulted in her fall.

23 CHAIR: Okay. Any more?

24 MR. BAYNE: Nothing more, Commissioner.

25 CHAIR: Okay. And you'll have three minutes in



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1 response.

2 MR. BAYNE: Thank you, sir.

3 CHAIR: All right. Thank you. Mr. Byrd?

4 ARGUMENT BY MR. BYRD:

5 MR. BYRD: Appreciate it. May it please the
6 Commission, before we start, can I mention one
7 matter of housekeeping?

8 CHAIR: Sure.

9 MR. BYRD: He -- there was a reply brief that
10 apparently was filed Friday. I was emailed a
11 copy of it this morning. And it apparently
12 cites a case that came out within a matter of
13 days ago, after the issues had been briefed.
14 Could -- will you require a -- an additional
15 addendum to any brief about this new case that
16 has just come out last week, apparently?

17 COMMISSIONER BARDEN: When you say ---

18 MR. BYRD: I have not read the case yet, is my
19 problem.

20 COMMISSIONER BARDEN: Oh, so you would like to
21 respond to it?

22 MR. BYRD: Well, if it's necessary.

23 COMMISSIONER BARDEN: Sure.

24 MR. BYRD: I didn't know if you wanted one.

25 COMMISSIONER BARDEN: We're not on -- I -- we won't



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1 require anything that it would ---

2 MR. BYRD: Okay.

3 COMMISSIONER BARDEN: --- if you would, you know ---

4 MR. BYRD: It -- maybe I ---

5 COMMISSIONER WILKERSON: We have both sides bring
6 their brief when they walk in here. There's no
7 requirement that you bring us anything, other
8 than appeal the case. You are aware of that,
9 right? I mean, you ---

10 MR. BYRD: Correct. Yes, it was just a simply a
11 matter of there is a new case that came out a
12 week ago, which they ---

13 COMMISSIONER BARDEN: Right. And we're familiar
14 with it.

15 MR. BYRD: Okay. Good.

16 COMMISSIONER WILKERSON: Yeah.

17 MR. BYRD: Because ---

18 COMMISSIONER BARDEN: Okay.

19 MR. BYRD: --- that's the case that I'm -- it's new
20 to me. And ---

21 COMMISSIONER BARDEN: Okay.

22 MR. BYRD: --- I mean, it just came out a week ago.

23 COMMISSIONER BARDEN: Oh, okay.

24 MR. BYRD: So, I'm learning about it right now. But
25 I don't think it will affect my argument, but



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1 I might need to submit a one page reply brief
2 to that specific issue, since it wasn't out
3 when I wrote my brief ---

4 COMMISSIONER BARDEN: Okay.

5 MR. BYRD: --- was all. But I may not need to ---

6 COMMISSIONER BARDEN: All right.

7 MR. BYRD: All right. I'll begin now, sorry to
8 delay.

9 CHAIR: Go ahead.

10 MR. BYRD: All right. Ladies and gentlemen of the
11 Commission, this is a matter that is governed
12 by the South Carolina Supreme Court precedent.
13 Ms. Grady finished her work for the day. She
14 was exiting the building where she works and
15 she stumbled and she fell forward, landing on
16 her right side and breaking her right shoulder.
17 There are three cases that we would submit
18 govern the compensability of this claim,
19 Williams, Nicholson and Barnes. I have copies
20 of the cases for all of you if you need them.
21 And, in sum, to summarize those cases as you
22 would apply that law to this case, unless this
23 was an idiopathic fall, then it's a compensable
24 fall. The claimant ---

25 COMMISSIONER BARDEN: We're not arguing it didn't



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1 happen at work.

2 COMMISSIONER WILKERSON: We -- yeah.

3 COMMISSIONER BARDEN: That we know -- so we can kind
4 of throw that -- so how does it arise out of --

5 -

6 MR. BYRD: Right.

7 COMMISSIONER BARDEN: --- if it's unexplained and --

8 -

9 MR. BYRD: Sure.

10 COMMISSIONER BARDEN: --- she can't explain -- and
11 she had ever opportunity to say my foot caught,
12 it was wet, it was slick, it was this or that
13 ---

14 MR. BYRD: Good, good I'm -- right to the issue ---
15 yeah, it's a matter of ---

16 COMMISSIONER BARDEN: --- because the arising out of
17 is the issue.

18 MR. BYRD: Correct.

19 COMMISSIONER BARDEN: We're not arguing, oh, well,
20 we didn't have control over this sidewalk and
21 she could've come in a different way. That's
22 not an issue, so. Get -- take us to arising
23 out of.

24 MR. BYRD: Okay. Obviously, the -- it -- this fall
25 arises out of her employment because she was



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1 within the scope of her employment at the time
2 that it happened. And under Nicholson and
3 Barnes -- in Nicholson, the issue was whether
4 someone who sustains a non-idiopathic fall, in
5 the course of her job, is entitled to benefits.
6 That's exactly the same thing that's happened
7 in this case. She's in the course of her job
8 and she suffered a non-idiopathic fall. It
9 should be, in some sense, as open and shut as
10 that. In Nicholson ---

11 COMMISSIONER BARDEN: How does the timeline for --
12 yeah, sorry ---

13 COMMISSIONER WILKERSON: No, ---

14 MR. BYRD: Sure. It arises out of her job because
15 she was within -- she ---

16 COMMISSIONER BARDEN: It happened at her job ---

17 MR. BYRD: She was within the scope of her job at
18 the time that the accident occurred. She's not
19 required ---

20 COMMISSIONER BARDEN: It just has to happen at work?

21 MR. BYRD: It has to happen at work and barring some
22 other defense or barring an idiopathic
23 exception ---

24 COMMISSIONER BARDEN: You just -- what you're saying
25 is it has to happen at work?



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1 MR. BYRD: It has to happen at work.

2 COMMISSIONER BARDEN: But what else does it have to
3 have?

4 MR. BYRD: It has to have some nexus with the
5 employment. And that ---

6 COMMISSIONER BARDEN: And what is the nexus?

7 MR. BYRD: --- nexus, under Nicholson and Barnes, is
8 ---

9 COMMISSIONER BARDEN: Nicholson ---

10 MR. BYRD: Right.

11 COMMISSIONER BARDEN: --- they scuff the carpet or
12 the carpet friction as it was argued to this
13 panel. And then Barnes ---

14 MR. BYRD: Well then -- and those ---

15 COMMISSIONER BARDEN: --- was hurrying down the ---

16 MR. BYRD: --- and those are the facts of those
17 cases.

18 COMMISSIONER BARDEN: Yeah, well just ---

19 MR. BYRD: But the holdings that come ---

20 COMMISSIONER BARDEN: --- take us to this one. How
21 ---

22 MR. BYRD: Sure.

23 COMMISSIONER BARDEN: --- does it arise out of?

24 MR. BYRD: It arises out of because she was still
25 within the scope of her job at the time that it



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1 occurred. She was where she was required to be
2 as a result of her being employed with these
3 folks.

4 COMMISSIONER BARDEN: At work, in the course and
5 scope?

6 MR. BYRD: Correct.

7 COMMISSIONER BARDEN: Okay.

8 MR. BYRD: And she was -- and again, just like in
9 Nicholson, walking down the hall, stumbled and
10 fell.

11 COMMISSIONER BARDEN: But Nicholson, it was because
12 of the carpet.

13 COMMISSIONER WILKERSON: Carpet.

14 MR. BYRD: Well, that's part ---

15 COMMISSIONER BARDEN: The proof was the carpet is
16 what was ---

17 MR. BYRD: That is correct but the holding is a bit
18 broader than that.

19 COMMISSIONER BARDEN: Okay.

20 MR. BYRD: And I think the holdings of those two
21 cases go beyond the specific facts of that.
22 It's not required ---

23 COMMISSIONER BARDEN: I'm not saying it has to be
24 carpet and I'm not saying about that ---

25 MR. BYRD: Right.



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1 COMMISSIONER BARDEN: --- but she said she, this is
2 obviously a very credible ---

3 MR. BYRD: Sure.

4 COMMISSIONER BARDEN: -- or believable, honest
5 person who says ---

6 MR. BYRD: It is.

7 COMMISSIONER BARDEN: --- I don't know what it -- I
8 don't -- there was nothing that ---

9 MR. BYRD: Well, she said she stumbled and fell, is
10 what she said happened. The idea that this is
11 an unexplained fall, we would dispute that.

12 COMMISSIONER BARDEN: Okay. I ---

13 MR. BYRD: We think that's a different type of case.

14 COMMISSIONER BARDEN: Okay. So you don't think this
15 is an unexplained fall?

16 MR. BYRD: We do not think this is an unexplained
17 fall case at all.

18 COMMISSIONER BARDEN: Okay, well then ---

19 MR. BYRD: She was able to explain exactly what
20 happened. I was walking, I was carrying my
21 items, I was talking to a co-worker, I stumbled
22 and fell forward on the sidewalk. Now, she
23 doesn't know -- there wasn't anything specific
24 that pushed her. She didn't ---

25 COMMISSIONER BARDEN: I thought she said she didn't



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1 know. Her feet just stopped and she went
2 forward. Is that not what she said?

3 MR. BYRD: Well, I mean, if you read the hearing
4 transcript and if you read the deposition, what
5 she testified to was, I was exiting the
6 building, carrying my items, with a co-worker,
7 on the property on the sidewalk when I simply
8 stumbled and fell forward. She didn't black
9 out. She didn't ---

10 COMMISSIONER BARDEN: Okay. So are ---

11 MR. BYRD: --- her ankle didn't give out.

12 COMMISSIONER BARDEN: Okay. So are -- so we know
13 it's not idiopathic. We all agree on that.

14 MR. BYRD: It's not idiopathic.

15 COMMISSIONER BARDEN: Are all stumbles compensable?

16 MR. BYRD: Well I ---

17 COMMISSIONER BARDEN: And if they're not then why is
18 this one?

19 MR. BYRD: --- under Nicholson and Barnes, I think
20 what ---

21 COMMISSIONER BARDEN: They are, is that what you're
22 saying?

23 MR. BYRD: I think that if somebody is where they're
24 supposed to be and it's with ---

25 COMMISSIONER BARDEN: At work?



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1 MR. BYRD: --- and it's at work. And they're still
2 -- and they are working.

3 COMMISSIONER BARDEN: And all that ---

4 MR. BYRD: If they fall, it doesn't matter if it was
5 their fault, the employer's fault ---

6 COMMISSIONER BARDEN: And then all it has to be is
7 at work?

8 MR. BYRD: It has to be at work barring some other
9 defense or barring it being an idiopathic
10 incident.

11 COMMISSIONER BARDEN: It doesn't have to arise, it
12 just has to happen at work?

13 MR. BYRD: Well it does arise out of the employment
14 because it's related to the employment. She's
15 there, she's within the scope ---

16 COMMISSIONER BARDEN: That's ---

17 MR. BYRD: --- of her employment.

18 COMMISSIONER BARDEN: But that's the second problem,
19 is it not?

20 MR. BYRD: Well there are two problems. I mean,
21 it's not about where she was, everyone knows
22 where she was.

23 COMMISSIONER BARDEN: Well, then al- -- but if we
24 take your argument to it's, not even to it's
25 extreme, but what you're telling us ---



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1 MR. BYRD: Uh-huh.

2 COMMISSIONER BARDEN: --- is all stumbles, as long
3 as they happen at work, are compensable?
4 Absent some other ---

5 MR. BYRD: Absent some other ---

6 COMMISSIONER BARDEN: --- defense ---

7 MR. BYRD: --- absent some other defense.

8 COMMISSIONER BARDEN: --- that was idiopathic.

9 MR. BYRD: Correct. I believe ---

10 COMMISSIONER BARDEN: So non-idiopathic falls are --
11 that happen at work are all compensable?

12 MR. BYRD: Barring some other defense if the purp- -
13 --

14 COMMISSIONER BARDEN: Well what else would it be
15 besides an idiopathic?

16 MR. BYRD: Well there, I mean, there could be
17 another defense. I mean ---

18 COMMISSIONER BARDEN: Well, intoxication.

19 MR. BYRD: Exactly. So -- but in -- if you look
20 specifically at Nicholson, what the court said
21 was the circumstances of that claimant's
22 employment required them to be in that location
23 when they stumbled and fell. And that is what
24 ties it to their duties at work. The fact that
25 they were within that ambit of their



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1 employment. And that's what she was. Williams
2 -- the Williams case gives a claimant the
3 opportunity to get into and out of work.
4 Meaning, there is some reasonable accommodation
5 for walking into the building before you clock
6 in. And that's what you have. So there's no
7 question where it happened. The really
8 question that we're here to deal with today is,
9 how is it employment related? Well, under
10 Nicholson and Barnes, it is. It's not about
11 whether they tripped over something. It's not
12 about the carpet. It isn't about any of those
13 things. It's about whether they were working
14 when the accident occurred.

15 COMMISSIONER BARDEN: Didn't Justice Pleicones talk
16 about the specifics of those.

17 MR. BYRD: In the Nicholson and Barnes?

18 COMMISSIONER BARDEN: In his dissent.

19 MR. BYRD: He did in his dissent. Meaning, that
20 they've argued almost entirely ---

21 COMMISSIONER BARDEN: His dissent. I understand.

22 MR. BYRD: --- his dissent, which was not the law of
23 the case.

24 COMMISSIONER BARDEN: I understand, which was not
25 the majority view at that time, at least at



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1 that time.

2 MR. BYRD: Correct. And so he did argue those
3 things, which I believe in our brief we set out
4 fairly well that that's not really what we have
5 going on here. We believe that that dissent
6 shows on this application of, really,
7 unexplained fall situations. An unexplained
8 fall situation being one where, like this
9 Turner case apparently, where the claimant has
10 no idea what happened. Meaning, can't testify
11 at all as to the circumstances of what
12 happened.

13 COMMISSIONER WILKERSON: Well tell me how that's
14 different than your client?

15 MR. BYRD: Because she testified at her deposition
16 and at the hearing as to the circumstances of
17 what happened. She was walking, she stumbled
18 and fell forward. She's not required to
19 stumble over anything. It's not a matter of
20 whether she tripped on something or slipped on
21 something. Under Nicholson and Barnes, those
22 things aren't required. What she testified to
23 was the circumstances of the injury ---

24 COMMISSIONER BARDEN: Well then why does the Court
25 talk about this -- well, go ahead. I've taken



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1 enough of your time.

2 MR. BYRD: I mean, there are some things that some
3 people simply just don't know, but that doesn't
4 mean that the claim is uncompensable.

5 COMMISSIONER BARDEN: But then all unexplained
6 falls, absent intoxication, idiopathic falls --
7 -

8 MR. BYRD: Well unexplained falls are different. I
9 mean ---

10 COMMISSIONER BARDEN: No, I mean, I understand but
11 ... Okay, I think I know where you're coming
12 from.

13 MR. BYRD: We believe an unexplained fall would be
14 one where there's no testimony at all or no
15 ability ---

16 COMMISSIONER BARDEN: Well, you're convincing me of
17 that.

18 MR. BYRD: --- to determine anything. You just find
19 a dead body somewhere. Or you just find
20 somebody who's, like in Turner, who's, passed
21 out. Nobody does ---

22 COMMISSIONER BARDEN: I wasn't so much as I don't
23 know what happened, isn't that kind of
24 unexplained?

25 MR. BYRD: Well, if there -- if that person has abs-



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1 -- if there is no way to -- if that's what
2 they're saying, they're saying ---

3 COMMISSIONER BARDEN: I don't know what happened.

4 MR. BYRD: --- I can not tell you the circumstances
5 of the fall.

6 COMMISSIONER BARDEN: I don't know what happened.

7 MR. BYRD: Right. Meaning ---

8 COMMISSIONER BARDEN: I just know I fell.

9 MR. BYRD: --- all I know is when I came to, I was
10 in a hospital. I have no idea ---

11 COMMISSIONER BARDEN: Well it's not just people that
12 go into a coma or die, is it, an unexplained?

13 MR. BYRD: No, it's not necessarily that but there's
14 a higher level than simply saying, well I don't
15 know exactly. I didn't trip over my shoe
16 laces, I just stumbled and fell forward. I
17 don't know why I stumbled. Nobody pushed me,
18 I just stumbled.

19 COMMISSIONER BARDEN: So, if we subscribe to your
20 view point though, any person who just stumbles
21 at work -- and I'm not saying you may believe
22 this ---

23 MR. BYRD: Uh-huh.

24 COMMISSIONER BARDEN: --- if that is a compensable
25 claim if it happened at work?



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1 MR. BYRD: Barring some other defense for it being -
2 - or it being idiopathic because it doesn't
3 matter if it was the employer's fault. It
4 doesn't matter if it was the employee's fault
5 that they fell, they simply had a fall while
6 they were within the scope of their job. In
7 this case that's exactly what happened.

8 COMMISSIONER BARDEN: Which is the second problem.
9 Okay.

10 MR. BYRD: Well that's part of it.

11 COMMISSIONER BARDEN: Okay.

12 MR. BYRD: You're right. I understand your
13 questions, Commissioner Barden, but, you know
14 ---

15 COMMISSIONER BARDEN: I'm just trying ---

16 MR. BYRD: --- the way that I am arguing as an
17 interpretation of Nicholson and Barnes, I can
18 tell you what the cases say. And I believe
19 that what those cases say is that, if it's not
20 idiopathic and they are within the scope of
21 their job when the fall occurs, barring some
22 other defense, it's compensable. The
23 employment required the person to be where they
24 were when they fell. They wouldn't have been
25 walking down the hall. They wouldn't have been



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1 walking to their car when they had this
2 stumble. I don't think it's necessary. And
3 the cases even say it's not necessary that she
4 prove that she was hurrying or any of those
5 things. It's whether or not it's related
6 because of where they were when they fell.
7 It's not idiopathic.

8 COMMISSIONER BARDEN: Okay.

9 MR. BYRD: Thank you.

10 COMMISSIONER CAMPBELL: And you have three minutes
11 on reply.

12 REPLY BY MR. BAYNE:

13 MR. BAYNE: Thank you, Commissioner. And initially,
14 I would dispute that all falls that are not
15 idiopathic are compensable at work. The Courts
16 have routinely pushed back on that. And in
17 fact, in Crosby and Bagwell, which were cited
18 by Justice Pleicones, which has now been cited
19 by the Court of Appeals in this Turner Case, he
20 said, it is not enough that a claimant show
21 that she fell while at work. Which would
22 indicate that they fall while at work, which is
23 in the course and scope is not compensable
24 unless it arises out of. And that sentence
25 finishes, but rather when the fall occurs on a



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1 level surface, that she present evidence to
2 explain her fall. It is required under the law
3 in South Carolina, as we sit here today, that
4 a claimant present evidence as to why the fall
5 occurred. In this case there would have ---

6 COMMISSIONER BARDEN: Because she's got the burden
7 of proof.

8 MR. BAYNE: Because she has the burden of proof.
9 And allowing the claimant to present no
10 evidence as to what actually caused the fall,
11 it would be entirely conjectural, be
12 speculation, the whole group of synonyms that
13 courts like to use relating to what conjecture
14 is in these cases. It's she has the burden of
15 proof to get beyond the preponderance of the
16 evidence that she presents something to explain
17 why the fall occurred and why the stumble
18 occurred. And absent that, on a flat level
19 surface without any ---

20 COMMISSIONER BARDEN: Well she doesn't have to get
21 beyond the preponderance ---

22 MR. BAYNE: No.

23 COMMISSIONER BARDEN: --- she just has to present a
24 preponderance.

25 MR. BAYNE: She has to present a preponderance,



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1 correct. I apolo- -- I didn't mean to misquote

2 ---

3 COMMISSIONER BARDEN: Yeah.

4 MR. BYRD: --- the burden there. But that's
5 essentially what we're talking about, is that
6 when the fall occurs at work we agree that it's
7 within the course and scope, but it still has
8 to arise out of. And a fall at work -- the
9 location is not -- does not arise -- create an
10 arising out of. There has to be an actual
11 causal link to the employment, not simply you
12 were at work. And in this case, again, I think
13 she is a very honest person. She's straight
14 forward. That's what I've heard here today and
15 that's what I've heard prior to today. And she
16 candidly said, I don't know what happened. I
17 don't know why I fell. I didn't trip over
18 anything that I know of. I didn't stumble over
19 anything. I didn't step off the ledge, I
20 didn't slip, I just fell down. And that's not
21 a compensable injury under the current case law
22 in South Carolina as it stands today.

23 COMMISSIONER CAMPBELL: All right. Thank you.

24 COMMISSIONER BARDEN: Thank y'all.

25 COMMISSIONER WILKERSON: Appreciate y'all.



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(1 (There being nothing further, the hearing concluded
2 at 4:46 p.m.)
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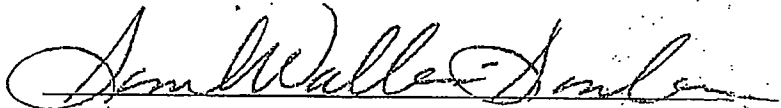
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CERTIFICATE

This is to certify that the within hearing consisting of twenty nine (29) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on June 27, 2017.



Sonia D. Wallace-Sanders
Court Reporter

Notary Public for South Carolina
My Commission Expires: August 18, 2019



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Monty D. Desai*
Nihar M. Patel
J. Matthew Whitehead
Mitchell K. Byrd, Jr.



7612 Asheville Highway
Spartanburg, SC 29303
Phone: 864-757-5555
Fax: 864-764-1952
TAX ID: 46-3603396

March 2, 2016

Via E-Case Upload

Commissioner Aisha Taylor
SC Workers' Compensation Commission
PO Box 1715
Columbia SC 29202-1715

RE: Grady (Pamela) v. Magnolia Manor of Inman
WCC File No: 1518978
DOA: 09/23/2015
Hearing Date: March 17, 2016 at 1:00 PM

Dear Commissioner Taylor:

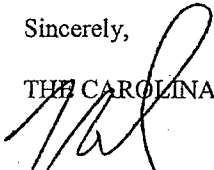
Please find enclosed the Pre-Hearing Brief and Administrative Procedures Act Submittal, along with the Certificate of Service for the above-referenced matter.

By copy hereof, I am serving the documents and the records cited therein upon the counsel for the defense.

Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

THE CAROLINA LAW GROUP


Mitchell K. Byrd, Jr.
Attorney At Law

MKB/
Enclosures

cc: Landon Hughey, Esq., McAngus Goudelock & Courie



* Member Million Dollar Advocate Forum



Claimant's Name: Pamela Grady Employer's Name: Magnolia Manor of Inman
Address: [REDACTED] Address: 63 Blackstock Rd
City: Inman State: SC Zip: 29349 City: Inman State: SC Zip: 29349
Home Phone: [REDACTED] 2409 Work Phone: () - Carrier: Zurich American Insurance Co.
Preparer's Name: Mitchell K. Byrd, Jr. Preparer's Phone #: (864)757-5555

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$766.05 2. AWW: \$1,192.35 Date of Injury: 9/23/2015
3. Type of injury and body part(s): R Shoulder, RUE
4. Facts In controversy: (1) Compensability; (2) Appropriate Temporary and Medical Benefits, claimant fell while working and is entitled to workers' compensation benefits.
5. Legal issues involved: Compensability and corresponding workers' compensation benefits.
6. Unusual aspects: N/A
7. Witnesses (designate if expert):* Claimant;
8. Exhibits: Please refer to Administrative Procedure Act Submittal. Claimant reserves the right to amend APA Submissions, Form 58, and Witnesses.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please see APA Submissions;
10. Name, address, and specialty, if any, of the treating physician: Spartanburg Regional Emergency Center 101 E Wood St,
Spartanburg, SC 29303; Carolina Orthopaedic Center 209 Patewood Drive Greenville, SC 29615; Advanced therapy Solutions 660 Cummings
St Spartanburg, SC 29303
11. Impairment rating(s); body part(s); physician and date of opinion: TBD
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Aisha Taylor, Commissioner, Workers' Compensation Commission, P.O. BOX 1715 Columbia, SC 29202-1715 via ecase upload and to Landon Hughey, Esq., McAngus Goudelock & Courie 1320 Main Street, 10th Floor, Columbia, SC 29201 on the 2 day of March, 2016

by: ☒ first class postage ☐ certified mail ☐ personal service. [Signature] Certifier

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

Signature: [Signature] Email: mitchell@thecarolinaleawgroup.com
Date of hearing: March 17, 2016 Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1518978

Pamela Grady,)
Employee / Claimant,)
vs.)
Magnolia Manor of Inman,)
Employer,)
and)
Zurich American Insurance Co.,)
Carrier,)
Defendants.)

ADMINISTRATIVE
PROCEDURES ACT SUBMITTAL

TO: THE HONORABLE AISHA TAYLOR, COMMISSIONER FOR SOUTH
CAROLINA WORKERS' COMPENSATION COMMISSION, AND TO LONDON
HUGHEY, ATTORNEY FOR DEFENDANTS

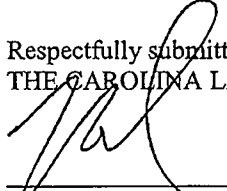
YOU ARE HEREBY NOTIFIED THAT The Carolina Law Group, pursuant to the provision of the South Carolina Workers Compensation Act and South Carolina Code Section I-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Claimant, to wit:

APA	PHYSICIAN / PRACTICE	DATE OF REPORT	PAGE
1.	Spartanburg Regional Emergency Center	09/23/15	1-16
2.	Carolina Orthopaedic Center	10/07/15-01/12/16	17-41
3.	Advanced Therapy Solutions	11/10/15-02/01/16	42-81

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

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

Respectfully submitted,
THE CAROLINA LAW GROUP, LLC



Mitchell K. Byrd, Jr., Esquire
7612 Asheville Highway
Spartanburg, SC 29303
(864) 757-5555
(864) 764-1052
Attorney for Claimant

Dated: March 2, 2016
Spartanburg, SC

**BEFORE THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION
W.C.C. FILE NO. 1518978**

Pamela Grady,

Employee / Claimant,

Vs.

Magnolia Manor of Inman,

Employer,

and

Zurich American Insurance Co.,

Carrier,

Defendants

CERTIFICATE OF SERVICE

I, Betsy Velez, the undersigned employee of The Carolina Law Group, attorney for the Claimant, do hereby certify that on the 2 of MARCH, 2016, I served the documents herein stated, upon the individuals named below, by way of postage prepaid, via First Class US Mail, to the following addresses:

Form 58, APA, Evidence Documents: Landon Hughey, Esq., McAngus Goudelock & Courie
1320 Main Street, 10th Floor
Columbia, SC 29201

Form 58, APA: *Via E-Case Upload:*
Commissioner Aisha Taylor
SC Workers' Compensation Commission
PO Box 1715
Columbia SC 29202-1715

Client: Pamela Grady


Betsy Velez, Legal Assistant to
Mitchell K. Byrd, Jr.
The Carolina Law Group
7612 Asheville Hwy
Spartanburg, SC 29303
Ph: (864)757-5555
Fax: (864)764-1052

Spartanburg Regional Emergency Center

Spartanburg Regional Emergency Center
101 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

10/5/2015

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

ED RECORD

Patient: Grady, Pamela
Home Address: 995 Foster Rd

City: Inman
State: SC Zip: 29349-8230
Home Ph: (864) 592-2409

DOB: 1952
Age: 63yr
Sex: F

Patient Code Alert:

Insurance Companies

Insurance Company

THE BLUES
THE BLUES

Acuity: 3
Advance Directive: Undetermined
Mode of Disposition: Home
Condition at Dispo: Stable

Pt Weight: 106.6 kg
(235 lbs)
Pt Height: 5'4" (163cms)

Triage Impression: Fall
CDC Early Warning Sx: None Identified

RN Triage: Tapp, Felicia, R.N. (E.C.)
RN Primary:
IMLP/Res: Schneider, Ashley P.A.C.)

Created Record: 9/23/2015 1828
Mode of Arrival: Walk-In NOS
Decision To Admit:
Dispo Summary Printed: 9/23/2015 2205
Time Left ED: 9/23/2015 2215
BM: 40.1

BSA: 2.2 m2

PCP: Baugh, Jennifer M.D.
PCP Ph: 864-560-3650

Referring Phys:
Referring Phys Ph:
Consult Phys:
Cnsil Phys Ph:

Created and Electronically Authenticated By: Morrison, Dana C.A.C.N.P. Created: 9/23/2015 1853 Last Entry: 1902

INITIAL ASSESSMENT/MEDICAL SCREENING EXAM:

Provider Triage Note
Patient seen at 9/23/2015 1853.

Chief Complaint: accidental fall, right shoulder injury

HPI: Pt accidentally tripped on sidewalk after leaving work today. Fell onto outstretched right hand. Limited ROM right shoulder. TTP over prox humerus and right radial area. Pt drive home, placed arm in a sling thinking it would feel better, pain persistent. High suspicion for fx. Pt is a nurse. No underlying health issues other than NDDM and obesity. Did not strike head or neck.

CONTEXT:
QUALITY:
LOCATION:
TIMING:
SEVERITY:
MODIFIERS:

ASSOCIATED SYMPTOMS: PRINTED BY: TT32485

DATE 02/15/20¹

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

— ROS: <-- Click to add systems

MS(System): (-)myalgias, (-)arthralgias, (-)neck pain, (-)back pain (+)extremity/joint pain
CV(System): (-)chest pain, (-)palpitations, (-)rapid heartbeat, (-)orthopnea, (-)dyspnea on exertion.
RESP(System): (-)cough, (-)SOB, (-)sputum production.
CONST(System): (-)fever, (-)chills.

(+)Except as marked, all systems above reviewed and found negative or are noted in HPI.

— PMH List (See PMH Table) PSH List (See PSH Table)

(+)Medications and allergies reviewed and confirmed or modified in table.
(+)PMH and PSH reviewed and agree with or personally modified the table above.

— FH: (-)CAD (+)DM (-)HTN

— SH: no tobacco, no drugs, no alcohol.

VITAL SIGNS REVIEWED

— PHYSICAL EXAM: <-- Click to add systems

GENERAL APPEARANCE: well nourished, alert, oriented X 3, no acute distress, obvious mild discomfort
RESPIRATORY: good air exchange bilateral, no rales, no wheezing, no rhonchi
NECK: supple, no neck tenderness
HEART: rate 73, normal rhythm, no murmur, no rub
EXTREMITIES: RUE has ()erythema, (+)swelling, (+)tenderness, ()deformity, no abrasions/lacerations.

— After initial evaluation, additional plan includes: xrays of right shoulder, wrist and elbow

Created and Electronically Authenticated By: Schnelder, Ashley P.A. Created: 9/23/2015 2038 Last Entry: 2055

PHYSICIAN H&P FALL

Patient seen at: 9/23/2015 2038.

— PREHOSPITAL CARE:

— History not limited.

— Chief Complaint: Fall

— HPI: Pt is a 63 year old female who presents to ED c/o shoulder pain after fall at around 4:30pm today. Pt was walking when she tripped over her feet landing onto her right upper extremity. Pt c/o pain to shoulder radiating down right arm. Denies any head injury, LOC or neck pain. Denies any other areas of pain or injury. Pt took a Percocet at home but states pain is returning. Denies any numbness/tingling. Denies any lacerations or abrasions. No other complaints at this time.

Pt reports history of right shoulder surgery x2 with Orthopedic Associates.

— ROS:

() Unable to obtain full ROS due to non ros reason

CONST(System): ()fatigue (-)headache.
ENT(System): ()tooth pain, ()nose bleed.
EYES(System): ()blurry vision, ()pain, ()eye pain.
CV(System): ()palpitations, (-)chest pain.
RESP(System): ()cough, ()wheezing, (-)SOB, ()hemoptysis.
GI(System): ()abdominal pain, (-)nausea, (-)vomiting,
GU(System): ()difficulty urinating, ()hematuria.
MS(System): (-)back pain, (+)joint pain, (-)neck pain

DATE: 02/15/20

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

SKIN(System): (-)redness, (-)abrasions, (-)lacerations.
NEURO(System): (-)numbness, (-)weakness ()difficulty walking, ()difficulty with speech, ()confusion.
PSYCH(System): ()anxiety, ()depression.

(+)Except as marked, all systems above reviewed and found negative or are noted in HPI.

— **PMH List (See PMH Table) PSH List (See PSH Table)**

(+)PMH, PSH, Family Hx, and Social Hx reviewed and agree with or are modified the table.

(+)Medications and allergies reviewed and confirmed or modified in table.

(+)MLP triage assessment and/or nursing notes reviewed and agree unless otherwise noted or supplemented in chart.

— **FH: ()CAD, (+)DM, ()HTN ()Other type in**

— **SH: no tobacco, no alcohol, no drugs.**

— **IMMUNIZATIONS:**

Tetanus: immunization status:.

— **PHYSICAL EXAM:**

(+)VITAL SIGNS REVIEWED

GENERAL APPEARANCE: well nourished, alert, cooperative, no obvious discomfort.

HEAD: no abrasions/lacerations on the head.

NOSE: (-)injury, no swelling/tenderness.

THROAT: no airway obstruction

NECK: trachea midline.

C-SPINE: no cervical spine tenderness.

RESPIRATORY: (-)respiratory distress, good air exchange bilateral, no wheezing, no rhonchi, no rales.

CHEST WALL: no chest tenderness

CVS: normal rhythm, normal rate, (-)friction rub, no murmur.

ABDOMEN/GI: (-)rebound, (-)guarding, soft, normal BS, no abd tenderness, no abd masses, (-)distended.

SKIN: good color, warm other trauma: none

EXTREMITIES: Right shoulder with TTP along diffuse joint without any overlying skin changes. No elbow or wrist pain. No abrasions or lacerations noted.

Neurovascularly intact with brisk cap refill and palpable pulses.

— **(+)pulse in all extremities**

HIP Bilateral Hip : (-)external rotation of the leg, (-)shortening of the leg, (-)deformity, (-)decreased range of motion.

BACK: no back tenderness.

NEURO: motor intact, sensory grossly intact.

MENTAL STATUS: speech clear, oriented X 3, responds appropriately to questions.

PSYCH: normal affect.

— **CLINICAL DECISION TOOLS:**

NEXUS CRITERIA:.

GLASGOW COMA SCORE:

— **DATA REVIEWED:**

EKG/TELEMETRY:

— **COUNSELING:**

Created and Electronically Authenticated By: Schneider, Ashley P.A. Created: 9/23/2015 2039 Last Entry: 2039

Results Reviewed by ED Provider:

XR SHOULDER (MIN 2 VIEWS) L or R: RIGHT R,

Author Wellssoft Interface 9/23/2015 21:52:45m

DATE 02/15/2015 3

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Patient: GRADY, PAM ; Date/Time: 9/23/2015 1904 ; 10001140506
----- ER SHOULDER (MIN 2 VIEWS) -----

Read By: JOAN BURKHARDTMD

Report: Exam- Right wrist, elbow, shoulder radiographs

Report: History- pain, fall on outstretched hand, 63 years Female

Report: Comparison- None available

Report: Findings- There appears to be an acute comminuted and minimally

Report: displaced fracture of the right humeral head, with a mildly displaced

Report: fragment likely representing the greater tuberosity. There is mild

Report: subluxation of the humeral head in relation to the glenoid, which may

Report: be secondary to a joint effusion. There is acromioclavicular

Report: separation, measuring 1/ mm, which may be acute or chronic, with

Report: degenerative osteophytosis. Mild diffuse osteopenia. The right wrist

Report: appears intact. No evidence of elbow joint effusion. Visualized soft

Report: tissues unremarkable.

Report: Impression-

Report: 1. Acute comminuted and mildly displaced fracture of the right

Report: humeral head, with likely with a large joint effusion.

Report: 2. Right acromioclavicular separation is noted, age indeterminate.

Report:

Report: Transcriptionist- N/A

Report: Reading Radiologist- JOAN BURKHARDT MD

Report: Releasing Radiologist- JOAN BURKHARDT MD

Report: Released Date Time- 09/23/15 1940

Report:

Released By: JOAN BURKHARDTMD

XR ELBOW (MIN 3 VIEWS) L or R: RIGHT R,

XR WRIST (MIN 3 VIEWS) L or R: RIGHT R,

Created and Electronically Authenticated By: Schneider, Ashley P.A. Created: 9/23/2015 2056 Last Entry: 2113

Provider Note:

CONSULT (general) - Dr. Leong, Thomas M.D. was consulted at 9/23/2015 2056. Case was discussed and will follow patient in their office with discharge plans discussed. Suggests CT scan and sling. Follow up in office early next week.

Created and Electronically Authenticated By: Blankenship, Jay M.D. Created: 9/23/2015 2137 Last Entry: 2138

Provider Note:

ATTESTATION/ATTENDING NOTE - The patient's history, exam findings, diagnostics, and a summary of any interventions or procedures was reviewed with Schneider, Ashley P.A.. After a face to face discussion and examination of the patient, I agree with the history and exam as documented or as revised below.

My exam reveals 62-year-old female presents after a fall resulting in a proximal humerus fracture. Orthopedic surgery been consult and will see the patient in follow-up. The patient is hemodynamically stable and appropriate for outpatient therapy.

All diagnostic studies were reviewed and discussed.

I agree with the plan of care and diagnosis as documented.

See above note for full details.

Created and Electronically Authenticated By: Schneider, Ashley P.A. Created: 9/23/2015 2204 Last Entry: 2204

Results Reviewed by ED Provider:

CT EXTREMITY UPPER W/O CONTRAST L or R: RIGHT R, Comment: right humeral head fracture

Created and Electronically Authenticated By: Schneider, Ashley P.A. Created: 9/23/2015 2205 Last Entry: 2211

Provider Note: Discharge (MDM)

DECISION MAKING: Patient is a 62-year-old female who presents to ED after a fall this afternoon. Patient complaining of right shoulder pain and x-ray shows a humeral head fracture. Dr. Leong from orthopedics was consulted who suggested a CT scan and sling. Patient is stable for discharge home with follow-up with orthopedics early next week. We will give her a short course of pain medication. She is instructed to return to ED for any worsening symptoms or other concerns. Patient was understanding and agrees with this plan of care.

PRINTED BY: TT32485

DATE 02/15/20⁴

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

RESULTS REVIEWED:

X-RAY REVIEWED: X-rays and CT scan reviewed with Blankenship, Jay M.D..

COUNSELING:

FRACTURE - Prior to leaving the emergency department the patient and/or their family members were advised of complications that could arise from a fracture that would necessitate a return to the emergency department. The patient and/or family members were advised to return immediately for increased pain, numbness, tingling, or discoloration suggesting vascular compromise. Although at this time no evidence exists to suggest a compartment syndrome the patient is aware of this potential complication. The patient was advised to elevate, rest, and ice the affected area and where the prescribed immobilization device/splint at all times.

FOLLOW UP: Patient was advised to see Dr. Leong early next week for re-evaluation. They were also instructed to return or call their doctor with any changes or worsening of their condition.

DISCHARGE - Plan of care discussed with patient or caregiver. Questions were answered. Verbal and printed instructions were provided. If prescription(s) were given, the prescribed medications were reviewed, including relevant side effects and interactions. The patient is to seek outpatient follow up as noted in the discharge instructions. They verbalized understanding and ability to comply. The patient is discharged in stable condition. They were instructed to return to the emergency department for worsening symptoms or other concerns.

CLINICAL IMPRESSION: Diagnosis: Humerus Head Fracture, Closed.

Clinical Decision Support		
Alert	CPT II	Compliance
No Entries		

Vital Signs											
Sys	Dia	Pulse	Resp	SAT	O2 Delivered	Temp (F)	Route	Pain Scale	Comment	Taken at	User Name
127	58	73	18	98%	RA	98.1 F	oral			9/23/2015 1841	Tapp, Felicia, R.N. (E.C.)
123	63	74	18	97%	RA				Disposition Vitals	9/23/2015 2214	Laxon, Carrie R.N. (E.C.)

Home Medications			
Arrival Medication	Indication	Last Dose	Comments
vorfenacin cap (75mg er) 1 tablet by mouth daily			
lisinopril tab (10mg) 1 tablet by mouth daily			
metformin tab (850mg) 1 tablet by mouth 3 times a day			
Pravastatin Sodium (10mg Tablet) 1 tablet by mouth daily			
Tramadol Hydrochloride (50mg Tablet) 1 tablet by mouth dai			

PRINTED BY: T732405

DATE

02/15/2015

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Spartanburg Regional Emergency Center
101 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

10/5/2015 Pg 6

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Allergies	
Allergic Substance	Reaction
NKDA	

Input & Output			
Fluid Type	Intake	Output	I/O Time
No Entries			

PMH	
Condition	
Diabetes mellitus	

PSH	
Procedure	
Knee replacement	
Right shoulder surgery	

Orders			
Order	Sched D/T	Comp D/T	Provider Sig
XR SHOULDER (MIN 2 VIEWS) L or R: RIGHT_R,	9/23/2015 1852	9/23/2015 1940	Morrison, Dana C.A.C.N.P.
XR ELBOW (MIN 3 VIEWS) L or R: RIGHT_R,	9/23/2015 1852	9/23/2015 1940	Morrison, Dana C.A.C.N.P.
XR WRIST (MIN 3 VIEWS) L or R: RIGHT_R,	9/23/2015 1852	9/23/2015 1940	Morrison, Dana C.A.C.N.P.
DME - Sling, Arm - A4565 L or R: RIGHT_R	9/23/2015 2030	9/23/2015 2108	Schneider, Ashley P.A.
CT EXTREMITY UPPER TWO CONTRAST L or R: RIGHT_R,	9/23/2015 2100	9/23/2015 2157	Schneider, Ashley P.A.
Comment: right humeral head fracture			

PRINTED BY: TT32485

DATE 02/15/2016

Spartanburg Regional Emergency Center
101 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

10/5/2015 Pg 7

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Orders (Meds)			
Order	Sched D/T	Infusion Started	Administered D
NORCO 7.5-325 TAB (HYDROcodone-acetaminophen) 1 tablet, by mouth once - Gave 1 tablet	9/23/2015 2041		9/23/2015 2046

TIMI Scale	
Criteria	Present
Age >= 65	
>= 3 CAD risk factors	
Known coronary stenosis >= 50%	
Aspirin use in past 7 days	
2 angina episodes in prior 24 hours	
Elevated serum cardiac markers	
ST deviation >= 0.5mm on admission ECG	
===== TOTAL TIMI Score	
===== Mortality/Ischemia RISK	
===== Date/Time Performed	
===== User Name	

Pneumonia Scale		
Pneumonia Criteria	Present	Points
Age		+1/year
Female		-10
Nursing Home Resident		+10
Neoplasia Disease History		+30
Liver Disease		+20
Congestive Heart Failure		+10
Cerebrovascular disease		+10
Renal Disease		+10
Altered Mental Status		+20
Respiratory Rate > 25/min		+20
Systolic Blood Pressure < 90 mm Hg		+20
Temperature < 95F or > 103.0F		+15
Pulse > 124 beats/min		+10
pH < 7.35		+30
BUN > 29mg/dl		+20
Sodium < 130 mmol/L		+20
Glucose > 250mg/dL		+10
Hematocrit < 30%		+10
Oxygen saturation < 90%		+10
Pleural Effusion on X-ray		+10
===== TOTAL Score		
===== MORTALITY RISK		
===== Performed on		

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DATE

02/15/20⁷

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Pneumonia Scale (continued)		
Pneumonia Criteria	Present	Points
----- User Name		

NIH Stroke Scale (new)	
No Entries	

Procedures			
Procedure	Performed By	Quantity Entered	Billing No.
No Entries			

Inpatient Medication Orders					
Medication	Dose	Route	Comments	Entered	Administered By
No Entries					

Created and Electronically Authenticated By: Tapp, Felicia, R.N. (E.C.) Created: 9/23/2015 1841 Last Entry: 1841

NURSING TRIAGE (Adult)

HPI:

Fall - Approx 0 feet, injuring right shoulder, elbow and wrist after tripping. (-)LOC, (-)neck tenderness.

PREHOSPITAL CARE:

Support System:

Special Considerations: None Identified.

LEARNING BARRIERS: None Identified.

> TRIAGE DATA:

History obtained from: patient

Tetanus: immunization status:

PHYSICAL EXAM:

AIRWAY: oral, (-)obstructed.

BREATHING: no breathing compromise.

CIRCULATION: no circulatory compromise, capillary refill <2 seconds.

GENERAL APPEARANCE: (adult) - well nourished, alert, oriented X 3, no acute distress, no obvious discomfort.

SKIN: warm, dry, good color.

> NURSING INTERVENTION: None

Created and Electronically Authenticated By: Laxton, Carrie R.N. (E.C.) Created: 9/23/2015 2008 Last Entry: 2009

Clinical Note: pt presents to the EC after fall. pt reports she tripped while walking. c/o right shoulder, elbow and wrist pain. pt reports she is unable to move arm. T32485 DATE 02/15/2016

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

ASSESS MEDICAL MINOR: Assessment performed at 9/23/2015 2008.

PMH List (See PMH Table) PSH List (See PSH Table)

SH: no tobacco, no alcohol, no drugs

PHYSICAL EXAM:

AIRWAY: (+)patent, (-)obstructed.

BREATHING: no breathing compromise. (-)accessory muscle use, good air exchange bilateral.

CIRCULATION: no circulatory compromise, capillary refill <2 seconds.

MENTAL STATUS: speech clear, oriented X 3, normal affect, responds appropriately to questions, alert, cooperative.

EXTREMITIES: good pulses on all extremities, no point tenderness, no edema

SKIN: warm, dry, good color.

EXPOSURE: Clothing deferred, Family at bedside.

SAFETY: Call light at bedside, Use of call bell explained to patient. Side rails raised for patient safety.

FALLS ASSESSMENT ADULT:

FALL HISTORY: No history of falling 0

SECONDARY DIAGNOSIS: No secondary diagnosis 0

IV ACCESS: No IV Access 0

AMBULATORY AID: None/bed rest/nurse assist 0

GAIT: Gait Normal bed rest or wheelchair 0

MENTAL STATUS: Oriented to own ability 0

FALL RISK SCORE: Low Risk (0-44).

