THE STATE OF SOUTH CAROLINA
In The Supreme Court

RECEIVED
MAR 27 2017
S.C. SUPREME COURT

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Op. No. 2016-UP-529 (S.C. Ct. Appt. filed December 21, 2016)

Kimberly Walker, ... Petitioner,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

APPENDIX

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ATTORNEY FOR RESPONDENTS

Volume II

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Kimberly Walker v. Sunbelt Human Advancement, *et al*
Unpublished Opinion No. 2016-UP-529
(Submitted November 1, 2016 – Filed December 21, 2016)

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Encounter-Level Documents - 10/12/09: (continued)

WALKER, KIMBERLY D

OUTPATIENT SURGERY

VANN JOHN R. 58212

ACCOUNT NO. 7094417	NAME (LAST, FIRST, MIDDLE) WALKER, KIMBERLY D			ADM DATE 10/30/2009	0607	
AGE 41 Y	SEX F	MAR. ST. D	PRIM CD 8285		ROOM NO.	MAL LOR
ATTENDING PHYSICIAN VANN JOHN R.	PHYS NO 58212	DPA: LW	POWER OF ATTORNEY NO	LIVING WILL NO	NO INFO PATIENT N	S
			COUNTY	LANGUAGE EG	RACE B	RELIGION BP	IC
MAILING ADDRESS	CITY	STATE	ZIP CODE		ALT PHONE NO.	
PATIENT'S EMPLOYER - NAME AND ADDRESS	CITY	STATE	ZIP CODE		EMPLOYER PHONE NO.	
RESPONSIBLE PARTY - NAME AND ADDRESS WALKER, KIMBERLY D					ID	RELATIONSHIP PT
NOTIFY IN CASE OF EMERGENCY - NAME AND ADDRESS	CITY	STATE	ZIP CODE		EMERGENCY PHONE NO.	RELATIONSHIP
NEXT OF KIN - NAME AND ADDRESS ALAN MCKINNEY,	CITY	STATE	ZIP CODE			RELATIONSHIP CR

FIRST INSURANCE NAME & ADDRESS WORKERS COMPENSATION W PO BOX 102100 COLUMBIA SC 29221-5000 USA	POLICY HOLDER / SUBSCRIBER WALKER, KIMBERLY D	RELATION TO PT. PT	
	POLICY NO. / MEMBER ID -250578285	GROUP NO. 877 709 286T	PRECERT. NO. 10092884701009
	EMPLOYER'S NAME SHARE-HEADSTART	INSURANCE PHONE NO.	
SECOND INSURANCE NAME & ADDRESS	POLICY HOLDER / SUBSCRIBER	RELATION TO PT.	
	POLICY NO. / MEMBER ID	GROUP NO.	PRECERT. NO.
	EMPLOYER'S NAME	INSURANCE PHONE NO.	
THIRD INSURANCE NAME & ADDRESS	POLICY HOLDER / SUBSCRIBER	RELATION TO PT	
	POLICY NO. / MEMBER ID	GROUP NO.	PRECERT. NO
	EMPLOYER'S NAME	INSURANCE PHONE NO.	

ADMITTING DIAGNOSIS: LEFT KNEE PAIN;

CLINIC CODES: ORPOOL

FINAL DIAGNOSIS

CODES

CONSULTATION WITH:

CAUSE OF DEATH:

DATE AND TIME OF DISCHARGE: 10/30/09 ☐ A.M. ☐ P.M.

ST. FRANCIS

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY

SIGNED _____ M.D. DATE _____

Scan on 10/30/2009 by Henry, Lashell : Anesthesia Record (below)

ST FRANCIS DOWNTOWN
One St. Francis Drive
Greenville, S.C. 29601
864-255-1000

OPERATIVE REPORT

NAME: Walker, Kimberly D		MR:
LOC: SO	SEX: F	ACCT: 7064417
DOB:	AGE: 41	PT: S
ADMIT: 10/30/2009	DSCH: 10/30/2009	MSV: SUR

PREOPERATIVE DIAGNOSIS: Full thickness chondral lesion of the medial femoral condyle of the left knee.

POSTOPERATIVE DIAGNOSIS: Full thickness chondral lesion of the medial femoral condyle of the left knee.

OPERATION PERFORMED:

1. Arthroscopy of the left knee with chondroplasty.
2. Arthrotomy with placement of allograft juvenile cartilage cells on the left medial femoral condyle.

SURGEON: John R. Vann, MD

ASSISTANT: Melissa Compton, CST-FA

ANESTHESIA: General.

PROCEDURE: After an adequate level of general anesthesia was obtained, the left leg was prepped and draped in the usual sterile fashion. Received antibiotics at the end of the case and had a block per anesthesia for postop pain management. The leg was prepped and draped and the knee was arthroscoped through anteromedial and anterolateral portals. The articular surface looked good in all of the other compartments as well as the meniscus in the ACL other than a full thickness lesion of the medial femoral condyle. This measured about 2 x 2 cm. A shaver was introduced to remove just a very thin layer of fiber cartilage that was present. The sharp edges were placed after an arthrotomy was made in the medial parapatellar area and dissection was carried down through subcutaneous tissue and through the capsule to fully expose the defect. The meniscus was stable. The area was freshened with the use of a curette as well as sharpening the edges and then the juvenile cell allograft was prepared and mixed with a fibrin product where it was sticky enough and patched into the defect. A photograph was taken for the benefit of the patient and it filled the defect very well. After it was allowed to harden, the knee was put through range of motion. It was very stable in the defect.

The knee was aggressively put through range of motion and was quite stable and seemed to stick very well. Fibrin had been placed at the base prior to placement of the graft. The capsule was closed with PDS suture, the subcutaneous tissue with Monocryl, and Monocryl subcuticular stitch was placed. Steri-Strips and sterile dressings were then applied. The patient tolerated the procedure well.

John R Vann, MD A

This is an unverified document unless signed by physician.

TID: kvh
JOB: 000870491 DOC#: 298104

DT: 11/02/2009 4:51 A
DD: 10/30/2009

cc: John R Vann, MD

Encounter-Level Documents - 10/12/09: (continued)

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

WALKER KIMBERLY D [redacted] SC
VAHN JOHN R. 58212
[redacted]
PATIENT PLATE

SPECIAL REQUISITION/ RECEIVING REPORT – SURGICAL SERVICES
(Use For Miscellaneous Implant/Supply Items)

Vendor Name: _____ Vendor #: _____

Vendor Address: _____ P. O. Number: _____

_____ Date Ordered: _____

Vendor Contact: _____ Date Required: _____

Purchased From: _____ Received by: _____

Received From: _____ Count: Actual _____ Packing Slip _____

(CIRCULATING RN: COMPLETE LEGIBLY - ITEMS MARKED WITH * - DO NOT USE STICKERS)

* QUANTITY	UNIT OF PURCHASE	* STOCK NUMBER (CATLG/MODEL)	* LOT NUMBER	* MANUFACTURER NAME AND SHORT ITEM DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1				VNTSI-031		
1				LOT AC09S-40 REF 00-5606-000-11 DeNovo® NT NATURAL TISSUE GRAFT LIVE HUMAN ARTICULAR CARTILAGE *Duplicate Label for Tracking Only* 30 OCT 2009		

*RN SIGNATURE: Dawn Arnold DATE: 10-30-09
(Accountability for Implant Documentation - Only)

FREIGHT:	
TAX:	
TOTAL:	

REQUESTING DEPARTMENT: _____ ACCOUNT #: _____

SUBMITTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

SPE-873 7/94 WHITE & CANARY COPY - CENTRAL PROCESSING • PINK - SHEDULING OFFICE

Scan on 10/30/2009 by Henderson, Tawanda T. Coding Summary (below)

Encounter-Level Documents - 7/28/10:

Scan on 8/9/2010 by McGee, Wendy C : Face Sheet (below)

WALKER, KIMBERLY D SO
ACCT# 7109549 MR# 250578285
DOB: 08/11/1968 41 Y F DOS 08/09/2010
VANN JOHN R 58212

OUTPATIENT SURGERY

ACCOUNT NO. 7109549	NAME (LAST, FIRST, MIDDLE) WALKER, KIMBERLY D				ADM. DATE 08/09/2010	TIME	MED REC #
AGE 41 Y	SEX F	MAR. ST J	PROV CD 8285			ROOM NO	TEAI
ATTENDING PHYSICIAN VANN JOHN R.		PHYS NO 58212	DPLI LM POWER OF ATTORNEY NO		LIVING WILL NO	NO INFO PATIENT N	S
			COUNTY	LANGUAGE EG	RACE B	RELIGION 8P	IC
MAILING ADDRESS	CITY	STATE	ZIP CODE			ALT PHONE NO	
PATIENT'S EMPLOYER - NAME AND ADDRESS SHARE-HEADSTART 1200 PENDLETON ST	CITY GREENVILLE	STATE SC	ZIP CODE			EMPLOYER PHONE NO	
RESPONSIBLE PARTY - NAME AND A WALKER, KIMBERLY D							RELATIONSHIP PT
NOTIFY IN CASE OF EMERGENCY - NAME AND ADDRESS	CITY	STATE	ZIP CODE			EMERGENCY PHONE NO	RELATIONSHIP
NEXT OF KIN - NAME AND ADDRESS ALAN MCKINNEY,	CITY	STATE	ZIP CODE			NEXT OF KIN PHONE NO	RELATIONSHIP OR

FIRST INSURANCE NAME & ADDRESS WORKERS COMPENSATION W PO BOX 102100 COLUMBIA SC 29221-6000 USA	POLICY HOLDER / SUBSCRIBER WALKER, KIMBERLY D	RELATION TO PT PT	
	POLICY NO. / MEMBER ID 25937828	GROUP NO.	PRECERT. NO.
	EMPLOYER'S NAME SHARE-HEADSTART	INSURANCE PHONE NO	
SECOND INSURANCE NAME & ADDRESS	POLICY HOLDER / SUBSCRIBER	RELATION TO PT	
	POLICY NO. / MEMBER ID	GROUP NO.	PRECERT. NO
	EMPLOYER'S NAME	INSURANCE PHONE NO.	
THIRD INSURANCE NAME & ADDRESS	POLICY HOLDER / SUBSCRIBER	RELATION TO PT.	
	POLICY NO / MEMBER ID	GROUP NO.	PRECERT. NO.
	EMPLOYER'S NAME	INSURANCE PHONE NO.	

ADMITTING DIAGNOSIS: CHONDROMALACIA OF PATELLA , KNEE ARTHROSCOPY — CLINIC CODES: SO

FINAL DIAGNOSIS — CODES

CONSULTATION WITH:

CAUSE OF DEATH:

DATE AND TIME OF DISCHARGE: 8/9/10 ☐ A.M. ☐ P.M

ST. FRANCIS [redacted]

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY

SIGNED _____ M.D. DATE _____

Scan on 8/9/2010 by McGee, Wendy C : Notice of Privacy Practices (below)

ST FRANCIS DOWNTOWN
One St. Francis Drive
Greenville, S.C. 29601
864-255-1000

OPERATIVE REPORT

NAME: Walker, Kimberly D		MR:
LOC: SO	SEX: F	ACCT: 7109549
DOB:	AGE: 41	PT: S
ADMIT: 08/09/2010	DSCH:	MSV: SUR

PREPROCEDURE DIAGNOSIS: Chondral lesion of the left knee.

POSTPROCEDURE DIAGNOSIS: Grade 2 chondromalacia of the femoral sulcus with healing grafting of the medial femoral condyle of the left knee.

OPERATION PERFORMED: Chondroplasty of patellofemoral joint of the left knee.

SURGEON. John R. Vann, MD

ANESTHESIA: General

PIEDMONT ORTHOPAEDICS
COPY

PROCEDURE: After an adequate level of general anesthesia was obtained, the left leg was prepped and draped in the usual sterile fashion. She had good stability of the knee. Anteromedial and anterolateral portals made.

FINDINGS: The patellofemoral joint revealed no evidence of any subluxation and no loose bodies, but there was some grade 2 chondromalacia of the femoral sulcus. Undersurface of the patella looked fine. There was no eburnated bone, and a chondroplasty was performed. The lateral compartment looked fine. The lateral meniscus was stressed and probed, and stable. The ACL and PCL were intact. In the medial compartment, the patient previously had grafting with juvenile cartilage cells of the medial femoral condyle, and the grafted area overall looked fine. There was just some mild roughness, and a chondroplasty was performed, but overall there was excellent integrity of the grafted area, and good healing. The rest of the medial femoral condyle looked good The medial meniscus was stressed and probed and was stable.

The knee was then copiously irrigated. Sterile dressing applied.

Name: Walker, Kimberly D
MR.

Acct: 7109549

John R Vann, MD A

PIEDMONT ORTHOPAEDICS
COPY

This is an unverified document unless signed by physician.

TID: wmx
JOB: 000003697 DOC#: 334902

DT: 08/09/2010 12:26 P
DD: 08/09/2010

cc: John R Vann, MD

Encounter-Level Documents - 7/28/10: (continued)

Encounter Note by John R Vann MD (DOS: 07/22/2010)

Walker, Kimberly

WALKER, KIMBERLY D SO

Chief Complaint: Knee pain
Onset Date: 02/19/2009

VANN JOHN R.

CC: Left knee pain.

The patient was doing well and started getting some pain. She's had no fevers or chills. It is worse with some activities. She has no calf pain. She's not noticed any loss of ROM or pain involving the hip or groin.

Both knees are very stable and her NV is intact. There is no effusion. She has some tenderness medially. There is not a lot of crepitation. Stable with varus and valgus stress and her NV is intact and her gait looks fine.

X-RAYS: Two views of the left knee showed some mild osteopenia but no occult fractures or loose bodies.

X-RAY IMPRESSION:
NO FRACTURES OR LESIONS BUT MILD OSTEOPENIA OF THE LEFT KNEE.

PLAN: I don't see anything that looks like she has an inflammatory type arthritis. She does not have a lot of effusion today. I told her with this procedure I think an MRI would be difficult to determine any healing but I think if she keeps having pain I'd like to arthroscope her knee and evaluate the defect and see if she has good healing at this point since it has been over six months and would only consider chondroplasty or other type surgery based on findings. Risks, benefits and expectations discussed and she would like to proceed.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA

Procedures Performed:

Description	Related Diagnosis	Units
XY - 73560 Knee 1-2 views	717.7	1

Followups:
V&X Code: *99213 EST Expanded Problem Focused
Followup visit requested: surgery required

[Reviewed and signed off electronically by John R Vann MD on Jul 27 2010, 1:18 pm]

WALKER, KIMBERLY D SO
99212
VANN JOHN R.

Scan on 8/9/2010 by McGee, Wendy C : Intra-Operative Order Sheet (below)

Encounter-Level Documents - 4/3/09: (continued)

OUTPATIENT SURGERY

ACCOUNT NO. 7034336	NAME (LAST, FIRST, MIDDLE) WALKER, KIMBERLY D			ADM. DATE 04/20/2009	WALKER, KIMBERLY D			
A	SEX F	MAR. ST. D	PRIV CD 8285		VANN JOHN R			58212
ATTENDING PHYSICIAN VANN JOHN R	PHYS NO 58212	DPR / LW	POWER OF ATTORNEY NO		LIVING WILL NO			
		STATE	ZIP CODE	COUNTY	LANGUAGE EG	RACE B	RELIGION BP	IC
							ALT PHONE NO.	
PATIENT'S EMPLOYER - NAME AND ADDRESS SHARE-HEADSTART 1200 PENDLETON ST		CITY GREENVILLE	STATE SC	ZIP CODE		EMPLOYER PHONE NO.		
RESPONSIBLE PARTY - NAME AND ADDRESS WALKER, KIMBERLY D							D.	RELATIONSHIP PT
NOTIFY IN CASE OF EMERGENCY - NAME AND ADDRESS		CITY	STATE	ZIP CODE		EMERGENCY PHONE NO.		RELATIONSHIP
NEXT OF KIN - NAME AND ADDRESS ALAN MCKINNEY,		CITY	STATE	ZIP CODE			NO.	RELATIONSHIP OR

FIRST INSURANCE NAME & ADDRESS WORKERS COMPENSATION USR	W	POLICY HOLDER / SUBSCRIBER WALKER, KIMBERLY D	RELATION TO PT. PT	
		POLICY NO. / MEMBER ID 250578286	GROUP NO.	PRECERT. NO.
		EMPLOYERS NAME SHARE-HEADSTART	INSURANCE PHONE NO.	
SECOND INSURANCE NAME & ADDRESS		POLICY HOLDER / SUBSCRIBER	RELATION TO PT.	
		POLICY NO. / MEMBER ID	GROUP NO.	PRECERT. NO.
		EMPLOYERS NAME	INSURANCE PHONE NO.	
THIRD INSURANCE NAME & ADDRESS		POLICY HOLDER / SUBSCRIBER	RELATION TO PT.	
		POLICY NO. / MEMBER ID	GROUP NO.	PRECERT. NO.
		EMPLOYERS NAME	INSURANCE PHONE NO.	

ADMITTING DIAGNOSIS: CHONDROMALACIA: — CLINIC CODES SO

FINAL DIAGNOSIS: — CODES

CONSULTATION WITH

CAUSE OF DEATH

DATE AND TIME OF DISCHARGE 4/20/09 ☐ A.M. ☐ P.M

ST. FRANCIS downtown

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY

SIGNED _____ MD DATE _____

Scan on 4/20/2009 by Vaughn, Dee F : Coding Summary (below)

ST FRANCIS DOWNTOWN
One St. Francis Drive
Greenville, S.C. 29601
864-255-1000

OPERATIVE REPORT

NAME: Walker, Kimberly D		MR:
LOC: SO	SEX: F	ACCT: 7034336
DOB:	AGE: 40	PT: S
ADMIT: 04/20/2009	DSCH:	MSV: SUR

PREOPERATIVE DIAGNOSIS: Right chondral lesion.

POSTOPERATIVE DIAGNOSIS: Grade 3 chondral lesion of the medial femoral condyle.

OPERATION PERFORMED: Arthroscopy with micro-fracture of the medial femoral condyle and chondroplasty.

SURGEON: John R. Vann, M.D.

ANESTHESIA: General.

PROCEDURE: After an adequate level of general anesthesia was obtained, the right leg was prepped and draped in the usual sterile fashion and a tourniquet was used for the procedure. A photo was made for the patient. Anteromedial and anterolateral portals were made. The patellofemoral joint and the lateral compartment was normal. The lateral meniscus was stressed and probed and was stable. The ACL and PCL were intact and the medial compartment and the medial meniscus were stressed and probed and were stable. The biggest problem is a large chondral lesion, full thickness of the medial femoral condyle. This measured roughly about the size of a quarter, but it was more longitudinal. The chondral flaps were débrided to expose the eburnated area of bone. A shaver was introduced to remove some of the superficial layer of bone and then a

POA
JUN 01

334

microfracture was performed with the pick.

The wound was then copiously irrigated and a sterile dressing was applied.

John R Vann, MD A

This is an unverified document unless signed by physician.

TID. lea
JOB: 000748395 DOC#: 273558

DT: 04/20/2009 8:54 A
DD: 04/20/2009

cc: John R Vann, MD

Corvel Capture 12/1/2009

SSI
Sports Science & Industrial Physical Therapy and Performance Training Center

DAILY NOTE

PATIENT: Kimberly Walker

DATE: OCT 22 2009
VISIT # 60 OF 60

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: (L) Hamstring really hurting, thinks she "pulled a muscle", but doesn't know how

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- 4 Ice Pack / Compression 15 min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location

15 min
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 2 Manual Stretching ____ min (L) HS
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- 3 Soft Tissue Mobilization ____ min (L) Hamstring
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 75 min.

Therapist Signature: Colleen Fulton PT License #: 6449

SSI
Sports Science & Industrial Physical Therapy and Performance Training Center

DAILY NOTE

PATIENT: _____

DATE: OCT 27 2009
VISIT # 61 OF ____

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: both legs hurting today, not feeling well

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 40 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- 2 Ice Pack / Compression 15 min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location

- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 2 Manual Stretching 10 min (L) HS
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 65 min.

Therapist Signature: Colleen Fulton PT License #: 6449

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SSI
Sports Safety & Industrial
Physical Therapy and
Performance Training Center

DAILY NOTE

PATIENT: Kimberly Walker

DATE: OCT 15 2009
VISIT # 58 OF 60

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Last treatment helped, but still hurting

SERVICES PROVIDED:
- ____ Supervised ther ex per flow sheet 30 min (Land) Aquatic
- ____ Gait Training (see notes) ____ min
- 5 Ice Pack / Compression 15 min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- 2 US / Phonophoresis Continuous / Pulse Pes Ans 1.6 W/cm² X 8 min
- 5 Iontophoresis 40 mA/min med/ldw 15 min
- ____ Anodyne ____ min ____ Bars ____ Location

- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 1 Manual Stretching ____ min
- 4 MRE 15 min
- 1 Joint Mobs (see notes) ____ min patella
- 3 Soft Tissue Mobilization ____ min Pes Ans, retrograde massage, scar massage
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 60 min.

Therapist Signature: Carla M Fulton PT

License #: 5449

SSI
Sports Safety & Industrial
Physical Therapy and
Performance Training Center

DAILY NOTE

PATIENT: ____

DATE: OCT 20 2009
VISIT # 59 OF 60

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Knee hurting today

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location

- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 1 Manual Stretching ____ min
- 4 MRE 15 min
- 2 Joint Mobs (see notes) ____ min patella
- 2 Soft Tissue Mobilization ____ min (1) lower leg, Pes Ans, scar massage
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)
See progress note

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
* Pt. declined modalities

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 60 min.

Therapist Signature: Carla M Fulton PT

License #: 5449

339

SSI
Sports Spine & Industrial
Physical Therapy and Performance Training Center

DAILY NOTE

PATIENT: Kimberly Wallen

DATE: OCT 0 8 2009
VISIT # 56 OF 60

SUBJECTIVE: Pain Level (0–10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports: Feeling a little better, but can't walk very well

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 50 min (Land) Aquatic
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
4 Manual Stretching ____ min (L) HS, (L) Tat hip
____ MRE ____
3 Joint Mobs (see notes) ____ min patellar
4 Soft Tissue Mobilization ____ min scar mobs
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

10 min

Notes: * No pain to scar mobs or patellar mobs

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 100 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Catherine Smith PT

License #: 5449

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DAILY NOTE

PATIENT: ____

DATE: OCT 1 3 2009
VISIT # 57 OF 60

SUBJECTIVE: Pain Level (0–10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Surgery date 10/2/2009; both knees hurting today, using crutches today

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 40 min (Land) Aquatic
____ Gait Training (see notes) ____ min
4 Ice Pack / Compression 15 min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
4 Iontophoresis 4% mA/min Reg. 15 min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
1 Manual Stretching ____ min
____ MRE ____
2 Joint Mobs (see notes) ____ min Patellar
3 Soft Tissue Mobilization ____ min scar mobs; retrograde massage for edema, peri scar
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

15 min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS. (* requires explanation)

Total Treatment Time 70 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Catherine Smith PT

License #: 5449

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Corvel Capture 10/22/2009

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: OCT 01 2009
VISIT # 54 OF 54

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: knee pain 7.5/10 mid day; sometimes @ night 10/10; Not feeling good today

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
___ Gait Training (see notes) ___ min
2 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min ___
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___
___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Bars ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
___ Manual PROM ___ min
___ Manual Stretching ___ min
___
___ MRE ___
___ Joint Mobs (see notes) ___ min
___ Soft Tissue Mobilization ___ min
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes: feeling good today

OBJECTIVE: (Data Progress / Changes)
AROM: 0° – 115°

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 60 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Colleen Gordon PT License #: 5449

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DAILY NOTE **PATIENT:** _____

DATE: OCT 06 2009
VISIT # 55 OF ___

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: knee still hurting, hasn't heard anything re: surgery

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 50 min (Land) Aquatic
___ Gait Training (see notes) ___ min
2 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min ___
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___
___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Bars ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
___ Manual PROM ___ min
___ Manual Stretching ___ min
___
___ MRE ___
___ Joint Mobs (see notes) ___ min
___ Soft Tissue Mobilization ___ min
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 65 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Colleen Gordon PT License #: 5449

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PATIENT PROGRESS NOTE

Patient: Kimberly Walker Physician: Vann

Diagnosis: Chondromalacia patella, (L) knee OA, microfracture Date: 10/1/2009

HISTORY: Physical therapy was started on 5/8/09. Patient has received a total of 54 treatments.

Treatments have consisted of: therapeutic exercise, manual stretching, joint mobs, soft tissue mobilization

SUBJECTIVE: Pt. continues to c/o constant knee pain, 7.5/10 rating; c/o difficulty sleeping, taking sleep mds.

OBJECTIVE: AROM (L) knee 0°-115°; mmt √ā / 5/5, 4+/5 resp. Amb. ⊼ AD, but ↑ antalgic gait pattern

ASSESSMENT: Pt. continues to make slow progress; in process of scheduling surgery ↑ Dr. Vann. Pt should continue to benefit from PT prior to surgery

PLAN: Continue PT to address strength ↑ mobility 2x's/week.
Thank you for this referral!

Sincerely,

Carla M. Fulton, DPT

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Corvel Capture 9/24/2009

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: Sep 4 2009
VISIT # 44

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Went to MD @ Steadmen hawking this morning, supposed to have mri; knee is about the same

SERVICES PROVIDED:
- ____ Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 2x Manual Stretching 5 min (B) HS
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 50 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: Caitlin Walton PT License #: 5449

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DAILY NOTE **PATIENT:** ____

DATE:
VISIT # 47 OF ____

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports:

SERVICES PROVIDED:
- ____ Supervised ther ex per flow sheet ____ min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min ____
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☐ Poor*
Compliance: ☐ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time ____ min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: License #:

[redacted]

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: SEP 23 2009
VISIT # 52 OF 54

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Having allograft transplant in knee provided w/o approval Sx

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes: ↑ pt 15 min late

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☐ Good ☑ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: Colleen Fulton PT License #: 5449

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DAILY NOTE **PATIENT:** ____

DATE: SEP 29 2009
VISIT # 53 OF 54

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: knee really hurting.

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
3 Ice Pack / Compression 15 min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
2 Manual Stretching 5 min (L) PF
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes) Encouraged pt. to work on Strengthening of above & below painful ROM

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 65 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: J Wilde PT License #: 1509

[redacted]

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PATIENT PROGRESS NOTE

Patient: Kimberly Walker Physician: Vann

Diagnosis: (L) Chondromalacia patella, microfx Date: 9/16/2009

HISTORY: Physical therapy was started on 5/8/2009 Patient has received a total of 51 treatments.