Plan of Care to Decrease Fall Risk: Low Risk Interventions include - (+)Oriented to room, (+)Instruct to call for help/call bell within reach, ()Family/caregiver at bedside, (+)Bed in low position, (+)Bed/stretcher brakes on, (+)Bed rails up.

Created and Electronically Authenticated By: Laxton, Carrie R.N. (EC.) Created: 9/23/2015 2048 Last Entry: 2048

Orders Performed by Nurse:

- NORCO 7.5-325 TAB (HYDROcodone-acetaminophen) 1 tablet by mouth once - Gave 1 tablet,

Verified: 2 patient IDs and allergies, Given At: 9/23/2015 2046

Created and Electronically Authenticated By: Laxton, Carrie R.N. (EC.) Created: 9/23/2015 2108 Last Entry: 2108

Order(s) performed by "Task":

- DME - Sling, Arm - A4565 L or R: RIGHT R

Created and Electronically Authenticated By: Laxton, Carrie R.N. (EC.) Created: 9/23/2015 2214 Last Entry: 2214

Clinical Note:

DSP DISCHARGE with Prescription(s) - Plan of care discussed with patient. Patient discharged with printed instructions. Prescriptions given to patient. Reviewed prescribed medications with patient; including potential interactions with other substances. Patient verbalized understanding and ability to comply.

The following items were received by the patient on discharge:

(+)Discharge/Dx

(+)Diagnostic specific discharge instructions

(+)Medication Reconciliation Form

(+)Follow up plans

(+)A list of major procedures or test done in EC.

Wellsoft Interface Created: 9/23/2015 1940 Last Entry: 1940

Patient: GRADY, PAM ; Date/Time: ; 10001140508

----- ER WRIST (MIN 3 VIEWS) -----

Read By: JOAN BURKHARDTMD

Report: Exam- Right wrist, elbow, shoulder radiographs

Report: History- pain, fall on outstretched hand, 63 years Female

Report: Comparison- None available

Report: Findings- There appears to be an acute comminuted and minimally

Report: displaced fracture of the radius with a mildly displaced

DATE 02/15/20

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Report: fragment likely representing the greater tuberosity. There is mild
Report: subluxation of the humeral head in relation to the glenoid, which may
Report: be secondary to a joint effusion. There is acromioclavicular
Report: separation, measuring 17 mm, which may be acute or chronic, with
Report: degenerative osteophytosis. Mild diffuse osteopenia. The right wrist
Report: appears intact. No evidence of elbow joint effusion. Visualized soft
Report: tissues unremarkable.

Report: Impression-

Report: 1. Acute comminuted and mildly displaced fracture of the right
Report: humeral head, with likely with a large joint effusion.
Report: 2. Right acromioclavicular separation is noted, age indeterminate.

Report:

Report: Transcriptionist- NIEA

Report: Reading Radiologist- JOAN BURKHARDT MD

Report: Releasing Radiologist- JOAN BURKHARDT MD

Report: Released Date Time- 09/23/15 1940

Report:

Released By: JOAN BURKHARDTMD

NOTE: Additional Information is Available in the Sections Below.

Wellsoft Interface Created: 9/23/2015 1940 Last Entry: 1940

Patient: GRADY, PAM ; Date/Time: ; 10001140507

----- ER ELBOW (MIN 3 VIEWS) -----

Read By: JOAN BURKHARDTMD

Report: Exam- Right wrist, elbow, shoulder radiographs

Report: History- pain, fall on outstretched hand, 63 years Female

Report: Comparison- None available

Report: Findings- There appears to be an acute comminuted and minimally
Report: displaced fracture of the right humeral head, with a mildly displaced
Report: fragment likely representing the greater tuberosity. There is mild
Report: subluxation of the humeral head in relation to the glenoid, which may
Report: be secondary to a joint effusion. There is acromioclavicular
Report: separation, measuring 17 mm, which may be acute or chronic, with
Report: degenerative osteophytosis. Mild diffuse osteopenia. The right wrist
Report: appears intact. No evidence of elbow joint effusion. Visualized soft
Report: tissues unremarkable.

Report: Impression-

Report: 1. Acute comminuted and mildly displaced fracture of the right
Report: humeral head, with likely with a large joint effusion.
Report: 2. Right acromioclavicular separation is noted, age indeterminate.

Report:

Report: Transcriptionist- NIEA

Report: Reading Radiologist- JOAN BURKHARDT MD

Report: Releasing Radiologist- JOAN BURKHARDT MD

Report: Released Date Time- 09/23/15 1940

Report:

Released By: JOAN BURKHARDTMD

NOTE: Additional Information is Available in the Sections Below.

Wellsoft Interface Created: 9/23/2015 1940 Last Entry: 1940

Patient: GRADY, PAM ; Date/Time: 9/23/2015 1904 ; 10001140506

----- ER SHOULDER (MIN 2 VIEWS) -----

Read By: JOAN BURKHARDTMD

Report: Exam- Right wrist, elbow, shoulder radiographs

Report: History- pain, fall on outstretched hand, 63 years Female

Report: Comparison- None available

Report: Findings- There appears to be an acute comminuted and minimally
Report: displaced fracture of the right humeral head, with a mildly displaced

DATE 02/15/20 10

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Report: fragment likely representing the greater tuberosity. There is mild
Report: subluxation of the humeral head in relation to the glenoid, which may
Report: be secondary to a joint effusion. There is acromioclavicular
Report: separation, measuring 17 mm, which may be acute or chronic, with
Report: degenerative osteophytosis. Mild diffuse osteopenia. The right wrist
Report: appears intact. No evidence of elbow joint effusion. Visualized soft
Report: tissues unremarkable.

Report: Impression-

Report: 1. Acute comminuted and mildly displaced fracture of the right

Report: humeral head, with likely with a large joint effusion.

Report: 2. Right acromioclavicular separation is noted, age indeterminate.

Report:

Report: Transcriptionist- NIEVA

Report: Reading Radiologist- JOAN BURKHARDT MD

Report: Releasing Radiologist- JOAN BURKHARDT MD

Report: Released Date Time- 09/23/15 1940

Report:

Released By: JOAN BURKHARDTMD

Wellsoft Interface Created: 9/23/2015 1941 Last Entry: 1941

Patient: GRADY, PAM ; Date/Time: 9/23/2015 1904 ; 10001140507

----- ER ELBOW (MIN 3 VIEWS) -----

Read By: JOAN BURKHARDT MD

Report: Exam- Right wrist, elbow, shoulder radiographs

Report: History- pain, fall on outstretched hand, 63 years Female

Report: Comparison- None available

Report: Findings- There appears to be an acute comminuted and minimally

Report: displaced fracture of the right humeral head, with a mildly displaced

Report: fragment likely representing the greater tuberosity. There is mild

Report: subluxation of the humeral head in relation to the glenoid, which may

Report: be secondary to a joint effusion. There is acromioclavicular

Report: separation, measuring 17 mm, which may be acute or chronic, with

Report: degenerative osteophytosis. Mild diffuse osteopenia. The right wrist

Report: appears intact. No evidence of elbow joint effusion. Visualized soft

Report: tissues unremarkable.

Report: Impression-

Report: 1. Acute comminuted and mildly displaced fracture of the right

Report: humeral head, with likely with a large joint effusion.

Report: 2. Right acromioclavicular separation is noted, age indeterminate.

Report:

Report: Transcriptionist- NIEVA

Report: Reading Radiologist- JOAN BURKHARDT MD

Report: Releasing Radiologist- JOAN BURKHARDT MD

Report: Released Date Time- 09/23/15 1940

Report:

Released By: JOAN BURKHARDT MD

Wellsoft Interface Created: 9/23/2015 1942 Last Entry: 1942

Patient: GRADY, PAM ; Date/Time: 9/23/2015 1904 ; 10001140508

----- ER WRIST (MIN 3 VIEWS) -----

Read By: JOAN BURKHARDT MD

Report: Exam- Right wrist, elbow, shoulder radiographs

Report: History- pain, fall on outstretched hand, 63 years Female

Report: Comparison- None available

Report: Findings- There appears to be an acute comminuted and minimally

Report: displaced fracture of the right humeral head, with a mildly displaced

Report: fragment likely representing the greater tuberosity. There is mild

Report: subluxation of the humeral head in relation to the glenoid, which may

DATE 02/15/2011

Spartanburg Regional Emergency Center
101 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

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Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Report: be secondary to a joint effusion. There is acromioclavicular
Report: separation, measuring 17 mm, which may be acute or chronic, with
Report: degenerative osteophytosis. Mild diffuse osteopenia. The right wrist
Report: appears intact. No evidence of elbow joint effusion. Visualized soft
Report: tissues unremarkable.
Report: Impression-
Report: 1. Acute comminuted and mildly displaced fracture of the right
Report: humeral head, with likely with a large joint effusion.
Report: 2. Right acromioclavicular separation is noted, age indeterminate.
Report:
Report: Transcriptionist- NEVA
Report: Reading Radiologist- JOAN BURKHARDT MD
Report: Releasing Radiologist- JOAN BURKHARDT MD
Report: Released Date Time- 09/23/15 1940
Report:
Released By: JOAN BURKHARDT MD

Wellsoft Interface Created: 9/23/2015 2157 Last Entry: 2157

Patient: GRADY, PAM ; Date/Time: 9/23/2015 2110 ; 10001140646

----- CT EXTREMITY UPPER W/O CONTRAST -----

Read By: DAVID E PELINODO

Report: CT right shoulder without contrast

Report: History- Humeral head fracture.

Report: Technique- Helically acquired images were obtained through the right

Report: shoulder reconstructed at 2.5 mm thickness. Sagittal and coronal

Report: reformatted images were submitted

Report: Comparison- None. Correlation is made to right shoulder radiographs

Report: performed earlier on the same day.

Report: Findings- There is a comminuted fracture of the right humeral head

Report: with displacement of fracture fragments, including fracture fragments

Report: involving the greater tuberosity. There is an impacted humeral neck

Report: fracture with medial displacement of the dominant distal fracture

Report: fragment. There is deformity to the distal right clavicle which may be

Report: posttraumatic/postsurgical. There is also a remote right second rib

Report: fracture.

Report: Impression-

Report: 1. Comminuted fracture of the right humeral head and neck.

Report: 2. Deformity to the distal right clavicle suggest prior remote surgery

Report: and/or trauma.

Report:

Report: Transcriptionist- NEVA

Report: Reading Radiologist- DAVID E PELINO DO

Report: Releasing Radiologist- DAVID E PELINO DO

Report: Released Date Time- 09/23/15 2157

Report:

Released By: DAVID E PELINODO

Prescribed Meds / Rx

Rx 1: DME - Sling, Arm - A4565

Dose/Conc:

Freq/Rte: use as directed

Disp:

Refill:

Do Not Substitute:

Rx 2: NORCO TAB 5 mg-325 mg (hydrocodone-acetaminophen)

Dose/Conc:

Freq/Rte: 1-2 tablets by mouth every 4-6 hrs as needed for pain

Disp: #20 tablets PRINTED BY: TT32485

Refill: zero

Do Not Substitute:

12
02/15/20.

Spartanburg Regional Emergency Center
101 East Wood Street, Spartanburg, SC 29303 == (864) 560-6000

10/5/2015 Pg 13

Patient: Grady, Pamela
Arrival: 9/23/2015 1828
Pt Acct: 1526602343
Med Rcd: 000482500

Rx 3: Zofran Tablets (ondansetron)
Dose/Conc: 4mg/tablet
Freq/Rte: 1 tablet by mouth 3 times a day as needed for nausea
Disp: #12 tablets

Refill: 0

Do Not Substitute:

Disposition

Follow-up 1: Leong, Thomas M.D.

F/U MD Ph: 864-208-8800

Follow-up 1 Date: Patient to call for
appointment

F/U MD Fax:

Other Instr: Please wear sling as directed. Apply ice to shoulder 4x per day. Call Dr. Leong for
follow up appointment for early next week. Take pain medication as needed. Return
to ED for any worsening symptoms or other concerns.

Signatures

Electronically Authenticated: Blankenship, Jay M.D. 9/24/2015 0001

Electronically Authenticated: Laxton, Carrie R.N. (E.C.) 9/23/2015 2215

Electronically Authenticated by Res/NP: Schneider, Ashley P.A. 9/23/2015 2205

Admit Info

Dx/Instr

Dx 1: Humerus Head Fracture, Closed

Dx 2: Fall, Accidental (Unspecified)

(C) 2011 Wellsoft, Elsevier THIS IS THE LAST PAGE

PRINTED BY: TT32485

DATE

02/15/2013

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: GRADY, PAM
ORDERING PHYSICIAN: Schneider Ashley
LOC: EUR-EU13-C DOB: 06/10/52
Pt. Type: ER EMERG DEPT

UNIT #: 000482500
CI#: 4394773
AN#: S1526602343

FINAL

Exam

60180 CT EXTREMITY UPPER W/O CONTRAST* R Date: 09/23/15-2100
73200 Ord Diag: right humeral head fracture

CT right shoulder without contrast

History: Humeral head fracture.

Technique: Helically acquired images were obtained through the right shoulder reconstructed at 2.5 mm thickness. Sagittal and coronal reformatted images were submitted

Comparison: None. Correlation is made to right shoulder radiographs performed earlier on the same day.

Findings: There is a comminuted fracture of the right humeral head with displacement of fracture fragments, including fracture fragments involving the greater tuberosity. There is an impacted humeral neck fracture with medial displacement of the dominant distal fracture fragment. There is deformity to the distal right clavicle which may be posttraumatic/postsurgical. There is also a remote right second rib fracture.

Impression:

1. Comminuted fracture of the right humeral head and neck.
2. Deformity to the distal right clavicle suggest prior remote surgery and/or trauma.

Transcriptionist- N/A
Reading Radiologist- DAVID E PELINO DO
Releasing Radiologist- DAVID E PELINO DO

Page 1

PRINTED BY: TT32485

DATE

14
02/15/201

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: GRADY, PAM

ORDERING PHYSICIAN: Schneider Ashley

LOC: EUR-EU13-C

Pt. Type: ER

DOB: [REDACTED]/52

EMERG DEPT

UNIT #: 000482500

CI#: 4394773

AN#: S1526602343

Checkin-Exam Code Summary
4394773-60180R

Released Date Time- 09/23/15 2157

Page 2

PRINTED BY: TT32485

DATE

15
02/15/201

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: GRADY, PAM
ORDERING PHYSICIAN: MORRISON, DANA C
LOC: ER-E001-A
Pt. Type: ERQ
DOB: 02/28/52
EMERG DEPT
UNIT #: 000482500
CI#: 4394720
AN#: S1526602343

FINAL

Exam

10272 ER WRIST (MIN 3 VIEWS)*R Date: 09/23/15 1852
73110 Ord Diag: fall on outstretched hand

10068 ER ELBOW (MIN 3 VIEWS)*R Date: 09/23/15 1852
73080 Ord Diag: fall on outstretched hand

10214 ER SHOULDER (MIN 2 VIEWS)*R Date: 09/23/15 1852
73030 Ord Diag: fall on outstretched hand

Exam: Right wrist, elbow, shoulder radiographs

History: pain, fall on outstretched hand, 63 years Female

Comparison: None available

Findings: There appears to be an acute comminuted and minimally displaced fracture of the right humeral head, with a mildly displaced fragment likely representing the greater tuberosity. There is mild subluxation of the humeral head in relation to the glenoid, which may be secondary to a joint effusion. There is acromioclavicular separation, measuring 17 mm, which may be acute or chronic, with degenerative osteophytosis. Mild diffuse osteopenia. The right wrist appears intact. No evidence of elbow joint effusion. Visualized soft tissues unremarkable.

Impression:

1. Acute comminuted and mildly displaced fracture of the right humeral head, with likely with a large joint effusion.
2. Right acromioclavicular separation is noted, age indeterminate.

Page 1

PRINTED BY: TT32485

DATE 02/15/201

16

Carolina Orthopaedic Center



CAROLINA ORTHOPAEDIC CENTER

10/07/15

GRADY, Pamela
53553

WILAT: Right proximal humerus fracture
HOW: Fall
WHEN: 9/23/15 leaving work at Magnolia Manor

REFERRING HEALTH CARE PROVIDER: Dr. Tony Sanchez

HISTORY: Ms. Grady is a 63 year old right hand dominant female, seen at the request of Dr. Sanchez for problems related to the right shoulder. She has a history of hypertension, hypercholesterolemia, diabetes mellitus, Vitamin D deficiency. She is status post a right TKA by Dr. Sanchez from which she did well. She has OA in the left knee. She has had 2 surgical procedures to the right shoulder for "instability". One was a soft tissue procedure. The second was a bony procedure. She did well after that and had no problems until 9/23/15. She was leaving work in the parking lot when she fell, landing on an outstretched hand, injuring the right shoulder. She was taken to the E.R. and radiographs demonstrated a right proximal humerus fracture. She followed up with Dr. Sanchez. Due to the complexity of her fracture and previous history she is referred here. Of interest, she was leaving Magnolia Manor when she fell in the parking lot. Apparently she was working at a previous facility and her insurance ends 10/1/15. She has tried COBRA although that hasn't worked out yet. She is here today for exam. Health history is reviewed and dated 10/07/15. Please see the chart.

EXAM: She is an awake, alert pleasant female. She is ambulating without difficulty. She is guarding her right arm at her side in a sling. She has a slightly restricted range of cervical spine motion without radicular findings. The left shoulder has 0 to 180 degrees of active and passive forward elevation. Internal rotation is to T6. External rotation is to 60 degrees at the side. AC joint and SC joint is non-tender. Greater tuberosity is non-tender. Patient has negative biceps, negative lift-off, negative drop sign, negative O'Brian's sign. No posterior glenohumeral joint line tenderness. Rotator cuff strength is 5/5 with a negative external rotation stress test. There is no evident anterior or posterior apprehension with a negative sulcus sign. In the supine 90 degree abducted position patient has 90 degrees of external and internal rotation. There is no instability. Neurovascularly patient is intact. Negative lift-off, negative belly press, negative drop sign, negative external and internal rotation lag sign, negative horn blower's sign. Negative bear hugger's sign. Negative empty can sign. No instability. Neurovascularly intact. The right shoulder is guarded at her side. She has well healed surgical incision on the superior aspect of her shoulder. She has bruising down her arm. She has 2+ radial and ulnar pulses and appears neurovascularly intact. The remainder of her exam is limited secondary to discomfort.

RADIOGRAPHS: Of the right shoulder are reviewed, including AP, outlet and Vello axillary views, which demonstrate a Type I acromion with evidence of previous DCR with calcifications and slightly high riding distal clavicle. She has a 3 part right proximal humerus fracture involving the greater tuberosity and surgical neck which is reverse oblique in nature and comminuted, with medial displacement of the shaft compared to her previous films from Dr. Sanchez' office. Films from Dr. Sanchez' office were from roughly 1 week ago. Her humeral head is impacted and depressed as well.

IMPRESSION:

1. Three part right proximal humerus fracture involving the greater tuberosity and surgical neck with impaction and comminution and reverse oblique nature
2. Status post 2 previous shoulder surgical procedures for instability, possible AC joint issues
3. Hypertension
4. Diabetes mellitus
5. Hypercholesterolemia
6. Status post right TKA
7. OA, left knee



CAROLINA ORTHOPAEDIC CENTER

Page Two
10/07/15

GRADY, Pamela
53553

8. Vitamin D deficiency
9. Overweight

PLAN: I had a lengthy discussion with Ms. Grady regarding her condition. Given her multiple previous surgeries, some of which were for instability, as well as fracture pattern today and her bone quality, I concur with Dr. Sanchez. I do believe that she has exhausted nonoperative modalities. I believe she would be best served by undergoing a reverse right TSA with Delta Xtend prosthesis and biceps tenodesis. This would be performed utilizing general anesthesia with an interscalene block on an inpatient basis. I would place a PPD and consider short-term rehab stay. We would be careful about her right TKA at the time of surgery. I discussed risks and benefits of the procedure with her and expected outcomes. Given her comminution, her fracture pattern, which is comminuted, reverse oblique and displaced, as well as previous instability surgery, I favor a reverse TSA over a hemiarthroplasty. I believe that would give a much more reproducible result. Again she would be best served by undergoing a reverse right TSA with Delta Xtend prosthesis and biceps tenodesis. This would be performed utilizing general anesthesia with an interscalene block on an inpatient basis. I would place a PPD and consider short-term rehab stay. We would be careful about her right TKA at the time of surgery. I discussed risks and benefits of the procedure with her and expected outcomes. I gave her a Norco 10 prescription and sling and will proceed at her convenience. CPT CODES: 23472 and 23040. ICD-10 CODE: S42.23 1A. Again, given her fracture pattern, 3 part right proximal humerus fracture with head impaction, comminution, reverse oblique nature, as well as bone quality and 2 previous surgeries, I believe she would be best served by undergoing a reverse right TSA with Delta Xtend prosthesis and biceps tenodesis over a hemiarthroplasty. I believe that would provide her with a much more reliable result.

Alan G. Posta, Jr., M.D./mak

Electronically signed 10/07/15 9:05 PM

Cc Tony Sanchez, M.D.
(plus letter)

10/07/15

RADIOGRAPHS: Of the right shoulder are reviewed, including AP, outlet and Velpo axillary views, which demonstrate a Type I acromion with evidence of previous DCR with calcifications and slightly high riding distal clavicle. She has a 3 part right proximal humerus fracture involving the greater tuberosity and surgical neck which is reverse oblique in nature and comminuted, with medial displacement of the shaft compared to her previous films from Dr. Sanchez' office. Films from Dr. Sanchez' office were from roughly 1 week ago. Her humeral head is impacted and depressed as well.

Alan G. Posta, Jr., M.D./mak

Electronically signed 10/07/15 9:05 PM



CAROLINA ORTHOPAEDIC CENTER

Page Three
10/07/15

GRADY, Pamela
53553

10/07/15

Health history is reviewed and unchanged.