Treatments have consisted of: therapeutic exercise (aquatic; land), manual stretching, joint mobs, soft tissue mobilization, ice.

SUBJECTIVE: Pt. c/o pain in (L) knee 8/10 on avg.; Reports she thinks knee is worse; c/o (R) knee pain & LBP; Had mri yesterday for 4S

OBJECTIVE: Amb ∃ AD household distances, using single crutch (R) work; (L) knee AROM 0°–118°; mmt (L) knee VS/S, /4+/5

ASSESSMENT: Pt. making slow progress overall, has met some goals. LBP & (R) knee pain creating difficulty ∃ progressing treatment. Poor tolerance ∃ new exercises.

PLAN: Continue 2x6/week unless otherwise advised to address strength & functional mobility.

Thank you for this referral!

Jake Fulton PT

Corvel Capture 10/2/2009

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DAILY NOTE — **PATIENT:** Kimberly Walker

DATE: 9/14/09
VISIT # 16 OF 54

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: no Δ's

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- 15 Ice Pack / Compression 15 min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 2 Manual Stretching 10 min (B HS)
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment-goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 70 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: N. Wilde PT — License #: 1509

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DAILY NOTE — **PATIENT:** ____

DATE: SEP 16 2009
VISIT # 57 OF 24

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☑ No Change in Pain/Function
☐ Patient Reports:

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 2 Manual Stretching 10 min (B HS)
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 55 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: [signature] PT — License #: 5744

[redacted]

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Corvel Capture 10/1/2009

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DAILY NOTE

PATIENT: Kimberly Walker

DATE: SEP 0 9 2009
VISIT # 42 OF ____

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: my back is killing me, can tolerate the knees but my back

SERVICES PROVIDED:
____ Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
2x Manual PROM ____ min
____ Manual Stretching 5 min
(B) HS
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes: is killing me

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance:
Compliance: ☐ Good ☑ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☑ Fair ☐ Poor*
Any goals met/revised this visit: ☑ Good ☐ Fair ☐ Poor*
Status since last visit: ☐ Yes* (Which ones?) ☑ No
☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
* Requires VC to correct gait pattern, tendency to ↑ trunk SB 5 Vt.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 50 min.

Therapist Signature: Callen Gulan PT

License #: 5449

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DAILY NOTE

PATIENT: ____

DATE: Sept 11, 2009
VISIT # 43 OF ____

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Back still really hurting, having mri Tues next week

SERVICES PROVIDED:
____ Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
2x Manual PROM ____ min
____ Manual Stretching 5 min
(B) HS
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance:
Compliance: ☐ Good ☑ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☑ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Good ☐ Fair ☐ Poor*
Status since last visit: ☐ Yes* (Which ones?) ☑ No
☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
* pt refuses to do step downs today, reports she doesn't think it's really going to make any difference

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 50 min.

Therapist Signature: Callen Gulan PT

License #: 5449

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: SEP 0 4 2009
VISIT # 16 OF ____

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Went to MD (2) Steadman Hawkins this morning, supposed to have mri; knee is about the same

SERVICES PROVIDED:
____ Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ mm
____ Anodyne ____ min ____ Bars ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
2 Manual PROM ____ mm
2 Manual Stretching 5 mm (B) HS
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 50 min.

Therapist Signature: Caitlin Walton PT License #: 5449

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DAILY NOTE **PATIENT:** ____

DATE: SEP 0 8 2009
VISIT # 17 OF ____

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: 4/10 Real Δ. Mobility seems to be ↑ ly

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
3 Ice Pack / Compression 15 min (1) Knee
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ mm
____ Anodyne ____ min ____ Bars ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ mi
2 Manual Stretching 5 min (B) HS
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes) Pt. came into P.T. ś crutch today

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 65 min.

Therapist Signature: J Wilde PT License #: 1509

Corvel Capture 9/24/2009

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DAILY NOTE PATIENT: Kimberly Walker

DATE: AUG 31 2009
VISIT # 14 OF ____

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Still hurting, last workday - better

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 35 min (Land) Aquatic
____ Gait Training (see notes) ____ min
3 Ice Pack / Compression 15 min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
2 Manual Stretching 5 min (B) HS
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENT .. (* requires explanation)

Total Treatment Time 55 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Callen Fulton PT License #: 5449

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DAILY NOTE PATIENT: ____

DATE: Sept 2, 2009
VISIT # 15 OF ____

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Not feeling well, think she has a cold

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
* pt. to do ice @ home

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Callen Fulton PT License #: 5449

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PATIENT PROGRESS REPORT

Date 8/28/2009

Patient Kimbury Walker

Patient seen from 8/12/09 to 8/28/2009 (this reporting period)

Number of treatments 13 Diagnosis: Chondromalacia patellae, s/p (L) knee MD: Vann

Treatment plan includes: therapeutic exercise (aquatic & land), manual stretching, soft tissue mobilization, joint mobs, estim/TENS, ice

SUBJECTIVE: Pain 9/10 (L) knee, 7/10 (R) knee; Really hurting, continues to c/o LBP

OBJECTIVE: Amb c single crutch for community distances; Amb I AD for household distances; (L) knee AROM 0°-119°, 0 mmt (L) knee ✓ 5/5, / 4+/5

Response to Therapy: Poor Fair (Good) Excellent

Progress toward achieving goals: ____ Goals met (specify which ones) _____
✓ Goals partially met
____ Goals not currently met

Patient can benefit from continued therapy to address ROM, strength, functional mobility

Therapist Signature [signature] PT

FAXED

350

[redacted]

P520

P473

Corvel Capture 9/24/2009

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: AUG 26 2009
VISIT # 42 OF 42

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: (B) knees still hurting, reports she feels like (L) knee hurts more

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 40 min (Land) Aquatic
___ Gait Training (see notes) ___ min
2 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min ___
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Bars ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
___ Manual PROM ___ min
___ Manual Stretching ___ min
___ MRE ___
___ Joint Mobs (see notes) ___ min
___ Soft Tissue Mobilization ___ min
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes: now than before the injections, reports shis frustrated re: Back pain & pain in general, "just want to stop hurting"

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 55 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Caitlin Fulton PT License #: 5449

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DAILY NOTE **PATIENT:** _____

DATE: AUG 28 2009
VISIT # 43 OF ___

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Hurting, but in better spirits; Going to see Dr. VanPelt

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 40 min (Land) Aquatic
___ Gait Training (see notes) ___ min
2 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min ___
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Bars ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
___ Manual PROM ___ min
2 Manual Stretching 10 min (B)HS, (L) Quad/HipV
___ MRE ___
___ Joint Mobs (see notes) ___ min
___ Soft Tissue Mobilization ___ min
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE: (Data Progress / Changes)
9/10 pain (L) knee, 7/10 pain (R) knee; (R) Knee ✓ 5/5, / 4+/5
(L) Knee AROM 0°–119°

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 65 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Caitlin Fulton PT License #: 5449

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: 8/19/09
VISIT # 40 OF 42

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: No new c/o's.

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 30 min (Land / Aquatic)
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Barn ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ MRE
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes: Pt. declined deep water jog b/c not feeling well.

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS (* requires explanation)

Total Treatment Time 30 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☑ Other: Cont. in Clinic Only.

Therapist Signature: D. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** _____

DATE: AUG 24 2009
VISIT # 41 OF 42

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Pt. c/o 4/10 pain in LB & (B) knees, reports she doesn't

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 15 min (Land / Aquatic)
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Barn ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ MRE
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes: fed up to doing anything today but ice
Thurst
Pt. completed SLR 4 ways, DS; Heel slides & stated she needed to leave

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☑ Fair ☐ Poor*
Compliance: ☐ Good ☑ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☑ No change

COMMENTS: (* requires explanation)
* Declined modalities & thurst

Total Treatment Time 15 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Callie Redfield-PT License #: 5449

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DAILY NOTE PATIENT: Kimberly Walker

DATE: AUG 13 2009
VISIT # 76 OF ___

SUBJECTIVE: Pain Level (0 – 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Knee not hurting quite as much

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 35 min (Land) Aquatic
A Gait Training (see notes) ___ min
A Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ mm ___
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Bars ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
15 min
1 Manual PROM ___ min
1 Manual Stretching ___ min (L) HS (L) Quad/HipV
___ MRE ___
___ Joint Mobs (see notes) ___ min
1 Soft Tissue Mobilization ___ min hip/knee
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS (* requires explanation)

Total Treatment Time 65 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Carlen Fulton PT License #: 5449

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DAILY NOTE PATIENT: ___

DATE: AUG 18 2009
VISIT # 79 OF ___

SUBJECTIVE: Pain Level (0 – 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Knee Numb

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 40 min (Land) Aquatic
A Gait Training (see notes) ___ min
A Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min ___
___ E-stim Type ___ ; ___ m
___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Bars ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
1 Manual PROM ___ min
1 Manual Stretching 10 min (B) HS
___ MRE ___
___ Joint Mobs (see notes) ___ min
___ Soft Tissue Mobilization ___ min
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE: (Data Progress / Changes)
Amb. c more normal gait pattern

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 65 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other

Therapist Signature: Carlen Fulton PT License #: 5449

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PATIENT PROGRESS REPORT

Date 8/12/2009

Patient Kimberly Walker

Patient seen from 5/8/09 to 8/12/09 (total)

Number of treatments 37

Treatment plan includes: therapeutic exercises (land & aquatic), manual stretching, soft tissue mobilization, joint mobs

SUBJECTIVE: Pain in (L) knee 8/10, (R) knee 7/10; UBP 9/10; Pt c/o ↑ pain in Back & (B) Knees, esp. ↑ walking

OBJECTIVE: (L) knee mmt strength: √ 5/5, / 3+/5; (L) Knee AROM 0°-116°; amb. ↑ single crutch all the time

Response to Therapy: Poor (Fair) (Good) Excellent

Progress toward achieving goals:
____ Goals met (specify which ones) _____
__✓__ Goals partially met
____ Goals not currently met

Patient can benefit from continued therapy to address ROM, strength, pain, functional mobility

Therapist Signature Caleb Gilmore PT

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: 8/10/09
VISIT # 26 OF 26

SUBJECTIVE: Pain Level (0 - 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: LB & both knees killing her.

SERVICES PROVIDED.

- 1 Supervised ther ex per flow sheet 30 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min (I) for 1st 20 min
- ___ Moist / Hot Pack ___ min
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes: Pt. got to pool early (got towels mixed up) + did 20 min of Therex (I).

OBJECTIVE: (Data Progress / Changes) Rates Pain 10/10 LB, 8/10 (R) knee, (L) knee 9/10

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation) Pt. feels better in Aquatic Therex

Total Treatment Time (30) min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** ___

DATE: AUG 12 2009
VISIT # 27 OF ___

SUBJECTIVE: Pain Level (0 - 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Back & knees really hurting, had last injection in knee yesterday)

SERVICES PROVIDED:

- 1 Supervised ther ex per flow sheet 36 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- 2 Ice Pack / Compression 15 min
- ___ Moist / Hot Pack ___ min
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
- 1 Manual PROM 15 min
- 1 Manual Stretching ___ min (L) HS
- ___ MRE ___
- 3 Joint Mobs (see notes) ___ min
- 4 Soft Tissue Mobilization ___ min (B) buttock ; lat hip
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes: LB really hurting to exercise so today

OBJECTIVE: (Data Progress / Changes) (R) knee 7/10
8/10 knee pain; 9/10 back pain; See progress note

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☑ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time (45) min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Caitlin Fulton PT License #: 5479

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Performance Training Center

DAILY NOTE **PATIENT:** Liberty Walker

DATE: AUG 05 2009
VISIT # 24 OF 36

SUBJECTIVE: Pain Level (0–10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Back very hurting, knee sore from injection; brought new order in for LBP/lumbar strain

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 50 min (Land) Aquatic
___ Gait Training (see notes) ___ min
2 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Burs ___ Location
___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
2 Manual PROM ___ min
2 Manual Stretching ___ min (HS)
___ MRE ___
3 Joint Mobs (see notes) ___ min patella
4 Soft Tissue Mobilization ___ min SI ar mobs
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

15 min

Notes

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 80 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Caitlin Nystrom PT License #: 5779

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DAILY NOTE **PATIENT:** ___

DATE: AUG 06 2009
VISIT # 25 OF 36

SUBJECTIVE: Pain Level (0–10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: back & (R) knee continue to hurt.

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 50 min (Land) Aquatic
___ Gait Training (see notes) ___ min
2 Ice Pack / Compression 15 min (R) knee
___ Moist / Hot Pack ___ min
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Burs ___ Location
2 LO eval
___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
2 Manual PROM ___ min
2 Manual Stretching ___ min (B) HS
___ MRE ___
3 Joint Mobs (see notes) ___ min patella
4 Soft Tissue Mobilization ___ min SI ar mobs
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes: Extra TW

OBJECTIVE: (Data Progress / Changes) Pain 9/10

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 65 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☑ Other: TW

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: July 30, 2009
VISIT # 32 OF 36

SUBJECTIVE: Pain Level (0–10) ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports back is really hurting; used single crutch yesterday

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 50 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min
- ____ E-stim Type ____ ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Burs ____ ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes: a today; knee feels better to put weight thru it

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment; goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
+ Had pt. do most exercises (B) to aid in walking & single crutch; to UBP
Total Treatment Time 50 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: David Fulton PT License #: 5479

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DAILY NOTE **PATIENT:** _____

DATE: 8/3/09
VISIT # 33 OF 36

SUBJECTIVE: Pain Level (0–10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: back is killing me; knee also hurting

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 50 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min
- ____ E-stim Type ____ ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Burs ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes: hurting from injection.

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment; goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Doing well in deep water jogging.
Total Treatment Time 50 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other.

Therapist Signature: D Wilde PT License #: 15209

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DAILY NOTE **PATIENT:** Kristy Walker

DATE: 1/27/09
VISIT # 12 OF 30

SUBJECTIVE: Pain Level (0 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports going tomorrow for ESI injection.

SERVICES PROVIDED:
__1__ Supervised ther ex per flow sheet 45 min (Land / Aquatic) (30' supervised)
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ MRE
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes: Pt. arrived early for pool did 15 min of exp. (1).

OBJECTIVE. (Data Progress / Changes) Added deep water jogging.

ASSESSMENT: (Response to daily treatment/goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS (* requires explanation)
Did well c jogging

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** _____

DATE: JUL 29 2009
VISIT # 21 OF ____

SUBJECTIVE: Pain Level (0–10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports Had injection yesterday, knee very sore today

SERVICES PROVIDED
__1__ Supervised ther ex per flow sheet 50 min (Land / Aquatic)
____ Gait Training (see notes) ____ min
__5__ Ice Pack / Compression 15 min
____ Moist / Hot Pack ____ min
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ min
____ Anodyne ____ min ____ Bars ____ Location

15 MW
__2__ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
__2__ Manual PROM ____ min
__2__ Manual Stretching ____ min (L) HS
____ MRE
__3__ Joint Mobs (see notes) ____ min patella, fibular
__1__ Soft Tissue Mobilization ____ min Star Mobs,
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE. (Data Progress / Changes)
7-8/10 pain

ASSESSMENT: (Response to daily treatment/goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 80 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other.

Therapist Signature: Carlene Tipton PT License #: 3449

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: July 21, 2009
VISIT # 28 OF 30

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports:
Went to MD yesterday, probably going to have series of 3

SERVICES PROVIDED:

- ___ Supervised ther ex per flow sheet 45 min — Land / Aquatic
- ___ Gait Training (see notes) ____ min
- ___ Ice Pack / Compression ____ mm
- ___ Moist / Hot Pack ___ min _____
- ___ E-stim Type: _____ ; ____ min
- ___ US / Phonophoresis Continuous / Pulse _____ ____ W/cm² X ____ min
- ___ Iontophoresis ___ mA min _____ ___ min
- ___ Anodyne ____ min ____ Bars ____ _____ Location

- ___ Neuro Re-Education (see notes) _____ min (PNF, Coordination, etc.)
- ___ Manual PROM ____ min
- ___ Manual Stretching ____ min
- ___ MRE _____
- ___ Joint Mobs (see notes) _____ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical _____ min
- ___ Functional Testing (see attached form) _____ mm

Notes: Injections pending WC approval

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT. (Response to daily treatment goal attained)

Tolerance:	☑ Good ☐ Fair ☐ Poor*
Compliance:	☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises	☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit	☐ Yes* (Which ones?) ☐ No
Status since last visit	☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Caitlin Gilstrap PT License #: 5449

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DAILY NOTE **PATIENT:** _____

DATE: July 23, 2009
VISIT # 29 OF 30

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports:
Feeling pretty good

SERVICES PROVIDED

- ___ Supervised ther ex per flow sheet 45 min — Land / Aquatic
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ____ min
- ___ Moist / Hot Pack ___ min _____
- ___ E-stim Type _____ ; ____ min
- ___ US / Phonophoresis Continuous / Pulse _____ ____ W/cm² X ____ min
- ___ Iontophoresis ___ mA/min _____ ____ min
- ___ Anodyne ____ min ____ Bars ____ _____ Location

- ___ Neuro Re-Education (see notes) _____ min (PNF, Coordination, etc.)
- ___ Manual PROM ____ min
- ___ Manual Stretching ___ min
- ___ MRE _____
- ___ Joint Mobs (see notes) _____ min
- ___ Soft Tissue Mobilization _____ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) _____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT. (Response to daily treatment goal attained)

Tolerance:	☑ Good ☐ Fair ☐ Poor*
Compliance	☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises:	☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit.	☐ Yes* (Which ones?) ☑ No
Status since last visit	☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Caitlin Gilstrap PT License #: 5449

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PATIENT PROGRESS NOTE

Patient: Kimberly Walker Physician: Vann

Diagnosis: (L) knee chondroplasty/microfx Date: 7/20/2009

HISTORY: Physical therapy was started on 5/8/09. Patient has received a total of 27 treatments.

Treatments have consisted of: therapeutic exercise (land; aquatic), manual stretching, soft tissue mobilization, joint mobs, Estim/TENS, ice.

SUBJECTIVE: Pain 9/10; pt. c/o popping constantly; c/o throbbing pain; attempting to use single crutch, but hasn't been able to tolerate it

OBJECTIVE: LEFS 22/80; (L) knee ✓ AROM 101°, AROM/ +4°; mmt strength / 3+/5 ✓ 4+/5; amb c (B) crutches; pt. progressing c therex, but not translating functionally.

ASSESSMENT: Pt. making slow progress overall; pain; weakness major limiting factors; making progress towards goals; Pt. should continue to benefit from PT to address AROM, strength & mobility

PLAN: Continue PT 3xs/week (2xs/week in pool; 1x/wk in clinic) unless otherwise advised.

Thank you for this referral!

Sincerely,

Carla M. Fulton, DPT

Carla M. Fulton, DPT

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DAILY NOTE PATIENT: Kimberly Walker

DATE: July 9, 2009
VISIT # 26 OF 30

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Pt. reports 7/10 pain to bilateral feet, LB hurting from using single crutch.

SERVICES PROVIDED.
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ : ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location

- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes: using single crutch.

OBJECTIVE (Data Progress / Changes)
7/10 pain

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit. ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: Callie Hilton PT License #: 5449

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DAILY NOTE PATIENT: _____

DATE: July 20, 2009
VISIT # 27 OF 30

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Reports nursing; 9/10 pain; walked a lot in FL, sees Dr. Vaccaro today

SERVICES PROVIDED:
- ____ Supervised ther ex per flow sheet ____ min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ____ ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ Location

- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- 1 Manual Stretching 15 min (L) HS, L) Hip flexor
- ____ MRE ____
- 2 Joint Mobs (see notes) ____ min patient
- 3 Soft Tissue Mobilization ____ min STM mobs
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes: Today

OBJECTIVE: (Data Progress / Changes)
See MD note

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS (* requires explanation)
Total Treatment Time 15 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other:

Therapist Signature: Callie Hilton PT License #: 5449

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DAILY NOTE **PATIENT:** Kim Walker

DATE: JUL 06 2009
VISIT # 21 OF 24

SUBJECTIVE: Pain Level (0 - 10) ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Knee still hurting, Waking up single cutin home

SERVICES PROVIDED

1	Supervised ther ex per flow sheet 40 min	(Land) Aquatic	
___	Gait Training (see notes) ___ min		
5	Ice Pack / Compression 15 min		
___	Moist / Hot Pack ___ min		
___	E-stim Type ___ ___ min		
___	US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min		
___	Iontophoresis ___ mA/mm ___ ___ min		
___	Anodyne ___ min ___ Bars ___ ___ Location		
___	Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)		
___	Manual PROM ___ min		
2	Manual Stretching ___ min (HS, Q, Hip Add)		
___	MRH ___		
5	Joint Mobs (see notes) ___ min (Grade 4)		
A	Soft Tissue Mobilization ___ min (Quadriceps)		
___	Traction ☐ manual ☐ mechanical ___ min		
___	Functional Testing (see attached form) ___ min		

Notes

OBJECTIVE: (Data Progress / Changes)
7/10 pain

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 70 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Carla Wyllie PT License #: CA 49

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DAILY NOTE **PATIENT:** ___

DATE: June 7, 2009
VISIT # 15 OF ___

SUBJECTIVE: Pain Level (0 - 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Still feeling bad, dizzy, had prednisone shot yesterday

SERVICES PROVIDED

1	Supervised ther ex per flow sheet 30 min	Land / Aquatic	
___	Gait Training (see notes) ___ min		
___	Ice Pack/Compression ___ min		
___	Moist / Hot Pack ___ min		
___	E-stim Type ___ ___ min		
___	US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min		
___	Iontophoresis ___ mA/mm ___ ___ min		
___	Anodyne ___ min ___ Bars ___ Location		
___	Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)		
___	Manual PROM ___ min		
___	Manual Stretching ___ min		
___	MRH ___		
___	Joint Mobs (see notes) ___ min		
___	Soft Tissue Mobilization ___ min		
___	Traction ☐ manual ☐ mechanical ___ min		
___	Functional Testing (see attached form) ___ min		

Notes
- pt. 20 min late

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 30 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Carla Wyllie PT License #: CA 49

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DAILY NOTE **PATIENT:** Kim Walker

DATE: 7/1/09
VISIT # 22 OF ___

SUBJECTIVE: Pain Level (0 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: has been sick to stomach & lt prednisone

SERVICES PROVIDED

- ✓ Supervised ther ex per flow sheet 30 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min
- ___ Moist / Hot Pack ___ min ___
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes: ☑ allergies
pt. 18' late

OBJECTIVE: (Data Progress / Changes)
Still gets occ. popping in knee - not as painful.

ASSESSMENT (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS. (* requires explanation)
Progressing gradually.
Total Treatment Time 30 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** ___

DATE: JUL 07 2009
VISIT # 23 OF ___

SUBJECTIVE: Pain Level (0 - 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Still not feeling well in general.

SERVICES PROVIDED

- 1 Supervised ther ex per flow sheet 25 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- 5 Ice Pack / Compression 5 min
- ___ Moist / Hot Pack ___ min ___
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc)
- 3 Manual PROM ___ min
- 3 Manual Stretching ___ min (1) HS, ITB
- ___ MRE ___
- 7 Joint Mobs (see notes) ___ min 15' (1: patella (2: hip | TB
- 4 Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes

OBJECTIVE: (Data Progress / Changes)
Omitted pitchback as pt. felt a bit light - (+) ttp (1) GT; min ITB tenderness treated.

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 55 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: JUN 2 6 2009
VISIT # 20 OF ___

SUBJECTIVE: Pain Level (0 – 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Still hurting, but moving better, can get all the way straight now

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 40 min (Land / Aquatic)
___ Gait Training (see notes) ___ min
5 Ice Pack / Compression 15 min
___ Moist / Hot Pack ___ min
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Rex ___ ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
___ Manual PROM ___ min
25 Manual Stretching 15 min (ITB), (L) ITB
___ MRE ___
5 Joint Mobs (see notes) ___ min patella
5 Soft Tissue Mobilization ___ min (ITB), lat knee
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes: way straight now

OBJECTIVE: (Data Progress / Changes)
ROM: 0° - 115° ; mmt: √5/5, / 3+/5

ASSESSMENT: (Response to daily treatment/goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 80 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Arlene M Fulton DPT License #: 5479

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DAILY NOTE **PATIENT:** ___

DATE: 6/24/09
VISIT # 21 OF ___

SUBJECTIVE: Pain Level (0 – 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: hurts just distal to knee

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
___ Gait Training (see notes) ___ min
___ Ice Pack / Compression ___ min
___ Moist / Hot Pack ___ min
___ E-stim Type ___ ; ___ min
___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
___ Iontophoresis ___ mA/min ___ ___ min
___ Anodyne ___ min ___ Rex ___ ___ Location

___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
___ Manual PROM ___ min
___ Manual Stretching ___ min
___ MRE ___
___ Joint Mobs (see notes) ___ min
___ Soft Tissue Mobilization ___ min
___ Traction ☐ manual ☐ mechanical ___ min
___ Functional Testing (see attached form) ___ min

Notes: 10' late.

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment/goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Progress. good in pool.
Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: J. Wade PT License #: 1509

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PATIENT PROGRESS REPORT

Date 6/26/2009

Patient Kimberly Walker

Patient seen from 5/8/09 to 6/26/09 (total)

Number of treatments 20

Treatment plan includes: Hotpax, Manual stretching, joint (land; aquatic)
mobs, ice

SUBJECTIVE: Knee ROM: 0°-115°, Knee mmt strength: ✓5, 3+/5

OBJECTIVE: Pt. reports Stiff hurting, popping & pain 7/10

Response to Therapy: Poor Fair (Good) Excellent

Progress toward achieving goals: ✓ Goals met (specify which ones) STG #1, #2, LTG #3
____ Goals partially met
____ Goals not currently met

Patient can benefit from continued therapy to address ~~Hmt~~ of ROM, strength, gait, functional mobility, pain

Therapist Signature [signature]

RECEIVED 6-19-09

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: June 23, 2009
VISIT # 17 OF 18

SUBJECTIVE: Pain Level (0 – 10) ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports: Was in bed all weekend, hasn't done anything different, but hurting more. Reports using ergo center at home

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min ____
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE. (Data Progress / Changes)
pain 8/10

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: [signature] PT License #: 5449

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DAILY NOTE **PATIENT:** ____

DATE: June 25, 2009
VISIT # 19 OF ____

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports: Still hurting, but not as bad today

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min ____
- ____ E-stim Type ____ ; ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ mm ____ Bars ____ ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min ____
- ____ MRE ____
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE (Data Progress / Changes)
pain 4/10

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: [signature] PT License #: 5449

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POOL

Name: Kim Walker Starting Date: 2009 Page No.

Exercise	7/1													
Walking	5:00													
Marches	30													
4-ways	30													
HBC	30													
Kicks	30													
Knee pumps	30													
Hip circles	30													
QS	30													
Ex STR.	3x15"													
Squats	30													
Le raises	30													
	TW													

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Core[M] Return to Work Questionnaire and Goals

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

Patient / Claimant Information

Name: Kimberly Walker Date of birth: [illegible]

Employer: SHARE, Inc

Put an "X" on the scale that best represents your current pain level

No Pain 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Emergency Room Pain

Job Evaluation

Job title: Family Partnership Facilitator

Previous work status: ☑ Full Time ☐ Part Time Number of hours per day _____

Current Work Status: ☐ Full Duty ☐ Off Duty

☑ Modified Duty; Restrictions:

In one hour, how long do you typically do the following activities

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

How much weight do you push/pull? Varies up to 10# How many times? 1-10

How much weight do you lift? Floor to waist 20 pts # How many times? 1-10

Waist to Shoulder _____ How many times? _____

Shoulder to Overhead _____ How many times? _____

How many times do you do the following?

Squat: _____ Times Climb stairs or ladders _____ Times Reach _____ Times

Do you have concerns about physically performing your job? ☑ Yes ☐ No

Are you anticipating returning to your same job position? ☑ Yes ☐ No

To be completed by therapist and reviewed with patient:

Specific return to work goals to be completed in 8-10 weeks

1. Pt. to amb. on level surfaces ± single or ∅ crutch ± normal gait pattern ± ↑ pain
2. (L) knee strength, ↑ ROM, ↓ S/S to aid in RTW, ADLs ÷ functional mobility
3. Pt. will report Pain ± activity ≤ 2/10 to aid in RTW, ADLs ÷ overall function

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

Kimberly Walker — Patient Signature — 6/19/2009 Date

Cassandra Graham PT — Therapist Signature — 6/19/2009 Date

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DAILY NOTE — PATIENT: Kim Seely Walker

DATE: June 18, 2009
VISIT # 16 OF 18

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: very tired, working 6 hrs/day for now; still getting popping

SERVICES PROVIDED:
- ___ Supervised ther ex per flow sheet 45 min — Land / Aquatic
- ___ Gait Training (see notes) ____ min
- ___ Ice Pack / Compression ____ min
- ___ Moist / Hot Pack __ min ____
- ___ E-stim Type ____ ; __ min
- ___ US / Phonophoresis Continuous / Pulse ____ W/cm² X __ __ min
- ___ Iontophoresis ____ mA/min ____ __ mm
- ___ Anodyne ____min ____ Bars ____ Location
- ___ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ___ Manual PROM ____ min
- ___ Manual Stretching ____ min ____
- ___ MRE ____
- ___ Joint Mobs (see notes) __ __min
- ___ Soft Tissue Mobilization ____ min
- ___ Traction ☐ manual ☐ mechanical ____ mm
- ___ Functional Testing (see attached form) ____min

Notes:

OBJECTIVE: (Data Progress / Changes)
- AROM flex knee √ 110° CF

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Carla Wyatt PT — License #: 5449

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DAILY NOTE — PATIENT: ____

DATE: JUN 10 2009
VISIT # 17 OF 18

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: knee is really hurting today

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 40 min — Land / Aquatic
- 5 Gait Training (see notes) ____ min
- 5 Ice Pack / Compression 15 min
- ___ Moist / Hot Pack ____ min ____
- ___ E-stim Type ____ ; ____ min
- ___ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ ____ mm
- ___ Iontophoresis ____ mA/min ____ ____ min
- ___ Anodyne ____ min ____ Bars ____ Location
- 20 min
- ___ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- 4 Manual PROM ____ min
- 4 Manual Stretching ____ min (HS, QUAD, Quad/Hip √)
- ___ MRE ____
- 2 Joint Mobs (see notes) ____ min patella
- 3 Soft Tissue Mobilization ____ min fat knee, quad
- ___ Traction ☐ manual ☐ mechanical ____ min
- ___ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)
- AROM flex knee √ 110°

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 75 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other

Therapist Signature: Carla Wyatt PT — License #: 5449

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: JUN 12 2009
VISIT # 17 OF 18

SUBJECTIVE: Pain Level (0-10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: went back to work, hip hurting

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 35 min (Land) Aquatic
___ Gait Training (see notes) ____ min
5 Ice Pack / Compression 15 min
___ Moist / Hot Pack ____ min ____
___ E-stim Type ____ ; ____ min
___ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
___ Iontophoresis ___ mA/min ____ ____ min
___ Anodyne ___ min ___ Burs ____ Location

___ Neuro Re-Education (see notes) ____ min (PNF, Coordination etc.)
4 Manual PROM ____ min
4 Manual Stretching ____ min (B) HS, (B) ITB/TFL, (B) Quad/hip flx, (L) calf
2 MRE ____
2 Joint Mobs (see notes) ____ min (i) patella
2 Soft Tissue Mobilization ____ min (i) Quad (L) lat knee
___ Traction ☐ manual ☐ mechanical ____ min
___ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 75 min

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: [signature] License #: 5479

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DAILY NOTE **PATIENT:** _____

DATE: 12/17/09
VISIT # 5 OF ___ 18

SUBJECTIVE: Pain Level (0-10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: sleeping better now; gradually improving.

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 45 min (Land) Aquatic
___ Gait Training (see notes) ____ min
___ Ice Pack / Compression ____ min
___ Moist / Hot Pack ____ min ____
___ E-stim Type ____ ; ____ min
___ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
___ Iontophoresis ___ mA/min ____ ____ min
___ Anodyne ___ min ___ Burs ____ Location

___ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
___ Manual PROM ____ min
___ Manual Stretching ____ min
___ MRE ____
___ Joint Mobs (see notes) ____ min
___ Soft Tissue Mobilization ____ min
___ Traction ☐ manual ☐ mechanical ____ min
___ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes) Needs VC's for proper (L) LE position (↓ mg HR) during ex. in pool.

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 45 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: June 9, 2009
VISIT # 12 OF 12

SUBJECTIVE: Pain Level (0 - 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Sees MD today; (R) LS's still hurting, esp. (L) hip; ↑ difficulty

SERVICES PROVIDED:
- ___ Supervised ther ex per flow sheet 40 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min
- ___ Moist / Hot Pack ___ min ___
- ___ E-stim Type ___ ___ : ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes: Sleeping 2° pain; continues to c/o "popping" & ↓ turning in bed

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS (* requires explanation)

Total Treatment Time 40 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Carlene Fulton PT License #: 5449

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DAILY NOTE **PATIENT:** ___

DATE: June 11, 2009
VISIT # 13 OF ___

SUBJECTIVE: Pain Level (0 - 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Saw Dr. Vann, he wants PT to be more aggressive, wants her to

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min
- ___ Moist / Hot Pack ___ min ___
- ___ E-stim Type ___ ___ : ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes: Begin using crutches less; goes back to work tomorrow

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

Total Treatment Time 45 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Carlene Fulton PT License #: 5449

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PATIENT PROGRESS NOTE

Patient: Kim Walker Physician: Vann

Diagnosis: (L) knee scope, micro fx Date: 6/9/2009

HISTORY: Physical therapy was started on 5/8/09. Patient has received a total of 12 treatments.

Treatments have consisted of: therapeutic exercise (land & aquatic), manual stretching, joint mobs, Estim/TENS, soft tissue mobilization, ice.

SUBJECTIVE: Pt. c/o ↑ pain 8/10, inability to sleep 2° pain; c/o pain in (B) LE's, (L) hip really hurting since fall; c/o "popping" in (L) knee c Δ from √ to /; ↓ c turning over in bed.

OBJECTIVE: Amb. c (B) crutches, some TDWB; (L) Knee AROM +10° – 107°; mmt strength √ ; / 3+/5

ASSESSMENT: Pt. making slow progress overall; has made some gains in ROM, but pt very frustrated c amount of pain & loss of functional mobility, eager to be off of crutches.

PLAN: Continue PT 3xs/week (1x clinic, 2x pool) unless otherwise advised.

Thank you for this referral!

may start to FWB

Sincerely,

Carla M. Fulton, DPT

Carla M. Fulton, DPT

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2015-000692

Kimberly Walker, Claimant,..... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

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ATTORNEY FOR RESPONDENTS

Volume 2

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Corvel Capture 6/30/2009

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DAILY NOTE

PATIENT: Kayla Walker

DATE: 6/3/09
VISIT # 10 OF 12

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
Patient Reports: Hurting on both sides (LE's) today - she thinks from compensating

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 40 min (Land / Aquatic)
____ Gait Training (see notes) ____ min
____ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min ____
____ E-stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ MRE ____
____ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes: notes catching / popping in knee.

OBJECTIVE (Data Progress / Changes) Pain 6/10

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 40 min.

Therapist Signature: D. Wilde PT
License #: 1509

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DAILY NOTE

PATIENT: ____

DATE: JUN 05 2009
VISIT # 11 OF 12

SUBJECTIVE: Pain Level (0 - 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
Patient Reports: Having pain in (B) hips/LE; having painful popping in knee

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 25 min (Land / Aquatic)
____ Gait Training (see notes) ____ min
5 Ice Pack / Compression 15 min
____ Moist / Hot Pack ____ min ____
____ E stim Type ____ ; ____ min
____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Anodyne ____ min ____ Bars ____ Location
____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
2 Manual PROM ____ min
2 Manual Stretching ____ min (L) HS, (L) hip adad, (L) knee 4x +
____ MRE ____
3 Joint Mobs (see notes) ____ min patella
4 Soft Tissue Mobilization ____ min scar mobs
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE (Data Progress / Changes)
6/10 pain; (L) knee AROM +10° - 107°

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☑ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 60 min.

Therapist Signature: Carla M Fulton PT
License #: 5449

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DAILY NOTE

PATIENT: Kristy Linker

DATE: MAY 29 2009
VISIT # 8 OF 12

SUBJECTIVE: Pain Level (0–10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports Hip still hurting

SERVICES PROVIDED:
- 1 Supervised therex per flow sheet 20 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- 3 Ice Pack / Compression 15 min
- ___ Moist / Hot Pack ___ min
- 3 E-stim Type PNS 15 min
- ___ US / Phonophoresis ☐ continuous / Pulse ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
- ___ Manual PROM ___ min
- 2 Manual Stretching 25 min (B) Hip Add, HS, (B) knee ext, (B) calf
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intervention for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other.

Total Treatment Time 60 min

Therapist Signature: Carlee Fulton PT License #: 5449

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DAILY NOTE

PATIENT: _____

DATE: 6/1/09
VISIT # 9 OF 12

SUBJECTIVE: Pain Level (0–10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports I'm about to get depressed - getting lot of

SERVICES PROVIDED:
- 1 Supervised therex per flow sheet 40 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min
- ___ Moist / Hot Pack ___ min
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis ☐ continuous / Pulse ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes: Painful popping, esp (Night.

OBJECTIVE: (Data Progress / Changes) Pain 6 10

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intervention for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other: Sees MD 6/11/09

Total Treatment Time: 40 min

Therapist Signature: J. Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: May 26, 2009
VISIT # 6 OF 6

SUBJECTIVE: Pain Level (0 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports.
Yesterday, knee really hurt & popping & aching

SERVICES PROVIDED:
- ___ Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min
- ___ Moist / Hot Pack ___ min ___
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis Continuous / Puls ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/mm ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE: (Data Progress / Changes)
4/10 pain

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS. (* requires explanation)
Total Treatment Time 45 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Cindi M Fulmer License #: 6449

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DAILY NOTE **PATIENT:** ___

DATE: May 28 2009
VISIT # 7 OF ___

SUBJECTIVE: Pain Level (0 – 10) ___ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports
Getting depressed, Wp was really hurting last night

SERVICES PROVIDED:
- ___ Supervised ther ex per flow sheet 45 min (Land / Aquatic)
- ___ Gait Training (see notes) ___ min
- ___ Ice Pack / Compression ___ min
- ___ Moist / Hot Pack ___ min ___
- ___ E-stim Type ___ ___ min
- ___ US / Phonophoresis Continuous / Pulse ___ W/cm² X ___ min
- ___ Iontophoresis ___ mA/min ___ ___ min
- ___ Anodyne ___ min ___ Bars ___ ___ Location
- ___ Neuro Re-Education (see notes) ___ min (PNF, Coordination, etc.)
- ___ Manual PROM ___ min
- ___ Manual Stretching ___ min
- ___ MRE ___
- ___ Joint Mobs (see notes) ___ min
- ___ Soft Tissue Mobilization ___ min
- ___ Traction ☐ manual ☐ mechanical ___ min
- ___ Functional Testing (see attached form) ___ min

Notes:

OBJECTIVE. (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 45 min.

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Therapist Signature: Cindi M Fulmer License #: 6449

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PATIENT PROGRESS NOTE / W/C

Patient: Kimberly Walker Physician: Vann

Diagnosis: s/p (L) knee chondroplasty/ microfracture Date: 5/26/2009

HISTORY: Physical therapy was started on 5/8/09. Patient has received a total of 10 treatments.

Treatments have consisted of: therapeutic exercise (aquatic + land), manual stretching, joint mobs, soft tissue mobilization, Estim/TENS, ice.

SUBJECTIVE: Pt. reports her hip is still hurting since her fall in the restaurant, knee has been "popping" especially when turning over in bed. Pain 6/10 today.

OBJECTIVE: (L) knee AROM: Flex 96°; mmt strength 4/5 / 3+/5; Amb. w/ crutches, TDWB, working towards PWB.

ASSESSMENT: Pt. making slow progress overall but is working towards ↑ mobility, especially w/ aquatic therapy. Pt. progressing towards goals, none met at this time.

PLAN: Continue PT per current treatment plan to address strength, ROM, pain, edema & functional mobility.

Sincerely,

Carla M. Fulton, DPT

Carla M. Fulton, DPT

FAXED

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INDUSTRIAL PHYSICAL THERAPY UPDATE

Patients Name Kimberly Walker
Diagnosis Lt knee

Physician Dr. Vann
Case Manager Care IQ
Fax # 866 910-2069

Therapist C. Fulton
Facility Location Sr ville
Date 5-21-09

Therapy Update Pt making some progress since fall in restaurant. Dr. Vann not concerned about re-injury p fall. Pt. continues to have a lot of pain in hip & upper leg but knee improving. Pt doing well w aquatic therapy intervention.

Attendance: (Good) *Fair* *Poor*
Missed Rehab on the following dates: 5-11-09, 5-21-09

Overall Therapy Improvement: Excellent *Good* (*Fair*) *Minimal*

If you need any further information, please contact our office at (864)963-9229.

Thank you,
Carla Fulton PT
Carla Fulton, DPT

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DAILY NOTE PATIENT: Kimberly Walker

DATE: 5/18/09
VISIT # 4 OF 6

SUBJECTIVE: Pain Level (0 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: hip not as painful

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 15 min (Land / Aquatic)
__ Gait Training (see notes) ____ min
__ Ice Pack / Compression ____ min
____ Moist / Hot Pack ____ min
____ T-stim Type ____ ____ min
____ U.S / Phonophoresis Continuous Pulse ____ W/cm X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Ultrodyne ____ min ____ Bars ____ Location

____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
__ Manual PROM ____ min
__ Manual Stretching ____ min
____ MRE ____
__ Joint Mobs (see notes) ____ min
____ Soft Tissue Mobilization ____ min
__ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes

OBJECTIVE: (Data Progress / Changes) Was to 9 reps on all exs.

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☐ Poor*
Compliance: ☐ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☐ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 40 min.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other

Therapist Signature: Wilde PT License #: 1509

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DAILY NOTE PATIENT: _____

DATE: MAY 21 2009
VISIT # 5 OF 6

SUBJECTIVE: Pain Level (0 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: A little better, but hip still hurting

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 15 min (Land / Aquatic)
5 Gait Training (see notes) ____ min
5 Ice Pack / Compression 15 min
7 Moist / Hot Pack 15 min (L) hip
1 E-stim Type ____ ____ min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____ ____ min
____ Ultrodyne ____ min ____ Bars ____ Location

1 Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
2 Manual PROM ____ min
2 Manual Stretching ____ min (B) HS, (B) hip abd
____ MRE ____
2 Joint Mobs (see notes) ____ min Patella
4 Soft Tissue Mobilization ____ min (L) quad / adductor / IT B
____ Traction ☐ manual ☐ mechanical ____ min
____ Functional Testing (see attached form) ____ min

Notes:

OBJECTIVE: (Data Progress / Changes)
7/10 pain; Again (L) knee √ 90°

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☑ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☑ No
Status since last visit: ☐ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)
Total Treatment Time 55 min

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program ☐ Other.

Therapist Signature: Tulah Fulton PT License #: 5447

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INDUSTRIAL PHYSICAL THERAPY UPDATE

Patients Name Kimberly Walker
Diagnosis Lt knee

Physician Dr. Vann
Case Manager Care 7P
Fax # 866-910-2069

Therapist T. Wilde
Facility Location Seneca
Date 5-15-09

Therapy Update Minimal progress this wk - fell in restaurant 5/10/09 & has had significant (L) hip & lat. thigh pain which has limited pts ability to do exs. in P.T. Pain rated 8/10.

Attendance: (Good) Fair Poor
Missed Rehab on the following dates: 5-11-09

Overall Therapy Improvement: Excellent Good (Fair) Minimal

If you need any further information, please contact our office at (864)963-9229.

Thank you,
Tracy Wilde PT
Tracy Wilde PT

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DAILY NOTE **PATIENT:** Kimberly Walker

DATE: 5/14/09
VISIT # 2 OF 6

SUBJECTIVE: Pain Level (0-10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Slipped in water @ restaurant 5/10/09 - has

SERVICES PROVIDED:
- Supervised ther ex per flow sheet 35 min (Land / Aquatic)
- ____ Gait Training (see notes) ____ min
- ____ Ice Pack / Compression ____ min
- ____ Moist / Hot Pack ____ min
- ____ E-stim Type ____ ____ min
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ ____ min
- ____ Anodyne ____ min ____ Bars ____ ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- ____ Manual PROM ____ min
- ____ Manual Stretching ____ min
- ____ MRE
- ____ Joint Mobs (see notes) ____ min
- ____ Soft Tissue Mobilization ____ min
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes: hurt all over since. Has seen MD who cleared knee.

OBJECTIVE: (Data Progress / Changes) Keeps knee in flexed position throughout. Re-encouraged her to work on ROM / extension.

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☐ Fair ☐ Poor*
Compliance: ☑ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☑ Progressing ☐ Regressing* ☐ No change

COMMENTS: (* requires explanation)

TREATMENT PLAN / Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other:

Total Treatment Time 35 min

Therapist Signature: J Wilde PT License #: 1509

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DAILY NOTE **PATIENT:** ____

DATE: MAY 15 2009
VISIT # 3 OF 6

SUBJECTIVE: Pain Level (0-10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports: Lt. thigh hurting more than knee

SERVICES PROVIDED:
- 1 Supervised ther ex per flow sheet 10 min (Land / Aquatic)
- 5 Gait Training (see notes) ____ min
- 3 Ice Pack / Compression 15 min @ Last
- 6 Moist / Hot Pack ____ min
- 4 E-stim Type TENS 15 min Thigh Knee
- ____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
- ____ Iontophoresis ____ mA/min ____ 15' ____ min
- ____ Anodyne ____ min ____ Bars ____ ____ Location
- ____ Neuro Re-Education (see notes) ____ min (PNF, Coordination, etc.)
- 4 Manual PROM ____ min
- 4 Manual Stretching ____ min @ Knee V/I, glutes
- ____ MRE
- 2 Joint Mobs (see notes) ____ min ~~Distr.~~
- 3 Soft Tissue Mobilization ____ min @ TFL/ITB
- ____ Traction ☐ manual ☐ mechanical ____ min
- ____ Functional Testing (see attached form) ____ min

Notes: Ice after exp. 2° to pain. (1) hip on thigh; did GS, SLR, heel slides. SAQ's - 15 ea.

OBJECTIVE: (Data Progress / Changes) Extreme tenderness over (L) gr. trochanter TFL / ITB

ASSESSMENT: (Response to daily treatment goal attained)
Tolerance: ☐ Good ☑ Fair ☐ Poor*
Compliance: ☐ Good ☐ Fair ☐ Poor*
Comprehension of program/exercises: ☑ Good ☐ Fair ☐ Poor*
Any goals met/revised this visit: ☐ Yes* (Which ones?) ☐ No
Status since last visit: ☐ Progressing ☑ Regressing* ☐ No change

COMMENTS: (* requires explanation) See above.

TREATMENT PLAN Intent for next visit: ☑ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other

Total Treatment Time 40 min.

Therapist Signature: J. Wilde PT License #: 1509

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BRIEF MEDICAL HISTORY

To ensure you receive a complete and thorough evaluation, please provide us with the important background information on this form. If you do not understand a question, leave it blank and your therapist will assist you. Thank you!

Patient Name:	Kimberly Walker	Social Security Number:	
Reason for Therapy:	Post op (L) Knee	Date of injury or onset:	2/19/09
Have you ever received therapy for the condition mentioned above? ☒ No ☐ Yes		If so, when?	

Do you now or have you EVER had any of the following? CHECK ONLY THE ONES THAT APPLY.

Condition	Yes	Condition	Yes
Cancer. If YES, what type:		Thyroid Problems	✓
Diabetes		Gastrointestinal problems (i.e. hernia, ulcers)	
Heart Problems (i.e. heart attack, heart disease, stent)		Kidney disease/ urinary tract infection/ kidney stones	
Pacemaker		Urinary Incontinence	
High Blood Pressure		Circulation Problems (i.e. Blood clot, peripheral vascular disease, varicose veins, raynauds)	
CVA/Stroke/ TIA		HIV/Hepatitis	
Parkinsons		Dizziness/ ringing in ears/ vertigo	
Epilepsy/Seizures/Tremors		Vision problems	
Multiple Sclerosis		Open wound or infection (skin, bone, joint)	
Lupus/ Fibromyalgia		Depression/ Anxiety	
Arthritis or rheumatoid disease		Mental Illness	
Asthma/ Emphysema/ Bronchitis/ Pneumonia		Substance Abuse	
Tuberculosis		Caffeine/Nicotine use	
Osteoporosis/ osteopenia		Allergies. If YES, circle type: latex/ adhesive tape/ bee sting/ aspirin/steroids/anti-inflammatories /other:	
Fractures. If YES, describe where:		Are you currently pregnant or think you might be pregnant?	

Have you RECENTLY (last 2-3 weeks) noted any of the following: (check all that apply)

☐ Significant weight loss/gain ☐ Nausea/Vomiting ☒ Fatigue ☐ Headaches
☐ Dizziness/Light-headedness ☐ Fever/Chills/Sweats ☐ Numbness or tingling ☐ Weakness

If you checked any of the above, please explain and give approximate dates: Every day

Are you currently receiving ANY TYPE of Home Health Care? ☐ Yes ☒ No

Please list any surgeries or other conditions (and approximate dates) for which you have been hospitalized (including C-section, abdominal surgeries):

(2) 1/16/92
1. C-Section - 11/22/95 2.
3. Hysterectomy 1/2003 4.
5. 6.

Please list any medications (prescriptions, over the counter, vitamins) you are currently taking, *including dosage and frequency*

Medication Name	Dosage	Frequency
Wellbutrin	500 mg	1 Daily
Elmirion		

The information above is correct to the best of my knowledge.

Patient/Parent/Guardian Signature Kimberly Walker Date 5/8/09

Reviewed by PT C. Fulton PT Date 5/8/2009

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Lower Extremity Evaluation

Patient: Kimberly Walker "Kim" DOB: _____ Date: 5/5/2009
SSN / HIC#: _____ Physician: Vann
DX: L knee post op; scope Onset Date/SX Date: 4/20/09 Next MD Appt: 5/20/09
TX DX: Chondroplasty, meniscectomy Psychological Intervention: N/A Under TX Referred Behavioral Health

SUBJECTIVE:

WBAT

Mechanism of Injury / Chief Complaint / Pain Description
Pt reports she hit her knee on corner of desk @ work on 2/19/09; had swelling & pain immediately; had surgery on 4/20/2009.

Pain Rating: 4/10
Activities / Positions that increase pain/sx: W
Activities / Positions that decrease pain/sx: rest, ice
Diagnostic Tests: _____
Occupation / Activities / Sports: Head start - Out of work since surgery
(Full Duty / Light Duty / Out of Work) Last Work Day: _____
Functional Limitations: _____
PMH: See pt. history
Medications See pt. history

OBJECTIVE:

Posture: _____
Gait: Amb. c bilateral crutches
Palpation: _____
Inspection: Incisions healing well
Temperature: _____
Erythema: none
Effusion / Edema: moderate throughout LE/knee
Ecchymosis: none

ROM:

	AROM R / L	PROM R / L
Hip Flexion		
Hip Extension		
Hip Abduction		
Hip Adduction		
Hip Internal Rotation		
Hip External Rotation		
Knee Flexion	78°	
Knee Extension	-12°	+7°
Ankle Dorsiflexion		
Ankle Plantarflexion		
Ankle Eversion		
Ankle Inversion		

*Reports pain with above motions

Strength:

	Right	Left
Hip Flexion		
Hip Extension		
Hip Abduction		
Hip Adduction		
Hip Internal Rotation		
Hip External Rotation		
Knee Flexion		
Knee Extension		3+/5
Ankle Dorsiflexion		3/5
Ankle Plantarflexion		
Ankle Eversion		
Ankle Inversion		

*Reports pain with above motions

Patient Name: Kimberly Walker

Girth:	Right	Left
15 cm above SP		
5 cm above SP		
Superior Pole		
Inferior Pole		
Figure 8		

Flexibility:	Right	Left
Thomas		
Ober		
Hamstring		↓
Gastroc		↓
Soleus		↓

Patellofemoral Evaluation:	Right	Left
Apprehension		
Compression		
Dislocation		
Entrapment		
Crepitus		

Tracking:

Other: ↓ patellar mobility, ↑ edema

Special Tests:	Right	Left
Anterior Drawer		
Lachman's		
Posterior Drawer		
Deltoid		
ATF		
PTF		

Special Tests:	Right	Left
Valgus Stress 0o		
Valgus Stress 30o		
Varus Stress 0o		
Varus Stress 30o		
McMurray's		
Calcaneal / Fib		

ASSESSMENT: Pt. presents s/p (L) knee scope ± microfracture / chondroplasty c L. ROM, ↓ strength & ↓ functional mobility. Pt. should benefit from PT to address these deficits - improve overall function & RTW

Rehab Potential: Poor Fair (Good) Excellent

Treatment: PT Evaluation x 25 min; Therex per flowsheet x 20 min; estim/TENS + ice x 15 min. TOTAL 60 min

Plan for next treatment: Begin Aquatic therapy next week, upgrade therex as tolerated

POC and Goals as discussed and agreed upon with the patient are as follows:

Short Term Goals: (2 Weeks)

1. (I) compliant c HEP
2. Pt. will demonstrate (L) knee AROM
3. 0° - 110° or better
4. Pt. will demonstrate amb. I
5. ↓ pain c NBAT 5 ↑ pain

Long Term Goals: (6 Weeks)

1. (L) knee strength ↑ to 5/5
2. (L) knee PROM WFL
3. Pt to amb. on level surfaces
4. c Single crutch ± ↑ pain
5.