Alan G. Posta, Jr., MD/mak

Electronically signed 10/07/15 9:05 PM



CAROLINA ORTHOPAEDIC CENTER

209 Patewood Drive, Suite 200 • Greenville, South Carolina 29615

864-234-9900 • Fax 864-234-9090

☐ O'Boyle ☒ Posta

Patient GRADY, PAMELA SS# [REDACTED] Phone # [REDACTED] 2409
DOB 3/28/1952 Insurance BCBS zcw03435680410 Cell #

PROCEDURE Right reverse tsa bt 23472 23430 CLINICAL prox hum fx s42.231a

FACILITY

☐ SFH (ST. Francis-Downtown) 255-1072 ☒ SFE (ST. Francis Eastside) 255-1072

Appointments

Pre-op Visit with physician/PA Date Time
Pre-assessment at hospital Date 10/12/2015 Time 9:15am
Surgery at hospital Date 10/16/2015 Time hospital to call

☐ If Checked, PLEASE BRING CRUTCHES, SLING AND/OR KNEE IMMOBILIZER TO SURGERY

Post-op visit with physician Date 10/28/2015 Time 2:00pm sutures/xray

FOR STAFF ONLY	ADMIT TYPE	SUPPLIES
Time Needed <u>120</u>	☐ Day Before	☐ Pre-op orders
Anesthesia <u>gen isb</u>	☐ AM	☐ Crutches/walker
☐ Cell Saver <u></u>	☐ 23 ⁰⁰ Observation	☒ Sling
Special Equipment <u>delta</u>	☐ Outpatient	☐ Knee Immobilizer
	☒ In patient Rm <u></u>	☒ Ed. material
Sales Rep. <u>jason</u>		☐ Other <u></u>
Notified by <u></u> On <u></u>	HH Notified <u></u> By <u></u>	☐ RX
PT notified <u></u> By <u></u>	Internist/PCP notified <u></u> By <u></u> On <u></u>	
Pre-op clearance with <u></u> Date <u></u>	By <u>ew</u> On <u>10/7/2015</u>	
Surgery scheduled with <u>amanda</u>	Per <u>BECKY</u>	
Precert # <u>1528809454764 2DAY STAY</u>		

RF3 20

ST FRANCIS - EASTSIDE
125 Commonwealth Drive
Greenville, S.C 29615
864-675-4000

OPERATIVE REPORT

NAME: Grady, Pamela	SEX: F	MR: 000785062664
LOC: 30RT307 01	AGE: 63	ACCT: 700068166282
DOB: 8/19/1952	PT: I	
ADMIT: 10/16/2015	DSCH:	MSV:

DATE OF SURGERY: 10/16/2015

PREPROCEDURE DIAGNOSES

1. Three-part right proximal humerus fracture involving the surgical neck and greater tuberosity.
2. Biceps tendinitis.

POSTPROCEDURE DIAGNOSES

1. Three-part right proximal humerus fracture involving surgical neck and greater tuberosity.
2. Biceps tendinitis.

NAME OF PROCEDURE: Reverse right shoulder total arthroplasty with a Delta stem prosthesis and biceps tenodesis.

SURGEON: Alan G. Posta Jr, MD

ANESTHESIA: General.

PATHOLOGY

1. Three-part right proximal humerus fracture involving surgical neck and greater tuberosity with marked comminution, reverse oblique nature, complex fracture.
2. Biceps tendinitis.

CPT CODES: 23472 and 23430.

ICD-10 CODES: S42.231A and N75.21.

OPERATIVE REPORT - ST. FRANCIS - EASTSIDE
Page 1 of 3 Physician copy for (Alan G Posta, Jr, MD)

Name: Grady, Pamela
MR: 000785062664

Acct: 700068166282

HARDWARE UTILIZED: DePuy Metaglene 42 eccentric glenosphere, 42 +9 cup, 10/2 stem, 8 mm Biostop G, 48 mm superior and inferior locking screw, 24 mm anterior and 18 mm posterior cortical screws.

FIRST ASSISTANT: Kim Caldwell, certified first assist

Use of a certified first assistant was necessary due to the complexity of this operative procedure. Use of a certified first assistant was necessary to dissect anatomical structures, mobilizing tuberosities, placement of the prosthesis, repairing rotator cuff. Use of a certified first assistant was necessary to maximize outcome and optimize the patient's safety.

INDICATIONS: The patient is a 63-year-old female who has had previous right shoulder surgery who fell at work in the parking lot on 09/23/2015 sustaining a complex right proximal humerus fracture. It was a 3-part fracture involving surgical neck and greater tuberosity with marked comminution, poor quality bone, reverse oblique nature. The patient was referred to me for operative fixation. She is now roughly 3 weeks from her indexed date of injury.

PROCEDURE: Following identification, the patient was taken to the operative suite. Following administration of general anesthesia, interscalene block for postop pain control, 2 g of IV Anect, placement of a Foley catheter, the patient was positioned on the operating table in the beach chair fashion. Care was taken to protect her right total knee arthroplasty. The right shoulder was then prepped and draped in a sterile fashion.

A standard deltopectoral incision was identified and marked. Skin was incised. Subcutaneous tissue was then dissected down to the cephalic vein. This was mobilized proximally and distally and retracted laterally with the deltoid, pectoralis major, strap muscles retracted medially. Subdeltoid bursa was meticulously exposed. Axillary nerve was protected. Biceps tendon was identified. It was dissected up through the rotator interval. It was tagged and transected for later tenodesis. Subscapularis was elevated sharply off the lesser tuberosity and tagged. The humerus was then identified, carefully dislocated from the wound. There was noted to be a complex 3-part right proximal humerus fracture with reverse oblique nature, comminution, impaction of the humeral head, a large greater tuberosity fracture fragment. At this point, the greater tuberosity fracture was identified. It was completely mobilized and tagged for later reconstruction. Glenoid retractors were then placed. Glenoid was then meticulously exposed. Starter wire was then drilled. Glenoid was drilled and reamed. A Metaglene was inserted and secured with a 48 mm superior and inferior locking screw, 24 mm anterior and 18 mm posterior cortical screw. Metaglene was stable. A 42 eccentric glenosphere was inserted and

OPERATIVE REPORT

Page 2 of 3 Physician copy for (Alan G Posta, Jr, MD)

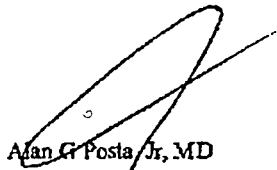
Name: Crady, Pamela
MR: 000785062664

Acct: 700068166282

secured in standard fashion. Metaglene and glenosphere were stable. Humerus was dislocated back from the wound. Again, there was some marked comminution. Humeral canal was reamed to accommodate a 10/2 stem. At this point, the humeral canal was irrigated and dried. An 8 mm Biostop G was then placed distally. A 10/2 stem, which had been preloaded with #5 sutures was then cemented in appropriate version. Excessive cement was removed with a curet.

At this point, multiple trials were trialed off. The 10/2 stem was noted and a 42 +9 cup gave excellent stability and mobility. At this point, the 42 +9 cup was then placed. The shoulder was reduced. There was excellent stability and excellent mobility. At this point, the greater tuberosity was then repaired back to the fitted prosthesis with #5 Mersilene sutures in modified Mason-Allen type fashion and oversewn with #5 Mersilene sutures. Likewise, the subscapularis was repaired using #5 Mersilene sutures. Biceps tenodesed using #5 Mersilene sutures. Arm was put through range of motion and was stable.

At this point, the wound was then irrigated. Deltopectoral interval was approximated with #2 Mersilene sutures. Skin was closed with 0 Vicryl figure-of-eight sutures and a 2-0 Prolene subcuticular stitch. A sterile dressing was applied, sling and swathe was applied. The patient was then transferred to the recovery room in stable condition.



Alan G Posta, Jr, MD

This is an unverified document unless signed by physician.

TID: wmx
JOB: 445057

DOC#: 532030

DT: 10/16/2015 06:19 P
DD: 10/16/2015

cc: Alan G Posta, Jr, MD

OPERATIVE REPORT

Page 3 of 3 Physician copy for (Alan G Posta, Jr, MD)

1511416099

HOME HEALTH CERTIFICATION AND PLAN OF CARE

* 1511416099 *

1. Patient's BI Claim No.		2. Start of Care Date		3. Certification Period		4. Medical Record No.		5. CCH	
ECH034356380410		101915		From: 101915 To: 121715		00411421-00329754		427049	
6. Patient's Name and Address					7. Provider's Name, Address and Telephone Number				
Grady, Pamela [Redacted] Rd [Redacted] NC 29649 2109					St. Francis HomeCare Program 10 Potomac Dr Bldg 6 Suite 200 Greenville, SC 296154997 8642335300				
8. Date of Birth		9. Sex		10. Medications: Dose/Frequency/Route (New [C] changed)					
11/03/1952		F		LISINPAPIL 10 mg TABLET					
11. ICD-CM		Principal Diagnosis		Date		1 ORAL Daily; prescribed by Jennifer Baugh			
942201D		UTER FK UPPER END OF		101915 0					
12. ICD-CM		Surgical Procedure		Date					
N/A									
13. ICD-CM		Other Particulate Diagnosis		Date		MM 1,500 mg TABLET			
M390		UTERINE TRACT INFECTION		101615 0		2 ORAL Daily; prescribed by Jennifer Baugh			
B119		TYPE 2 DIABETES MELL		010101 0		VITAMIN D3 5,000 unit CAPSULE			
I10		HYPERTENSION (PRIMARY)		010101 0		1 ORAL Every other day			
Z96611		PRESENCE OF RIGHT AR		101615 0		(See Addendum)			
14. DME and Supplies:					15. Safety Measures:				
4X4 Quatre TagadaRM					1 - Establish emergency plan 2 - (See Addendum)				
16. Nutritional Req.: B - ADA diet					17. Allergies: N/A				
18. A. Functional Limitations					18. B. Activities Permitted				
1. Amputation 5 Paralysis 9 Legally Blind					1 Complete Bedrest 6 Partial Weight Bearing 8 Wheelchair				
2 X Bowel/Bladder (Incontinence) 5 X Emittance 8 Dyspnea With Minimal Exertion					2 Bedrest BMR 7 Independent At Home 9 Walker				
3 Contracture 7 Rehabilitation					3 X Up As Tolerated 8 Crutches 9 No Restrictions				
4 Hearing 6 Speech 8 Other (Specify)					4 Transfer Bed/Chair 9 Cane 10 Other (Specify)				
5 X Exercises Prescribed									
19. Mental Status:					20. Prognosis:				
1 X Oriented 3 Forgetful 5 Disoriented 7 Agitated					1 Poor 2 Guarded 3 Fair 4 Good 5 Excellent				
2 X Confused 4 Depressed 6 Lethargic 8 Other									
21. Orders for Discipline and Treatment (Specify Amount/Frequency/Duration)									
PT 1 Week 2									
Verbal order received from Dr. Vosta on 10/19/15 at 0410p. Has the following frequency, duration and subliminal.									
May accept additional orders from Dr. Carey of covering provider									
Patient has Advance Directives									
Full Cardio-pulmonary Resuscitation									
PP PLAN OR CURS									
(See Addendum)									
22. Homebound Status/Goal/Rehabilitation Potential/Discharge Plans					25. Date HRA Received Signed for				
HRA Homebound Status: Patient is homebound (See Addendum)									
23. Nurse's Signature and Date of Verbal SOC When Applicable									
Matthew Red DPT Red, Matthew DPT Document Signed Electronically 11/03/15 09:30 AM					10/18/15				
26. Physician's Name and Address					26. I certify/ascertain that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan and will periodically review the plan.				
Vosta, Alan G MD 209 Fairwood Dr. #200 Caroline Orthopedic Center Greenville, SC 29615 864 234 9900									
27. Attending Physician's Signature and Date Signed					28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal Law.				
Name Date Alan G. Vosta, Jr MD									

SC # 18677

Page 1 of 3

ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE

1. Patient's ID Card: 2. State of Care: 3. Certification Period: 4. Medical Record No.: 5. CHS
 6. Patient's Name: 7. Provider Name:
 8. Facility Name: 9. Facility Address:
 10. Facility Phone: 11. Facility Fax:

12. Date:
 13. Time:

14. Medication:
 15. Dosage:

16. Frequency:
 17. Route:

18. Indication:
 19. Prescriber:

20. Date:
 21. Time:

22. Signature:
 23. Title:

24. Date:
 25. Time:

26. Indication:
 27. Prescriber:

28. Date:
 29. Time:

30. Indication:
 31. Prescriber:

32. Establish fire response plan 3 - Establish emergency disaster plan 4 - Implement a falls prevention program (e.g., assess throw rugs, teach safe use of assist/safety devices) 5 - Teach weight-bearing precautions 7 - Teach appropriate cleaning of equipment 8 - Teach proper/safe use of medications 9 - Teach standard precautions (e.g., handwashing, safe disposal of contaminated sharps and supplies)

33. Signature of Physician:

34. Date:
 35. Time:

36. Optional Name/Signature of Nurse/Therapist: SC#10577

37. Date:

38. Time:
 39. Signature:

40. Date:

41. Date:

42. Time:

43. Addendum Page 2 of 4

ADDENDUM TO:

X PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's UP CLAIM 2. Start Of Care 3. Certification Period 4. Medical Record No. 5. COM
 H2CWC30356880410 101915 Prim: 101915 To: 121713 004114421-00329754 427049
 6. Patient's Name 7. Provider Name
 Grady, Pamela St. Francis HomeCare Program
 8. Item No. 21

Evaluation
 Transfer Training
 Gait Training FMS status Device L2AD
 Establish/upgrade home exercise plan Management/Evaluation of client care plan
 Therapeutic Exercise
 Home program
 Ice/Heat PMS for pain and inflammation control
 Monitor Blood pressure
 Monitor Blood Sugar Do not exercise if BS less than 60 or greater than 240
 Balance Retraining

Report if Pulse greater than 120 or less than 60 Respiration greater than 20 or less than 14
 Temperature greater than 101

Report to MD if Systolic pressure greater than 180 or less than 90 Diastolic pressure greater than 100
 or less than 50

DIABETES

Therapy will not exercise if BS greater than 240 or less than 60. Notify MD
 if BS not available, assess patient for signs and symptoms of hypoglycemia and hyperglycemia prior to and
 during treatment
 Monitor feet for the presence of skin lesions
 Provide patient/caregiver education on proper foot care

INTERVENTIONS TO REDUCE RISK OF FALLS

Advise patient to call for assistance when attempting to ambulate or transfer
 Advise patient to keep assistive device, ASC, personal items or other articles within easy reach especially
 at night
 Ensure the patient's pathway for mobility is well lit, dry, free of clutter, cords, protruding furniture,
 loose rugs and/or any obstruction to decrease the risk of falls
 Encourage patient to use ambulation device as needed
 Educate patient/caregiver about any meds that may cause drowsiness, unsteadiness, light headedness or any
 other side effect that may increase the risk of falls
 Advise patient to keep emergency numbers and telephone nearby.

INTERVENTIONS TO DECREASE PAIN

Monitor pain and if greater than 4 and not relieved by medications and/or modalities MD will be notified
 for further orders.

Or eval week of 10/19/15

Verbal verification of Physician orders obtained.

OT 1 Week 1:2 Week 3

Verbal Verification of physicians order from Dr. Posta at 0930 AM on 10/22/15 for the following
 frequency, duration and modalities

Diagnosis: R Reverse TSA - Delta Protocol, debility

OT Plan of care to include the following

Eval
 ADL/IADL retraining
 Therapeutic exercise
 HEP instruction and training
 Adaptive Equipment/DME recommendation and training
 Joint Protection/Body Mechanics education
 Hot pack/cold pack

9. Signature of Physician

Name Date
 Alan G. Posta, Jr MD

10. Date

11. Optional Name/Signature of Nurse/Therapist

Matthew Red DP1

Red, Matthew DP1
 Document Signed Electronically 11/03/15 09:30 AM

SC #12677

12. Date

10/18/15

Addendum Page 3 of 4

ADDENDUM TO:

X PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's HI Claim
N2000343568001102. Start Of Care
10/01/153. Certification Period
From: 10/01/15 To: 12/17/154. Medical Record No.
00411421-003297545. UCN
4270196. Patient's Name
Grady, Patricia

7. Provider Name

St. Francis HomeCare Program

8. Item
No.

Pt./cg education/training

Monitor vital signs as follows:

Report to MD if Pulse greater than 120 or less than 60. Respiration greater than 28 or less than 14. Temperature greater than 101. Systolic pressure greater than 180 or less than 90. Diastolic pressure greater than 100 or less than 50.

Monitor BS do not exercise if BS less than 60 or greater than 240

IF BS not available...assess patient for signs and symptoms of hypoglycemia and hyperglycemia before and during treatment

Goals

RTG to be achieved in 1-2 weeks:

1. Pt will perform RVD pendulum exercises with supervision using handrails.

2. Pt will off/on sling to KUM independently.

3. Pt will don pullover shirt with GSA using modified technique.

4. Pt. will obtain 1K sponge as recommended for increased independence with bathing.

LTC to be achieved by discharge:

1. Pt will independently perform US BSW for positioning, ROM, and isometric strengthening per Reverse TSA Delta protocol using handrails for reference.

2. Pt. will perform basic ADL tasks with supervision to Mod I using compensatory strategies and AX pzn.

Discharge Plan: Patient will be discharged when goals are met or maximum rehab potential is reached.

Illness or condition that results in an activity limitation or restriction that impairs the ability to leave home: Fall Risk; Gait deficit; Limited ambulation; Unsteady gait/poor balance; Weight bearing limitations or required bed rest

Environmental barriers prevent/restrict the patient from leaving the home: several steps to enter/exit home and patient's balance is affected by her upper extremity weight bearing status

Goals: PT Goals to be completed by dc in 1 week:

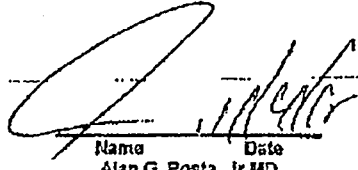
1) Patient will verbalize understanding of strategies to decrease fall risk in the home.

Rehab Potential:

2 - Good

Discharge Plans: Patient to be dc when goal met or max benefit achieved

9. Signature of Physician


Name
Alan G. Posta, Jr MD

Date

10. Date

11. Optional Name/Signature of Nurse/Therapist

SC# 18877

Matthew Rad DPT

12. Date

10/19/15

Rad, Matthew DPT
Document Signed Electronically 11/03/15 09:30 AM

Addendum Page 4 of 4



CAROLINA ORTHOPAEDIC CENTER

10/28/15

GRADY, Pamela
53553

Ms. Grady returns today, 2 weeks status post reverse right TSA with a Delta Xtend prosthesis, biceps tenodesis, for a 3 part right proximal humerus fracture. She returns noting that she is doing well. Health history is reviewed and dated 10/28/15 with no changes, please see the chart.

EXAM: Surgical incision is healed, suture is removed. She has limited active motion today. Biceps has a good cosmetic appearance. She is neurovascularly intact.

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position.

IMPRESSION: Stable, status post reverse right TSA with a Delta Xtend prosthesis, biceps tenodesis, for a 3 part right proximal humerus fracture 2 weeks

PLAN: Ms. Grady looks good. She will continue in home therapy. I refilled her Dilaudid. I will reassess her progress in 2 weeks with new AP, Y and axillary views, right shoulder. At that point we will advance her into formal therapy. For now home therapy, Dilaudid. ICD-10 CODE: 796.611.

Alan G. Posta, Jr., M.D./mak

Electronically signed 10/28/15 4:46 PM

10/28/15

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position.

Alan G. Posta, Jr., M.D./mak

Electronically signed 10/28/15 4:46 PM

10/28/15

Health history is reviewed and unchanged.

Alan G. Posta, Jr., M.D./mak

Electronically signed 10/28/15 4:46 PM



CAROLINA ORTHOPAEDIC CENTER

Physical Therapy Prescription

Name: PAMELA GRADY Date: 10/28/2015
 Diagnosis: s/p right shoulder
 Surgery: _____
 Frequency: 3 x week Duration: 2 weeks
 Home Phone: (704) 2409-2409 Work Phone: (704) 2409-9055
☒ Evaluate & Treat ☐ Aquatic Therapy
☒ Home Exercise Program ☐ Ultrasound
☐ E-Stim/TENS ☐ Manual Therapy
☐ Strengthening ☐ FCA
☒ Range of Motion ☐ Low Impact Fitness
☐ Isokinetic Testing/Exercise ☐ Trunk Strengthening
☐ Orthotics ☐ Work Conditioning
☐ Traction ☐

continue home health

I certify that I have examined the patient and that physical therapy services are necessary on an outpatient basis, that services will be furnished while the patient is under my care, and that the plan, as established, will be reviewed every 30 days / or more often if the patient's condition requires.

Referring Physician: Alan G Posta Jr., M.D.

Listed below are outpatient Physical Therapy and Rehabilitation locations in our area. Please call the facility circled below to setup your appointment. Please confirm with your insurance carrier that this location is in your network.

St. Francis Patewood
 209 Patewood Drive, Suite 100
 For an Appointment Call: 864-382-3560

Greenville

Accelerate Physical Therapy
 77 Points Circle 233-4477

Advanced Physical Therapy
 1005 Grove Rd. 373-6577

Elite Physical Therapy
 •1011 Grove Rd. 233-5128
 •30 Rushmore Dr. 268-4794
 •2005 E. Greenville St. Suite 119
 964-0505

Ferman Sports Medicine
 3300 Poinsett Hwy 241-5190

Premier Physical Therapy
 1310 A Garlington Rd. 288-2998

Progressive Therapy Services
 701 Congaree Rd. 329-0983.

Smith Physical Therapy
 9 Maple Tree Court, Suite A
 286-8288

St. Francis Hospital System
 •131 Commonwealth Dr.
 675-4650
 •1 St. Francis Dr. 255-1076

St. Francis Millennium Physical Therapy
 2 Innovation Dr. 400-3630

VBS Physical Therapy
 •535 W. Butler Rd. Suite A 277-2747
 •319 Mills Ave. 233-1153
 •3919 S. Hwy 14 234-0491

Anderson

Armed Health Rehab Plus
 100 Healthy Way 261-3099

Advanced Physical Therapy
 108 Montgomery Dr. 760-0504

Upstate Physical Therapy
 120 Mutual Dr. 261-3313

VBS Physical Therapy
 1403 E. Greenville St Suite B
 225-7552

Easley
 Dasher Physical Therapy
 •3150 Hwy. 153 605-0018
 •227 S. Pendleton St. Suite B
 855-7030

Excel Rehab & Sports
 1664 E. Main St 654-2001

Major League/ProAxis
 11402 Anderson Rd 335-4018

VBS Physical Therapy
 712 N. A Street 859-0778

Greer
 Advanced Therapy Solutions
 420 The Parkway Suite M
 244-3474.

Sports, Spine & Industrial
 140 Executive Dr. 801-8706

Pickens

Cannon Outpatient
 123 W. G. Acker Dr. 898-1346

VBS Physical Therapy
 444 Hampton Ave Suite D.
 878-7965

Spartanburg
 Advanced Therapy Solutions
 •8912 Warren H. Abernathy Hwy
 574-7282
 •660 Cummings St 208-8070

Finley Physical Therapy & Sports
 Medicine
 1420 Skyline Dr. 342-0180

Simpsonville
 Simpsonville Rehab & Sports
 877-B N.E. Main St 962-8016

Sports, Spine & Industrial
 719-B S.E. Main St 963-9229
 St. Francis Physical Therapy at Five Forks
 216 Scufflatown Rd 254-5899

VBS Physical Therapy
 415 SE Main St 967-3082

Travelers Rest
 VBS Physical Therapy
 146 Walnut Ln. Suite A 834-0401
 Accelerated Physical Therapy
 8 S. Poinsett Hwy. 610-9641

Clinton

Physicians Health and Rehab
 105 Physicians Park Drive
 938-0111

Greenwood
 Self-Regional Optimum Life
 115 Academy Ave. 725-7066

Select Physical Therapy
 110 Bypass 255
 233-0406

Clemson
 Clemson Sports Medicine
 10626 Clamson Blvd
 482-0085

Excel Rehab & Sports
 501 Forest Ln. Suite A
 654-2001

Taylors
 VBS Physical Therapy
 5000 Old Spartanburg Rd
 292-6269



CAROLINA ORTHOPAEDIC CENTER

Physical Therapy Prescription

Name: PAMELA GRADY Date: 11/5/2015
 Diagnosis: s/p right reverse tsa/ bicep tenodesis
 Surgery: 10/16/15
 Frequency: 3x/wk Duration: one month
 Home Phone: (864) 2-2409 Work Phone: (864) 2-9055
☒ Evaluate & Treat ☐ Aquatic Therapy Advanced-Sptbg
☒ Home Exercise Program ☐ Ultrasound f 208-8222
☐ E-Stim/TENS ☐ Manual Therapy
☐ Strengthening ☐ FCA
☒ Range of Motion ☐ Low Impact Fitness
☐ Isokinetic Testing/Exercise ☐ Trunk Strengthening
☐ Orthotics ☐ Work Conditioning
☐ Traction ☒ delta protocol

I certify that I have examined the patient and that physical therapy services are necessary on an outpatient basis, chat services will be furnished while the patient is under my care, and that the plan, as established, will be reviewed every 30 days / or more often if the patient's condition requires.