PLAN: Frequency: 3 x / Week

Duration: 6 Weeks

- ✓ Therapeutic Exercises
- ✓ HEP
- ✓ Manual Techniques: joint mobilizations, STM, MET, traction, MRE, ROM, manual stretching
- ✓ Modalities for pain/edema/inflammation: US, iontophoresis, anodyne, TENS, NMES
- ✓ Manual PROM / Stretching
- ✓ Functional Activities
- ✓ Neuro-muscular Re-education
- ✓ Patient Education
- ✓ Aquatic Therapy

[redacted] PT 5249 — 5/5/2005

Therapist's Signature — License # — Date

to

Medicare Certification Dates

I agree with the above treatment plan:

Physician's Signature — Date

Walker, Kimberly

Chief Complaint: Back pain
Onset Date: not entered

She is here for review of her MRI.

Objective: MRI report and images reviewed: She has a bilateral L5-S1 facet arthropathy. There is no evidence of focal disc protrusion or spina stenosis to suggest neural impingement.

Assessment and plan: I believe she is largely having myofascial and facetal back pain related to chronic crutch use. There is nothing sinister o her MRI. She may benefit from bilateral L5-S1 facet injections. I think she would also benefit from physical therapy for core strengthening. Bu ultimately, I believe she is going to continue to back pain until she is off of the crutches and can assume a more upright posture . She will fol up with me at her discretion

Assessment:

Diagnosis Type	Description
Definitive	724.02 - SPINAL STENOSIS OF LUMBAR REGION

Followup:

Visit Code *99212 EST Problem Focused

Followup visit requested. WILL CALL FOR FACET BIL L5-S1

[Reviewed and signed off electronically by Christopher D Vanpelt MD on Sep 24 2009, 10:27 am]

Patient Information Form

PLEASE PRINT

Date: 8/28/09

Name: Kim Walker Birth date: Sex: F SS#:

Address: City: State: SC Zip

Home Phone: Email:

Emergency Contact: Name: Phone:

Marital Status: Divorced Do you live in a skilled Nursing Facility? ___yes ✓no.

Name of facility:

Employer:

Name: SHARE Head Start Phone: 269-6036 Occupation: Social Work

Address: 652 Rutherford Rd City: Gvl State: SC Zip: 29611

If Patient Is A Minor:

Father's Name: Address: Phone: DOB:

Employer: SS #:

Mother's Name: Address: Phone: DOB:

Employer: SS#:

Referring Doctor: *Family Doctor:* Dr. Eric Faile

Address: Riverside family Hwy 14 City: Gvl State: SC Zip:

Was this an on the job injury? ___ Yes ✓No

Description of Problem: Excruiating pain in lower Back Date of Injury:

How did injury happen?

Employer at time of accident: Phone:

Claim #: Worker's Compensation Insurance:

Insurance:

Primary: Blue Cross Name of Insured: Kimberly Walker

Insured's DOB: 8/11/68 ID#: I0096505 Employer: SHARE

Secondary: Name of Insured:

Insured's DOB: ID#: Employer:

PAYMENT IS REQUIRED AT TIME OF SERVICE:

Payment for medical care is solely the responsibility of the patient or his/her legal guardian. By signing below I give Piedmont Orthopaedic Associates, PA authorization to treat my medical condition. I also allow them to release my medical information as is necessary for treatment, payment and operation of Piedmont Orthopaedic Associates, P.A.

Patient or Legal guardian's Signature: (Kim Walker) Kim Walker Date: 8/28/09

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT FINANCIAL POLICY:

I have read and understand Piedmont Orthopaedic Associates, PA "Patient Financial Policy" and I agree to all terms listed in the policy.

Patient or Legal guardian's Signature: Kim Walker Date: 8/28/09

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE:

I understand that the purpose of this notice is to inform me of my rights in regards to my "Protected Health Information" and also the ways in which Piedmont Orthopaedics may use my Protected Health Information. I also understand that Piedmont Orthopaedic Associates has my permission to use my Protected Health Information as necessary for treatment, payment and /or operation.

Patient or LegalGuardian's Signature: Kim Walker Date: 8/28/09

C Allecr PtInfForm 1 05

394

C. Complaint: Back pain
Onset Date: not entered

History of present illness This is a very pleasant 41 year old patient who presents with a 6 month history of low back pain with episodic radiation to the buttocks and lower extremities. The onset of the symptoms was rather insidious, but she be related to a prolonged period of crutch walking after a left knee surgery. The predominant location of the pain is in the burtocks. The patient describes the quality of the pain as a dull ache The patient has noticed a progressive decrease in her ability to walk or stand for any extensive period of time She has been reliant on the crutches She does not feel like she can wean off of them If she stands at the sink she has to lean over the counter within a minute or two. Her walking and standing pain is usually relieved with sitting. She denies any change in bowel or bladder function since the onset of the symptoms. This patient has not had lumbar surgery in the past. Thus far, the patient has he did not have any directed treatment for his lumbar spine. She continues to have trouble with the left knee She is currently in physical therapy for the knee

PMHx/PSHx/Medications/Allergies/ROS are listed on the chart and have been reviewed and initialed.

Soc Hx:

Smokes 0 packs per day, denies routine use of ETOH, social worker

Physical Exam:

This is a well developed well nourished female adult in no acute distress.

Height 5'4"
Weight 228 lbs

Mood and affect are appropriate

She is oriented to person, place, and time

Respirations are unlabored and there is no evidence of cyanosis

Inspection of the back reveals no evidence of rash, such as zoster

Examination of the lumbar spine reveals a relative hypolordosis, and no evidence of significant saggital plane deformity The patient can flex to 80 and extend to 20. She has difficulty standing up straight. There is exacerbation of symptoms with lumbar extension. There is not significant tenderness to palpation along the spinous processes or paraspinal musculature. The patient ambulates with a crouched posture using crutches. Straight leg testing is negative There is no hip irritability with internal or external rotation bilaterally Sensory testing reveals intact sensation to light touch and pin prick in the distribution of the L3-S1 dermatomes bilaterally.

Reflexes

	Right	Left
Quadriceps	2	2
Achilles	2	2

Ankle jerk is negative for clonus

Strength testing in the lower extremity reveals the following based on the 5 point grading scale:

	HF	H Ab	KE	ADF	A Ev	APF	EHL
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

Feet are warm with good capillary refill and palpable pedal pulses.

PS AC APY
345

Radiographic Studies

Radiographs AP and flexion and extension lateral views

No spondylolisthesis No scoliosis Relative hypolordosis. Mild spondylosis

R graphic impression: Age appropriate lumbar spine

Assessment/Plan:

This patient's clinical history and physical exam is somewhat consistent with neurogenic claudication I told her that it is difficult to differentiate between lumbar spinous muscle and myofascial fatigue from ongoing use of crutches versus neurogenic claudication It is feasible that she has had a disc herniation from the crutch use and now has neurogenic claudication limiting her ability to wean off the crutches. Her exam is equivocal I think an MRI of the lumbar spine would be helpful in assessing for a disc herniation and stenosis as a cause of neurogenic claudication

Assessment:

Diagnosis Type	Description
Definitive	724.02 - SPINAL STENOSIS OF LUMBAR REGION

Procedures Performed:

Description	Related Diagnosis	Units
XY - 72110 L-Spine Complete 4 views	724.02	1

Followup:

Visit Code: *99214 EST Detailed

Followup visit requested: WILL CALL FOR MRI

[Reviewed and signed off electronically by Christopher D Vanpelt MD on Aug 28 2009, 2:15 pm]

Diagnostic Health

GREENVILLE (060053)
1 Cannon Drive
Greenville, SC 29605
(864) 242-4011
(864) 233-2677

Final Report

Patient Name: WALKER, KIMBERLY
DOB: Sex: F
Accession: 4682461
Visit Number: 1575484
Exam: (53) MRILSPWO - LUMBAR SPINE WO CONTRAST MRI

MRN: 2579947
Completed: 09/15/2009 11:20 AM EDT

Requesting Provider: VANPELT MD, CHRISTOPHER
1050 GROVE RD
GREENVILLE, SC 29605

Phone: (864) 234-7654
Fax: (864) 370-0337

MRI LUMBAR SPINE:

CLINICAL HISTORY: Low back pain.

TECHNIQUE: Sagittal T1 weighted, fast spin echo T2 weighted and STIR images of the lumbosacral spine are obtained provided for review Axial T1 weighted and fast spin echo T2 weighted images were obtained the lumbar intravertebral discs.

FINDINGS: The lumbar vertebrae appear to be normally aligned. Intravertebral discs appear to be normal in signal intensity and morphology. At L3-4 and L4-5 there is no significant disc abnormality or spinal stenosis, focal disc protrusion or substantial facet arthropathy is seen.

L5-S1: Bilateral facet arthropathy is seen. There is evidence of large osteophyte formation. This abuts the right S1 nerve root and causes possibly very mild mass effect upon a big left S1 nerve root is abutted as well.

The retroperitoneal and paravertebral soft tissues appear unremarkable. The marrow signal intensity of the vertebra appears normal. The conus medullaris terminates in a normal fashion.

CONCLUSION: At L5-S1, bilateral facet arthropathy is present. There is no evidence of focal disc protrusion or spinal stenosis to suggest neural impingement.

[redacted]

GREENVILLE (060053)
1 Cannon Drive
Greenville, SC 29605
(864) 242-4011
(864) 233-2677

Final Report

Patient Name: WALKER, KIMBERLY
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1050 GROVE RD
GREENVILLE, SC 29605

Phone: (864) 234-7654
Fax: (864) 370-0337

Diagnostic Health appreciates the opportunity to participate in the care of your patient. Please contact us if we can be of further assistance.

End of diagnostic report for accession:4682461

Interpreting Provider: MASTERS III, BERNARD MD
Transcribed By: NP 09/15/2009 5:04 PM EDT
Signed By: MASTERS III, BERNARD 09/16/2009 11:48 AM EDT

diagnostic health

GREENVILLE (060053)
1 Cannon Drive
Greenville, SC 29605
(864) 242-4011
(864) 233-2677

Final Report

Patient Name: WALKER [illegible]RLY
DOB: [illegible] F
Accession: 4041886
Visit Number: 1369187
Exam: (53) MRIKNEEWO - KNEE WO CONTRAST MRI LT

MRN: 2578847
Completed: 03/05/2009 5:48 PM EST

Requesting Provider: FAILE MD, ERIC J
3909 S. HWY 14
GREENVILLE, SC 29615

Phone: (864) 627-8378
Fax: (864) 627-8174

MRI LEFT KNEE WITHOUT CONTRAST

CLINICAL HISTORY: Left knee pain.

TECHNIQUE: Sagittal, axial, and coronal images were obtained using multiple pulse sequences.

COMPARISON: There are no prior studies available with which to compare.

FINDINGS: Visualized bony structures are intact and within satisfactory alignment. No marrow-signal abnormality is identified. A small-to-moderate joint effusion is noted. A flap of articular cartilage measuring approximately 9 x 7 mm in dimension is identified over the weightbearing portion of the medial femoral condyle. Fluid is identified dissecting deep to this flap suggesting instability. Otherwise, the articular cartilages are intact. No evidence of meniscal tearing is identified.

The anterior cruciate ligament and posterior cruciate ligament are intact. Medial collateral ligament is mildly thickened which suggests degeneration, probably related to remote low-grade strain. Lateral collateral ligament complex is intact.

The patellar tendon and the distal quadriceps tendon demonstrate no abnormality. A small amount of fluid is incidentally noted in the semimembranosus bursa.

IMPRESSION:

1. Small-to-moderate joint effusion.

2. An approximately 9 x 7-mm flap of articular cartilage is identified over the weightbearing portion of the medial femoral condyle. Fluid is noted dissecting deep to this flap suggesting instability.

3. Mild, chronic degeneration medial collateral ligament. No acute edema or tearing is associated.

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diagnostic health

GREENVILLE (060053)
1 Common Drive
Greenville, SC 29605
(864) 242-4011
(864) 233-2877

Final Report

Patient Name: WALKER, KIMBERLY
DOB: Sex: F
MRN: 2579947
Accession: 4041896
Visit Number: 1369187
Completed: 03/05/2009 3:48 PM EST
Exam: (59) MRI KNEE W/O CONTRAST RT

Requesting Provider: FAILE MD, ERIC J
3908 S. HWY 14
GREENVILLE, SC 29615
Phone: (864) 627-8178
Fax: (864) 627-8114

Diagnostic Health appreciates the opportunity to participate in the care of your patient. Please contact us if we can be of further assistance.

End of diagnostic report for accession:4041896

Interpreting Provider: ALLEN JR MD, LEIGHTON RADIOLOGIS
Transcribed By: LW 03/06/2009 10:08 AM EST
Signed By: ALLEN JR MD, LEIGHTON 03/06/2009 4:20 PM EST

Printed: 03/06/2009 3:20PM

This fax was received by GFI FAXmaker fax server. For more information, visit http://www.gfi.com

Patient: WALKER, KIMBERLY
DOB: **Age:** **Sex:** Female
Phone:
Address:

Provider: Joyce Thompson, NP
Date: 09/04/2009

Subjective:

CC:

1. SHN BACK PAIN. 2. Patient presents today for a primary complaint of low back pain

HPI:

History of Present Illness:

What: Low Back and Right Knee Pain. When: Feb 19, 2009. How: Pain began shortly after left knee surgery. Pain: **not satisfactorily controlled**, Severity: pain = 8/10, sharp, aching, throbbing, constant.

The patient is a 41-year-old social services manager for SHARE. She has had approximately a six-month history of gradual onset low back pain and right knee pain since she sustained a work injury on February 19, 2009. She had recently saw Dr. Van Pelt regarding her low back pain, on 08/28/09, who suspected neurogenic claudication versus myofascial fatigue from ongoing use of crutches. He recommended to her that they obtain an MRI of her lumbar spine. She is here for a second opinion today as she did not want to jump into getting an MRI if she did not need it due to funds. She is also seeing Dr. Vann for her bilateral knee pain and recently underwent some left knee surgery and has been on crutches for this. More recently, since her left knee surgery, she has developed worsening right anterior knee pain and notices more popping and cracking, she reports, of her right knee. She denies any real radiating symptoms from her back, denies any previous injury to her back. The only treatment she has tried has been Darvocet. Pain is worse in her back than her knee and reports she has some standing and walking intolerance, and sitting for long periods of time also seem to exacerbate her symptoms. She denies any problems with her bowel or bladder function, denies any history of cancer, denies any constitutional symptoms.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

401

GERD no PUD/Gastritis no Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no Black tar-like or bloody stool no.

SKIN:

no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC.

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:

Joint Swelling yes. Muscle aches yes Joint Pain yes. Pain in multiple joints yes. Weakness yes

Medical History: Hyperthyroidism.

Surgical History: Left Knee Arthroscopy. Dr. Vann 04/20/09.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family Hypertension, diabetes

Social History: Occupation: Social Services Manager at SHARE, INC. no Alcohol, no Smoking, no Recreational drug use.

Medications: Wellbutrin XL 300 mg/24 hours 1 tab(s) every 24 hours, Elmiron 100 mg 1 cap(s) 3 times a day

Allergies: N.K.D.A.

Objective:

Vitals: Ht 64, Wt lbs 228, BMI 39.13, RR 16.

Past Orders:

Examination:

General:

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

She stands with a normal upright stance. She walks with a limp using a crutch, and her left knee is still very swollen. Her truncal flexion is 80 degrees, and this is with moderate discomfort. She exhibits Gower's maneuver upon straightening back up. Extension at 20 degrees. Also with moderate discomfort. She is unable to perform a tandem gait without her crutches. She is still unstable following her left knee surgery. She was able to get up on her toes and her heels with the assistance of the crutch, and she was able to single-leg stance without difficulty. She has been undergoing physical therapy in regards to her knee but not her back. On sitting examination, motor strength is 5/5 at all levels to bilateral lower extremities. Sensation intact to light touch at all levels to bilateral lower extremities. Deep tendon reflexes are 1+ and equal to bilateral lower extremities. Her hip range of motion is within normal and without discomfort to her hips but this did cause a significant amount of knee pain. She is very tender to the touch to her entire lumbar area. She seems more significantly tender to her left sacroiliac joint. She is also very tender over her bilateral greater trochanters. Straight leg raises negative. Her right knee has good range of motion with some mild pain with range of motion. She is most tender over her medial joint line more so than the lateral join line to the right knee. Also,

402

[redacted]

tenderness over her patellar tendon . Negative anterior and posterior drawer. She had a lot of knee pain with varus stress. No obvious ecchymosis or deformity or swelling is noted.

Imaging Studies:

Lumbar X-Ray: I reviewed her lumbar spine x-rays that she had done at Piedmont Orthopedics which showed no acute bony abnormality. She may have had a slight loss of disc height space at L5-S1 Dr. Van Pelt's read on the x-ray showed age-appropriate lumbar spine with no spondylolisthesis or scoliosis, has some relative hypolordosis and some mild spondylosis.

Assessment:

Assessment:

1. Degen Disc Dz, Lumbar - 722.52

Plan:

1. Degen Disc Dz, Lumbar

I have discussed these findings with patient and have explained to her that I think it is okay for her to go ahead and start on supervised physical therapy in regards to her back pain to see if her back will improve as she would to take conservative measures before obtaining a lumbar spine MRI. I also started her on a Medrol Dosepak to see if this may be an acute inflammatory process possibly from myofascial problems that it may help alleviate some of the symptoms. In regards to her knee pain, she is to follow up with Dr. Vann as scheduled as I think this is a separate problem. I told her if she fails to improve with her physical therapy to call me and I would be happy to set her up with MRI or she is welcome to follow up with Dr. Van Pelt and proceed with obtaining MRI and following up with him as well. I gave her some information on back care and on Medrol Dosepak. We will see her back on a prn basis. She is to call if she has any further questions.

2. Others Start Medrol dose pack, 1, as directed, Refills 0 .

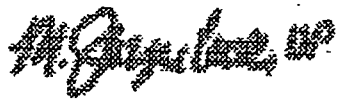
Immunizations:

Labs:

Preventive:

Follow Up: prn

Provider: Joyce Thompson, NP
Patient: WALKER, KIMBERLY **DOB:** **Date:** 09/04/2009



Electronically signed by Joyce Thompson on 10/01/2009 at 09:24 AM EDT
Sign off status: Completed

103 [redacted]

EXAM ROOM TIME 5:21

DOCTORS CARE

CHECKOUT TIME 5:58

ACCOUNT NUMBER	DATE	TIME		TICKET NO
81513	02/21/09	05:13pm	DC BEREA,	457125

NAME & ADDRESS

SATURDAY
WALKER. KIMBERLY

DOB: 3 (40 years)
GENDER: F

CELL:

WRK:
INSURED: WALKER, KIMBERLY RELATION: SELF
INS: BLS/PLANNED ADMINISTRATOR
REASON: *DEMAND*
NICKNAME:

COPAY: 20.00

INSURANCE BALANCE	$0.00
ACCOUNT BALANCE	$3.00
CURRENT CHARGES	3.00 Bal
AMOUNT PAID	20.00 copay
NEW BALANCE	

CASH	CHECK	M.D.	C.C.
	41289		

HISTORY: (- or +, or details)

Personal Hx	Family Hx	Social Hx
DM	DM	Alcohol
HTN	HTN	Tobacco
CV	MI<50	Drugs
CA	CVA	Rec. Exer.
Surg	CA	Occup.

Prev. chart rev., no sig chg ____ Above Hx reviewed ____

ROS (/ or O)

Fever, Chills
N, V, D Constip
SOB, CP
Headache, Fatigue
UTI Sx, ? Compl

PREVENTIVE (year of last)
Circle recommendations

Tetanus	Women	Men
Cholesterol	LMP	PSA
Colonoscopy	PAP	Rectal
Flu Shot	Mamm	
Pneumovax	BMD DEXA	

Allergies: S/C

Medications: S/C

WGT	BP	Pulse	Resp	Temp
220	129/90	94	18	97.3

Chief Complaint: L knee pain

HPI (4 items): 3 episodes recent mild trauma - banged on desk, twisted knee. Difficulty for Basketball practice - how to Compensate and see

Dx - swollen - tenderness distal hamstring and over retinacular ligaments

PHYSICAL: (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)

- ☐ General
- ☐ HEENT
- ☐ Neck
- ☐ Nodes
- ☐ Lungs
- ☐ CV
- ☐ Abd
- ☐ Back
- ☐ Ext
- ☐ GU
- ☐ Neuro
- ☐ Skin/Breasts

Tests/Labs: (in-house)

- ☐ CBC
- ☐ Strep
- ☐ Mono
- ☐ U/A
- ☐ Labs - sent out
- ☐ H-Pylori
- ☐ FBS
- ☐ U Preg
- ☐ Heme
- ☐ Microalbumin
- ☐ HbA1c
- ☐ KOH
- ☐ Wet Prep
- ☐ EKG
- ☐ X-Ray
- ☐ IV
- ☐ Inject / Rx

ASSESSMENT / DIAGNOSIS/ES:

(L) knee strain E988.9 844.9

- ☐ Patient Care Instructions Discussed:
- ☐ Lifestyle Modification

Date to Return:

- ☐ If worse: _____
- ☐ If not better: _____
- ☐ For Follow-Up: _____

Go to ER if:

Off Work / School Restrictions: NO WORK 2-21 to 2-23

Referrals, Tests, Treatments: ICE + Elevate x 3 days
ACE for stability knee
RICE for pain

Prescriptions / OTC Meds
Side Effects Discussed

PSR Notes: 99214-12 E
99051-40 E
E0114-NU-T.

243.00

Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.

Staff: RR RMA _____ M.D., D.O., P.A., F.N.P.

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purpose of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctor's Care Notice of Privacy Practices.
3. I authorize payment of medical benefits to Doctor's Care physicians or their designees for services rendered.

Patient or Authorized Person's Signature: X Kim Walker Date: 2/21/09

4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation regarding my medical records and treatment I have received or will receive.

Patient or Authorized Person's Signature: _____ Date: _____

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Return to Work Waiver

Kimberly Waeker
Employee's Name

2/24/09
Return to Work Date

2/21/09
Dates of Care

Medical
Nature of Illness/Injury (if requested)

Work Status ☐ Light Duty ☐ Full Duty

Comments: ~~2/24 - 2/26~~ - No use of left leg per Dr. Gandenberger *

Gandenberger, MD.
Clinician

DOCTOR'S CARE/BEREA
6704 WHITE HORSE ROAD
Center GREENVILLE, SC 29611

294-1392
Phone

2/21/09
Date

Release Information to Employer: YES NO

Patient Signature

[MED-F004-(12-07)]

factive®
gemifloxacin mesylate tablets

Kimberly
ICE + Elevate 3 days
Ace + Ibuprofen > 1 week
D/c Voltaren cream, Nikki
Fm pain
Flu in Nurse's Fund
all better

factive.com

DOCTORS CARE BEREA
KURT L. GANDENBERGER, M.D.
DEA # AG1934977 LIC.# 14391 (SC)
DONNA MARKING, N.P.
DEA # MM3253937 LIC.# F20999
6704 WHITE HORSE ROAD
GREENVILLE, SC 29611-2504
(864) 294-1392 TEL (864) 294-0424 FAX

NAME Kimberly Waeker AGE
ADDRESS DATE 2-21-09

TAMPER-RESISTANT FEATURES INCLUDE SAFETY BLUE ERASE-RESISTANT BACKGROUND AND "ILLEGAL" PANTOGRAPH

Rx
Diclofenac 75 #20
Sig: Tab QAC prn pain
with food
Refill x 0
Voltaren 1% gel 100 gm tube
Sig: Apply QID prn pain
Refill x 0

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ Label
Form NR 1 2 3 4 5

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED
FP0279253

P572
P520

Progress Note

Patient: WAIVED KIMBERLY MCKINNE
DOB: **Age:** **Sex:** Female
Phone:
Address:
Pcp: Eric James Faile, MD

Provider: Christopher L. Kelly, PA
Date: 12/05/2013

Subjective:

CC:

1. 4 WEEK F/U.

HPI:

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. Chronic left knee pain with torn cartilage, multiple surgeries with tibial osteotomy on her left knee by Dr. Piasecki.
5. WC return to work with modified work restrictions.
6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.
7. FCE performed on 10/25/12 : "the evaluee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Notes: **UDS 6/27/13**.

Medical History: Hyperthyroidism, Depression, Endometriosis, Obesity, Left knee, Lower back pain.

Surgical History: Left Knee Arthroscopy. Dr. Vann 04/20/09, Articular transplant 10/30/09, left knee chondroplasty-Dr Vann 8/2010, Cholecystectomy , Sinus Surgery , C-section , Breast reduction Surgery , Hysterectomy, abdominal w/ bso , arthroscopic knee surgery LT 2013.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension, diabetes Paternal Grandfather: deceased cancer prostate Paternal Grandmother: Hypertension, diabetes Maternal Grandfather: cancer prostte Paternal uncle: deceased cancer throat prostate Maternal uncle: deceased cancer throat Maternal cousin: alive cancer late 20

Social History: Interpersonal/family relationships: Divorced. WORK STATUS: No restrictions. . Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete. Smoking Status > 13 years old Are you a: Never smoker. Lives With: children. Occupation: Social Services Manager at SHARE, INC. no Alcohol. no Smoking. no Recreational drug use.