Referring Physician:

Alan G Posta Jr., M.D.

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Advanced Physical Therapy
 1005 Grove Rd. 373-6577

Elite Physical Therapy
 •1011 Grove Rd. 233-5128
 •30 Rushmore Dr. 268-4794
 •2005 E. Greenville St. Suite 119
 964-0505

Furman Sports Medicine
 3300 Polinsatt Hwy 241-5190

Premier Physical Therapy
 1310 A Garlington Rd. 288-2996

Progressive Therapy Services
 701 Congaree Rd. 329-0883.

Smith Physical Therapy
 9 Maple Tree Court, Suite A
 286-8288

St. Francis Hospital System
 •131 Commonwealth Dr.
 675-4650
 •1 St. Francis Dr. 255-1076

St. Francis Millennium Physical Therapy
 2 Innovation Dr. 400-3630

VBS Physical Therapy
 •535 W. Butler Rd. Suite A 277-2747
 •319 Mills Ave. 233-1153.
 •3919 S. Hwy 14 234-0491

Anderson

Armed Health Rehab Plus
 100 Healthy Way 261-3099

Advanced Physical Therapy
 108 Montgomery Dr. 760-0504

Upstate Physical Therapy
 120 Mutual Dr. 261-3313

VBS Physical Therapy
 1403 E. Greenville St Suite B
 225-7532

Easley

Dasher Physical Therapy
 •3150 Hwy. 153 605-0018
 •227 S. Pendleton St. Suite B
 855-7030

Excel Rehab & Sports
 1664 E. Main St 654-2001

Major League/ProAsk
 11402 Anderson Rd 335-4018

VBS Physical Therapy
 712 N. A Street 859-0778

Greer

Advanced Therapy Solutions
 420 The Parkway Suite M
 244-3474.

Sports, Spine & Industrial
 140 Executive Dr. 801-8706

Pickens

Cannon Outpatient
 123 W. G. Acker Dr. 898-1346

VBS Physical Therapy
 444 Hampton Ave Suite D
 878-7965

Spartanburg

Advanced Therapy Solutions
 •8811 Warren H. Abernathy Hwy
 574-7282
 •660 Cummings St 208-8070

Finley Physical Therapy & Sports
 Medicine
 1420 Skylon Dr. 342-0130

Simpsonville

Simpsonville Rehab & Sports
 877-B N.E. Main St 962-8016

Sports, Spine & Industrial
 719-B S.E. Main St 963-9229

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 216 Scufflatown Rd 254-5899

VBS Physical Therapy
 415 SE Main St 967-3082

Travelers Rest

VBS Physical Therapy
 146 Walnut Ln. Suite A 834-0401

Accelerated Physical Therapy
 8 S. Polinsatt Hwy. 610-9641

Clinton

Physicians Health and Rehab
 105 Physicians Park Drive
 938-0111

Greenwood

Self-Regional Optimum Life
 115 Academy Ave. 725-7066

Select Physical Therapy
 110 Bypass 255
 233-0406

Clemson

Clemson Sports Medicine
 10626 Clemson Blvd
 482-0085

Excel Rehab & Sports
 501 Forest Ln. Suite A
 654-2001

Taylors

VBS Physical Therapy
 5000 Old Spartanburg Rd
 292-6269

Posta, Alan (Carolina Orthopaedic Center)

Part Type: Fax

Scheduled Date:

Oct 19, 2015 1:00 AM

Please review, sign, and return to:
 St. Francis HomeCare Program
 10 Fatawood Dr Bldg 6
 Suite 300
 Greenville, SC 29615-4887
 8642335300

Orders to:

Grady, Pamela

MFI: 00411421

Access ID: 00329754

Historical:

R & D Ref: 03-11953

DOB: [REDACTED]

Patient Address:

595 Foster Rd

INGEN, SC 29349

Posta, Alan G MD
 209 Fatawood Dr. #200
 Carolina Orthopaedic Center
 Greenville, SC 29615
 NPI: 1841388673
 OFFICE 864 234 9900
 FAX 864 234 9817

1511416297

Order # 1511416297

Begin Date: 10/29/2015

Fax Order: PT

Taken Date: 10/29/2015 12:00 AM

Patient discipline dc from PT due to goals met.

Entered Date: 10/29/2015 02:01 PM

End Date: 10/29/2015

Grant
 Employee

Matthew Rad DPT

Rad, Matthew DPT

Document Signed Electronically

10/29/15 02:01 PM

Order(s)

Page 1 of 1

Name Date
 Alan G. Posta, Jr MD

BC # 12677

Physician

Posta, Alan G MD

Date



CAROLINA ORTHOPAEDIC CENTER

11/11/15

GRADY, Pamela
53553

Ms. Grady returns today, 1 month status post reverse right TSA with a Delta Xtend prosthesis, biceps tenodesis, for a 3 part right proximal humerus fracture. She returns noting that she is getting better. Health history is reviewed and dated 11/11/15 with no changes, please see the chart.

EXAM: Surgical incision is intact. Active forward elevation is 0 to 40, passively goes 0 to 90. Biceps has a good cosmetic appearance. She is neurovascularly intact.

RADIOGRAPHS: Today including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are well seated.

IMPRESSION: Stable, status post reverse right TSA with a Delta Xtend prosthesis, biceps tenodesis, for a 3 part right proximal humerus fracture. 4 weeks. It was a delayed treatment because I got involved in her care late.

PLAN: Ms. Grady looks good. She will continue to rehab her right shoulder. I gave her a Dilaudid prescription. I will reassess her progress in 2 weeks with new AP, Y and axillary views, right shoulder.

Alan G. Posta, Jr., M.D./mak

Electronically signed 11/11/15 6:27 PM

11/11/15

RADIOGRAPHS: Today including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are well seated.

Alan G. Posta, Jr., M.D./mak

Electronically signed 11/11/15 6:27 PM

11/11/15

Health history is reviewed and unchanged.

Alan G. Posta, Jr., M.D./mak

Electronically signed 11/11/15 6:27 PM



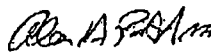
CAROLINA ORTHOPAEDIC CENTER

Physical Therapy Prescription

Name: PAMELA GRADY Date: 11/11/2015
 Diagnosis: s/p right shoulder
 Surgery: _____
 Frequency: 3 xweek Duration: 2 weeks
 Home Phone: 2-2409 Work Phone: 2-9055

☒ Evaluate & Treat	☐ Aquatic Therapy
☒ Home Exercise Program	☐ Ultrasound
☐ E-Stim/TENS	☐ Manual Therapy
☐ Strengthening	☐ FCA
☒ Range of Motion	☐ Low Impact Fitness
☐ Isokinetic Testing/Exercise	☐ Trunk Strengthening
☐ Orthotics	☐ Work Conditioning
☐ Traction	☒ delta protocol

I certify that I have examined the patient and that physical therapy services are necessary on an outpatient basis, that services will be furnished while the patient is under my care, and that the plan, as established, will be reviewed every 30 days / or more often if the patient's condition requires.

Referring Physician: 
 Alan G. Posta Jr., M.D.

Listed below are outpatient Physical Therapy and Rehabilitation locations in our area. Please call the facility circled below to setup your appointment. Please confirm with your insurance carrier that this location is in your network.

St. Francis Palawood
 209 Palawood Drive, Suite 100
 For an Appointment Call: 864-382-3560

Greenville

Accelerate Physical Therapy
 77 Pointe Circle 233-4477

Advanced Physical Therapy
 1005 Grova Rd. 373-6577

Elite Physical Therapy
 •1011 Grove Rd. 233-5128
 •30 Rushmore Dr. 268-4794
 •2005 E. Greenville St. Suite 119
 964-0505

Furman Sports Medicine
 3300 Poinsett Hwy 241-5190

Premier Physical Therapy
 1310 A Garlington Rd. 288-2998

Progressive Therapy Services
 701 Congaree Rd. 329-0983.

Smith Physical Therapy
 9 Maple Tree Court, Suite A
 286-8288

St. Francis Hospital System
 •131 Commonwealth Dr.
 675-4650
 •1 St. Francis Dr. 255-1076

St. Francis Millennium Physical Therapy
 2 Innovation Dr. 400-3630

VBS Physical Therapy
 •535 W. Butler Rd. Suite A 277-2747
 •319 Mills Ave. 233-1153
 •3919 S. Hwy 14 234-0491

Anderson

Armed Health Rehab Plus
 100 Healthy Way 261-3099

Advanced Physical Therapy
 108 Montgomery Dr. 760-0504

Upstate Physical Therapy
 120 Mutual Dr. 261-3313

VBS Physical Therapy
 1403 E. Greenville St Suite B
 225-7552

Easley
 Dasher Physical Therapy
 •3150 Hwy. 153 605-0018
 •227 S. Pendleton St. Suite B
 855-7030

Excel Rehab & Sports
 1664 E. Main St 654-2001

Major League/ProAxis
 11402 Anderson Rd 335-4018

VBS Physical Therapy
 712 N. A Street 859-0778

Greer
 Advanced Therapy Solutions
 420 The Parkway Suite M
 244-3474.

Sports, Spine & Industrial
 140 Executive Dr. 801-8705

Pickens

Cannon Outpatient
 123 W. G. Acker Dr. 898-1346

VBS Physical Therapy
 444 Hampton Ave Suite D
 878-7965

Spartanburg
 Advanced Therapy Solutions
 •8811 Warren H. Abernathy Hwy
 574-7282
 •560 Cummings St 208-8070

Finley Physical Therapy & Sports
 Medicine
 1420 Skylon Dr. 342-0180

Simpsonville
 Simpsonville Rehab & Sports
 877-B N.E. Main St 962-8016

Sports, Spine & Industrial
 719-B S.E. Main St 963-9229

St. Francis Physical Therapy at Five Forks
 216 Scuffletown Rd 254-5899

VBS Physical Therapy
 415 SE Main St 967-3082

Travelers Rest
 VBS Physical Therapy
 146 Walnut Ln. Suite A 834-0401
 Accelerated Physical Therapy
 8 S. Poinsett Hwy. 610-9641

Clinton

Physicians Health and Rehab
 105 Physicians Park Drive
 938-0111

Greenwood
 Self-Regional Optimum Life
 115 Academy Ave. 725-7066

Select Physical Therapy
 110 Bypass 255
 233-0406

Clemson

Clemson Sports Medicine
 10626 Clemson Blvd
 482-0085

Excel Rehab & Sports
 501 Forest Ln. Suite A
 654-2001

Taylors

VBS Physical Therapy
 5000 Old Spartanburg Rd
 292-6269



CAROLINA ORTHOPAEDIC CENTER

11/24/15

GRADY, Pamela
53553

Ms. Grady returns today, 6 weeks status post reverse right TSA with a Delta Xtend prosthesis and biceps tenodesis, for a 3 part right proximal humerus fracture. She returns noting that she is doing better, just feels kind of tired. Health history is reviewed and dated 11/24/15 with no changes, please see the chart.

EXAM: Surgical incision is intact. Active forward elevation is 0 to 80. Passively goes 0 to 140. External rotation is to 30 degrees at the side. Biceps has a good cosmetic appearance. She is neurovascularly intact. Negative drop and horn blower's sign today.

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are well seated.

IMPRESSION: Stable, status post reverse right TSA with a Delta Xtend prosthesis and biceps tenodesis, for a 3 part right proximal humerus fracture 4 weeks old. She is 6 weeks out from the operative procedure. I got involved in her care 1 month, which was delayed 6 weeks. She is 6 weeks post-op.

PLAN: Ms. Grady looks good. I refilled her Dilaudid. We will advance her to the full motion and strengthening phase of our shoulder rehab protocol. I will reassess her progress in 3 weeks. Out of work for 3 weeks. I will reassess her progress in 3 weeks with new AP, Y and axillary views, right shoulder. Before she returns we will measure a CBC, BMP and mag to check her electrolytes and her hemoglobin level. ICD-10 CODE: Z96.611.

Alan G. Posta, Jr., M.D./mak

Electronically signed 11/24/15 8:30 PM

11/24/15

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are well seated.

Alan G. Posta, Jr., M.D./mak

Electronically signed 11/24/15 8:30 PM

11/24/15

Health history is reviewed and unchanged.

Alan G. Posta, Jr., M.D./mak

Electronically signed 11/24/15 8:30 PM



CAROLINA ORTHOPAEDIC CENTER

MICHAEL J. O'BOYLE, M.D.
Acute Trauma • Post Traumatic Reconstruction
Foot & Ankle Surgery

ALAN G. POSTA, JR., M.D.
Sports Medicine • Shoulder, Elbow & Knee
Reconstructive Surgery

Work Statement

Name: PAMELA GRADY

Date: 11/24/2015

Diagnosis:

- ☒ Patient is unable to work until next appt 3 weeks.
- ☐ Patient may return to regular duty on _____.
- ☐ Patient may return to light duty on _____.

Work restrictions include:

- ☐ No lifting over _____ lbs. with ☐ RIGHT or ☐ LEFT arm.
- ☐ No repetitive activity with ☐ RIGHT or ☐ LEFT arm.
- ☐ No overhead activity with ☐ RIGHT or ☐ LEFT arm.
- ☐ No ☐ kneeling, ☐ bending, ☐ squatting, ☐ crawling, ☐ ladder climbing.
- ☐ No sitting for more than _____ minutes/hours. ☐ Change position frequently
- ☐ No standing for more than _____ minutes.
- ☐ Modify work hours to: _____ hrs a day 1st week _____ hrs a day 3rd week
_____ hrs a day 2nd week _____ hrs a day 4th week
_____ Limited to _____ days per week.
- ☐ Sedentary job only (Desk Job)
- ☐ Other: _____
- ☐ Duration of restrictions _____

Alan G Posta Jr., M.D.



CAROLINA ORTHOPAEDIC CENTER

Physical Therapy Prescription

Name: PAMELA GRADY Date: 11/24/2015
 Diagnosis: s/p right shoulder
 Surgery: _____
 Frequency: 3x/wk Duration: 3 weeks
 Home Phone: (864) 699-2409 Work Phone: (864) 692-9055

- | | |
|--|--|
| ☐ Evaluate & Treat | ☐ Aquatic Therapy |
| ☐ Home Exercise Program | ☐ Ultrasound |
| ☐ E-Stim/TENS | ☐ Manual Therapy |
| ☐ Strengthening | ☐ FCA |
| ☐ Range of Motion | ☐ Low Impact Fitness |
| ☐ Isokinetic Testing/Exercise | ☐ Trunk Strengthening |
| ☐ Orthotics | ☐ Work Conditioning |
| ☐ Traction | ☐ |

I certify that I have examined the patient and that physical therapy services are necessary on an outpatient basis, that services will be furnished while the patient is under my care, and that the plan, as established, will be reviewed every 30 days / or more often if the patient's condition requires.

Referring Physician:

Alan G. Posta Jr.

Alan G. Posta Jr., M.D.

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Greenville

Accelerate Physical Therapy
 77 Pointe Circle 233-4477

Advanced Physical Therapy
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Elite Physical Therapy
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 •30 Rushmore Dr. 268-4794
 •2005 E. Greenville St. Suite 119
 964-0505

Furman Sports Medicine
 3300 Poinsett Hwy 241-5190

Premier Physical Therapy
 1310 A Garlington Rd. 288-2998

Progressive Therapy Services
 701 Congaree Rd. 329-0983.

Smith Physical Therapy
 9 Maple Tree Court, Suite A
 286-8288

St. Francis Hospital System
 •131 Commonwealth Dr.
 675-4650

•1 St. Francis Dr. 255-1076

St. Francis Millennium Physical Therapy
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 •535 W. Butler Rd. Suite A 277-2747
 •319 Mills Ave. 233-1153
 •3919 S. Hwy 14 234-0491

Anderson

Armed Health Rehab Plus
 100 Healthy Way 261-3099

Advanced Physical Therapy
 108 Montgomery Dr. 760-0504

Upstate Physical Therapy
 120 Mutual Dr. 261-3313

VBS Physical Therapy
 1403 E. Greenville St Suite B
 225-7552

Easley

Dosher Physical Therapy
 •3150 Hwy. 153 605-0018
 •227 S. Pendleton St. Suite 8
 555-7030

Excel Rehab & Sports
 1664 E. Main St 654-2001

Major League/ProAxis
 11402 Anderson Rd 335-4018

VBS Physical Therapy
 712 N. A Street 859-0778

Greer

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 244-3474.

Sports, Spine & Industrial
 140 Executive Dr. 801-8706

Pickens

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 878-7965

Spartanburg

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 •560 Cummings St 208-8070

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 Medicine
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 719-B S.E. Main St 963-9229

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VBS Physical Therapy
 415 SE Main St 967-3082

Travelers Rest

VBS Physical Therapy
 146 Walnut Ln. Suite A 834-0401

Accelerated Physical Therapy
 B S. Poinsett Hwy. 610-9641

Clinton

Physicians Health and Rehab
 105 Physicians Park Drive
 938-0111

Greenwood

Self-Regional Optimum Life
 115 Academy Ave. 725-7056

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 110 Bypass 255
 233-0406

Clemson

Clemson Sports Medicine
 10526 Clemson Blvd
 482-0085

Excel Rehab & Sports
 501 Forest Ln. Suite A
 654-2001

Taylors

VBS Physical Therapy
 5000 Old Spartanburg Rd
 292-6269



CAROLINA ORTHOPAEDIC CENTER

12/14/15

GRADY, Pamela
53553

Ms. Grady returns today, 9 weeks status post reverse right TSA with a Delta Xtend prosthesis and biceps tenodesis for a 3 part right proximal humerus fracture. She returns noting that she is doing much better. Health history is reviewed and dated 12/14/15 with no changes, please see the chart.

EXAM: Surgical incision is intact. Active forward elevation of the right shoulder is 0 to 140, passively goes 0 to 160. External rotation is to 45 degrees at the side. Biceps has a good cosmetic appearance. Negative drop and horn blower's sign today. She is neurovascularly intact.

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are well seated.

LABS: Today demonstrate a magnesium of 1.6, hemoglobin is > 14, white count is normal at 6. No other abnormality.

IMPRESSION:

1. Stable, status post reverse right TSA with a Delta Xtend prosthesis and biceps tenodesis for a 3 part right proximal humerus fracture 9 weeks
2. Hypomagnesatemia

PLAN: Ms. Grady looks great. We weaned her down to Norco 10. I gave her a prescription for magnesium. We will advance her to full motion and full strength. I will allow her to return to work Monday December 21. She will follow-up in regards to her magnesium with her primary care doctor. I will reassess her progress in 1 month with new AP, Y and axillary views, right shoulder. ICD-10 CODE: Z96.611.

Alan G. Posta, Jr., M.D./mak

Electronically signed 12/14/15 6:10 PM

12/14/15

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are well seated.

Alan G. Posta, Jr., M.D./mak

Electronically signed 12/14/15 6:10 PM

12/14/15

Health history is reviewed and unchanged.

Alan G. Posta, Jr., M.D./mak

Electronically signed 12/14/15 6:10 PM



ALAN G. POSTA, JR., M.D.
Sports Medicine • Shoulder, Elbow & Knee
Reconstructive Surgery

Date: 12/14/2015

☐ Patient is unable to work until ____.

☒ Patient may return to regular duty on 12/21/2015.

☐ Patient may return to light duty on ____.

☐ No lifting over _____ lbs. with ☐ RIGHT or ☐ LEFT arm.

☐ No repetitive activity with ☐ RIGHT or ☐ LEFT arm.

☐ No overhead activity with ☐ RIGHT or ☐ LEFT arm.

☐ No ☐ kneeling, ☐ bending, ☐ squatting, ☐ crawling, ☐ ladder climbing.

☐ No sitting for more than _____ minutes/hours. ☐ Change position frequently

☐ No standing for more than _____ minutes.

☐ Modify work hours to:

_____ hrs a day 1 st week	_____ hrs a day 3 rd week
_____ hrs a day 2 nd week	_____ hrs a day 4 th week
_____ Limited to _____ days per week.	

☐ **Duration of restrictions**

Alan G Posta Jr., M.D.



CAROLINA ORTHOPAEDIC CENTER

Physical Therapy Prescription

Name: PAMELA GRADY Date: 12/14/2015
 Diagnosis: _____
 Surgery: _____
 Frequency: 3X/WK Duration: 1 MO
 Home Phone: (864) 233-2409 Work Phone: (864) 232-9055

- | | | |
|---|---|-------------------------|
| ☒ Evaluate & Treat | ☐ Aquatic Therapy | CONTINUE THERAPY |
| ☒ Home Exercise Program | ☐ Ultrasound | |
| ☐ E-Stim/TENS | ☐ Manual Therapy | |
| ☒ Strengthening | ☐ FCA | |
| ☒ Range of Motion | ☐ Low Impact Fitness | |
| ☐ Isokinetic Testing/Exercise | ☐ Trunk Strengthening | |
| ☐ Orthotics | ☐ Work Conditioning | |
| ☐ Traction | ☒ FULL MOTION/FULL STRENGTH | |

I certify that I have examined the patient and that physical therapy services are necessary on an outpatient basis, that services will be furnished while the patient is under my care, and that the plan, as established, will be reviewed every 30 days / or more often if the patient's condition requires.

Referring Physician: _____

Alan G. Posta Jr., M.D.
 Alan G. Posta Jr., M.D.

Listed below are outpatient Physical Therapy and Rehabilitation locations in our area. Please call the facility circled below to setup your appointment. Please confirm with your insurance carrier that this location is in your network.

St. Francis Patewood
 209 Patewood Drive, Suite 100
 For an Appointment Call: 864-232-3550

Greenville

Accelerate Physical Therapy
 77 Pointe Circle 233-4477

Advanced Physical Therapy
 1008 Grove Rd. 373-6577

Elite Physical Therapy
 •1011 Grove Rd. 233-5128
 •30 Rushmore Dr. 268-4794
 •2005 E. Greenville St. Suite 119
 964-0505

Furman Sports Medicine
 3300 Poinsett Hwy 241-5190

Premier Physical Therapy
 1310 A Garlington Rd. 288-2998

Progressive Therapy Services
 701 Congaree Rd. 329-0883.

Smith Physical Therapy
 9 Maple Tree Court, Suite A
 286-8288

St. Francis Hospital System
 •131 Commonwealth Dr.
 675-4650

•1 St. Francis Dr. 255-1076

St. Francis Millennium Physical Therapy
 2 Innovation Dr. 400-3630

VBS Physical Therapy
 •535 W. Butler Rd. Suite A 277-2747
 •319 Mills Ave. 233-1153

Anderson

Armed Health Rehab Plus
 100 Healthy Way 261-3099

Advanced Physical Therapy
 108 Montgomery Dr. 760-0504

Upstate Physical Therapy
 120 Mutual Dr. 261-3313

VBS Physical Therapy
 1403 E. Greenville St Suite B
 225-7552

Easley

Dosher Physical Therapy
 •3150 Hwy. 153 605-0018
 •227 S. Pendleton St. Suite B
 855-7030

Excel Rehab & Sports
 1664 E. Main St 654-2001

Major League/ProAxis
 11402 Anderson Rd 335-4018

VBS Physical Therapy
 712 N. A Street 859-0778

Greer

Advanced Therapy Solutions
 420 The Parkway Suite M
 244-3474.

Sports, Spine & Industrial
 140 Executive Dr. 801-8705

Pickens

Cannon Outpatient
 123 W. G. Acker Dr. 898-1346

VBS Physical Therapy
 444 Hampton Ave Suite D
 878-7965

Spartanburg

Advanced Therapy Solutions
 •8811 Warren H. Abernathy Hwy
 574-7282
 •660 Cummings St 208-8070

Finley Physical Therapy & Sports
 Medicine
 1420 Skyline Dr. 342-0180

Simpsonville

Simpsonville Rehab & Sports
 877-B N.E. Main St 962-8016

Sports, Spine & Industrial
 719-B S.E. Main St 963-9229

St. Francis Physical Therapy at Five Forks
 216 Scuffletown Rd 254-5899

VBS Physical Therapy
 415 SE Main St 967-3082

Travelers Rest

VBS Physical Therapy
 146 Walnut Ln. Suite A 834-0401
 Accelerated Physical Therapy

Clinton

Physicians Health and Rehab
 105 Physicians Park Drive
 938-0111

Greenwood

Self-Regional Optimum Life
 115 Academy Ave. 725-7068

Select Physical Therapy
 110 Bypass 255
 233-0406

Clemson

Clemson Sports Medicine
 10626 Clemson Blvd
 482-0085

Excel Rehab & Sports
 501 Forest Ln. Suite A
 654-2001

Taylors

VBS Physical Therapy
 5000 Old Spartanburg Rd
 292-6269



CAROLINA ORTHOPAEDIC CENTER

01/12/16

GRADY, Pam
53553

Ms. Grady returns today. She is now nearly 3 months status post reverse right TSA with a Delta Xtend prosthesis, biceps tenodesis, for a 3 part right proximal humerus fracture. She returns noting that she has returned to work but has not been as faithful with exercises. Health history is reviewed and dated 1/12/16 with no changes, please see the chart.

EXAM: Surgical incision is intact. Active forward elevation of the right shoulder is 0 to 120, passively goes 0 to 160. External rotation is to 45 degrees at the side. Biceps has a good cosmetic appearance. She is weak. Neurovascularly she is intact.

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are seated.

IMPRESSION: Stable, 3 months status post reverse right TSA with a Delta Xtend prosthesis, biceps tenodesis, for a 3 part right proximal humerus fracture

PLAN: Ms. Grady looks good. She needs to work on strength. We will continue therapy. I gave her a Norco 10 prescription and will reassess her progress in 6 weeks with new AP, Y and axillary views, right shoulder. ICD-10 CODE: Z96.611.

Alan G. Posta, Jr., M.D./mak

Electronically signed 01/12/16 2:26 PM

01/12/16

RADIOGRAPHS: Including AP, Y and axillary views, right shoulder demonstrate the prosthesis in excellent position. Tuberosities are seated.

Alan G. Posta, Jr., M.D./mak

Electronically signed 01/12/16 2:26 PM

01/12/16

Health history is reviewed and unchanged.

Alan G. Posta, Jr., M.D./mak

Electronically signed 01/12/16 2:26 PM



CAROLINA ORTHOPAEDIC CENTER

Physical Therapy Prescription

Name: PAMELA GRADY Date: 1/12/2016
 Diagnosis: s/p right shoulder
 Surgery: _____
 Frequency: 3x/wk Duration: 6 weeks
 Home Phone: 864-234-2409 Work Phone: 864-234-9055

☒ Evaluate & Treat	☐ Aquatic Therapy
☒ Home Exercise Program	☐ Ultrasound
☐ E-Stim/TENS	☐ Manual Therapy
☒ Strengthening	☐ FCA
☒ Range of Motion	☐ Low Impact Fitness
☐ Isokinetic Testing/Exercise	☐ Trunk Strengthening
☐ Orthotics	☐ Work Conditioning
☐ Traction	☐

I certify that I have examined the patient and that physical therapy services are necessary on an outpatient basis, that services will be furnished while the patient is under my care, and that the plan, as established, will be reviewed every 30 days / or more often if the patient's condition requires.

Referring Physician:

Alan G. Posta Jr., M.D.

Listed below are outpatient Physical Therapy and Rehabilitation locations in our area. Please call the facility circled below to setup your appointment. Please confirm with your insurance carrier that this location is in your network.

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 For an Appointment Call: 864-392-3560

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 •30 Rushmore Dr. 268-4794
 •2005 E. Greenville St. Suite L19
 964-0505

Furman Sports Medicine
 3300 Poinsett Hwy 241-5190

Premier Physical Therapy
 1310 A Garlington Rd. 288-2998

Progressive Therapy Services
 701 Congaree Rd. 329-0983.

Smith Physical Therapy
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 285-8288

St. Francis Hospital System
 •131 Commonwealth Dr.
 675-4650
 •1 St. Francis Dr. 255-1076

St. Francis Millennium Physical Therapy
 2 Innovation Dr. 400-3630

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 •319 Mills Ave. 233-1153
 •3919 S. Hwy 14 234-0491

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Easley

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 11402 Anderson Rd 335-4018

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Travelers Rest

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Accelerated Physical Therapy
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Physicians Health and Rehab
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**Physical Therapy
Initial
Examination**



Patient Name: Grady, Pamela
Date of Birth: 06/17/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Visit No.: 1

Date of Initial Examination: 11/10/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Subjective

Treatment Side: Right

History of Present Condition/Mechanism of Injury: Pt presents to PT s/p right reverse TSA on 10/16/15 per Dr. Posta. Pt states she fell on 9/23/15, went to ER, f/u with Dr. Sanchez, and was referred to Dr. Posta for reverse TSA. Pt states she had surgery on 10/16/15 and then had HHPT until last week. Pt is taking Dilaudid for pain regularly. FU with MD tomorrow.

Primary Concern/Chief Complaint: Pain, unable to use UE as she would like

Pain Scale: Worst: Best: Current:

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis

Diagnostic Testing/Imaging: xray

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (Dilaudid regular)

Patient Goals: To get arm back to 90% use.

Objective

Observation

Handedness Right

Posture Forward Head, Rounded Shoulders, Increased Thoracic Kyphosis

Range of Motion

	Right	Left
Shoulder PROM		
Flexion	111°	Not Tested
ER in Scapular Plane	30°	Not Tested
IR in Scapular Plane	50°	Not Tested

Comments No push into resistance for ER PROM.
No formal AROM secondary to pain and s/p surgery.

Strength

Comments No formal MMT secondary to pain and s/p surgery.

Assessment

Assessment/Diagnosis: s/p R reverse TSA on 10/16/15 per Dr. Posta secondary to a fall with 3-part proximal humerus fracture on 9/23/15.

Patient Education: HEP and use of ice

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Pain with activities as desired.
- Decreased ROM

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**Physical Therapy
Initial
Examination**

Patient Name: Grady, Pamela
Patient #: 13884
Date of Birth: 11/10/1952
Document Date: 11/10/2015

- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be l with HEP.
- 2: (6 Weeks) | Pt will improve PROM 50%.
- 3: (6 Weeks) | Pt will be able to self-dress independently.

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty.
- 2: (12 Weeks) | Pt will reach AROM WFL, MMT WFL.
- 3: (12 Weeks) | Pt will be able to push and pull without pain.

Plan

Frequency: 1-2 times a week

Duration: 12 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity, Manual Therapy

Modalities

Electrical Stimulation, Cryotherapy

Danni K. Moss, PT

Danni K. Moss
License #5523

Completed by Danni K. Moss on November 10, 2015 at 3:06 pm

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
 Date of Birth: 1952
 Injury/Onset/Change of Status Date: 09/23/2015
 Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
 Date of Original Eval: 11/10/2015
 Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/10/2015
 Patient #: 13684
 Referring Physician(s): Posta, Alan MD
 Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
 Visit No.: 1
 Insurance Name: BC BS

Subjective

Treatment Side: Right
 Current Complaints / Gains: Pain, unable to use UE as she would like
 Home Health Care: No
 Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
 Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise See Flowsheet - phase 1 protocol and early isometrics	1
97140	Manual Therapy Gentle PROM in all planes to pt tolerance; no push into resistance; gentle oscillations and A-P mobs grade I for comfort.	1
CPT® Code	Untimed Codes	Units
97001	PT Evaluation	1

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Objective Findings

Instructed pt in and performed HEP per flowsheet. Instructed pt in proper progressions of HEP. Pt tolerates session well without increase in pain. Pt denied ice at end of session, but reports she is using it at home mostly at night.

Assessment

Assessment/Diagnosis: s/p R reverse TSA on 10/16/15 per Dr. Posta secondary to a fall with 3-part proximal humerus fracture on 9/23/15.

Patient Education: HEP and use of ice

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be I with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: ~~09/08~~ 1952
Document Date: 11/10/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Danni K. Moss, PT

Danni K. Moss
License #5523
Completed by Danni K. Moss on November 10, 2015 at 3:06 pm

2 of 2

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 08/03/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/12/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA

Visit No.: 2
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: no new complaints
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet - phase 1 protocol and early isometrics	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; no push into resistance; gentle oscillations grade 1 for comfort.	1

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Post-Treatment declines ice

Assessment

Assessment/Diagnosis: Pt tolerates session well, no complaints

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be 1 with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/18/1952
Document Date: 11/12/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

L. Landen, PTA

Lisa Marie Landen
License #2706

Completed by Lisa Marie Landen on November 12, 2015 at 1:27 pm

2 of 2

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 04/07/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/16/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA

Visit No.: 3
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: reports compliance with HEP but stiff today
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet - for phase 1, isometrics and pulleys	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; no push into resistance; gentle oscillations grade I for comfort.	1

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Assessment

Assessment/Diagnosis: tolerates well, tight with PROM
Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be | with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/16/1952
Document Date: 11/16/2015

**Daily Note /
Billing Sheet**

Plan

Instructions: Progressing Patient Next Visit

L. Landen, PTA

Lisa Marie Landen
License #2706
Completed by Lisa Marie Landen on November 16, 2015 at 4:43 pm

2 of 2

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 01/19/52
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/18/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 4
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt states she was pretty sore yesterday. States she also went without her sling most of the day yesterday which may have increased her pain.
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet - for phase 1, isometrics and pulleys	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance and ER to 20deg; no push into resistance; gentle oscillations grade I for comfort.	1

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Assessment

Assessment/Diagnosis: Tol well.

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be l with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
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- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Phone: (864)208-8070
Fax: (864)208-8222
www.advancedtherapysolutions.com

Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/19/1952
Document Date: 11/18/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Danni K. Moss, PT

Danni K. Moss
License #5523
Completed by Danni K. Moss on November 18, 2015 at 10:43 am

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
 Date of Birth: 08/1952
 Injury/Onset/Change of Status Date: 09/23/2015
 Diagnosis: IC D10: Z 96.611: Presence of right artificial
 shoulder joint, M25.511: Pain in right shoulder
 Date of Original Eval: 11/10/2015
 Treatment Diagnosis: IC D10: M25.511: Pain in right
 shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/20/2015
 Patient #: 13684
 Referring Physician(s): Posta, Alan MD
 Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
 Visit No.: 5
 Insurance Name: BC BS

Subjective

Treatment Side: Right
 Current Complaints / Gains: Pt reports she is very stiff
 Home Health Care: No
 Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
 Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet - codmans, pulleys, added AAROM BP and flexion with wand and standing wand scaption, Tband, red - scap retraction and extension	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance and ER to 20deg; no push into resistance; gentle oscillations grade I for comfort.	1

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Assessment

Assessment/Diagnosis: Pt does well with new additions
 Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be | with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (8 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 08/19/1952
Document Date: 11/20/2015

**Daily Note /
Billing Sheet**

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706

Completed by Lisa Marie Landen on November 20, 2015 at 12:22 pm

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Patient Name: Grady, Pamela
Date of Birth: 01/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/23/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 5
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt reports she is very stiff, has a f/u/p with Dr. Posta tomorrow
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet - codmans, pulleys, added AROM BP and flexion, wand scaption, Tband, green - scap retraction and extension	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance and ER to 20deg; no push into resistance; gentle oscillations grade I for comfort.	1

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Post-Treatment declines Ice

Assessment

Assessment/Diagnosis: Pt tolerates well, limited with ROM
Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be I with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/1952
Document Date: 11/23/2015

**Daily Note /
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Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 11/10/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/25/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/18/2015 Right Reverse TSA
Visit No.: 6
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt states Dr. Posta wants her to continue PT and work on ROM and strengthening.
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet - changed pt's flexion stretch in supine for a better stretch	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance and ER to 20deg; no push into resistance; gentle oscillations grade I for comfort.	1

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Assessment

Assessment/Diagnosis: Tol well.

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be | with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 08/18/1952
Document Date: 11/25/2015

**Daily Note /
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Plan

Instructions: Progressing Patient Next Visit

Danni K. Moss, PT

Danni K. Moss
License #5523
Completed by Danni K. Moss on November 25, 2015 at 11:56 am

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**Daily Note /
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Patient Name: Grady, Pamela
Date of Birth: [REDACTED]/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 11/30/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 8
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt reports she had a good f/up with Dr. Posta and she is doing well
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance and ER to 20deg; no push into resistance; gentle oscillations grade I for comfort.	1

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Post-Treatment declines ice

Assessment

Assessment/Diagnosis: Pt tolerates session well, ROM progressing
Rehab Potential: Good
Patient Problems:
 - Pain with activities as desired.
 - Decreased ROM
 - Decreased Strength
 - Difficulty with ADL's.
 - Unable to reach overhead, behind head, behind back.
 - Unable to push and pull without pain.
Short Term Goals:
 1: (3 Weeks) | Pt will be | with HEP. |
 2: (6 Weeks) | Pt will improve PROM 50%. |
 3: (6 Weeks) | Pt will be able to self-dress Independently. |
Long Term Goals:
 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 08/25/1952
Document Date: 11/30/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706

Completed by Lisa Marie Landen on November 30, 2015 at 10:27 am

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 07/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 12/02/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 9
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt states she is doing fine. Just feels "stiff" this morning, mostly due to the weather.
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I for comfort.	1

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Assessment

Assessment/Diagnosis: Tol very well. Improved PROM, and AROM is slowly progressing.

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be l with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 43684
Date of Birth: 06/19/1952
Document Date: 12/02/2015

**Daily Note /
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Plan

Instructions: Progressing Patient Next Visit

Danni K. Moss, PT

Danni K. Moss
License #5523
Completed by Danni K. Moss on December 2, 2015 at 2:10 pm

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.811: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.811: Presence of right artificial shoulder joint

Date of Daily Note: 12/04/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 10
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: no new complaints
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM with additions as noted	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I for comfort.	1

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Post-Treatment declines ice

Assessment

Assessment/Diagnosis: Pt progressing towards goals

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be I with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 12/13/1952
Document Date: 12/04/2015

**Daily Note /
Billing Sheet**

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2708
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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 09/25/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.811: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.811: Presence of right artificial shoulder joint

Date of Daily Note: 12/07/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 11
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: difficulty lifting arm
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM with additions as noted	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I for comfort.	1

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Post-Treatment declines ice

Assessment

Assessment/Diagnosis: Pt tolerates exercises well, difficulty with wall slide, used un-involved arm for support

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be I with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 02/11/1952
Document Date: 12/07/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 06/19/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 12/09/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 12
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt states she is doing fine. No new complaints.
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM with additions as noted	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I for comfort.	1

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Assessment

Assessment/Diagnosis: Tol well. PROM improving, but struggles with regaining functional AROM and strength.
Rehab Potential: Good
Patient Problems:
 - Pain with activities as desired.
 - Decreased ROM
 - Decreased Strength
 - Difficulty with ADL's.
 - Unable to reach overhead, behind head, behind back.
 - Unable to push and pull without pain.
Short Term Goals:
 1: (3 Weeks) | Pt will be | with HEP. |
 2: (6 Weeks) | Pt will Improve PROM 50%. |
 3: (6 Weeks) | Pt will be able to self-dress independently. |
Long Term Goals:
 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 02/19/1962
Document Date: 12/09/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Danni K. Moss, PT

Danni K. Moss
License #5523

Completed by Danni K. Moss on December 9, 2015 at 1:55 pm

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 01/19/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 12/11/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 13
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt reports she is happy with her progress this far. She plans to see Dr. Posta on Monday and hopes to return to work later this month
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort.	1

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Post-Treatment declines Ice

Assessment

Assessment/Diagnosis: Pt tolerates well, doing better with wall slide, struggle with AROM against gravity
Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be | with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/11/1952
Document Date: 12/11/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706

Completed by Lisa Marie Landen on December 11, 2015 at 1:13 pm

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**Daily Note /
 Billing Sheet**



Patient Name: Grady, Pamela
Date of Birth: 08/08/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 12/14/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 14
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt reports that she returns to MD later today and is hopeful that she will be able to return to work.
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort	1

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Assessment

Assessment/Diagnosis: tol well
Rehab Potential: Good
Patient Problems:
 - Pain with activities as desired.
 - Decreased ROM
 - Decreased Strength
 - Difficulty with ADL's.
 - Unable to reach overhead, behind head, behind back.
 - Unable to push and pull without pain.
Short Term Goals:
 1: (3 Weeks) | Pt will be l with HEP. |
 2: (6 Weeks) | Pt will improve PROM 50%. |
 3: (6 Weeks) | Pt will be able to self-dress independently. |
Long Term Goals:
 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Street
660 Cummings Street
Spartanburg, SC 29303-3772
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Fax: (864)208-8222
www.advancedtherapysolutions.com

Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 08/19/1952
Document Date: 12/14/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Ranee Martin, PTA

Ranee Martin
License #1224
Completed by Ranee Martin on December 14, 2015 at 10:58 am

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 08/14/952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 12/16/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 15
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt reports she had a good f/up with Dr. Posta, she says he is allowing her to return to work on Monday and says "she can do what she wants."
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort.	1

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Assessment

Assessment/Diagnosis: Pt tolerates well, ROM progressing
Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be | with HEP. |
- 2: (6 Weeks) | Pt will Improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/19/1952
Document Date: 12/16/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706
Completed by Lisa Marie Landen on December 16, 2015 at 4:43 pm

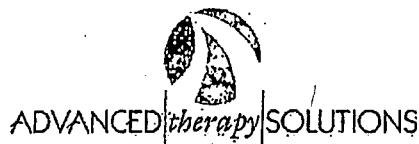
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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 08/07/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: IC D10: Z 96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: IC D10: M25.511: Pain in right shoulder, Z 96.611: Presence of right artificial shoulder joint

Date of Daily Note: 12/18/2015
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 16
Insurance Name: BC BS

Subjective

Treatment Side: Right
Current Complaints / Gains: no new complaints, feels she is progressing
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort.	1

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Assessment

Assessment/Diagnosis: Pt doing well

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be l with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 08/1952
Document Date: 12/18/2015

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Lisa Marie Landen, PTA

Lisa Marie Landen
License #2706

Completed by Lisa Marie Landen on December 18, 2015 at 12:42 pm

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
 Date of Birth: 01/01/1952
 Injury/Onset/Change of Status Date: 09/23/2015
 Diagnosis: ICD10: Z96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
 Date of Original Eval: 11/10/2015
 Treatment Diagnosis: ICD10: M25.511: Pain in right shoulder, Z96.611: Presence of right artificial shoulder joint

Date of Daily Note: 01/05/2016
 Patient #: 13684
 Referring Physician(s): Posta, Alan MD
 Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
 Visit No.: 17
 Insurance Name: BCBS

Subjective

Treatment Side: Right
 Current Complaints / Gains: Pt reports she get tires but shoulder doing well overall.
 Home Health Care: No
 Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
 Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort.	1

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Assessment

Assessment/Diagnosis: progressing well with therapy

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be | with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/05/1952
Document Date: 01/05/2016

**Daily Note /
Billing Sheet**

Plan

Instructions: Progressing Patient Next Visit

Laurie Ferguson, PTH

Laurie Ferguson
License #170

Completed by Laurie Ferguson on January 5, 2016 at 11:20 am

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: [REDACTED]/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: ICD10: Z96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: ICD10: M25.511: Pain in right shoulder, Z96.611: Presence of right artificial shoulder joint

Date of Daily Note: 01/20/2016
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 18
Insurance Name: BCBS

Subjective

Treatment Side: Right

Current Complaints / Gains: Pt states Dr. Posta wants her to continue another month 3x/week, but pt states with her work schedule, she can only come 2x/week. She reports she is doing everything that she wants to do at home.

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort.	1

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Assessment

Assessment/Diagnosis: Tol well. Progressing well with AROM but fatigues easily.

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be l with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 01/20/1952
Document Date: 01/20/2016

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit

Danni K. Moss, PT

Danni K. Moss
License #5523
Completed by Danni K. Moss on January 20, 2016 at 2:42 pm

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Daily Note / Billing Sheet



Patient Name: Grady, Pamela
Date of Birth: 03/1952
Injury/Onset/Change of Status Date: 09/23/2015
Diagnosis: ICD10: Z96.611: Presence of right artificial shoulder joint, M25.511: Pain in right shoulder
Date of Original Eval: 11/10/2015
Treatment Diagnosis: ICD10: M25.511: Pain in right shoulder, Z96.611: Presence of right artificial shoulder joint

Date of Daily Note: 02/01/2016
Patient #: 13684
Referring Physician(s): Posta, Alan MD
Surgery: (Date/Type) 10/16/2015 Right Reverse TSA
Visit No.: 19
Insurance Name: BCBS

Subjective

Treatment Side: Right
Current Complaints / Gains: Pt states reaching behind her back continues to be difficult. Working in HEP.
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment, Diabetes Mellitus Type 2, Osteoarthritis
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet exercises for strength and ROM Added stick stretch for IR.	1
GP:97140	Manual Therapy Gentle PROM in all planes to pt tolerance; gentle oscillations grade I/II for comfort.	1

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Assessment

Assessment/Diagnosis: tolerated well and progressing with rehab.

Rehab Potential: Good

Patient Problems:

- Pain with activities as desired.
- Decreased ROM
- Decreased Strength
- Difficulty with ADL's.
- Unable to reach overhead, behind head, behind back.
- Unable to push and pull without pain.