Medications: PT evaluation PT Eval and treatament as necessary Dx: , Omnaris 50 mcg/inh spray 2 spray (s) once a day, Zofran 4 mg tablet 1 tab(s) twice a day as needed for nausea, omeprazole 10 MG delayed release capsule 1 cap(s) once a day, tramadol 50 mg tablet 1 tab(s) every 6 hours; max 4 per day, Prilosec 10 MG delayed release capsule 1 cap(s) once a day, Voltaren Topical 1% gel 2.0 g 4 times a day prn, Flexeril 10 mg tablet 1 tab(s) once at bedtime, Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2 times a day, Hycodan 1.5 mg-5 mg/5 mL syrup 5 mL every 4 hours for cough, Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours, Ambien CR 6.25 mg tablet, extended release 1 tab(s) once a day (at bedtime), vit D 50,000 intl units capsule 1 cap(s) 2 times a week, Tessalon perles 200 mg 1 tab 2 times a day, Cymbalta unknown delayed release capsule 1 cap(s) as directed, Nasonex 50 mcg/inh spray 2 spray(s) once a day, Dexilant 60 mg delayed release capsule 1 cap(s) once a day, Avelox 400 mg tablet 1 tab(s) once a day, Levocetirizine Dihydrochloride 5 mg tablet take 1 tablet by mouth once daily , xyzal 5 mg tablet 1 tab (s) once a day (in the evening), Medication List reviewed and reconciled with the patient

Allergies: morphine: Allergy, Lortab 10: stomach upset: Allergy, Augmentin: stomach upset: Allergy, seasonal, multiple environmental.

Objective:

Vitals: Ht 64, Ht Cm 162.56, Wt lbs 243, Wt kg 110.22, BMI 41.71, BP 124/83, HR 81, Pain score 6, O2 Sat 98, Tech Initial bb
pt. took tramadol last night.

Examination:
General Exam:
On examination vital signs are stable. She is well-built, well-nourished, awake, alert, and oriented. She communicates appropriately. She is able to transfer independently. She is obese. Gait is slightly antalgic. She is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of left knee there is no generalized swelling around the knee. Minimal swelling over the patellar tendons. Tenderness over patellar tendon. Anterior drawer sign is negative. Knee range of motion in extension is full, flexion is up to 90 degrees and causes significant discomfort. No mediolateral instability.

Assessment:

Assessment:
1. Lumber Facet Arthropathy - 721.3

Plan:

1. Others Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day ; Continue PT evaluation, PT Eval and treatament as necessary, Dx: ; Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening) ; Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily ; Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day ; Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day ; Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day ; Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed ; Continue Tessalon perles, 200 mg, 1 tab, 2 times a day ; Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week ; Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime) ; Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1 tab (s), orally, every 24 hours ; Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough ; Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day ; Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime ; Continue Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn ; Refill tramadol tablet, 50 mg, 1 tab(s), orally, every 6 hours; max 4 per day, 30 days, 120, Refills 0 ; Refill omeprazole delayed release capsule, 10 MG, 1 cap(s), orally, once a day, 30 day(s), 30, Refills 0 ; Refill Zofran tablet, 4 mg, 1 tab(s), orally, twice a day as needed for nausea, 30 days, 60, Refills 0 .
eprescribed tramadol, omeprazole and zofran.

Immunizations:

Therapeutic Injections:

Labs:

Preventive:
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up: 2 Months (Reason: math)

Provider: Christopher L. Kelly, PA
Patient: WALKER, KIMBERLY MCKINNE **DOB:** **Date:** 12/05/2013

Note for Kimberly Walker on 3/13/2013 - Chart 67

Foothills Orthopaedics and Sports Medicine Center
3150 Hwy 153
Piedmont, SC 29673
864-295-1231 fax 864-295-9927
Dr. Daniel E. Lee Dr. John P. Evans Dr. Anne-Claire Edwards

Name: Kimberly Walker
Chief Complaint (1/1): This year old black female presents today for an Independent Medical Evaluation. She was referred by L. Brenn Watson, Esq., for evaluation of the low back and right knee. Ms. Walker understands that this examination today does not constitute a physician patient relationship.

History: Ms. Walker had a work related incident 2/19/2009 wherein she struck her left knee against a corner of a desk while turning to reach a computer. Secondary to this incident, Ms. Walker has had extensive treatment to the left knee. The evaluation today is to evaluate the low back and right knee, not to evaluate the left knee.

LOW BACK:

Ms. Walker is a 44 year old black female who had the slow onset of low back pain in 2009. She says the pain began gradually without a specific incident. The complaint of back pain is recorded in a Sports, Spine and Industrial Physical Therapy note dated 07/09/2009. Ms. Walker reported her back pain to Dr. Vann, who was treating her left knee. Dr. Vann opined in a letter dated 08/18/2009, that her back pain was not related to the work incident of 02/19/2009.

Ms. Walker reported a six month history of low back pain to Dr. Christopher VanPelt on 08/28/20009. She described the pain as a dull ache in the buttocks. He found no reflex, motor or sensory deficits in her lower extremities. Dr. VanPelt diagnosed spinal stenosis and myofascial fatigue. A MRI scan performed on 09/15/2009 was interpreted to show bilateral L5-S1 facet arthropathy with no disc protrusion or neural impingement.

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Dr. Philip Hodge, M.D., a neurosurgeon, recorded that Ms. Walker had a greater than one year history of low back and bilateral leg and thigh pain. He reviewed a MRI scan dated 09/15/2010 that showed L5-S1 facet arthropathy. He diagnosed back pain secondary to degenerative disc disease and facet arthropathy. He did not find any surgical indications.

From 10/28/2010 to present, Dr. Jyoti Math, M.D., treated Ms. Walker's low back with bilateral medial branch blocks and a radiofrequency lesioning of L3, L4 and L5 facets. Ms. Walker says her pain has not changed since its onset despite treatments including physical therapy, medications, and surgery. Ms. Walker says she recently saw Dr. Math, and they discussed possible injections.

Currently, Ms. Walker complains of pain in her low back. It does not radiate upward She has no complaints with her neck or upper extremities, She says the pain in her low back is constant. The pain is intensified by weight bearing activities, standing, standing from a seated position, bending over and lifting objects. She says her back pain keeps her from walking for extended periods of time. Associated symptoms include numbness extending along the posterior aspects of both legs into the top of both feet, left worse than right. The pain is relieved by laying on her side. She says that she has a crutch for ambulatory aid, but she tries not to use it as it tends to increase her back pain. She last used a crutch in June/July 2012. She says she is unable to take a bath because she cannot stand up afterwards, and she instead must use a shower chair. She says she has "both good days and bad days" with her back pain.

RIGHT KNEE:

Ms. Walker also had the slow onset of right knee pain in 2009, first recorded at Sports, Spine and Industrial Physical Therapy on 06/03/2009. She recalls no specific incident or trauma to her right knee. Dr. Vann recorded complaints of right knee pain on 07/20/2009 .

Dr. Daniel Cordas, M.D., recorded on 12/07/2010, a history of Ms. Walker having right knee pain for greater than a year. She had 0-120 degrees of knee motion and medial and lateral joint line pain. Dr. Cordas interpreted radiographs of the right knee that day as normal. He later read a Physician's Imaging Center MRI scan report of the right knee as showing some degenerative type subchondral cysts along the lateral tibial plateau as the only abnormal finding. Because of tenderness below the medial joint line of the right knee, Dr. Cordas injected the right pes anserine bursa. Dr. Cordas had no other recommendation for the right knee on 2/22/2011, and Ms. Walker has had no further treatment for the right knee. Ms. Walker has mentioned her right knee to Dr. Piasecki, but he has not treated her for right knee pain.

She currently complains of right knee pain. The pain is described as being along the medial aspect. The pain is aggravated by weight bearing activities, and sometimes direct pressure to the medial knee. The pain is also aggravated by walking on uneven ground, walking up or down a hill, and climbing stairs. Associated symptoms include swelling. She denies popping, locking and catching. She says her knee pain does not aggravate her low back pain, and vice versa. She says she is able to perform personal hygiene activities, such as bathing, brushing her teeth and hair and getting dressed, that she is able to drive her car without assistance. She says that she does require assistance from her daughter with household chores.

Dr. Robert Dameron, M.D., an orthopaedic surgeon, rendered an independent evaluation on 10/31/2012 and estimated, based on the AMA Guides to Impairment, 5th Ed., that Ms. Walker had an 8% impairment of the spine, 7% impairment of the right lower extremity, and a 40% impairment of the left lower extremity.

Ms. Walker last worked in an office with some driving responsibilities in September 2011.

Ms. Walker spends her day taking her daughter to and from school, and resting at home. She also says that she goes to the YMCA for water aerobics three times per week.

Presents for this examination was Ms. Bridget Lickfield, Foothills Orthopaedics' Medical Assistant.
Examination began at 10:32 am.
Examination ended at 11:15 am.

Allergies:

Patient/Guardian admits allergies to:
morphine resulting in cardiac palpitations and itching
lortab resulting in itching and cardiac palpitations

Medication History:

Active:

Cymbalta 60 mg capsule (1 PO QD) (active)

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Ambien 10 mg tablet (1 po q hs prn insomnia) (active)
Percocet 10 mg/650 mg (1 PO QD prn pain) (active)
Flexeril 10 mg tablet (1 PO QD prn pain) (active)

Past Medical History:

Musculoskeletal Hx:

(+) arthritis conditions
(+) chronic back pain

Psychiatric Hx:

(+) depression,

Cardiovascular Hx:

(+) hypertension

Past Surgical History:

Patient/Guardian reports past surgical history of
knee arthroscopy in 2009, 2010, 2011
knee surgery/open in 2009, 2011
hardware removal in 2012
back surgery- rhizotomy 2011

Family History:

Patient/Guardian admits a family history of
cancer associated with grandparent
diabetes associated with grandparent
heart disease associated with grandparent
high cholesterol associated with grandparent
hypertension associated with grandparent

Social History:

Patient/Guardian denies:
tobacco use
alcohol use

Review of Systems:

Musculoskeletal: (+) joint or musculoskeletal symptoms.
Allergic / Immunologic: (-) allergic or immunologic symptoms.
Cardiovascular: (-) cardiovascular problems or chest symptoms.
Constitutional Symptoms: (-) constitutional symptoms such as fever, headache, nausea, dizziness.

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Ears, Nose, Mouth, Throat: (-) any symptoms relating to Ears, Nose, Mouth, Throat.
Endocrine: (-) endocrine-related symptoms.
Eyes: (-) visual disturbance or change.
Gastrointestinal: (-) GI symptoms.
Genitourinary: (-) GU symptoms.
Integumentary: (-) skin related problems.
Neurological: (-) neurological symptoms or problems.
Psychiatric: (+) emotional or mental health problems/issues.
Respiratory: (-) respiratory problems.

Physical Exam: BP Sitting: 126/91 HR: 80 Temp: 97.6 Height: 5 ft. 4.000 in. Weight: 247 lbs. BMI: 42 SPO2: 99%

Patient is a 44 year old female who appears pleasant, in no apparent distress, her given age, well developed, well nourished (obese) and with good attention to hygiene and body habitus. Oriented to person, place and time. Mood and affect normal and appropriate to situation. Ms. Walker answered all questions clearly.

Gait and station examination reveals a mildly antalgic gait favoring the left knee. She is not using ambulatory aids today. However, she says that she sometimes uses a crutch while walking, but feels better no using crutches.

Musculoskeletal: Range of motion exams were measured with a goniometer.

Left Knee Examination:
Inspection reveals a nontender 12 cm anterior surgical scar. The scar is well healed, with no s/s infection.
There is no effusion.
Range of Motion: Left knee flexion (active) is 85 degrees. Extension (active): 0 degrees (full extension).
Neurological: Mild sensory deficit on the dorsum of the left foot.
Muscle tone is normal. Calf circumference measured 10 cm below the medial joint line: Left: 42 cm.
Peripheral pulses full to palpation, no varicosities, extremities warm with no edema or tenderness bilaterally.
Neurologic: Mild sensory deficit on the dorsum of the left foot.
Coordination is good.

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Right Knee Examination:
Inspection reveals no external signs of injury. There is no effusion.
Palpation reveals pain over the medial joint line and pes anserine bursa.
No crepitus in the knee with flexion/extension.
Range of motion: Right knee flexion is 110 degrees. Extension: 0 degrees (full extension).
Normal right hip and right ankle/foot ROM.
Stability tests: R knee without evidence of ligamentous laxity; Negative Lachman's test, Pivot shift, and Drawer tests. Negative varus/valgus instability.
Muscle strength is normal
Muscle tone is normal.
Calf circumference measured 10 cm below the medial joint line: Right: 45 cm.
Peripheral pulses full to palpation, no varicosities, extremities warm with no edema or tenderness bilaterally.
Neurologic Exam: Sensation is intact and symmetrical in all dermatomes in the right lower extremity.
Deep tendon reflexes are normal.
No ankle clonus and negative Babinski's Reflex.
Coordination is good.

Low Back Examination:
Inspection: The lumbar region is unremarkable with no signs of external injury.
Palpation reveals tenderness over L4-5, left and right SI joints, left and right trochanteric bursa, and sciatic notches.
Range of Motion: Lumbar Flexion (active) is 90 degrees with pain. Lumbar Extension (active) is 30 degrees, with pain. Lumbar side-bending (active) is 30 degrees with pain. Right Side-bending (active) is 40 degrees, with pain. Right and left twist (active) is normal, causing pain in her low back and knees.
Sitting straight-leg raising test is negative.
Supine straight-leg raise testing is positive on the left and right side @ 60 degrees and pain radiates to the buttocks and posterior thighs.
Heel/Toe walking: able to walk on heels and toes but has low back pain.
Supine, leg lengths are equal.
Positive Waddell's signs.
Coordination is good.

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Test & X-Ray Results:
Pain Disability score: 120; This equals an AMA Functional Grade Modifier of 3 (Pain and symptoms with less than normal activity, Table 17-6, p. 575)
Activities of Daily Living Questionnaire showed no inconsistencies with my interview and discussion of her activities. Ms. Walker has some positive Waddell's signs and non-anatomic responses to examination.

Impression:

Right knee pain

Non-specific chronic low back pain (also known as chronic sprain/strain, symptomatic degenerative disc disease, facet joint pain, etc.)

To a reasonable degree of medical certainty for her right knee, Ms. Walker has reached MMI, can be discharged from care, will require no further treatment and has no restrictions. According to the AMA Guides to Impairment, 6th Ed., Ms. Walker has right knee pain with no significant objective findings on examination or radiographic studies. This is a Class 0, 0% impairment of the lower extremity (Table 16-3, p. 509).

To a reasonable degree of medical certainty for her low back, Ms. Walker has continued complaints of back pain with no objective findings and no history of a sprain/strain type injury. Ms. Walker has reached MMI, can be discharged from care, will require no further treatment and has no restrictions. According to the AMA Guides to Impairment, 6th Ed., Ms. Walker has a Class 0, 0% impairment (Table 17-4, p. 570).

Evaluation/rating/questions:

1. Are Ms. Walker"s current complaints of right knee and low back pain related to the work incident of 2/19/2009?

Answer: To a reasonable degree of medical certainty, Ms. Walker's current complaints in the right knee and low back are not related to the incident of 2/19/2009. The initial exam after the incident did not record any right knee or low back complaints. The first record of right knee pain was on 6/3/2009, four months after the work incident. The first record of low back pain was on 7/9/2009, five months after the work incident. She has findings of lumbar facet joint arthropathy which is a condition of living and not trauma induced. The use of crutches and canes are a form of treatment of low back and knee pain. The crutches or cane unload the knees and back transferring loads/stresses to

the upper extremities. In addition, Ms. Walker has not used crutches since June/July 2012 and persists with back and right knee complaints.

The opinions rendered in this independent medical evaluation are the opinions of the examining physician. This evaluation was based on the medical records available with the assumption that this material is true and correct as well as a physical examination performed today. If more information becomes available an additional report may be requested. Undetectable injuries and illnesses may be present at the time of this physical examination. This examination does not endorse or criticize the medical treatments of care providers. Explained to the client and the client acknowledges understanding that this examination does not constitute the establishment of a doctor/patient relationship.

John P. Evans, M.D.
Certified, American Board of Othropaedic Surgery
Certified in the evaluation of Disability and Impairment Rating (CEDIR), American Academy of Disability Evaluating Physicians

Signed by John P. Evans, MD John P. Evans, M.D.

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Carr physical therapy, Inc.

DISCHARGE REPORT

Name: Kim Walker SS# _____ Date: 10.30.12

Diagnosis: LBP Physician: J. Math

Subjective: Had FCE last wk and vocational assessment yest. Colder weather makes me hurt worse! Will cont. ag. ex for now

Objective: No further changes since 10.18.12 report.

Assessment: Persistent BP; pt has plateaued c P.T. at this time.

Plan: D/C

Initial Goals:	Goals Met:	Initial Visit: 9.4.12
(I) ag ex	(Y)/N	# Visits: 16
Use Home TENS unit	(Y)N	# Missed Appts. 1
pn ≤ 7/10	(Y)N c clx	Final Visit: 10.30.12

Work Status at Discharge: (light duty/full duty/out-of-work/not applicable)

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

Carr Physical Therapy © 2003
Document: Discharge Revision: 1.0

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Carr physical therapy, inc.

PROGRESS REPORT

Name: Kim Walker SS# ___-___ Date: 10·18·12

Diagnosis: LBP Physician: J. Math

Kim has completed a series of 13 treatment sessions.

COMPLIANCE: ✓ GOOD ___ AVG ___ POOR
PROGRESS: ✓ GOOD ✓ AVG ___ POOR

COMMENTS: Recent ↑ sx for Lumbar appears to be having positive affect. C ↓ pn below Sacrum.

TREATMENT:
ROM, Stabilization, balance ex on mat & Ball

PROGRESS:
Pn before 4 7/10 ; P ex 4/10 ; trunk flex 90% C pn on return ext > 50% SB 75%

PLAN:
Cont therex x 3 visits ; cont (I) pod.

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

Carr Physical Therapy - ©2003
Document. Progress Revision 1.0

Care IQ
A CORVEL NETWORK

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

Return to Work Questionnaire and Goals

Provider Name:	Carr Physical Therapy		
Patient's Name:	Kimberly Walker	Claim #:	032009000703
Body Part:	Knee - Left	Date of Injury:	02/19/2009
Service:	Physical Therapy	Today's Date:	7/5/2012

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

Completed By Patient: (Subjective Report)

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

Job Title: family partnership facilitator

Previous Work Status: ☐ Full Time ☐ Part time Last Day worked (if off duty): 9-24-11
Current Work Status: ☐ Full Duty ☒ Off Duty
☐ Modified Duty; Restrictions:

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

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

How much weight do you push/pull? ≤ 10# How many times? varies
How much weight do you lift? Floor to waist ≤ 10# How many times? varies
Waist to Shoulder NA How many times?
Shoulder to Overhead NA How many times?

How many times do you do the following in one hour of full duty?
Squat: 1 Times Climb stairs or ladders 1-2 Times Reach _____ Times

Do you have concerns about physically performing your job? ☑ Yes ☐ No
Are you anticipating returning to your same job position? ☑ Yes ☐ No

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

To be met in 6 weeks
1. Ambulate c crutch
2. reciprocal steps
3.

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

Kim Walker — Patient Signature — 7/9/12 Date

BCarr PT SC2264 — Therapist Signature — 7.9.12 Date

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Carr physical therapy, inc.

PROGRESS REPORT

Name: Kim Walker SS# _____ Date: 2.29.12

Diagnosis: S/P L Knee ACL Physician: D. Piasecki

Kim has completed a series of 20 treatment sessions.

COMPLIANCE: ✓ GOOD ____ AVG ____ POOR
PROGRESS: ____ GOOD ✓ AVG ____ POOR

COMMENTS: Some regression p ↑WB ↑walking; Kim did report twisting her knee some time in the car a wk ago.

TREATMENT:
Strengthening ex ; CP @ home

PROGRESS:
flex 105 ; WB ≤ 75% ; medial pn reported c ROM.

PLAN:
Cont per M.D. order

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

Carr Physical Therapy - ©2003
Document: Progress Revision 1.0

CarelQ Therapy Program Return to Work Questionnaire and Goals

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

Patient/Claimant Information

Name. Kimberly Walker Date of birth
Employer· Sunbelt Human Adv Resources Inc

Completed By Patient: (Subjective Report)

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

Job title Family Partnerships Facilitator

Previous Work Status: ☑ Full Time ☐ Part time Last Day worked (if off duty): 9/23/11
Current Work Status: ☐ Full Duty ☑ Off Duty
☐ Modified Duty; Restrictions

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

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

How much weight do you push/pull? 10 pds or less How many times? Various
How much weight do you lift? Floor to waist 10 pds or less How many times? Various
Waist to Shoulder n/a How many times?
Shoulder to Overhead n/a How many times?

How many times do you do the following in one hour of full duty?
Squat. 1 Times Climb stairs or ladders 1 or 2 Times Reach ____ Times

Do you have concerns about physically performing your job? ☑ Yes ☐ No
Are you anticipating returning to your same job position? ☑ Yes ☐ No

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

To be met in 6 weeks
1. (L) Knee flex 130°
2. FWB / normal gait
3. MMT qd/Hs ≥ 4+/5

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

Kim Walker — Patient Signature — 10/11/11 Date
SBCarr, PT — Therapist Signature — 10-11-11 Date

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Corvel Capture 2/24/2011

Carr physical therapy, inc.

DISCHARGE REPORT

Name: Kim Walker SS# ____ Date: 12·17·10

Diagnosis: LBP Physician: J. Math

Subjective: Back is better; therapy has helped - will have 2wks off for holidays and believe I'll manage better @home.

Objective:
↓ tenderness LS/SI & Glutes

Assessment: Kim responds well to Therex & manual therapies. Her knees will continue to exacerbate her LB until she has restored normal gait.

Plan: D/C to ⓔ mgmt. ORMRI to be sched on knee.

Initial Goals:	Goals Met:	Initial Visit: 11·29·10
↓ pn fr. constant to intermit.	(Y)/N	# Visits: 6
able to sit 15' intervals 3 ↑ BP	(Y)/N	# Missed Appts. 0
Begin a.g. walking/ex	Y (N)	Final Visit: 12·17·10

Work Status at Discharge: (light duty/full duty/out-of-work/not applicable)

Thank you for the referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

Carr Physical Therapy © 2003
Document: Discharge Revision: 1.0

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Carr physical therapy, inc.

INITIAL EVALUATION

Name: Kim Walker SS#: - - Date: 10·18·10
Diagnosis: (L) knee pn Referring Physician: D. Cordas
Date of Injury/Onset: 2·19·09 Date of Surgery: 8·9·10, 10·30·09, 4·19·0
Past Medical History: ~~Hx of~~ HBP, depression, arth - LB
Medications:
Psychological Intervention: dep. Diagnostic Tests and Results: Scoped 8·9·10
Occupation/Activities: Basketball walking softball; riding/facilitator Work Status: modified: 30' stdg; (-) stair
SUBJECTIVE Still not doing steps well can't walk > 1 mi & ↑ pn. Don't sleep well 2° pn; tried a quicker gait
More sharp not dull; was unable to go to conference for work recently
(Also have LBP - saw Dr P. Hodge - recommended PT.)
OBJECTIVE
Pain Scale (0-10) Best: ____ Worst: ____ Now: ____
Posture: (R) > (L) genu recurvat. Gait: slow: good fast: limps Appearance: Alert

ROM	MMT	PALPATION
(L) knee flex 121° ext full	(L) quad 4+/5 (gave 2° pn.)	withdraws to mod. palp medial j't/pat, incision
	HS 5/5	
	ankle 5/5	

SENSATION	DTR	SPECIAL TESTS
intact L.T.	N.T.	SLR (-)

Today's Treatment: Quad; pat/quad mobs; HEP: instructed ✓ written ____ SLR, SAQ, hip abd; ice, Bake phonophoresis
ASSESSMENT dysf. gait ↓ pn/tenderness s/p chondroplasty/scope

Short Term Goals 4 wks
1. tol ↑ TA ↑ c/o
2. ↑ gait speed ↓ limp
3.

Long Term Goals 8 wks
1. Recip'l steps
2. unlimited pit, walk & carry
3.

PLAN: therex, MS/cf

Frequency: 2-3x Duration: 4-8 wks Rehab Potential: excellent/good/fair/poor
Therapist: SB Court SC License #: 2264 Date: 10·18·10
Physician: Date: Authorization Period:

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Document:InitialEvalMedicare Revision:1.0

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CorVel Therapy Program Return to Work Questionnaire and Goals

CORVEL
CorVel Therapy Program

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

Patient/Claimant Information

Name: Kimberly Walker Date of birth:
Employer: Sunbelt Human Adv Resources Inc.