Short Term Goals:

- 1: (3 Weeks) | Pt will be I with HEP. |
- 2: (6 Weeks) | Pt will improve PROM 50%. |
- 3: (6 Weeks) | Pt will be able to self-dress independently. |

Long Term Goals:

- 1: (8 Weeks) | Pt will be able to perform all ADL's without difficulty. |
- 2: (12 Weeks) | Pt will reach AROM WFL. MMT WFL. |
- 3: (12 Weeks) | Pt will be able to push and pull without pain. |

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Patient Name: Grady, Pamela
Patient #: 13684
Date of Birth: 02/19/1952
Document Date: 02/01/2016

**Daily Note /
Billing Sheet**

Plan

Instructions: Progressing Patient Next Visit

Laurie Ferguson, PTA

Laurie Ferguson
License #170

Completed by Laurie Ferguson on February 1, 2016 at 8:53 am

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Reply To
LONDON HUGHEY
Direct Dial: (803) 227-2261
rhughey@mgclaw.com

March 8, 2016

VIA eCase

Commissioner Aisha Taylor
S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

RE: Pam Grady v. Magnolia Manor of Inman and Zurich American Insurance
Company c/o Gallagher Bassett Services, Inc.
Date of Accident: September 23, 2015
WCC File No.: 1518978
Our File No.: 2098.16077
Claim No.: 001960-083982-WC-01

Dear Commissioner Taylor:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Mitchell K. Byrd, Jr., Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

Very truly yours,



Landon Hughey

LLH/smg
Enclosures

cc: Mitchell K. Byrd, Jr., Esquire, The Carolina Law Group
Linda Cannon Rivera, Gallagher Bassett Services, Inc. (via email)
Susan Fox (via email)
Bibi Burch, Magnolia Manor of Inman (via email)
Brigitte J. Miller (via email)
Karen Cherelstein (via email)

McANGUS GOUELOCK & COURIE LLC

1320 MAIN STREET, 10TH FLOOR
POST OFFICE BOX 12519
COLUMBIA, SC 29211

803.779.2300 PHONE
803.748.0526 FAX
WWW.MGCLAW.COM

58

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1518978

PAMELA GRADY,

Employee,

Claimant,

vs.

MAGNOLIA MANOR OF INMAN,

Employer,

AND

ZURICH AMERICAN INSURANCE
COMPANY C/O GALLAGHER BASSETT
SERVICES, INC.,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE ON BEHALF
OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
MITCHELL K. BYRD, JR., ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

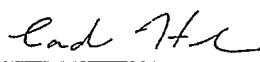
APA#	DOCTOR	PRACTICE	DATES	PAGES
	None submitted at this time			

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-

examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Bibi Burch, Claimant's immediate supervisor, Bobby Hardin and/or other representatives.



LONDON HUGHEY
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

Columbia, South Carolina -
March 8, 2016

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1518978

PAMELA GRADY,

Employee,

Claimant,

vs.

MAGNOLIA MANOR OF INMAN,

Employer,

AND

ZURICH AMERICAN INSURANCE
COMPANY C/O GALLAGHER BASSETT
SERVICES, INC.,

Carrier,

Defendants.

CERTIFICATE
OF
SERVICE

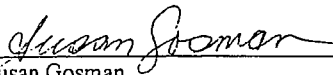
The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Mitchell K. Byrd, Jr., Esquire
The Carolina Law Group
210 West Poinsett Street
Greer, South Carolina 29650

VIA eCase
S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF
MAILING: March 8, 2016


Susan Gosman
Legal Assistant to Landon Hughey

COPY

In the Matter Of:

GRADY vs. MAGNOLIA MANOR OF INMAN

1518978

PAMELA GRADY

February 16, 2016



ESQUIRE
SOLUTIONS

800.211.DEPO (3376)
EsquireSolutions.com

State of South Carolina
Before the
South Carolina Workers' Compensation Commission
WCC File No.: 1518978

Pamela Grady,	)	
Employee,	)	
Claimant,	)	
vs.	)	Deposition of
Magnolia Manor of Inman,	)	PAMELA GRADY
Employer,	)	February 16, 2016
and	)	
Zurich American Insurance	)	
Company c/o Gallagher	)	
Bassett Services,	)	
Incorporated,	)	
Carrier,	)	
Defendants.	)	

Deposition on oral examination of
PAMELA GRADY, reported by Donna Cheryl Kyzer,
Court Reporter and Notary Public in and for the
State of South Carolina; said deposition taken
pursuant to notice of deposition and in accordance
with the South Carolina Rules of Civil Procedure,
at The Carolina Law Group, 7612 Asheville Highway,
Spartanburg, South Carolina, commencing on
Tuesday, February 16, 2016, at the hour of
10:36 a.m.



800.211.DEPO (3376)
EsquireSolutions.com

APPEARANCES:

Representing the Employee/Claimant:

MITCHELL K. BYRD, JR., ESQUIRE
The Carolina Law Group
Post Office Box 279
Una, South Carolina 29378
7612 Asheville Highway
Spartanburg, South Carolina 29303

Representing the Employer/Carrier:

LONDON "ROCKY" HUGHEY, ESQUIRE
McAngus, Goudelock & Courie, LLC
1320 Main Street,
Meridian, 10th Floor
Post Office Box 12519, Capitol Station (29211)
Columbia, South Carolina 29201



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1 CONTENTS

2 (Deposition of Pamela Grady)

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* * * * *

EXHIBIT INDEX

REPORTER'S NOTE: No exhibits were marked for
identification.

1 This deposition is taken in
2 accordance with the South Carolina Rules of Civil
3 Procedure.

4 It is agreed and stipulated by the
5 deponent and respective counsel that the reading
6 and signing of the deposition transcript by the
7 deponent is expressly waived.

8 WHEREUPON:

9 PAMELA GRADY, being duly sworn and
10 cautioned to speak the truth, the whole truth and
11 nothing but the truth, testified as follows:

12 EXAMINATION

13 BY MR. HUGHEY:

14 Q. Good Morning, Ms. Grady. I am
15 Rocky Hughey. We met just a few seconds ago. I'm
16 the attorney representing Magnolia Manor of Inman
17 and their insurance carrier in your workers'
18 compensation claim.

19 A. Okay.

20 Q. I'm here to take your deposition this
21 morning. Have you ever done this before?

22 A. No.

23 Q. All right. I'll give you some
24 instruction as to how it's going to work.

25 A. Okay.



800.211.DEPO (3376)
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1 Q. I'm going to ask you a bunch of
2 questions, kind of get some background information
3 from you. I'm going to ask you about your
4 education, your work history. I'm, of course,
5 going to ask you about your accident and medical
6 treatment. If I ask you any questions that you
7 don't understand or if I ask a question that
8 doesn't make any sense to you, just ask me to
9 rephrase the question. I'll be happy to do that.
10 Okay?

11 A. Okay.

12 Q. Also, as you are doing so far, try to
13 give verbal responses to all my questions rather
14 than just --

15 A. Okay.

16 Q. -- shaking your head or nodding your
17 head. That way the court reporter can take down
18 what you're saying. Okay?

19 A. Okay.

20 Q. Also, try to let me finish all of my
21 questions before you answer me because it's
22 difficult for her to take it down if you and I --

23 A. Okay.

24 Q. -- are talking at the same time.

25 Okay?

1 A. Uh-huh.

2 Q. I don't think we're going to be in
3 here all that long at all, but if you feel like
4 you need to take a break during the deposition for
5 any reason, just let me know and I'll be happy to
6 do that. Okay?

7 A. All right.

8 Q. Can you give me your full name,
9 Ms. Grady.

10 A. Pamela C. Grady.

11 Q. What does the "C" stand for?

12 A. Clark.

13 Q. Clark. How old are you?

14 A. I'm 63.

15 Q. What's your date of birth?

16 A. ██████-52.

17 Q. Where are you living now?

18 A. ██████████████████, Inman, South
19 Carolina 29349.

20 Q. How long have you been living there
21 on Foster Road in Inman?

22 A. 20 years.

23 Q. Does anyone live there with you or do
24 you live alone?

25 A. No. My husband.

1 Q. What's his name?

2 A. Francis Grady.

3 Q. How long have you and Francis been
4 married?

5 A. 31 years.

6 Q. Congratulations.

7 A. Thank you.

8 Q. What does Mr. Grady do for a living?

9 A. He's retired.

10 Q. What did he do?

11 A. Heating and air.

12 Q. Do you and Francis have any children?

13 A. He has three and I have one.

14 Q. So he has some children from a prior
15 relationship I suppose.

16 A. Yes.

17 Q. Are any of your children still
18 dependent upon you guys --

19 A. No.

20 Q. -- for support?

21 A. No.

22 Q. Have you been married prior to this?

23 A. Yes.

24 Q. Okay. How many times have you been
25 married?

1 A. Once. One other.

2 Q. Okay. And is the -- is your child
3 from that first marriage?

4 A. Yes. I had two children. My
5 daughter died.

6 Q. Okay. I'm sorry to hear that.

7 A. Thank you.

8 Q. Are you from South Carolina
9 originally?

10 A. No. I'm from New York.

11 Q. What brought you down south?

12 A. Mainly the weather.

13 Q. All right. I understand that. How
14 far did you go in school, Ms. Grady?

15 A. I have a two-year degree from
16 college, associate degree.

17 Q. Okay. So you did graduate from high
18 school.

19 A. Yes.

20 Q. What year was that?

21 A. 1970.

22 Q. Okay. And then you have a two-year
23 college degree. What's that in?

24 A. Nursing.

25 Q. Where did you attend school for that

1 degree?

2 A. Cayuga Community College in Auburn,
3 New York.

4 Q. Can you spell that for me?

5 A. Cayuga?

6 Q. Yeah.

7 A. C-A-Y-U-G-A.

8 Q. Okay. Did you do that right after
9 high school?

10 A. No.

11 Q. When did you go to Cayuga Community
12 College?

13 A. 19, let's see, 80. I graduated
14 in '86, so, and I went for three years because
15 it -- I did the prereqs. I couldn't get into the
16 nursing program right --

17 Q. Fair --

18 A. -- away.

19 Q. Fair enough. I take it you're able
20 to read and write without any problems.

21 A. Yes. I'm just -- I wear glasses to
22 read fine print, plus I --

23 Q. Okay. Basic math, I take it you can
24 do that, needless to say.

25 A. Yeah. Hopefully.



1 Q. Do you have any experience working
2 with a computer?

3 A. Yes.

4 Q. I'm not asking you for it, but do you
5 have an e-mail address that you use?

6 A. I do. I have one at home, and I have
7 one at work.

8 Q. All right. What did you do for work
9 after graduating from high school, prior to going
10 to Community College?

11 A. I was a nursing assistant for about a
12 year, and then I went to work in a factory.

13 Q. What kind of factory did you work in?

14 A. I worked at Smith Corona for two
15 years I think.

16 Q. What did you do there?

17 A. Made typewriters. And then I went to
18 work at Morris Jane in Ithaca.

19 Q. Ms. Grady, have you been convicted of
20 any crimes in the last 10 years?

21 A. No.

22 Q. Have you been arrested for any reason
23 in the last 10 years?

24 A. No.

25 Q. Have you ever applied for Social



1 Security disability?

2 A. No.

3 Q. Have you ever filed any workers'
4 compensation claims prior to this one?

5 A. No.

6 Q. Have you ever been injured on the job
7 prior to this injury in September 2015?

8 A. No.

9 Q. Have you ever applied for short- or
10 long-term disability?

11 A. Yes.

12 Q. When was that?

13 A. Short-term disability, about two
14 years ago when I had my knee replaced.

15 Q. Who did your knee replacement
16 surgery?

17 A. Dr. Sanchez, Anthony Sanchez.

18 Q. And he's in Spartanburg?

19 A. Yes. Orthopaedic Specialties.

20 Q. How long were you out of work?

21 A. Ten weeks maybe.

22 Q. Is that the only time you've applied
23 for short- or long-term disability?

24 A. I had disability back in the '80s.

25 Q. What were you out of work for in



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1 the '80s?

2 A. I had a car accident.

3 Q. Were you injured in that accident?

4 A. Yes.

5 Q. What did you injure?

6 A. I had a concussion, I fractured my
7 ribs and I injured my shoulder.

8 Q. Which shoulder was it?

9 A. Right.

10 Q. When was this? I know you mentioned
11 1980s. Do you remember when?

12 A. I'm not sure. It was in January, and
13 I'm not sure if it was '80 or '81 to tell you the
14 truth.

15 Q. Did you have right shoulder surgery
16 at that time?

17 A. I did. It was dislocated.

18 Q. Were you in New York at the time?

19 A. Yes.

20 Q. Do you remember who did your surgery?

21 A. Dr. Traver.

22 Q. Can you spell that?

23 A. T-R-A-V-E-R.

24 Q. And where was he located in New York?

25 A. Auburn, A-U-B-U-R-N.



1 Q. Okay. And you mentioned that you
2 fractured some ribs, you had a concussion. Did
3 you have any other surgeries as a result of that
4 accident?

5 A. No.

6 Q. Did you have any other right shoulder
7 injuries from the time of that car accident in the
8 1980s until this --

9 A. No.

10 Q. -- car accident in September 2015?

11 A. No.

12 Q. Did you have any medical treatment
13 for any right shoulder problems or right shoulder
14 pain --

15 A. No.

16 Q. -- from the time of this accident in
17 the 1980s until this accident in September 2015?

18 A. No.

19 Q. Who is your family doctor?

20 A. Jennifer Baugh, B-A-U-G-H.

21 Q. Okay. And where is she located?

22 A. She's in Boiling Springs.

23 Q. How long has she been your family
24 doctor?

25 A. 10 years, 15 years. I don't...



1 Q. Fair enough. Do you have any chronic
2 health conditions that you treat with Dr. Baugh
3 for?

4 A. I'm diabetic.

5 Q. And do you have that under control as
6 far as you understand it?

7 A. Yes.

8 Q. What do you have to do for your
9 diabetes? Do you --

10 A. I take Metformin.

11 Q. Anything else that you treat with for
12 her on a -- on a regular basis?

13 A. Nope.

14 Q. All right. Pretty healthy other than
15 the diabetes you mentioned?

16 A. You know, when you have diabetes -- I
17 also take Lisinopril and a statin because they
18 have you do that for the diabetes. That's all.

19 Q. Fair enough. You mentioned that you
20 went to Cayuga Community College and you studied
21 nursing there, and it --

22 A. Uh-huh.

23 Q. -- sounds like you did graduate with
24 a -- with a two-year degree?

25 A. Uh-huh.

1 Q. Is that a yes?

2 A. Yes.

3 Q. Fair enough?

4 A. It's a applied associate's degree.

5 Q. And did you begin working as a nurse
6 after that?

7 A. Yes, I did.

8 Q. Was this in New York?

9 A. Yes. It was in Syracuse.

10 Q. And what was your job title? Were
11 you an RN or were you --

12 A. Yes, I'm an RN.

13 Q. Okay. What year was it that you
14 moved to South Carolina?

15 A. 1995.

16 Q. Did you work as a nurse or have you
17 worked as a nurse since --

18 A. Yes.

19 Q. -- you got your degree?

20 A. Yes.

21 Q. Have you done anything else for work?

22 A. No.

23 Q. How many different facilities did you
24 work for in New York after you got your degree?

25 A. Three.

1 Q. Okay.

2 A. Two of them at the same time, but
3 yeah --

4 Q. Okay.

5 A. -- three.

6 Q. Have you had any long periods of time
7 where you've been out of work, say for six months
8 or --

9 A. No.

10 Q. -- longer?

11 You've worked pretty consistently
12 since you got your degree?

13 A. Yes.

14 Q. And you've been working as an RN
15 since then?

16 A. Yes.

17 Q. You mentioned that you moved here in
18 1995, and I take it you would have been married at
19 the time, so you moved here with Francis at that
20 time?

21 A. Yes.

22 Q. And you now live in Inman. Have you
23 been living in the Inman area since then?

24 A. We lived in Mayo when we first came
25 here.

1 Q. Okay. Now, where did you begin
2 working when you moved here in 1995?

3 A. Golden Age Nursing Home.

4 Q. And where is that located?

5 A. Inman. 82 North Main Street, Inman.

6 Q. Is this the same facility where you
7 work now or is it a different one?

8 A. No. It's a different one.

9 Q. How long did you work for Golden Age?

10 A. I went there in '95, and I worked
11 there until '99, left and went to Piedmont Nursing
12 Home.

13 Q. And where is Piedmont --

14 A. Greer.

15 Q. -- Nursing --

16 A. It's called Alpha now, but it was
17 Piedmont Nursing and Rehab at that time.

18 Q. Did you have any work injuries while
19 you worked for Golden Age Nursing Home?

20 A. No.

21 Q. How about when you worked for
22 Piedmont Nursing Home?

23 A. No.

24 Q. You mentioned that you went there
25 around 1999 or so. How long did you work there?

1 A. 2001, and I came back to Golden Age.

2 Q. What was your reason for leaving in
3 2001?

4 A. The administrator.

5 Q. When you came back to Golden Age in
6 2001, how long did you work there?

7 A. From 2001 until 2015.

8 Q. All right. From 2001 to 2015.
9 And what caused you to leave in 2015?

10 A. Our building was owned by
11 Fundamental. It was sold to Sava Care, Sava
12 Senior Care, and there were just too many changes.

13 Q. And you then left and went to
14 Magnolia Manor of Inman --

15 A. I did.

16 Q. -- is that correct?
17 When did you start at Magnolia Manor
18 of Inman?

19 A. October something. I think that --
20 of 2015.

21 Q. Did you have any disciplinary issues
22 when you were at Piedmont Nursing Home?

23 A. No.

24 Q. How about at Golden Age?

25 A. No. I was the assistant director of

1 nursing. I didn't have any problems.

2 Q. At Golden Age?

3 A. Uh-huh.

4 Q. Is that a yes?

5 A. Yes. Sorry.

6 Q. No. You're fine. What was going on
7 when it was sold to Sava Senior Care? Did that
8 change some of your job duties or just --

9 A. Oh, yes, very much so.

10 Q. How so?

11 A. Well, I was no longer the assistant
12 director of nursing. I became a -- I don't know
13 really what my title was. We no longer had an
14 office. We had to stuff our stuff in the nurses'
15 room. It was just very political --

16 Q. All right.

17 A. -- stuff.

18 Q. And then -- okay. And you told me
19 you started at Magnolia Manor of Inman in October
20 of 2015.

21 A. Uh-huh.

22 Q. Is that a yes?

23 A. Yes.

24 Q. How did you find out about the job?

25 A. I have friends who work there.

1 Q. Who --
2 A. I guess. I really don't remember
3 that, but I -- I would assume it was through
4 friends, yeah.
5 Q. Who was your supervisor?
6 A. Heather Burton.
7 Q. Is she still your supervisor now?
8 A. Yes.
9 Q. How is your relationship with
10 Heather?
11 A. Good.
12 Q. Do you interact at all with
13 Bebe Burch?
14 A. Yes.
15 Q. What is her role there?
16 A. She's our human resources person.
17 Q. Okay.
18 A. Does the payroll.
19 Q. How many hours a week were you
20 working for Magnolia Manor of Inman when you
21 started in October 2015?
22 A. Anywhere from 40 to 60 I guess.
23 Q. Was that -- is that about what you're
24 working now?
25 A. No. I'm salary now. I was a

1 hourly. I was a unit manager when I first went
2 there.

3 Q. What were you making hourly as a unit
4 manager?

5 A. 28.50, maybe. Maybe 28-. Yeah,
6 28.50.

7 Q. And then they moved you to salary?

8 A. Yes. Well, I left there in April,
9 end of April, went to work at another nursing
10 home, RoseCrest, and left there and came back to
11 Magnolia Manor in September.

12 Q. Okay. Let me back up a little bit.
13 You started at Magnolia Manor of Inman, you told
14 me, in October. Would that have been October
15 2014?

16 A. Yes, it would have. I'm sorry. Yes.

17 Q. Okay. Fair enough. So when you
18 started in October 2014 --

19 A. Right.

20 Q. -- you were --

21 A. Unit manager.

22 Q. Okay. And what were your job duties
23 as a unit manager?

24 A. Managing the nurses, the CNAs, doing
25 all the reports, orders, rounds with the doctor.



1 I did a lot of odd shifts, night shifts.

2 Q. And at some point you left that
3 position?

4 A. Yes.

5 Q. Why did you leave that job?

6 A. Because of that.

7 Q. The shifts?

8 A. I'm too old to do three nights a week
9 and be expected to work the day shift too, and
10 I've done my dues, you know, and it was a mutual
11 thing. They understood that.

12 Q. Who did you work for after that?

13 A. RoseCrest Nursing Home. It's also
14 here in Inman.

15 Q. How much were you making at
16 RoseCrest?

17 A. 29.50 or \$30.

18 Q. And you were an RN there?

19 A. Yes.

20 Q. When did you start at RoseCrest?

21 A. I think it was like the 5th of May.

22 Q. And what were your job duties as an
23 RN there?

24 A. It was the same thing I do now. I'm
25 an MDS coordinator. I do the assessments for

1 Medicare payment and Medicaid.

2 Q. How did your job come to an end at
3 RoseCrest Nursing Home?

4 A. I just left. I mean, I turned -- I
5 worked my notice.

6 Q. Did you have any disciplinary issues
7 at RoseCrest?

8 A. No.

9 Q. Did you have any work injuries at
10 RoseCrest?

11 A. No.

12 Q. Who was your supervisor there?

13 A. Bethany, and I can't think of her
14 last name. She's the administrator.

15 Q. Fair enough. What was your reason
16 for leaving?

17 A. There was a lot of internal stuff.
18 If you've never worked in a nursing home, it's
19 hard to explain, but they just had a lot of people
20 leaving and coming and going and too much drama.
21 There was just way too much drama going on.

22 Q. All right. When did you leave?

23 A. August 30th, or whatever the last
24 working day of August would have been.

25 Q. And then in September you started



1 at --

2 A. 1st or 2nd, whatever. It was the
3 Tuesday of --

4 Q. So then in September 2015, you came
5 back to Magnolia Manor --

6 A. Magnolia Manor.

7 Q. -- of Inman?

8 Did they promise you a different
9 shift?

10 A. I took a different job. This job I
11 have now, we don't have overtime and other shifts
12 and...

13 Q. What is your job title now?

14 A. MDS coordinator.

15 Q. You're saying home desk?

16 A. "M".

17 Q. "M" desk?

18 A. It's Minimum Data-.

19 Q. Okay. How do you like working as the
20 "M" desk coordinator?

21 A. Fine.

22 Q. You mentioned that they had you on
23 salary. What is your salary?

24 A. \$30. I don't know what it is. I
25 don't know what that comes out to weekly or --



1 Q. Okay. So you're just paid --
2 A. It's \$30 an hour.
3 Q. -- \$30 an hour.
4 A. Yeah.
5 Q. And you no longer work overtime.
6 A. No.
7 Q. How many hours a week are you working
8 now?
9 A. 40.
10 Q. Have you been working 40 hours a week
11 since you started in September? Other than your
12 work injury, of course.
13 A. Yes.
14 Q. Are you working anywhere else right
15 now?
16 A. No.
17 Q. Do you and your husband have any
18 source of income right now other than the wages
19 you earn at Magnolia Manor of Inman?
20 A. He's on Social Security.
21 Q. Is that Social Security retirement?
22 A. Yes.
23 Q. Have you applied for Social Security
24 retirement?
25 A. No.