Completed By Patient: (Subjective Report)

Please circle the number that best represents your current pain level

No Pain 0.....1.....2.....3.....4.....5.....(6).....7.....8.....9.....10 Emergency Room Pain

Job title: Family Partnership Facilitator

Previous Work Status: ☐ Full Time ☐ Part time Last Day worked (if off duty): _____

Current Work Status: ☑ Full Duty ☐ Off Duty

☑ Modified Duty; Restrictions: FWD

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

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

How much weight do you push/pull? Varies How many times? _____

How much weight do you lift? Floor to waist 0-10 pds How many times? _____
Waist to Shoulder 11 How many times? _____
Shoulder to Overhead _____ How many times? _____

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

Squat: 2 Times Climb stairs or ladders 1 Times Reach 2 Times

Do you have concerns about physically performing your job? ☐ Yes ☑ No

Are you anticipating returning to your same job position? ☑ Yes ☐ No

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

To be met in 8 weeks

1. Walk reciprocally up/down steps
2. Feel strong enough to go to conferences & unlimited sitting, walking
3.

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

Kimberly Walker — Patient Signature — 10/18/10 Date

SBCan PT — Therapist Signature — 10-18-10 Date

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Progress Note

Patient Name: Kim Walker

Date	Visit	
10.26	15/16	A: more energetic today. SBCam T2264 P: Cont x 1
10.30	16/16	S: Colder weather has me hurting more - in R/L knees! Had vocational assessment yest. Pt one week O: Nu-step L4 x 10; Ball: hip circles, seated, rot, trunk. ext; Counter st; LTR, bridge. A: Pt concerned about racing heart - advised to see M.D. Rec'd TENs placement. P: Cont (I) pool. D/C upon SBCam T2264 SBCam T226.
10-31	—	DC

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Corvel Capture 11/12/2012

Kimberly Walker
2009-703

Date	Visit	Patient Name: Ken Walker	Page: 3
10·11	11/13	S: Can't BP. Will go to pool tomorrow. Saw pm dr yesterday. Went. Need to call Dr. Meyer re: TENS - ord.	
	SB	O: Nustep L5 x 10'; QRT, Bridge, ST mobs LS — (L) glute, ITBs; trunk ROM: flex 80% ext < 50% 2° pn↑; SB > 50%.	
		A: very tender (R) GT, ↓ ext mvt - likely due to gait compensation for knee and ↑ Hx facet arthr.	
		P: Cont modal., TA, Ex SB Cam PT 2264	
10·16	12/16	S: ret'd to pool yest - like starting over!	
		O: Nustep L5 x 10', Counter ST 30", Bridge, QRT, LTR. Ball: seated rot hip circles, trunk ↓ ↑.	
		A: 1° c/o trunk ext fr. flex	
		P: Cont TA SB Cam PT 2264	
10·17		LM for Ben Care re SB	
10·18	13/16	S: missed pool yest - fell asleep & woke @ 3p.! Probably the Seroquel. Also working on TENS. pn 7/10	
		O: Nustep L5 x 10', LTR, QRT, Bridge; Ball: hip circles, seated, rot. trunk ext, counter ST - HQ. ROM: trunk flex 90% - pn on return / ext ≥ 50%. SB 75%.	
		A: ↓ BP reported fr ext; also ↓ "pressure" below sacrum	
		P: Prog report SB Cam PT 2264	
10·23	14/16	S: missed pool again - had to take dough to M.D.; has sore throat & sinus congestion also.	
		O: Nustep L5 x 10', LTR, Bridge; Ball: hip circles, seated rot, trunk ext, applied / instructed home TENS unit	
		A: LS pn but moving easier	
		P: Cont TA SB Cam PT 3264	
10·23		SW Ben Care re: will D/C fr 2 visits SB	
10·24	15/16	S: Did FCE yest - done! She said I was failing c flying colors! Awaiting to report	
		O: Nustep L5 x 10', LTR, Bridge; Ball: trunk rot / ext;	
		Cont SB	

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10/26/2012 11:39 864-232-4728 CARR PT INC PAGE 03

P592
P540

Progress Note

Date	Visit	Patient Name: Kimberly Walker	Page: 2
9.25	5	S: Poor tol to stdg, like cooling; tried to vacuum but stopped, Pt runs down past pacum; feels best in pool and for short while afterward.	
		O: TENS across LS 2p x 20' in S.L.	
		A/P Prog report to WC SBCarrPT2264	
9/25	-	Spoke w/ adjustor, Gary Jennings, fax order f/ Home TENS unit to Pt @ 603-612-2753. She will proceed w/ getting device f/ pt (PE)	
9.27	6	S: some pn into (L) foot at times, Cont LS pn	
		O: tender (L) G.T.; STmobs TLS → (L) GT/ITB.	
		A: ↓ degree tenderness	
		P: Request 6 visits SBCarrPT2264	
10/1	-	Called Care Tx; authorized visits 7-12 per Chris; next progress note needs ROM measurement (PE)	
10.2	7/13	S: no response on TENS yet. Cont BP. No pool yet 2° heater.	
		O: TENS (B) LS → SI x 20' prone; STmobs LS → glute.	
		A: L-pn c attempted prone hip ext, tender (R) glut > (L).	
		P: Cont TA, man SBCarrPT2264	
10.4	8/13	S: No pool until Mon due to broken heater - miss it! Hurt into buttock / "bottom". Took flexeril / aleeve.	
		O: STmobs LS → glute f/b CP 10'.	
		A: tender glute, pac; Still no home TENS unit	
		P: Cont man, TA SBCarrPT2264	
10.9	9/13	S: Saw Dr. Nath - offered pn meds, hesitant x resp; did say "bottom" pn could be p. bk.	
		O: Nustep L4 x 10, ~~Tutadius~~ L w/pn² (L) M-L knee f/b ~~TENS M-L x 20'~~ LTR, f/b TENS x 20'	
		A: Cont L BP c radics/s. Advised LS CP@home	
		P: Cont TA, modal. SBCarrPT2264	

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Date	Visit	Patient Name: Kimberly Walker	Page: 1
9.6	1	S: went to pool yest for 1 Hr. class	
		O: P-A LS sp; STmobs to same, pain. Vibration to sac. c ball.	
		A: lessened tenderness	
		P: Cont man, modal	SBCarrPT2264
9.11	2	S: went to pool yest - like it; sun dr yest = "arth. exacerbated" LB: no CP in ~ 1 wk.	
		O: (R) S.L. P-A mobs L-S sp f/b pain CP x 15'.	
		A: pt hesitant to not use crutch to help bk but knee on crut to be elevated.	
		P: Cont man, mod.	SBCarrPT2264
9.13	3	S: moved up my appt c Piasecki to rest + Tues. for knee. Bk still hurting; feel pressure low down like I need to go to bathrm but don't. Like pool - allows me to move.	
		O: pt. jumpy c lots of "ouches" c palp over LS, (L) > (R), pain, ITB: STmobs c ball to pain @ S.L c pillow	
		A: pt bec. less reactive to pressure	
		P: Cont man.	SBCarrPT2264
9/18	-	Pt called; ex'd appt; "not able to get here by 3" PE	
9.19	4	S: ~~Dr. wants to give it 8 more wks, does think the cast cap is causing~~ Error. BP 8/10 this a.m. washing dishes, pool Mon.	
		O: ESTIM L-S 11 sp x 20'.	
		A: ↓ pain reported	
		P: request home TENS	SBCarrPT2264

Kimberly walker

Progress Note

Date	Visit	Patient Name: Kim Wacker	Page:
9.6	13	A: Cont'd achilles gait, tender prox tibia c swelling P: Cont TA, mod ables SBCarPT2264	
9.11	14	S: See N.D. 9.25. Went to pool again - like it; not using crutch to aid lt but cont prox walker steps very painful; tender all around knee/leg. O: Pulsed US 1.1 w/cm² (L) para apart 5/6 CPx 15' A: unable to tol Nustep P: Recess US, TA prn SBCarPT2264	
9.19	15	S: Dr. says give it 8 more wks. O: Nustep L4x10'; Pulsed US 1.1 w/cm² (L) para apart 5/6 ESTIM 20'. A: ↓ pn c ROM P: Cont mod./TA SBCarPT2264	
9.25	16	S: did some lat. step work in pool; walked downtown Sun - more pn; (R) knee becoming more sore O: Nustep 9'; Pulsed US 1.1 w/cm² (L) para apart. A: walk c side to side motion; Poor tol to prolonged walking P: Cont TA, US, TENS lt if approved SBCarPT2264	
9.27	17/18	S: Really hurting lat. upper leg below knee O: Nustep L4x9'; TENS lat knee/prox fib. good ROM; gait seemed to have improved but still wobbling side/side. Cl lat knee A/P see Prog report SBCarPT2264	
10.2	18	S: Pool heater broken - no pool yet. (R) knee cont to hurt O: TA pen sheet. A: slight ↓ gait wobble today P: Cont TA SBCarPT2264	
10.4	19	S: Really hurting O: very tender prox. area of ant tib all the way down Cont (SBC)	

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Kimberly Walker

Corvel Capture 9/5/2012

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 2
8/3	—	Pt called, cx'd appt; not feeling well; called WC, advised of cx + office closed' next week for vacation	
8.16	8	S: saw MD - cortisone inj. - some relief, sleep poor O: see new order: gentle stretching for ROM & strength Supv'd TA per sheet; Suggested ret. to pool ex. A: ↓pn & injection; walk into office c crutch P: Cont TA; Mgd ag ex SBCamPT2264	
8.21	9	S: have to keep moving; put down crutch, have pn. O: Supv'd TA per sheet A: ↑pn c/o today P: Cont TA SBCamPT2264	
8.23	10	S: Cont pn; using 1 crutch O: edema lat. pat / sup. to A.T.; TA per sheet; Pulsed 50% 1.4 w/cm² c dex. gel (L) paraspat. A/P see Proz report SBCamPT2264	
8.27	11	S: ↑pn med by 1° c nurse Pn 7/10 O: tenderness c edema sup to ant tub; warm to touch med'ly to pat; TA per sheet; Phonoph. 1.0 w/cm² (L) paraspat. A: Cont limp, ↓pn reported, Pn 6/10 P: Cont TA, modal. SBCamPT2264	
8.29	12	S: knee hurts all the time; very discouraged O: Nustep L4 x 10'; MFR med knee Phonoph. 1.0 w/cm² 50% dexgel (L) med jnt/sup knee. A: antalgic gait; ↓ tol torsion @ knee during Y/ER @ hip tender med. Mgd pool ex!! Also has PBP P: Plaqued to go to pool. SBCamPT2264	

08/29/2012 11:40 864-232-4728 CARR PT INC PAGE 03

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 1
7-11	2	S: took 2 on pills last night. a bottom leg were hurting - tightening - like feeling - maybe fr. bk?	
		O: Supv'd TA per sheet	
		A: no c/o w knee	
		P: Cont TA, CP @ home	SBCanPT2264
7-13	3	S: Went to pool last eve - did a lot / well. Bk is horrible can't std long periods.	
		O: Supv'd TA per sheet, √ 112	
		A: antalgic gait c cane / ges	
		P: Cont TA	SBCanPT2264
7-17	4	S: using leg more - am tired today; feeling a little more blue lately.	
		O: Supv'd TA per sheet	
		A: unable to do wall sit 2° pn	
		P: Cont TA	SBCanPT2264
7-20	5	S: ↑ BP - affecting tol to pt dg. Met staff if still.	
		O: Supv'd TA per sheet. CP x 15' (L) ant knee.	
		A: unable to perform prone hip ext 2° BP	
		P: Cont TA	SBCanPT2264
7-23	6	S: ↑ BP c post (B) leg pn; woke c very stiff knee. Have to sit to cook 2° BP c pt dg	
		O: Supv'd TA per sheet. Swelling prox-med. (R) lower leg below knee.	
		A/P see Prog Report	SBCanPT2264
7/25	-	PA called; CM to CX appt due to deaths in family - PD	
7-31	7	S: Saw M.D. - not happy about pn, persisting - new order.	
		O: Encourage ↑ ice during day - esp c ↑ act. levels. Supv'd TA per sheet. swelling lat - inf to knee c tenderness 50% US 1.2w/cm² (L) knee	
		A: ≥ 75% WB c crutch	
		P: Cont mod., TA	SBCanPT2264

Progress Note

Date	Visit	Patient Name: Kim Walker Page: 6
4/18	-	Pt called; cx'd appt; not feeling well; feeling light-headed; Rs'd for mon, 4/23 RE
4/18	-	VM f/ WC (Case IQ) to return call; Re: extension of expiration date for visits 31-33 RE
4.23	31	S: Still achy; doing more/more & knee - home and 3 HK BIW; driving OK. trying to use 1 crutch. US?: O: puffy prox ant tib area below knee. Nl stip. f/b WNL 9.2 w/cm² pulses & para knee x med. @ plate. TA per sheet. A: Cont'd pm; ↓ WB/antalgia c gait. P: Cont x 2 SBCarPT2264
4/30	-	Pt called; VM to cx PT per MD; had to see MD earlier & was told to D/C PT; called pt; she went to MD for earlier appt as was "in pain"; MD stated flexibility was good @ this time & @ next MD appt he will re-evaluate for next possible surgery. RE
5.2		D/C SBCarPT2264

Progress Note

Date	Visit	Patient Name: Kim Wacker	Page: 5
3.13	25	S: frustrated, down; went to Belk last night c daughter; can wear out, knee giving, ketter c NWB.	
		O: Supv'd TA per sheet c NWB strength ex.	
		A: Cont to touch gait per MD; good gd control.	
		P: Cont TA SBCauPT2264	
3/14	-	Pt called; cx'd appt (RR)	
3.15	26	S: went to EEOC yest; very frustrated c this /work	
		O: Supv'd TA per sheet.	
		A: Cont pm.	
		P: Cont TA SBCauPT2264	
3.19	27	S: see M.D. 3.22; ↓ pn c ↓WB	
		O: Supv'd TA per sheet.	
		A: Glad ↑WB during tx	
		P: Cont TA SBCauPT2264	
3/21	-	Pt called; cx'd appt; "sinus + allergies have me down" (RR)	
3.26	28	S: Saw Biasecki - pleased c ~~progress~~, little plans to do plate removal	
		O: Supv'd TA per sheet.	
		A: Unable to ambulate pn; wt shift fair to, fair tol c crutches	
		P: Cont TA SBCauPT2264	
4.3	29	S: Bk to M.D. 5.2; frustrated by pn - trying to use crutch in house.	
		O: Supv'd TA per sheet	
		A: Cont pn c WB	
		P: Cont TA SBCauPT2264	
4.11	30	S: ↓ WB → ↑pn; can't do anyth crutches for long	
		O: Supv'd TA per sheet. Act flex 115°.	
		A: ↑ ROM	
		P: Cont wkly until MD SBCauPT2264	

Progress Note

Date	Visit	Patient Name: Kim Walker	Page:
2.24	19	A: Some pn on Supp TKE - able to realign - ok. P: Cont TA S Olan PT2264	
2/27	-	A called @ 3:05 pm; LM to cx appt; was sleep, taking something to sleep & will not be awake to come to appt RE	
2.29	20	S: ↑ use of ice/meds 2° ↑ pn. See M.D tomorrow. O: Supv'd TA per sheet A/P See report S Olan PT2264	
3.2	21	S: M.D. pleased c alignment, may want to remove plate 2° pn; not to NWB for while - see form O: Supv'd TA per sheet. Clues for NWB (toe touch) A: able to perf ex s pn P: Cont TA S Olan PT2264	
3.5	22	S: Still painful; did lots of standing/walking Sat. O: Supv'd limited ex per sheet; tender medial prox leg - below knee A: no s/s pn P: Cont TA S Olan PT2264	
3.7	23	S: no word fr. workyet; am supposed to go back 4 HR/day on Fri. O: tender dist 1/3 d supp @ pat, ITB prox ant tib; ST mob to same - ↓bred tenderness & tenderness; crepitus c (L) knee ROM Supv'd TA per sheet. A: ↓ c/o to palp. P: Plan report. S Olan PT2264	
3.8	24	S: sore and achy. Pt to report to RTW 2° restrictions O: Supv'd TA per sheet A: mm c/o c ex.; Pt obsessing re: impending job loss P: Cont TA S Olan PT2264	

Corvel Capture 2/16/2(

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 3
2-3	14	S: walking further c more confidence	
		O: Supv'd TA per sheet c Δ's.	
		A: good equal stance c heel raises	
		P: Cont TA	SBCamPT2264
2-7	15	S: ↑ pn c ↑ walking. Worse today!	
		O: Supv'd TA per sheet c 75% WB ◊	
		A: able to effect ↑ WB s c/o	
		P: Cont TA	SBCamPT2264
2-8	16	S: ↑ soreness c ↑ WB See M.D 2.16.	
		O: Supv'd TA per sheet. Ret √98.	
		A: able to squat evenly c cues; tends toward hip ER c everything.	
		P: Cont TA	SBCamPT2264

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Corvel Capture 2/8/201

Date	Visit	Patient Name: Kim Walker	Page: 2
1.13	7	S: not sleeping even c ankle ice. Did CPM prior to P.T.	
		O: MHP s/b TA per sheet	
		A: ↑ brace to 45° ✓; good quad control; issued OTB for home	
		P: Cont TA SBCamPT2264	
1.16	8	S: stuck @ 90° CPM - soreness; breathing better s lowering.	
		O: Progressed TA per sheet.	
		A: able to reach 80° c chair slide	
		P: Cont TA SBCamPT2264	
no	-	Pt called; cx'd appt due to lack of transportation	
1.23	9	S: Have aide/nurse to help now c ↑ pain. Pleased c ↓ soreness; M.D. order to be FWB c crutches in 4wks.	
		O: Progressed TA per sheet. scar mobs. ✓ 85°.	
		A: Pt placed on steroids for swelling per MD	
		P: ↑ scar mobs @ home SBCamPT2264	
1.25	10	S: Steroids helping. Did scar mobs	
		O: ↓ edema L knee: more definition around pat; Sup TA per sheet c Δ's.	
		A: ✓ 85°. brace ✓ moved to 75°	
		P: Cont TA; fully open brace. SBCamPT2264	
1.27	11	S: ok; not being CPM as much	
		O: Sup'd TA per sheet; ✓ 88/93 c slight OP. Opened brace to 105°.	
		A/P Prog report. SBCamPT2264	
1.30	12	S: OK	
		O: sup'd TA per sheet. Gait 50% WB s brace.	
		A: ✓ 95°	
		P: Cont TA/quit SBCamPT2264	
2.1	13	S: some ft/ankle edema last eve sitting @ game	
		O: Sup'd TA per sheet.	
		A: good gait c cues	
		P: Cont TA SBCamPT2264 435	

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 1
12 22	2	S: Cath. removed; saw Piasecki – pleased Ret in 2wk. Dang meds, CP.	
		O: Rev'd flsheet; added isomet HS, ~~hip~~ ✓; SLR c brace	
		A: good grasp of ex	
		P: Cont TA p hold drop SBCauff 2264	
1.3.12	3	S: 1° soreness; ~~pn~~ ↓ knee: 70° ✓ on CPM.	
		O: opened brace 30° ✓; isomet HS 2 ways SL hip abd c brace x 10, heel slide f/b OP c oppft, repositioned brace @ proper level; gait toe touch WB per protocal; AA ext – 1 to given	
		A: excellent progress; going; quad control	
		P: Cont TA per M.D protocal SBCauff 2264	
1.6	4	S: doing well – pleased; assn more pn p. OP c heel slide; CPM ~~Data~~ open to 75°. Ret to MD 2wk.	
		O: TA: gd sets; seated ✓ c OP act c AA ext; isomet HS 2ways; SLR c brace; flex 60°	
		A: surg site clear well, ↓ edema; mild ext lag.	
		P: Cont TA SBCauff 2264	
1.9	5	S: seeing G.P. today re: tightness in chest CP 8/10	
		O: MHP x 15'; gd sets 10" x 10; isomet HS 2ways 10" x 5 heel slide; seated knee ✓ c OP/act (AA) ext c ~~@~~; SLR c brace	
		A: improving mild ext lag	
		P: Cont TA SBCauff 2264	
1/11	–	Pt called; will be ex today appt; various reaction to meds @	
1.13	6	S: off injection for Bell palsy. (+) clots per US; may be making me sick/dizzy per M.D. knee is sore.	
		O: MHP f/b TA per sheet.	
		A/P Progress report. CPM f/b CP & P.T. SBCauff 2264	

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Corvel Capture 11/28/2011

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 1
10-14	2	S: good/bad times.	
		O: Supv'd TA per sheet, gait cues	
		A: min pn	
		P: Cont TA SBCarPT2264	
	3	S: sore! c pn pPT; gradually easing; CP helps.	
10-17		O: Supv'd TA per sheet	
		A: flex 103°; overall no c/o c TA; Bike challenging.	
		P: Cont TA SBCarPT2264	
10-19	4	S: a little down today.	
		O: Supv'd TA per sheet	
		A: no c/o c bike.	
		P: Cont TA SBCarPT2264	
10-24	5	S: out more, in/out car; no ice; feels like it will break; did some vacuuming; pushed couch also.	
		O: Supv'd TA per sheet. Pt also remembered neice sitting on lap. flex 115°	
		A: excellent ROM. ↑ act. likely cause of ↑ c/o.	
		P: Cont TA; CP@home. SBCarPT2264	
10-26	6	S: pn ~ 6/10 s meds; hurts med'lyn when WBing. Getting up-down is hard; using crutch less. See M.D. Tues 11-1.	
		O: Supv'd TA per sheet	
		A/P See Prog report SBCarPT2264	
10-31	7	S: more popping catching. Took 2 tylenol p.m. Sat eve; got very stiff c sitting; ↑ anxiety; med pn. Sio to MD tomorrow	
		O: Supv'd TA per sheet.	
		A: Cont antalgic gait c ↓ WB	
		P: Cont p MD SBCarPT2264	
11-2	8	S: To have osteotomy & cast. t'plant per M.D.	

Cont SBC

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11/02/2011 12:21 864-232-4728 CARR PT INC PAGE 04

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 1
12-3	2	S: Stayed home day it rained - just couldn't get out of bed O: Weight under (R) G.T. glute, LS 1/sp; STM abs to gr ESTIM LS 1/sp → (L) glut/piri 20' Encouraged pool! A: Muse Weight c ↓ act levels P: Needs to walk in pool; Cont PT SB Carr PT 226	
12-8	3	S: Haven't been to pool; finishing sinusitis - better. Saw Dr. Cordas for (R) knee inj. x 1 day; (-) arth, getting MR. Ramadol for knee helps me rest; ↓ intensity near "bottom" O: Supv'd TA: LTR x 5, bridge x 8; POE 10s x 5 prone hip ext x 10 S.L. hip abd x 10; STM abs LS → (R) glute; (L) pelv rock/mob A: ↓ tenderness (L) SI/bae; trunk ✓ less painful P: Cont man, TA SB Carr PT 2264	
12-9	4	S: Felt much better until out in cold. (L) knee achy painful today. O: Supv'd TA: LTR x 6, bridge x 20, hip abd S.L. x 12, prone hip ext x 12; Pelvic/lumb mobs. A: limping 2° pn P: Cont TA, man; Begin pool. SB Carr PT 2264	
2-14	5	S: Can live c pn in bk but pn in lower leg is terrible Can get up/down easier; bk is better; went to pool but unable to get in as closed f/ 'child accident' O: Supv'd TA: LTR x 6, bridge 5s x 8, S.L hip abd x 15; POE 15s x 3, STM abs TLS → (R) glute/hip A: ↑ ease + flex P: Cont x 1 Get to Pool! SB Carr PT 2264	
2-17	6	S: P.T. has helped; healing if don't do HEP I'll be in same boat, think I can manage better @ home c office being closed for 2wks. Use pillows for support; can't sweep/pn O: Supv'd TA: LTR x 7; bridge 5s x 8, SLR x 10, S.L. hip abd x 15. prone hip ext x 15; S/S (R) SI; STM abs LS/lop, hip. A/P See D/C SB Carr PT 2264	

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Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 2
11-4	6	S: cont. pn; Dr. Cordas gave 2 options: cell/bone implant OR part. TKA - wants 2nd opinion; woke last night c knee on fire. O: Nustep L2 x 5'; TKE x 20, SLR x 15 c PBT; S.L hip abd x 15; Pulsed 1.2 w/cm² ⓛ para pat c bio-f. A: Limited benefit at this time c P.T.; Inj has regressed P: DC knee c likely addit of Sx Consult 2nd	

Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 1
10.20	2	S: apt sore but no more than expected. Took antiinfl O: Nustep L3x10'. TKE x 20; SCR x 10 (11 pm); heel slides x 15, S.L Rip abd x 15. Very tender t/o quad, gracilis pes anserinus/tendonosis: STM apb to same A: (L) quad still less than (R); able to walk c Vlamp c T cane. P: Cont TA, man SB Cavitt 2264	
10.27	3	S: Has been limping last couple days; pain is getting some; on meds/sleep meds seem necessary to sleep. See Cordas 11.2. On up leg. Worse c rain. O: Nustep L3 x 9'; STM apb: med knee → quad; LDT: inguinal A: (L) leg remains lg to under med. knee; tender med. knee, mild limp; ? lymph blockage P: Cont main TA SB Cavitt 2264	
10.29	4	S: more pain; only Δ as per Dr. Vann: walking more. O: (L) girth suprapat 54.5 cm / (R) 51.5 cm; tender med. > lat knee; Nustep L3 x 6; heel slides; side-to-side wobbling apt c pain. LDT: (L) inguinal → knee. A: (L) knee girth 53.5 c LDT, cont antalg gait P: Wait for auth to address BP / burrodes pain order. Cont Ky (L) knee SB Cavitt 2264	
11.1	5	S: limited walking bef pain elevates. more pain than ache med'ly again. See Dr. Cordas tomorrow. O: Nustep L3 x 8' (not on today); (L) girth suprapat: 52.0 STM apb (L) mid lower leg, knee, quad A: very tender med > lat tibial plateau/condyle. P: Cont c input fr. M.D. SB Cavitt 2264	

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Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 4
1·8	17/18	Unit: ped x kipping 20'x2, bwd jog 20'x2, long step quick; Ball toss R: 1° limitation is c/p pain; Some soreness; mild ↓WB. Rec'd L.T. need for KEP for strength/endurance, P: Cont+I Sandy Brook Ant T2264	

492

Progress Note

Date	Visit	Patient Name: Ken Walker	Page: 3
12.18	12	S: Stiff now; get on c plant/toes/ankle mvmts. Mel clear on wrist.	
		O: Supv'd TA per sheet	
		A/P See Prog note Sandy Brooks Carr PT 2264	
12.28	13	S: only one episode when feet like it would buckle. ↑ BP.	
		O: cont'd side wobble c gait (↓ time (L) WB); Supv'd TA per sheet.	
		A: Visual cues for gait; tol ↑ wt s dep.	
		P: Cont TA Sandy Brooks Carr PT 2264	
12.30	14/18	S: Stamina very low aft 11 mo on limited act.	
		O: Supv'd TA per sheet	
		A: excellent step strategy c ball toss; easily reverts to limp s focus.	
		P: Cont TA Sandy Brooks Carr PT 2264	
1.4.10	15/18	S: access. sense of hyperext s buckling	
		O: Supv'd TA per sheet.	
		A: improved gait pattern & step strategy c/out. > 11 mo!	
		P: Cont x 3 Sandy Brooks Carr PT 2264	
1.6	16/18	S: was reaching up into closet, stepped bk & twisted knee - painful since (8 Hrs ago) ~~pain~~ anterolat, walked a lot.	
		O: tender anterolat pat, ↓ WB (L) - pt very anxious. CP x 10 TKE to 45° - fair; Progressed TA per sheet, c edema/limp.	
		A: slight ↑ limp; pt more confident c d/c "soreness only. Advised Hot/ice; pt acknowledges "mental" hurdle s 11 mo.	
		P: Cont x 2 Sandy Brooks Carr PT 2264	
1.8	17/18	S: Should I be doing long walk distance @ work; find myself limping if try to walk quickly.	
		O: Supv'd TA: Nu step 3 x 11'; Squats x 12/deep x 3; march 20' x 2, heel-toe walk 20' x 2; (L) leg/bal Bl. disc 10" x	
		Cont: BBC	

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Progress Note

Date	Visit	Patient Name: Kim Walker	Page: 2
12.3 Cont	6	↑ pn c rain/cold & recently, c ↑ WB. O: Supv'd TA per sheet. Advised CP work/home A: mild ↑ temp over ant knee. See Prog note P: See Prog note Sandy Brook Cert 2264	
12.4	7	S: Bn level has been ↑ since pain; strained c walking in bed last night; fearful on wet floors c crutches. O: Supv'd TA per sheet. Pulsed 1.1 w/cm² US (L) para knee A: Good; OT reported feeling better mentally also P: Cont TA Sandy Brook Cert 2264	
12.7	8	S: Leg is achy above knee & some in calf; distal gd & hard. O: Supv'd TA per sheet; hard distal gd, warm @ knee circumf. over pat (R) 48 (L) 49.5; 10cm above (R) 60 (L) 61.5 A: Hardness in gd, ↓ achy P: Cont TA Sandy Brook Cert 2264	
12.9	9	S: Have been trying to put FWB c crutches as per MD (today). Wearing (L) wrist splint per MD - ordered MRI. O: Supv'd TA per sheet. Instructed - quit FWB c crutches A: Some discomf FWB but good form. P: Cont TA. Sandy Brook Cert 2264	
12/11	-	Pt called; cx'd appt; sick w/ sore throat, fever, chills; sch'd for Mon, 12/14 - PP	
12.14	10	S: Swelling in leg has gone down some; a little ache post (L) knee; Rec'd MRI today (L) wrist. Still complaining. O: Supv'd TA per sheet A: needs cues for quit FWB, slight ↓ WB P: Cont TA Sandy Brook Cert 2264	
12.16	11	S: a little pain; used crutches a little; wet @ home; iced O: Supv'd TA per sheet. A: tender below knee c mild swelling ↑ response c quit FWB P: Cont TA Sandy Brook Cert 2264	

Progress Note

Date	Visit	Patient Name: Kimberly Walker	Page:
11.20	2	S: (R) > (L) forearm pn esp c pro/sup; (L) knee is "sore". O: tender (R) > (L) forearm, pn c pro/sup; grip prfu Rec'd HEP; US Pulsed 1.1 w/cm² (L) knee. Advised CP to arms A: mild. soreness c crutches; pt fatigued pn appetite P: Cont TA, man, US Sandy Brooks Aud T2264	
11.23	3	S: s'd position of hand on crutches & they feel a lot better; did ice knee; knee is "achy". MD reached 11.25. O: Nustep L1 x10' seated TKE x 25; dyn HS x 20, achilles st in long sit 30"x3, prone HSC x 15; gd set 5s x 20; Pulsed 30% US (L) para knee; instructed gentle mass. dist. incis. @ adhesion; heel slide x10. A: good mobility in incis x dist.; J pn P: Cont TA Sandy Brooks Aud T2264	
11.24	—	TC f. pt. - slipped on porch / just leaves have Rt (L) arm - will have x 1 sup in a.m. — SBC	
11.25	4	S: (-) fx's, strained (L) wrist; MD said 50% WB due to pain O: mild edema (L) wrist, prg pro/sup, OK √1. Sig'd TPs for Instructed pt c 50% WB; disc'd pool walking; wrist ROM A: good quad contraction P: Cont TA, 50% WB c crutches Sandy Brooks Aud T2264	
11.30	5	S: think overdid it over wk end. Ret. 4 HC tomorrow O: Sup'd TA per sheet; Pulsed US 1.1 w/cm² (L) para knee A: good control P: Cont TA; Begin 4 H.L.D. Sandy Brooks Aud T2264	
11.30	—	TC f Case Mgr - send Req Rep f restrict — SBC	

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Martin & Martin Attorneys, P.A.

724.5 721.3
729.1 724.5
719.46 722.52

VerNova, Inc
Evaluation Form

Clinic: Serenity
Evaluator Name: T Lo
Title: PT
Signature:

Address:
Phone:
Fax:

Date of Eval:
Start of Eval:
End of Eval:

Claimant Information ☐ Any Occ ☐ Own Occ from ___ Job Description ___ DOT ___ Self Report

Claimant Name: Kimberly M. Walker
SSN:
Address:
Gender: ☐ Male ☑ Female
DOB:
Dom Hand (R)
Phone:
Height: 5'4
Weight: 230
BP: 130/93
Pulse: 81

Employer: SunBelt Human Advancement + State Accident Fund
Job Title: Family Partnership Facilitator
Address:
Contact:
Education:
Phone:

Comment:
Surgery 2011 → Initial present. - persist. knee pain (L) c WB mechanism sitting inchair when twisted and stuck (L) knee against coworker

DOI 2/19/09 WCC: 0901375

Intake Interview: 2nd surg
(L) knee arthroscopic surgery (chondroplasty / proximal tibial bone graft
D.O.S
LDOW: Sept 23 2011
→ steroid injection

History: (hyA / uronic injections)
Arthroscopic (L) knee June 15 2012
Grafts June 15 2012
Remove implant June 15 2012

Injury-

Therapies- 6 weeks
1 YMCA
Current PT
Previous

Medications-

1st Surgery 9/26/11
- (L) knee arthroscopy, chondroplasty medial femoral condyle, Ant fat pad plica resection c synovectomy 2 compartment
- Autologous chondrocyte implantation - biopsy

8/10 → 4.5/10 current pain

Employment-

Education- Suffered Ant blow to knee while on the job → simple debridement and microfracture done 2009 (2 mo) initial
Followed by revision cartilage procedure October 2010 → Arthroscopy c debridement 2010 (March 30th)

7/10 → 9.3/4/10 (L) knee

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Dr. Jyoti Matn = Pain management
Dr. Dana Piasecki = Knee

P612
P560

PATIENT INFORMATION

Social Security Number: _____ Date of Birth: _____

Home Phone _____ Cell Phone _____ mail Address: kwalker2154@bellsouth.net

Patient Name: Walker (Last Name) Kimberly (First Name) McKinney (Middle Name)

Responsible Party (if minor): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ☐ M ☑ F

Race: (circle) Caucasian / African American / Hispanic / Other: _____

Marital Status: ☐ Married ☐ Single ☐ Separated ☑ Divorced ☐ Widowed

Patient Employer: _____

Occupation: _____ Employer Phone Number: (___) _____

Spouse (or Responsible Party) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (___) _____

Primary Insurance
Insurance Name: Al Martin Law Group

Address: _____

Insured Name: _____ Insured: _____ Self _____ Spouse _____ Parent

Policy #: _____ Group#: _____

Insured Social Security #: _____ Insured Date of Birth: _____

Secondary Insurance
Insurance Name: _____

Address: _____

Insured Name: _____ Insured: _____ Self _____ Spouse _____ Parent

Policy #: _____ Group #: _____

Insured Social Security #: _____ Insured Date of Birth: _____

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Primary Care Physician

_____

MEDICAL/SURGICAL HISTORY

A. Please list all surgeries that you have had:

10 Knee surgeries - 2- Scopes (2) Cartilage Transplants Including realignment (1) Hardware removal Rhizotomy

B. Please check if you have ever had or have one of the following:

- ☑ Arthritis
- ☑ Broken bones/fractures
- ☐ Seizures/epilepsy
- ☐ Osteoporosis
- ☐ Allergies, if so what kind

_____

- ☐ Diabetes or Low blood sugar
- ☐ Lung Problems
- ☑ Thyroid problems
- ☐ MS, ALS, etc.
- ☐ Cancer
- ☐ Ulcers/stomach problems
- ☑ Depression or Anxiety
- ☐ Heart Surgery
- ☐ Circulation/vascular problems
- ☐ Head injury
- ☐ Infectious disease
- ☐ Other _____

C. Do you currently have a pace maker or any metal in any part of your body? If yes, then where? ND

_____

MEDICATIONS

Are you currently taking any medications? (Prescription or Non-prescription)

☑ Yes ☐ No

If yes, please list prescription name, dosage, and frequency

Aleve, Ambien 10 mg at bedtime as needed, Flexeril, Celexa, Zyzal, Tylenol PM

12/1/2010

Doctors Care Berea
6704 White Horse RD
Greenville SC 29611

Wilson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Dr
Greenville SC 29607

To Kira

Office notes: 02/21/2009

Three episodes seemingly minor trauma. banged on desk, twisted and couched for baseball practice. Now complains of left knee pain and swelling.

Exam_ swollen and tender over distal hamstrings and over retinacular ligaments.

DX: Left knee strain

Given ace wrap and crutches.
Off work 02/21/2010-02/23/2010
No use of left leg 02/24/2010-02/26/2010

RX: Lortab and Diclofinac for pain.

Sincerely,

Kurt Gandenberger MD 12-1-10

Kurt Gandenberger
MD

449

P615
P563

EXAM ROOM TIME 5:21

DOCTORS CARE

CHECKOUT TIME 5:58

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
81513	02/21/09	05:13pm	DC BEREA,	457125

NAME & ADDRESS
SATURDAY
WALKER, KIMBERLY

DOB: (1 years)
GENDER: F

CELL:

WRK:
INSURED: WALKER, KIMBERLY RELATION: SELF
INS: BLS/PLANNED ADMINISTRATOR
REASON: *DEMAND*
NICKNAME: COPAY: 20.00

INSURANCE BALANCE	$0.00
ACCOUNT BALANCE	$3.00
CURRENT CHARGES	3.00 Bal
AMOUNT PAID	20.00 copay
NEW BALANCE	

CASH	CHECK	M.O.	C.C.
	41289		

HISTORY: (- or +, or details)

Personal Hx	Family Hx	Social Hx
DM	DM	Alcohol
HTN	HTN	Tobacco
CV	MI<50	Drugs
CA	CVA	Reg.Exer.
Surg	CA	Occup.

Prev. chart rev., no sig chg _____ Above Hx reviewed ___

ROS (/ or O)
Fever, Chills
N, V, D Constip.
SOB, CP
Headache, Fatigue
Uri Sx, 9 Compl

PREVENTIVE (year of last)
Circle recommendations

Tetanus	Women	Men
Cholesterol	LMP	PSA
Colonoscopy	PAP	Rectal
Flu Shot	Mamm	
Pneumovax	BMD DEXA	

Allergies: SIC

Medications: SIC

WGT	BP	Pulse	Resp	Temp
220	129/90	74	18	97.3

Chief Complaint: Q knee pain

PHYSICAL: (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)
- ☐ General
- ☐ HEENT
- ☐ Neck
- ☐ Nodes
- ☐ Lungs
- ☐ CV
- ☐ Abd
- ☐ Back
- ☐ Ext
- ☐ GU
- ☐ Neuro
- ☐ Skin/Breasts

HPI (4 items): 3yr/s/o pe w/ mva trauma - bruised and deep tender area reported for baseball practice. - now to @ one place under lat - swollen - tenderness distal hamstring and over retinaculum lateral

Tests/Labs: (in-house)
- ☐ CBC
- ☐ Strep
- ☐ Mono
- ☐ U/A

☐ Labs - sent out
- ☐ H-Pylori
- ☐ FBS
- ☐ U Preg
- ☐ Heme

- ☐ Microalbumin
- ☐ HbA1c
- ☐ KOH ☐ IV
- ☐ Wet Prep

- ☐ EKG
- ☐ X-Ray
- ☐ Inject / Rx

ASSESSMENT / DIAGNOSIS/ES:
(L) knee strain E988.9 844.9

- ☐ Patient Care Instructions Discussed:
- ☐ Lifestyle Modification

Date to Return:
- ☐ If worse: _____
- ☐ If not better: _____
- ☐ For Follow-Up: _____

Go to ER if:

Off Work / School Restrictions: & NO WORK 2-21 to 2-23 &

Referrals, Tests, Treatments: ICE + Elevate x 3day, ACE + Crutches I use, RC codeine only when in pain

Prescriptions / OTC Meds Side Effects Discussed

PSR Notes: 99214-126-1, 99051-40C1, E0114-NU-T

243.00

Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.

Staff: D. Herrera CMA _____ M.D., D.O., P.A., F.N.P.

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctor's Care Notice of Privacy Practices.
3. I authorize payment of medical benefits to Doctor's Care physicians or their designees for services rendered.

Patient or Authorized Person's Signature: X Kim Walker Date: 2/21/09

4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: _____ Date: _____

450

Return-To-Work Waiver

Kimberly Weaver
Employee's Name

2/24/09
Return to Work Date

Medical
Nature of Illness/Injury (if requested)

2/24/09
Dates of Care

Work Status ☐ Light Duty ☐ Full Duty

Comments: 2/24 - 2/26 - no use of left leg per Dr. Gandenberger *

Gandenberger M.D.
Clinician

DOCTOR'S CARE/BEREA
Center
6704 WHITE HORSE ROAD
GREENVILLE, SC 29611

294-1392
Phone

2/24/09
Date

Release Information to Employer: YES NO

Patient Signature

[MED-F004-(12-07)]

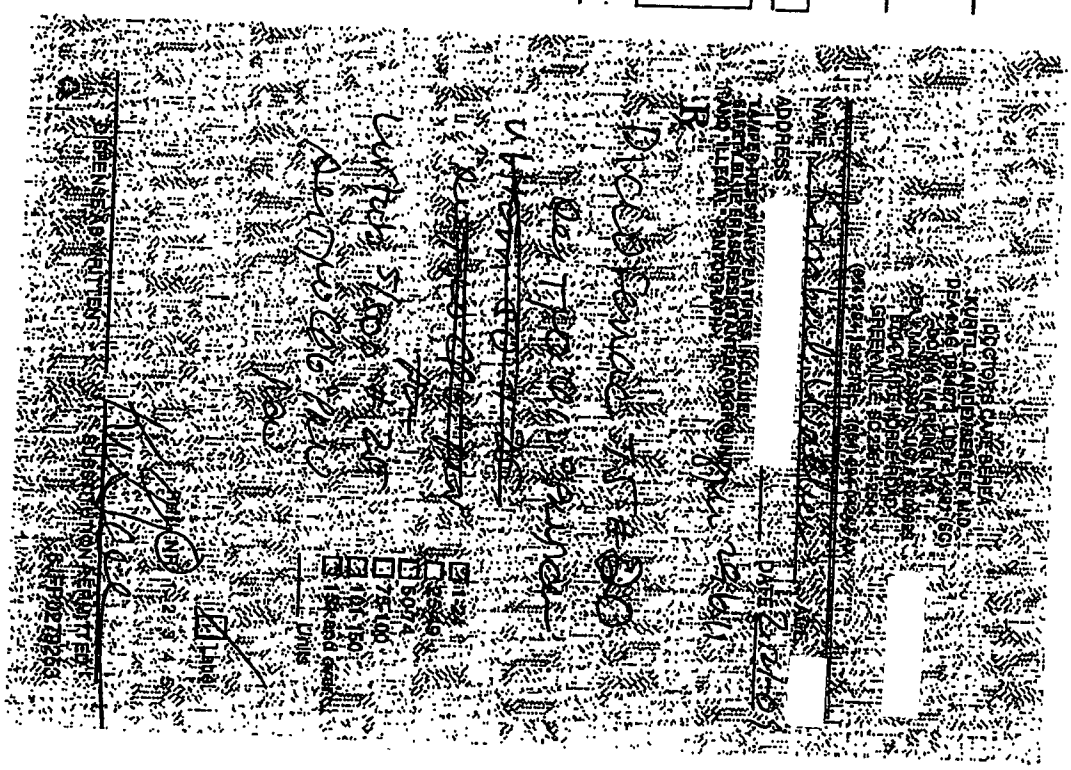
Doctors Care

Factive®
gemifloxacin mesylate tablets

Kimberly

ICE + Elevate 3 days
ACE + Crutches x 1 week
No Clotenac every 12hrs
Tylenol
Flu in week if not
all better

factive.com



6:02

EXAM ROOM TIME

DOCTORS CARE

CHECKOUT TIME

1612

ACCOUNT NUMBER	DATE	TIME		TICKET NO
81513	12/31/07	05:40pm	DC BEREA,	233413

NAME & ADDRESS MONDAY

WALKER, KIMBERLY

DOB: (years)

GENDER: F
FCL: 3

WRK:

INSURANCE BALANCE $0.00
ACCOUNT BALANCE $0.00
CURRENT CHARGES
AMOUNT PAID 20.00
NEW BALANCE

CASH	CHECK	M.O.	C.C.
	3924		

INSURED: WALKER, KIMBERLY
INS: BLS/PLANNED ADMINISTRATOR
REASON: *DEMAND*
NICKNAME:

RELATION: OTHER
GRP: 630

COPAY: 20.00

HISTORY: (- or +, or details)

Personal Hx	Family Hx	Social Hx
DM	DM +	Alcohol —
HTN	HTN +	Tobacco —
CV	MI<50 —	Drugs —
CA	CVA —	Reg. Exer. +
Surg +	CA +	Occup.

Prev. chart rev., no sig chg ____ Above Hx reviewed ____

ROS (/ or O)

Fever, Chills
N, V, D Constip.
SOB, CP
Headache, Fatigue
UTI Sx. ~~& Compl.~~

PREVENTIVE (year of last)
Circle recommendations

Tetanus	Women	Men
Cholesterol	LMP Hyst	PSA
Colonoscopy	PAP	Rectal
Flu Shot	Mamm	
Pneumovax	BMD DEXA	

Allergies: Morphine

Medications: Wellbutrin XL

Wt 232	BP 142/76	Pulse 78	Resp 16	Temp 97.0

Chief Complaint: L. knee pain

HPI (4 items):

PHYSICAL: (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)

- ☐ General
- ☐ HEENT
- ☐ Neck
- ☐ Nodes
- ☐ Lungs
- ☐ CV
- ☐ Abd
- ☐ Back
- ☐ Ext
- ☐ GU.
- ☐ Neuro
- ☐ Skin/Breasts

NMS pain
① knee drain Rx
ck meds

Tests/Labs: (in-house)

- ☐ CBC
- ☐ Strep
- ☐ Mono
- ☐ U/A
- ☐ Labs - sent out
- ☐ H-Pylori
- ☐ FBS
- ☐ U Preg
- ☐ Heme
- ☐ Microalbumin
- ☐ HbA1c
- ☐ KOH ☐ IV
- ☐ Wet Prep
- ☐ EKG
- ☐ X-Ray
- ☐ Inject / Rx

ASSESSMENT / DIAGNOSIS/ES:

Tendinitis ① Knee

DB

- ☐ Patient Care Instructions Discussed:
- ☐ Lifestyle Modification

Referrals, Tests, Treatments

① See Rx

Prescriptions / OTC Meds
Side Effects Discussed

Date to Return:

- ☐ If worse: ____ ____
- ☐ If not better: ____ ____
- ☐ For Follow-Up: ____ ____

Go to ER if:

Off Work / School

Restrictions:

PSR Notes:
99203: 142.00
99051: 40.00
182.00

Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.

Staff: D Reeves DB

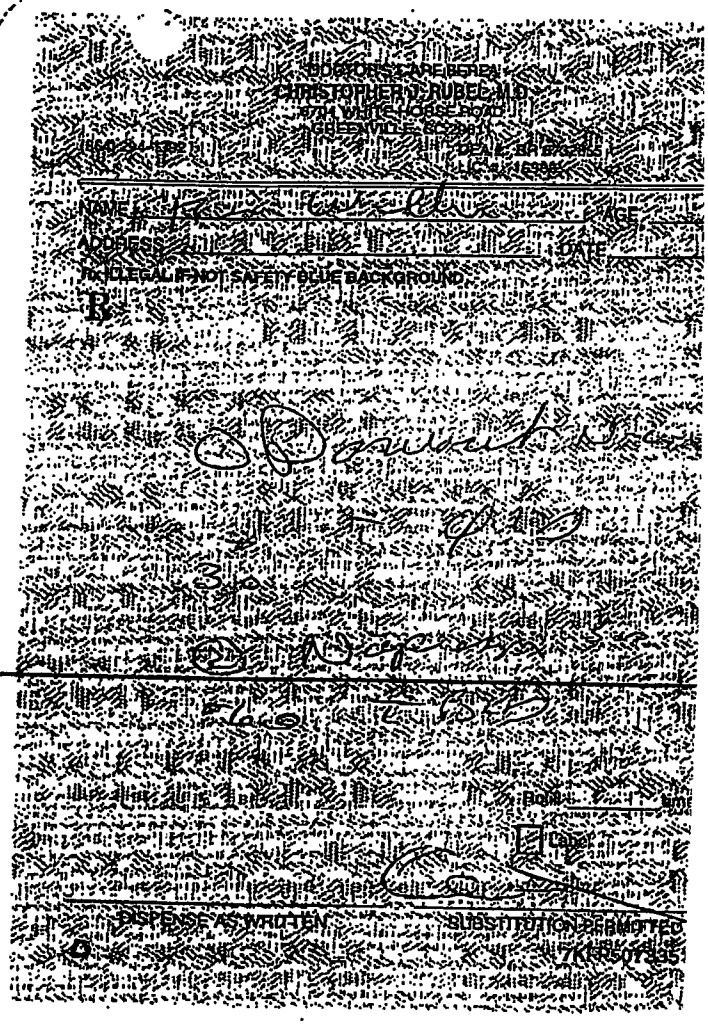
1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health c professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctor's Care Not of Privacy Practices.
3. I authorize payment of medical benefits to Doctor's Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature: X Kimberly Walker Date: 12/31/07

4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical reco and the treatment I have received or will receive.

Patient or Authorized Person's Signature: ____ Date: ____

452


DOCTORS CARE
CHRISTOPHER D. RUBEC, M.D.
NAME
AGE
ADDRESS
DATE
ILLEGAL IF NOT SAFETY BLUE BACKGROUND
Rx
DISPENSE AS WRITTEN
SUBSTITUTION PERMITTED

453

Chief Complaint: Knee pain
Onset Date: 02/19/2009

CC: Left knee pain.

The patient was doing well and started getting some pain. She's had no fevers or chills. It is worse with some activities. She has no calf pain. She's not noticed any loss of ROM or pain involving the hip or groin.

Both knees are very stable and her NV is intact. There is no effusion. She has some tenderness medially. There is not a lot of crepitation. Stable with varus and valgus stress and her NV is intact and her gait looks fine.

X-RAYS: Two views of the left knee showed some mild osteopenia but no occult fractures or loose bodies.

X-RAY IMPRESSION:
NO FRACTURES OR LESIONS BUT MILD OSTEOPENIA OF THE LEFT KNEE.

PLAN: I don't see anything that looks like she has an inflammatory type arthritis. She does not have a lot of effusion today. I told her with this procedure I think an MRI would be difficult to determine any healing but I think if she keeps having pain I'd like to arthroscope her knee and evaluate the defect and see if she has good healing at this point since it has been over six months and would only consider chondroplasty or other type surgery based on findings. Risks, benefits and expectations discussed and she would like to proceed.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA

Procedures Performed:

Description	Related Diagnosis	Units
XY - 73560 Knee 1-2 views	717.7	1

Followup:
Visit Code: *99213 EST Expanded Problem Focused

Followup visit requested: surgery required

[Reviewed and signed off electronically by John R Vann MD on Jul 27 2010, 1:18 pm]

454

Encounter Note by John R Vann MD (DOS: 07/20/2009) **Corvel Scan Date: 8/5/2009**

Walker, Kimberly

Chief Complaint:
Onset Date: 02/19/2009

CC: Left knee pain.

HPI: Still has some pain involving the knee medially. She has a little bit of pain involving the right knee and I suspect she's getting some degenerative change there as well. She is just working a few hours a day which seems to be working out well.

PE: She has good ROM. She is tender medially on the left knee. Her calf is soft, nontender. There is no hip spasm. She has pain along the medial right knee as well.

RADIOGRAPHS: Two views standing of the left knee reveal narrowing of the medial compartment.
RADIOGRAPHIC IMPRESSION: Degenerative changes of left knee today.

IMPRESSION: DEGENERATIVE ARTHRITIS, LEFT KNEE.

PLAN: I talked to her about her options and problems at her age. I think she should try hyaluronic acid and see if this helps. I talked to her about surgical options.

JRV/cwr

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	715.36 - OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
XY - 73560 Knee 1-2 views	715.36, 717.7	1

Followup:

Followup visit requested: HA shots

[Reviewed and signed off electronically by John R Vann MD on Jul 24 2009, 1:50 pm]

455

Walker, Kimberly

Chief Complaint: Knee pain
Onset Date: 02/19/2009

No excess pain denies fever, calf pain
Good ROM, calves soft, portals look fine
Activities discussed, call for increased pain swelling, fever
Findings expectations discussed
Less pain progress FWB 2 weeks
Jrv

ADDENDUM:

CC: Left knee pain.

The patient was doing was using her crutches and slipped in some water at a restaurant this weekend and she has some pain along the medial aspect of the knee. She does not have a lot of calf complaints.

She has good motion of her hips and knees and just trace of an effusion of the left knee. Her calf is soft and nontender. She overall has good ankle and subtalar motion and mild antalgic gait. Her NV is intact.
She, overall, has no gross instability and I talked to her about her options.

X-RAYS: Two views of the left knee show no fractures or lesions.

X-RAY IMPRESSION:
NORMAL X-RAYS OF THE LEFT KNEE TODAY.

I talked to her about her options and most likely she just had a mild flare. I told her she still could have some meniscal pathology and would not recommend an MRI at this time. She is going to continue with the therapy and call for any change in pain. I'll check her in a few weeks unless there is some change.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
XR - 73562 Knee 3views	719.46	1

FollowUp:
Visit Code: *99024 Post op, *99212 EST Problem Focused

Followup visit requested: 4 weeks

[Reviewed and signed off electronically by John R Vann MD on May 17 2009, 9:11 am]

456

KIMBERLY WALKER SSN 10/01/2009

HPI: Cough, sore throat, right ear pain a couple of months. Slight swelling in the right neck. History of hyperthyroidism.

O: T 97.6. BP 130/84. HEENT: Benign. NECK: Supple. LUNGS: Clear. NECK shows what appears to be a small goiter on the right. TSH drawn. Thyroid ultrasound scheduled.

A&P: 1. Allergic rhinitis. Astepro. Xyzal.
2. Goiter. Check TSH and thyroid ultrasound. (EJF/jlj) CF

KIMBERLY WALKER SSN 10/22/2009

HPI: Urinary frequency. Small amount, scanty amount. Decreased water intake. More Pepsi than normal. She saw T. Fleming Maddox. She is on Elmiron. She has not seen him in a while.

O: T 97.7. HEART: RRR. LUNGS: Clear. UA is negative. Culture sent.

A&P: Dysuria. Discontinue caffeine. Increase water. Check culture. Call Monday. (EJF/jlj) CF

KIMBERLY WALKER DOB: SSN: 5 02/04/2010

S: Kimberly is here today because she has had more than a week of congestion, headache in the frontal and area on top of the head. She has taken some over-the-counter sinus tablets. She has a sore throat. No fever; no body aches. She has had some chills. She has difficulty differentiating when this actually started because she has some chronic allergies and chronic congestion.