1 Q. You're not a Medicare beneficiary
2 right now?

3 A. No.

4 Q. All right. And I believe you told me
5 your supervisor was Heather Burton. Is she still
6 your supervisor?

7 A. Yes. She's out on maternity leave
8 right now.

9 Q. All right. I've got a date of injury
10 for you listed as September 23, 2015. Does that
11 sound about right to you?

12 A. That's correct.

13 Q. What did you injure on that day?

14 A. My right shoulder.

15 Q. Did you injure anything else?

16 A. No.

17 Q. You mentioned the right shoulder
18 injury you had in the 1980s --

19 A. Yes.

20 Q. -- you wound up having surgery for
21 that, and I just want to be sure I'm clear for the
22 record. Since you were released from that
23 surgery, and I believe you told me that was with
24 Dr. Traver --

25 A. Yes.

1 Q. -- in New York, since Dr. Traver
2 released you for that shoulder injury, you didn't
3 have any further treatment for the right shoulder
4 until --

5 A. That's correct.

6 Q. -- this accident?

7 A. That's correct.

8 Q. And no further injury to this -- to
9 the right shoulder until this accident September
10 2015; is that correct?

11 A. That's correct.

12 Q. What time of day were you injured?

13 A. Around 4:15 --

14 Q. Is that --

15 A. -- p.m.

16 Q. -- at the end of your shift?

17 A. Yes.

18 Q. Had you clocked out?

19 A. I don't clock out.

20 Q. All right. Do you tell anybody when
21 you leave?

22 A. Yes. Usually.

23 Q. Did you tell --

24 A. If there's anyone there to tell.

25 Q. Did you tell anybody that day you

1 were leaving?

2 A. I don't remember that. I don't
3 think -- I don't know. No. I don't remember.

4 Q. You were walking to your car I take
5 it.

6 A. Yes.

7 Q. What kind of car do you drive?

8 A. A Cadillac.

9 Q. Is that the car you were driving on
10 the date of this accident?

11 A. Yes.

12 Q. Okay. Were you in the parking lot?

13 A. Yes.

14 Q. Do you typically work at a desk at
15 Magnolia Manor of Inman?

16 A. Yes.

17 Q. So you just got up from your desk and
18 began heading towards your car?

19 A. Yes.

20 Q. You mentioned that you work about 40
21 hours a week. Is 4:15 about the time you normally
22 get off?

23 A. Between 4:15 and 4:30.

24 Q. How do you decide if you're -- is it
25 up to you as to when you're going to leave or

1 what?

2 A. Yes. I mean -- yes. It's if we have
3 our work done. I mean, it's --

4 Q. Is the parking lot flat? Is it a
5 hill? I've never seen it. Can you describe it
6 for me?

7 A. It's flat.

8 Q. Was it raining that day?

9 A. No.

10 Q. Was there any water in the parking
11 lot that you could tell?

12 A. No.

13 Q. I take it there wasn't -- it's in
14 September. I take it there was no ice or anything
15 like that.

16 A. No. The parking lot is made up of
17 several different types of coverage. I don't know
18 what you would call it.

19 Q. Is it covered?

20 A. No. Well, where I fell is covered,
21 yes. It's like a portico.

22 Q. Was anybody with you at the time of
23 your fall?

24 A. Yes. My coworker.

25 Q. Who was your coworker?

- 1 A. Bonnie Harden.
- 2 Q. Were you all walking together?
- 3 A. Yes.
- 4 Q. You mentioned a portico. Is this an
5 area you have to go through to get to the cars?
- 6 A. Yes.
- 7 Q. Is the portico connected to the
8 building?
- 9 A. Yes.
- 10 Q. What caused you to fall?
- 11 A. I stumbled and fell. My feet
12 stopped. My body kept going.
- 13 Q. Were you carrying anything?
- 14 A. Yes. My purse and my lunch bag.
- 15 Q. What shoulder did you have your purse
16 on or did you have it on your shoulder?
- 17 A. I -- I don't know, but it's normally
18 on my left.
- 19 Q. Are you left-handed or right-handed?
- 20 A. I'm right-handed.
- 21 Q. And about your lunch bag, where did
22 you have that?
- 23 A. I usually carry them both on the same
24 side, so I would say the left.
- 25 Q. Is the portico on level ground?

1 A. Yes.

2 Q. Is this concrete?

3 A. Part of it.

4 Q. What part did you trip -- did you
5 fall on?

6 A. The edge where it's like old cement
7 and then it's like smooth cement.

8 Q. Did you catch your foot on the part
9 where it changes from old cement to new cement?

10 A. I -- I don't -- I don't know that --
11 that I did, no. I just know that my -- I
12 stumbled, and my feet stopped, and I fell.

13 Q. What caused you to stumble?

14 A. I don't know that.

15 Q. Okay. Were you talking to Ms. Harden
16 at the time?

17 A. Yes.

18 Q. What were you all talking about?

19 A. I think we were talking about how she
20 walks faster with her long legs.

21 Q. How far from the building is the
22 portico where you fell?

23 A. Gee, I don't know. I don't know.

24 Q. Is it -- could you --

25 A. I'm not good with --

1 Q. Fair enough. Is it, you know, a
2 hundred yards away? Is it 10 feet? Could you
3 guess?

4 A. Probably maybe 20 feet.

5 Q. Okay. And how far from where you
6 fell is it to the parking lot?

7 A. A long ways.

8 Q. So the portico where you fell is much
9 closer to the building than the --

10 A. Yes.

11 Q. -- rest of the parking lot?

12 A. Yes.

13 Q. How big is the portico?

14 A. Big enough to park two cars under, I
15 guess. They don't use it for that but, I mean...

16 Q. Fair enough. And you mentioned that
17 your feet stopped and your body kept going?

18 A. That's the easiest way I can describe
19 it.

20 Q. What kind of shoes were you wearing?

21 A. The same ones I have on now.

22 Q. These are --

23 A. Which way -- where we want to --
24 where do you want to look?

25 Q. It looks like they're tennis --

1 A. They're Easy Spirits.
2 Q. Easy Spirit. Are these tennis shoes?
3 A. No, not really.
4 MR. BYRD: I think it's fair to say
5 in the common slang "tennis shoes," you know.
6 THE WITNESS: Yeah.
7 MR. BYRD: I mean --
8 THE WITNESS: I mean --
9 MR. BYRD: -- I don't think --
10 THE WITNESS: -- you could --
11 MR. BYRD: -- she plays tennis --
12 THE WITNESS: -- say --
13 MR. BYRD: -- in them --
14 THE WITNESS: -- that.
15 MR. BYRD: -- but --
16 MR. HUGHEY: Right.
17 THE WITNESS: I don't.
18 MR. BYRD: They -- I would describe
19 them as just sort of white sneakers without
20 laces --
21 MR. HUGHEY: Okay.
22 MR. BYRD: -- with a low heal.
23 BY MR. HUGHEY:
24 Q. So they can kind of slip on?
25 A. Yes.

1 Q. And that's typically what you wear to
2 work?

3 A. Yes.

4 Q. Did your shoe catch on anything at
5 the time of the fall?

6 A. Well, I would assume my shoes caught
7 because my feet stopped. I mean, otherwise, I
8 would think I would have kept walking but --

9 Q. But you don't remember anything
10 specific that --

11 A. No.

12 Q. -- caught them?

13 A. I don't.

14 Q. And I take it you fell to the
15 ground.

16 A. Yes.

17 Q. What part of your body hit the
18 ground?

19 A. This side.

20 Q. And is that your right side?

21 A. Right side. Sorry.

22 Q. Did you fall with your arm on your
23 side or was your arm outstretched, your right arm?

24 A. I -- I really don't know.

25 Q. What's the next thing you remember?

1 A. Turning over so that I could try to
2 get up.

3 Q. Were you able to get up?

4 A. Not by myself.

5 Q. Did Bonnie help you?

6 A. She couldn't do it either. We
7 got -- there was two men in the parking lot who
8 helped me.

9 Q. Do you know who they were?

10 A. No.

11 Q. Had you seen them before?

12 A. No. Or since.

13 Q. Were they able to help you up?

14 A. Yes.

15 Q. Did you go back inside or did you go
16 to your car?

17 A. No. I went to my car. They helped
18 me to my car.

19 Q. When did you report a work injury?

20 A. The next morning. There was no --
21 there were no administrative people there when we
22 left.

23 Q. Who did you report it to the next
24 morning?

25 A. Bebe Burch.



1 Q. Were you able to drive your car home
2 that night?

3 A. Well, I thought I was. I did get
4 home, yes, but it was extremely difficult.

5 Q. Were you in pain?

6 A. Yes.

7 Q. Where were you feeling pain?

8 A. My shoulder, right shoulder.

9 Q. And you weren't having any right
10 shoulder pain just prior to this accident?

11 A. No.

12 Q. When did you first receive medical
13 treatment?

14 A. I went to the ER soon -- as soon as I
15 got home and my husband could take me. I mean,
16 probably within half an hour.

17 Q. Which ER did you go to?

18 A. Spartanburg Regional.

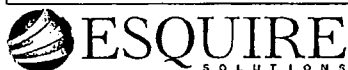
19 Q. Do you know if Magnolia Manor of
20 Inman owns the portico, the area where you fell?

21 A. I would assume so.

22 Q. Okay.

23 A. Yes.

24 Q. Had you been to Spartanburg Regional
25 in the past for any reason?



1 A. I had my knee surgery done there.

2 Q. What did they do for you at
3 Spartanburg Regional?

4 A. Took x-rays. Actually, I think they
5 took a CAT -- no. I think x-rays. I -- anyways,
6 they -- they examined my right shoulder.

7 Q. Fair enough. And it sounds like you
8 did go to work the next day or at least you went
9 in to report the injury.

10 A. No. I called them.

11 Q. Okay.

12 A. They -- Spartanburg -- the ER said
13 don't go to work. I couldn't have gone to work
14 anyways.

15 Q. How bad was your pain when you were
16 at the emergency room if we use the scale --

17 A. Very bad. Sorry.

18 Q. If we use the scale of zero to ten
19 with zero being no pain and ten being as bad as it
20 can be?

21 A. It was a ten.

22 Q. Did they give you any pain
23 medication?

24 A. I don't remember that.

25 Q. Fair enough. When was the next

1 medical -- the next time you saw a doctor after
2 being seen at Spartanburg Regional?

3 A. The Wednesday after that.

4 Q. And who saw you then?

5 A. Dr. Sanchez.

6 Q. And Dr. Sanchez, I believe you told
7 me, is the one who did a knee replacement surgery
8 for you.

9 A. Yes.

10 Q. Okay. What did Dr. Sanchez do for
11 you when you saw him?

12 A. He told me that because it was a
13 reverse fracture, that it was something that he
14 doesn't normally do because there's too many
15 variables once you get in there, and he made an
16 appointment for me to see Dr. Posta.

17 Q. And I believe that's Dr. Alan Posta.

18 A. Yes, it is.

19 Q. Were you happy with the treatment
20 that Dr. Sanchez provided you with for your knee
21 replacement?

22 A. Yes.

23 Q. And I take it you saw Dr. Posta not
24 long after Dr. Sanchez referred you there?

25 A. It was about four or five days I

1 would guess.

2 Q. Did you pay for your treatment with
3 Dr. Posta under your health insurance?

4 A. I had to get COBRA.

5 Q. What did Bebe say when you called her
6 the morning after your injury to tell her what
7 happened?

8 A. That she would turn it in to workers'
9 comp.

10 Q. Did she say anything else?

11 A. No. I mean, Hope you feel better,
12 and, you know, that kind of thing but -- and that
13 I needed to come and fill out an incident report
14 as soon as I could.

15 Q. Did you wind up filling out an
16 incident report?

17 A. Yes.

18 Q. That's something that you personally
19 completed?

20 A. I had some help. I couldn't write.

21 Q. Okay.

22 A. I'm right-handed.

23 Q. Because of your shoulder injury?

24 A. Yes.

25 Q. Who helped you write it?

1 A. I think my stepson was with me.

2 Q. Fair enough. I was talking to
3 Mr. Byrd prior to the deposition, and there's no
4 question you were out of work for a period of
5 time. Do you know when it was that you returned
6 to work? Was it the Monday before Christmas?

7 A. Yes.

8 Q. So around December 21st or 22nd?

9 A. Uh-huh.

10 Q. Somewhere in there?

11 A. Yeah. Whatever that date was.

12 Q. So you would have been out of work
13 from the date of this injury, September 23, 2015,
14 through that date, whenever it was, just prior to
15 Christmas.

16 A. Yes.

17 Q. And around -- and on that date you
18 came back to work at Magnolia Manor of Inman?

19 A. Yes.

20 Q. And you remain employed there now?

21 A. Yes.

22 Q. Are you still working full duty?

23 A. Yes.

24 Q. Are you making the same money you
25 were just prior to this accident?

1 A. Yes.

2 Q. It looks like you continued to treat
3 with Dr. Posta, and I believe, in fact, you do
4 continue to treat with him. Is that correct?

5 A. Yes.

6 Q. Dr. Posta wound up performing
7 surgery, I believe. Do you remember when that
8 surgery was?

9 A. October 16th.

10 Q. And what type of surgery was this? I
11 know you're not a doctor, but you are a -- you are
12 a --

13 A. It was --

14 Q. -- nurse.

15 A. -- a right -- a total right reverse
16 arthroplasty.

17 Q. Just prior to this surgery with
18 Dr. Posta, were you still having fairly
19 significant pain in the right shoulder?

20 A. Yes.

21 Q. Did the shoulder surgery help you in
22 terms of the pain you're having?

23 A. Yes.

24 Q. Are you having pain in your shoulder
25 as we sit here at the table right now?

1 A. No.

2 Q. Have you been satisfied with the
3 treatment that Dr. Posta has provided you with to
4 date?

5 A. Yes.

6 Q. It looks like after the surgery, I
7 don't have all of your records, but I assume he
8 sent you to physical therapy.

9 A. Yes. Three times a week.

10 Q. Where are you getting therapy?

11 A. Advanced Therapy Solutions.

12 Q. Are you still in therapy now?

13 A. One day a week.

14 Q. Is the therapy helping you at all?

15 A. Yes.

16 Q. What's it helping you with?

17 A. It helps to make me be able to move
18 my joints easier.

19 Q. I don't want you to hurt yourself,
20 but are you able to lift your right arm to
21 shoulder level or above shoulder level?

22 A. Yeah.

23 Q. And it looks like you are able to
24 lift it a little over shoulder level.

25 A. Right.



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1 Q. Would that be fair to say?

2 A. Yes.

3 Q. And how about the left side, can you
4 lift it higher than the right?

5 A. Yes.

6 Q. So have -- and you've lost at least
7 some of the range of motion in your right
8 shoulder.

9 A. Yes. And I can't reach behind either
10 with it. I can't.

11 Q. Behind your back?

12 A. Right.

13 Q. You mentioned that you're not having
14 pain right now as we sit here at the table. How
15 often are you experiencing pain in the right
16 shoulder these days?

17 A. Two to three times a day.

18 Q. Okay. Is this with any particular
19 movement, or what?

20 A. Sometimes, yes, it's with movement.

21 Q. When did you last see Dr. Posta? And
22 I know you may not know the specific --

23 A. I don't know --

24 Q. -- date.

25 A. -- exactly. About a month ago. I

1 see him on the 23rd, so, of this month, so it was
2 probably a month ago.

3 Q. Does Dr. Posta still have you on any
4 medication?

5 A. I have pain medication if I need to
6 take it.

7 Q. And what pain medication is that?

8 A. Norco.

9 Q. How often do you take the Norco now?

10 A. Maybe once or twice a week.

11 Q. Presumably that's when your pain
12 increases?

13 A. Yes.

14 Q. What kind of things have you noticed
15 cause your right shoulder pain to increase?

16 A. It's usually at night that it's
17 worse. Sometimes it's when I reach out to do
18 something.

19 Q. This is -- does it cause you problems
20 sleeping?

21 A. Yes.

22 Q. It's hard to -- hard to get
23 comfortable at times?

24 A. Yes.

25 Q. How about in terms of your daily

1 life, is there anything else that you've noticed
2 this impacts, maybe something that you used to
3 enjoy doing that you can no longer do?

4 A. Well, I used to crochet a lot, and I
5 can't do that as much.

6 Q. What was that? I'm sorry.

7 A. Crochet.

8 Q. Okay.

9 A. It's like knitting only --

10 Q. I know what --

11 A. -- different --

12 Q. -- crochet is.

13 A. -- type of needle.

14 Q. And you have difficulty with that
15 now?

16 A. Yeah.

17 Q. Any other hobbies or activities you
18 engage in?

19 A. No, not really.

20 Q. Have --

21 A. I read.

22 Q. Have you had any subsequent injuries
23 or accidents since this injury on September 23,
24 2015?

25 A. No.

1 Q. You shared with me that you went to
2 the emergency room the day of this accident.

3 A. Yes.

4 Q. Have you been back to the emergency
5 room anywhere for any reason since this accident?

6 A. No.

7 Q. And, of course, since the -- since
8 the original visit to the ER.

9 A. No.

10 Q. You mentioned that you have an
11 upcoming medical appointment with Dr. Posta I
12 believe on the 23rd. Do you have any upcoming --
13 any other upcoming appointments that you are aware
14 of?

15 A. No.

16 Q. When did you last treat with your
17 family doctor?

18 A. About three weeks ago I guess.

19 Q. And was that just a regular checkup?

20 A. Just a diabetes checkup, yes.

21 Q. Has your family doctor done anything
22 for your right shoulder?

23 A. No.

24 Q. Is she aware of your right shoulder
25 injury?

1 A. Yes.

2 Q. How bad is the pain in your right
3 shoulder when you do experience pain, if we use
4 that same scale of zero to ten?

5 A. Eight to ten at times.

6 Q. So you still have fairly significant
7 pain when you do have it?

8 A. Yes.

9 Q. How about doing your job now -- well,
10 let me ask you this. I'll scratch that.

11 Is your job that you're in now more
12 or less physical than the position you were in the
13 last time you were with Magnolia Manor of Inman?

14 A. A lot less.

15 Q. And was that the case prior to this
16 accident?

17 A. Yes.

18 Q. How is it less physical? Is it more
19 of a desk-type job?

20 A. Yes.

21 Q. Are you able to do your job without
22 any problems with the shoulder?

23 A. Yes.

24 Q. Have you missed any time from work
25 due to your shoulder since you went back in

1 December?

2 A. No, other than appointments or
3 therapy.

4 Q. Has Mr. Byrd sent you anywhere for
5 any type of evaluation?

6 A. No.

7 Q. Have you seen anyone for your right
8 shoulder injury other than the doctors at the
9 emergency room, Dr. Sanchez, and Dr. Posta --

10 A. Huh-un.

11 Q. -- and of course the --

12 A. No.

13 Q. -- therapist?

14 Has Dr. Posta talked to you at all
15 about work restrictions or anything like that?

16 A. Not now, but when I -- different
17 times during the pathway, yes.

18 Q. Has he talked to you at all about
19 whether or not he thinks you're at maximum medical
20 improvement or whether he's close to releasing
21 you?

22 A. He's close.

23 Q. Has he given you any indication as to
24 what your permanent impairment to the right
25 shoulder is or will be?

1 A. I'm probably about as good as I'm
2 going to get right now.

3 Q. Has he talked to you at all about
4 further treatment for your shoulder, be it, you
5 know, further surgeries or --

6 A. No.

7 Q. -- anything like that?

8 A. No.

9 Q. As far as, you know, right now, he is
10 just recommending the -- of course, the therapy
11 that you're in and then the occasional medication?

12 A. Right.

13 Q. Who does the yard work at your house?

14 A. My husband.

15 Q. You don't ever do it?

16 A. Yes, sometimes.

17 Q. When is the last time you did any
18 yard work?

19 A. Not since last spring probably.

20 Q. Do you have any grandchildren in the
21 area?

22 A. No.

23 Q. You mentioned you like to crochet and
24 you had some problems with that now due to the
25 shoulder. Is there anything else that you used to



1 be able to do that you can't do now?

2 A. I can't write as long or as much.

3 The fine motor skills are not what they used to be
4 in my right hand.

5 Q. How about getting dressed, are you
6 able to dress yourself?

7 A. Yes.

8 Q. How about grocery shopping, do you do
9 the grocery shopping?

10 A. My husband goes with me.

11 Q. Is that due to your shoulder or does
12 he --

13 A. No. We just always have.

14 MR. BYRD: I wish my wife would go
15 with me to the grocery store. That's become my
16 duty.

17 BY MR. HUGHEY:

18 Q. Everything seems to be going fine at
19 work now?

20 A. Yes.

21 Q. No disciplinary issues at Magnolia
22 Manor --

23 A. No.

24 Q. -- of Inman?

25 A. No.

1 Q. And you have a good relationship with
2 your supervisor?

3 A. Yes.

4 Q. How about Bebe, how's your
5 relationship with her?

6 A. Good.

7 MR. HUGHEY: I appreciate your time,
8 Ms. Grady. I don't have any more questions for
9 you. Please answer anything that your attorney
10 has.

11 MR. BYRD: I don't have any
12 questions.

13 THE WITNESS: Okay.

14 MR. BYRD: That's it.

15 (The deposition concluded at
16 approximately 11:19 a.m.)
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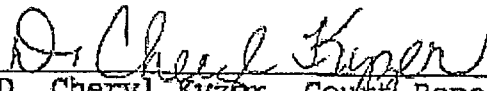
CERTIFICATE OF REPORTER

I, Donna Cheryl Kyzer, Court Reporter
and Notary Public for the State of South Carolina
at Large, do hereby certify:

That the foregoing deposition was
taken before me on the date and at the time and
location stated on Page 1 of this transcript; that
the deponent was duly sworn to testify to the
truth, the whole truth and nothing but the truth;
that the testimony of the deponent and all
objections made at the time of the examination
were recorded by me and were thereafter
transcribed; that the foregoing deposition as
typed is a true, accurate and complete record of
the testimony of the deponent and of all
objections made at the time of the examination to
the best of my ability.

I further certify that I am neither
related to nor counsel for any party to the cause
pending or interested in the events thereof.

Witness my hand, I have hereunto
affixed my official seal this 1st day of March,
2016, at Lexington County, South Carolina.


D. Cheryl Kyzer, Court Reporter,
Donna Cheryl Kyzer, Court Reporter,
Notary Public
State of South Carolina at Large.
My Commission expires:
October 5, 2022

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Panel
Avery Wilkerson, Susan Barden, Mike Campbell

SCWCC File No. 1518978
Appellate Case No. 2017-001096

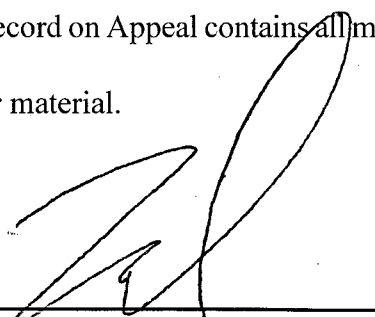
Pamela Grady, Employee, Claimant, Appellant,
v.

Magnolia Manor of Inman, Employer, and Zurich American Insurance Company of
Illinois, c/o Gallagher Bassett Services, Inc., Carrier, Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to
be included by any of the parties and not any other material.

October 12, 2017



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