O: Weight 242. Temperature 97.1. Blood pressure 130/88. HEENT reveals nasal congestion, edematous nasal turbinates. Sinuses are tender bilaterally in the frontal and maxillary area. This is increased with forward flexion. The TMs are normal. Lung fields were clear. Rhythm and rate regular. Abdomen was soft and nontender.

A: Sinusitis.

RX: Omnicef capsules b.i.d. for 10 days. She also told me that she will need something to treat yeast. I have written for Diflucan 150 mg prescription, dispense #2, one initially and then one three days later. She will let me know if she has any problems. (BH/jlt/bts) BH

CF

4-2-10 Xyzal 5mg 1qd #30 NR Drk/SD

KIMBERLY WALKER SSN: 04/22/2010

HPI: Patient has been tired, fatigued, out of energy. Eye drainage. No fever, cough or shortness of breath. Slight increased heart rate. Dry cough. Allergies. History of interstitial cystitis. Similar symptoms have returned. No blood in the urine, cloudy urine, fever or back pain.

O: Weight 236. Temperature 97.2. Blood pressure 132/86. Eyes, ears, nose and throat are benign. Neck is supple. Lungs are clear. Heart has a regular rate and rhythm. CMP, CBC, TSH drawn. UA is negative. She is on Xyzal 5 mg a day, Astepro 0.15% daily. Sinus film is negative.

A/P: 1. Allergic rhinitis. Add prednisone 10 mg b.i.d. x8 pills. She does not want to take any higher dose than that.
2. Cough. Hycodan 1 teaspoon q4-6h. p.r.n. cough, 150 cc, no refill.
3. Interstitial cystitis. Go back on Elmiron 100 mg, two b.i.d. She will probably only take two daily, as she cannot take the regular dose. Go from there. Call with labs next week: CMP, CBC, TSH. (EJF/nkd/bts) CF

NDS First Legs CP623 CP571 2 Mix

457

PHONE CALL / MESSAGE

DATE: 8-31-9	TIME: 3:31	INITIALS:

HAMBERIS FAILE POINSETTE HAMBERIS, PA

PATIENT: Kim Walker ALLERGIES: _____ DOB: _____

PHONE #: _____ PHARMACY #: 605-1849

MESSAGE:

is back pain related to cutters?? could be if they are how long on ambien left? got too low needs Ambien for sleep

ACTION TAKEN:

Ambien 10mg ths pm sleep 30/0- called spr

INITIALS: ✓

P624
P572

458

459

Healthsouth

Physician Order/Referral

They don't do them at MMOB anymore

Req. at 5 PM

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

(Please Print)

Patient Kimberly Walker SS# _____

Referral for MRI of (L) Knee
(Test, Exam, Procedure)

ICD-9/Diagnosis/Clinical History (required – please be specific)

Workers comp

Chronic (L) knee pain

Insurance Pre-Cert # ~~D495811139412~~ GHS Account # _____

Date d/m/y March 3, 2009 Time _____

GMH [redacted] HH ABMH NGH
(please circle location where procedure will be performed)

Referring physician Eric Faile, MD (print) Call report 627.8878 Fax report 627.9114

Address 3909 S. Hwy 14

Phone Greenville, SC 29615
Ortho Trauma

Physician signature (required)

Fax to: 864-455-4500 or call: 864-455-7774

Central Patient Scheduling	455-7774
Greenville Memorial Radiology	455-7811
MMOB Radiology	455-8832
Allen Bennett Radiology	848-8245
Hillcrest Radiology	454-6133
North Greenville Radiology	455-8221
[redacted]	[redacted]

P625
P573

series discharge. UA negative. A20 standard 2 TID
with fluids & FU if worse or symptoms get worse per Dr

KIMBERLY WALKER SSN 12/01/2008

HPI: Flu symptoms. Achy, headache. ? Fever Friday night. No sore throat. Dry cough for two weeks. Muscle and joint aches.

O: W 233. T 97.8. No meds this morning. BP 110/68. Eyes, ears, nose and throat show a lot of nasal congestion and postnasal drainage. No neck nodes. No tenderness. TMs and canals are clear. LUNGS: Clear in all fields. No crackle, wheeze or rhonchi. Equal breath sounds bilaterally. HEART: RRR. White count 4.1, 38L, 59P, hemoglobin 13, platelets 194K.

A&P: 1. Sinusitis. Amoxil 1.0 gm b.i.d. for ten days. Durahist one b.i.d. #20. Tessalon Perles 100 mg two t.i.d. p.r.n. cough, #40.

2. Form filled out for work for a physical of June of this year and a work note for three days. (EJF/jlj) CF

2-24-09 Venous Duplex Lt leg @ Patewood
2-24-09 - 5:00

KIMBERLY WALKER SSN 02/24/2009

HPI: Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury.

O: Exam shows some swelling, tenderness over the left quad and hamstring, lateral knee. Otherwise normal. No erythema or warmth. At the time of dictation venous duplex scan is negative.

A&P: Left quad/hamstring strain. Possible internal knee injury. Crutches. Ice 20 minutes on, 20 minutes off several times a day. Cataflam 50 mg every 8 hours. If not improving, let me know. Cell 423-7738. (EJF/jlj) CF

2127/09 MRI (L) Knee at GMH March 3 @ 5:00 pm to register. Pt notified of appt. -Tjohnson RT

KIMBERLY WALKER SSN 03/09/2009

HPI: Recheck left knee pain. Pain with walking, ambulation. Using crutches. A 7 mm x 9 mm flap is noted with sone edema. Small to moderate joint effusion. Knee shows tenderness to range of motion flexion, extension and walking with crutches.

A&P: Left knee injury. We will refer to orthopedics via workman's comp. (EJF/jlj) CF

Kimberly Walker SSN: 1/30/2007

S: The patient has sinus congestion, drainage and non-productive cough for the last 7 days and also lymphadenopathy. She has a history of sinus surgery. Medications are Wellbutrin XL.

ALLERGIES: MORPHINE

O: WT refused. T 97.4. BP 132/82. HEENT: positive sinus tenderness and otherwise benign. NECK: Positive LAD. HEART: Regular rate and rhythm. LUNGS: Clear to auscultation bilaterally.

A/P: Sinus infection. Ketek 400 mg two p.o. daily with samples for 5 days and supportive care. Call if not improving. (MJP/mb) MP

3-8-07 Appt D Graham 676-1707 3-26-07 @ 130-5pm

KIMBERLY WALKER SSN 03/06/2007

CC: ER followup chest pain.

HPI: The patient had a CT scan of the chest, chest x-ray, EKG, lots of blood work. Only the D-Dimer was elevated and again CT scan of chest was negative. When she pulled her breast up, chest discomfort and shortness of breath go away immediately. I am sure it is related to her breast size and she is too. She is a double-D cup size on her bra. She has some sinus congestion and a swollen gland under her neck. She needs Zyrtec or Allegra 180 mg for allergies.

O: HEART: RRR. LUNGS: Clear. BREASTS: Obviously large. HEENT: Benign.

A&P:
1. Allergic rhinitis. Zyrtec 10 mg or Allegra 180 mg a day.
2. Depression. Stay on Wellbutrin 300 mg XL.
3. Cervical and submental infected glands. Omnicef 300 mg two daily for ten days.
4. Chest pain, shortness of breath due to heavy breasts. I think she needs a breast reduction. We will set her up with Sutton Graham for a consult and go from there. (EJF/jlj) EF

KIM WALKER SSN 07/27/2007

S: She is having some anxiety. We are going to add Lexapro 10 mg to her Wellbutrin. One-half a day for four days and then one a day. See me in two weeks. (EJF/jlj) EF

ROOM: 4 DATE: 9/6/07
NAME: Kimberly Walker SS#: DOB:
CHIEF COMPLAINT: ST pain since Fri. Irritated all week'd feels like she has a lump in her throat.
OTHER COMPLAINTS/ROS: n/v, cough, fatigue.
MEDS: Wellbutrin 150 mg.
ALLERGIES: Morphine
FHX:
PMHX: sinus surgery 1 year ago, breast reduction surgery.
EXAM: HT: 5'4" WT: 230# T: 98.3 BP: 118/84 LMP: PAIN ASSESSMENT: (0-10)

	N	AB	
GEN		X	hoarse voice
HEENT		X	erythematous posterior pharynx
LUNGS	/		CTA. Breast reduction surgery scars.
HEART	/		
ABD		X	epigastric area tenderness
BACK/EXT	/		
GU			
SKIN	/		

LABS:
XRAYS: REVIEWED WITH:
ASSESSMENT: pharyngitis GERD.
PLAN: Amox 875 bid x 10d. Prevacid 30mg qd. diet D/c discussed. 461

MP

KIM WALKER SSN .

CC: Vertigo. 07/11/2006

HPI: The patient had some vertigo Saturday. It seems to have gotten much better. She does still have a tender lump on her right posterior auricular area. She mentioned it to me when her daughter came in a while back and it really is not any better. She has lost 5 pounds and is happy about that and doing better with diet and exercise.

O: W 226 down 5 pounds. BP 108/72 right arm. TMs and canals are clear. HEENT otherwise benign except for the right mastoid process has a tender somewhat hardened mass. It appears to be attached to the bone. It could be a scarred lymph node but it certainly could be some type of solid mass lesion. It is about 4-5 mm in diameter and there are no other nuchal lymph nodes.

A&P:
1. Vertigo. Meclizine 25 mg one-half to one every 6-8 hours p.r.n. dizziness, #20. Hold onto this. She may not even need it for now but if it recurs in the future she will have it and drowsy precautions, driving precautions given.
2. Right posterior auricular mass. We discussed the need to excise this since it is hard and it has been there for three months. It is quite small. I will leave it up to discretion of ENT but we are going to make a referral to Greenville ENT, Dr. Brown on 07/25/2006. (EJF/jlj)

PN 5-18-06 Appt Dr Randall Knots 5-22-06 @ 2:00 232-6216-500

KIM WALKER SSN .

CC: The patient has some stomach trouble. 08/18/2006

HPI: She was eating about June and apparently ate half of a fly out of a salad and just was really grossed out about it. Anytime she eats now she gets nauseated and gets upset about the bug. She has had some psychological symptoms from this and it has really upset her.

O: ABDOMEN: Positive bowel sounds. No HSM, guarding or mass. HEART: RRR. LUNGS: Clear. Mental status shows thoughts are clear. Speech is fluent and goal directed. Judgment and insight are good. She understands this is irrational, this fear of bugs in her food, but she just cannot get over it. She is anxicus. She has no depressed affect. W 229.

A&P: Bug and insect phobia in relation to meals. Long discussion. I think she needs some counseling. I will set her up with Randal Jones, 08/22/2006 at 2:00 PM. Go from there. Her cell is **423-7738**. (EJF/jlj)

9-1-06 - Augmentin 875 mg 1 po bid #20 - ref ——— WM

Kimberly Walker SSN:

S: The patient has sinus congestion, drainage and non-productive cough in a patient with a history of sinus infections. She denies any fevers. She has a sinus surgery scheduled at the end of September. She complains of dysuria and urinary frequency for the past 2 weeks. She also has some mild right flank pain. She denies hematuria or abdominal pain. There are no known drug allergies. Medications are Wellbutrin. 8/31/2006

O: WT 225. T 97.7. BP 120/80. HEENT: Positive sinus tenderness and otherwise benign. NECK: No LAD. HEART: Regular rate and rhythm. LUNGS: Clear to auscultation bilaterally. GI: Positive bowel sounds, tender lower abdomen and no rebound, guarding or rigidity. There are no masses and non-distended. BACK: Mild right CVA tenderness. UA positive for white blood cells. White blood cell count 4.8.

A/P:
1. Sinus infection. Avelox 400 mg one p.o. daily for 10 days and supportive care. Call if not improving.
2. UTI, see number one and I also gave prescription for Diflucan 150 mg daily x1. She is to fill this if she notes any yeast infection symptoms. (MJP/mb)

462

KIM WALKER SSN ;

CC: URI. 03/13/2006

HPI: Patient has some discomfort when breathing more than anything. More of a burning, coughing type sensation. Some left chest pain shoots to her shoulder but it is not associated with exertion or activity. There are no sweats, nausea or diaphoresis. There has been no syncope, near syncope or dizziness. She is not short of breath in the office. Just feels bad. Was diagnosed with the flu. Was treated by Dr. Hamberis with Tamiflu and also given Z-Pak for sinus infection. Has one more dose of that. See 03/07 note.

O: W 227. T 98.7. RR 16. Eyes, ears, nose and throat benign. Posterior pharynx is clear. NECK: Supple. No node. No mass. LUNGS: Clear in all fields. HEART: RRR. Chest x-ray and sinus x-ray are normal. EKG shows a rate of 61. Normal sinus rhythm. No acute ST or T wave changes. O2 sat is 97-98% consistently over the span of 3 minutes.

A&P: Some bronchospasm secondary to the recent influenza. Recommend albuterol 2 puffs every 6 hours as Combivent is quite expensive and we are trying to save money. If things are not improving, let me know. We discussed the possibility of prednisone as well. (EJF/jlj) EF/cm

KIMBERLY WALKER SSN 03/29/2006

CC: Recheck depression and costochondritis.

HPI: The patient has some costochondritis in her chest. She has not other symptoms other than some pulling sensation by the sternum bilaterally. More aggravated with her swinging the bat with softball. She is coaching a middle school team.

O: W 227. Eyes, ears, nose and throat benign. CHEST: Tenderness to palpation over the costochondral joints. HEART: RRR. No murmur, gallop or rub. Normal S1, S2. LUNGS: Clear. EXTREMITIES: Normal. Mental status is normal.

A&P: 1. Depression. Stay on Wellbutrin 150 mg XL.
2. Costochondritis. Celebrex 200 mg b.i.d. Ice, rest. If not improved, call. (EJF/jlj) EF

KIMBERLY WALKER SSN 05/05/2006

CC: Allergies.

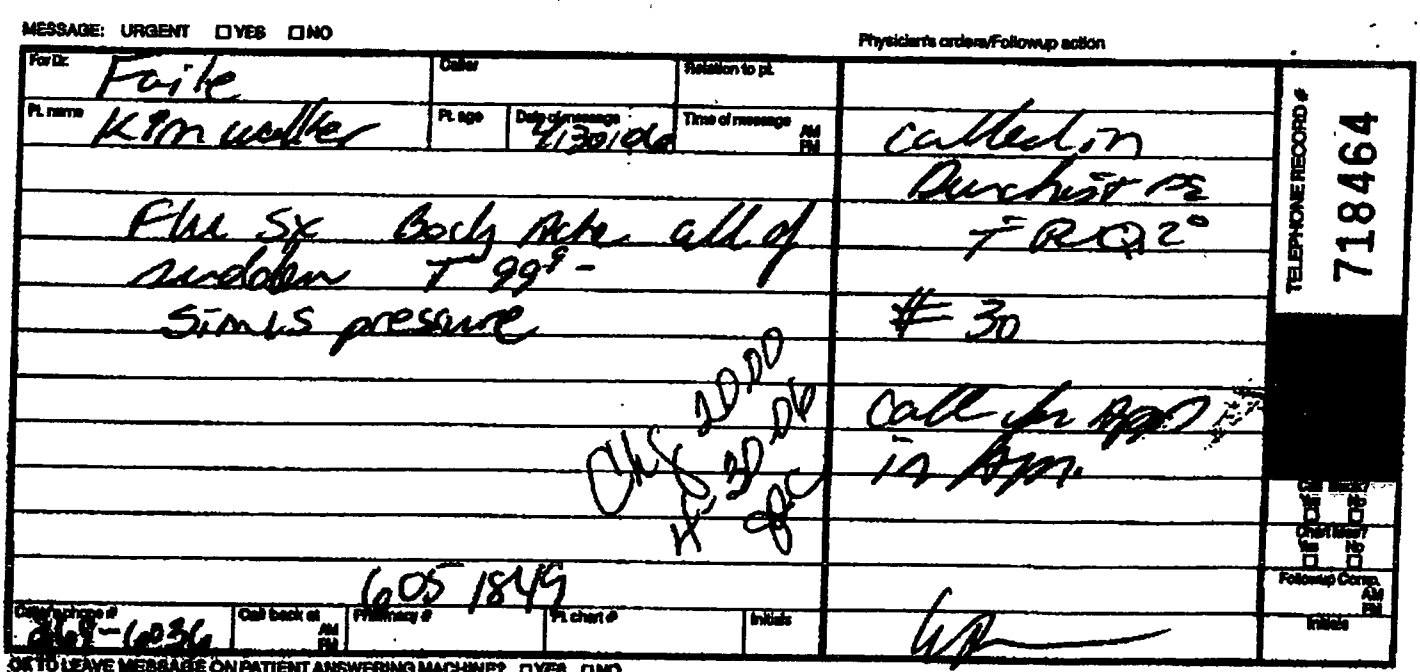
HPI: Saturday felt tired, congestion, achy, low-grade temp. Took some allergy tablets. It did not help much. Takes Wellbutrin 150 mg XL.

ALLERGIES: MORPHINE.

Took some Tylenol Sinus which helped a little bit.

O: W 231 with a left ankle brace/boot. T 97.4. BP 130/80. HEART: RRR. LUNGS: Clear. HEENT: Benign. NECK: Supple. No node. No mass. OP, TMs, canals and nares are clear. WBC is 4.7, 52L, 40P, hemoglobin 13, platelets 225K.

A&P: 1. Viral infection. Symptomatic measures.
2. Allergies. Durahist PE one-half to one at night as needed.
3. Depression. Gave her Wellbutrin 150 mg XL coupon. (EJF/jlj) EF/cm


MESSAGE: URGENT ☐YES ☐NO

Physicians orders/Followup action

For Dr: Faik | Caller | Relation to pt.

Pt. name: Kim walker | Pt. age | Date of message: 4/30/06 | Time of message AM PM

Flu Sx Body Aches all of sudden T 99° - Sinus pressure

called in Durahist PE TID Q 2° #30

call if not better in 3 days

Chg 2000 to 3000 H 8pc

TELEPHONE RECORD # 718464

Doctor's phone # 661-1036 | Call back at AM PM | Pharmacy # | Pt. chart # | Initials: GP

OK TO LEAVE MESSAGE ON PATIENT ANSWERING MACHINE? ☐YES ☐NO

TELEPHONE RECORD

2?2
11/5/06

Extreme exhaustion - a while

Sleeplessness - probably related

Leg aches @ night - a while

Feels like a balloon is blown up in my stomach - (recently)

Lower back & side aches - couple weeks

Frequent urinating esp. @ night
Coupel of days

Stomach bloats, so big can't button pants - for a while - Feels like a cow

(Usual)

→ Sore throat esp in morning - Think of allergies

→ Headaches @ temples & top of head

→ dry cough

→ wheezing @ times, chest tightens

4164

Questions

Spots or ~~bruises~~ bruises on legs ?

Life after gallbladder surgery — or Lactose intolerance

After certain foods i.e. milk + cereal, potatoe salad, some types of honey mustards, Chick fil a Sandwich, Grits + eggs, Bananas pudding, pizza, (I'm sure you get my drift)

* I have severe stomach pain accompanied with an awful case of (diarrhea) (sp?)

* I have hot flashes - I bear them

* I am no more depressed then the next person

" My Body is going "Caput"

KIMBERLY WALKER SSN

CC: Abdominal pain, fatigue. 02/05/2006

HPI: She has had multiple semantic complaints including spitting up quickly when she eats, feels like a balloon. Her abdomen feels crampy when she eats. She has had numerous surgeries: C-section x2, cholecystectomy and a TAH, BSO. She has trouble sleeping at night. Feels really tired. Certain foods including milk, cereal, potato salad, certain types of mustards, grits and eggs and banana pudding and even pizza seem to make her stomach cramp and growl more. She has some hot flashes but she is off her HRT and does not want to go back on it. Slight headache, slight sore throat and slight wheezing at times.

O: W 232#. Eyes, ears, nose and throat benign except for drainage. NECK: Supple. LUNGS: Clear. HEART: RRR. No wheezes, crackles or rhonchi. ABDOMEN: Benign but obese.

A&P:
1. Possible scar tissue#. Could just be some after effects of the cholecystectomy. We are going to try some Questran Light one packet a day and after a week may go to one packet twice a day. If this not helpful, we are going to have consider a surgical referral for possible adhesiolysis.
2. History of wheezing. Normal today.
3. Postnasal drainage. We are going to try some Flonase two sprays each nostril once a day.
4. Depression. Doing good on Wellbutrin 150 mg XL daily. Try to get samples.
5. Insomnia. Discussed. (EJF/jlj) EF

KIMBERLY WALKER SSN

CC: Leg pain. 01/25/2006

HPI: Bilateral knee and leg pain. Patient has not been exercising much. She is coaching basketball and softball.

O: W 230. Tender hamstrings bilaterally. Medial lateral joint line tender. LCL tender bilaterally.

A&P: Tight hamstrings. LCL and MCL tenderness bilaterally. Patient has no locking or giving way or meniscal symptoms. We are going to do some stretches and strengthening exercises. Increase bicycle riding and if not improving, let me know. (EJF/jlj) EF

KIM WALKER SSN

CC: Cough. 02/23/2006

HPI: Head congestion, dry cough, mild drainage, hoarse voice.

O: W 227. Afebrile. Eyes, ears, nose and throat benign. NECK: Supple. LUNGS: Clear. HEART: RRR. White count 4.1, 52L, 43P.

A&P: Sinusitis. Levaquin 750 mg daily for two days then 500 mg daily for five days. Fluids. Rest. If no improved, call. (EJF/jlj) EF/cm

KIMBERLY WALKER SSN 03/07/2006

S: This patient here with congestion, drainage, postnasal drip. Denies any fever or chills this past week but states she is feeling feverish now. She has had no nuchal rigidity. She denies any nausea, vomiting, diarrhea. Has a chronic cough.

O: T 99. HEENT: Reveals minimal PND. TMs normal. No adenopathy. No nuchal rigidity. LUNGS: Clear. HEART: RRR. No murmurs, gallops or rubs. I note no specific problems otherwise. White count is 3.7.

A&P: Viral syndrome. Tamiflu 75 mg b.i.d. for the next 5 days. Because of propensity to get sinus infections, I went ahead and put her on a Z-Pak and I gave her Histussin to take 1-2 teaspoons nightly p.r.n. cough. (SJH/jlj) SH/cm

KIMBERLY WALKER SSN

CC: Fatigue, allergies.

HPI: Patient has had some fatigue, allergies. Some mild acid reflux as well. 10/04/2005

O: BP 120/70. Eyes, ears, nose and throat benign. NECK: Supple. LUNGS: Clear. HEART: RRR. TSH, CBC drawn, CMP pending. Sugar 107 here. White count is 3.7, 50L, 42P, hemoglobin 13, platelets 225K.

A&P: 1. Allergies. Kenalog 1.25 mL IM. Clarinex q.a.m., Zyrtec one half nightly, Nasonex.

2. GERD. AcipHex 20 mg a day.

3. Fatigue. Check lab. Call patient. (EJF/jlj) EF

KIMBERLY WALKER SSN

CC: Lightheaded. 10/26/2005

HPI: Patient has had some anxiety depression. A lot of issues. Everybody seems to come to her with problems. She does not have a lot of outlet. She is a single parent, two kids. Gets a lot of joy when involved with her kid's activity. She does supervise 15 social workers and has a lot of stress at her job. She is on Zyrtec 10 mg, Wellbutrin 150 mg XL, Nasonex, and she is off her thyroid medicine. She was hyperthyroid in the past. She had TAH BSO in 2001 for endometriosis.

O: W 228. BP 116/80. P 72. Eyes, ears, nose and throat benign. NEURO: Non-focal. Mental status shows thoughts are clear. Speech is fluent and goal directed. Judgment and insight are good. Affect is slightly depressed. No suicidal thought, ideation or plan. Anxiety is mild.

A&P: 1. Anxiety depression. We are going to try Lexapro 5 mg one half a day for 4 days then 5 mg a day. Stay on Wellbutrin 150 mg XL for two weeks, and then increase it to 300 mg XL. Recheck with me in 4 weeks.

2. Allergies. Stable.

3. History of hyperthyroidism. Last TSH good. (EJF/jlj) EF

KIMBERLY WALKER SSN

CC: URI. 11/18/2005

HPI: Mild dysuria and URI symptoms. Had diarrhea two weeks ago. That has resolved. Cough, loose. Bitemporal headache. A little bit of blurry eyes? Decreased fluids. Labs noted a total cholesterol 209, trig 59, HDL 75, LDL 125 in September 2002. Recent CMPs have been normal. Wants a flu shot.

O: W 229. BP 124/80. Eyes, ears, nose and throat benign. NECK: Supple. LUNGS: Clear. HEART: RRR. Dry cough noted. UA negative.

A&P: 1. Dysuria. Observe. Push fluids.

2. Viral URI. Ibuprofen 800 mg every 6-8 hours p.r.n. headache.

3. Recent diarrhea. Resolved. She may need some Questran Light after her cholecystectomy. We discussed this.

4. History of pretty good lipid panel in September 2002. Observe.

5. Flu shot given. (EJF/jlj) EF

11-29-05 NDS recheck appt [illegible]

KIMBERLY WALKER SSN 09/03/2004

S: This pt continues to have nausea. A lipase is done today. I am dictating on the 8th because for some reason dictation did not go through and the lipase was already normal. She has an appointment w/ GI Associates for the chronic abdominal pain but actually this was changed to Dr. Yazdy because the wait was so long. She did end up going to the ER and none of these tests appeared to show any specific problems. She states she feels somewhat better when talking to her on the 7th and I note that the pt continues to have queasiness and nausea.

A&P: Chronic nausea and abdominal discomfort. I suggest that the pt be scoped. Has an appointment w/ Dr. Yazdy for further evaluation. In the meantime she is to stay on PPI. (SJH/wf) SH

KIMBERLY WALKER SSN: 12/07/2004

HPI: Diarrhea x 4 days, describes it as watery bowel movements, having 2 to 4 a day. Denies any hematochezia or constipation. No nausea, vomiting or fevers. No change in her diet or travel history. She has not taken any meds for this.

ALL: MORPHINE.

MEDS: Wellbutrin.

O: W 208. T 97.6. BP 132/84. HEART: RRR. LUNGS: CTAB. GI: Positive bowel sounds, tender lower abdomen. No rebound, guarding or rigidity. No masses, nondistended.

EVAL: CBC normal. Urinalysis negative.

A&P: Diarrhea, likely viral. Supportive care. CINI or other concerns. (MJP/ps) MJP

KIMBERLY WALKER SSN: 03/08/2005

S: The patient complains of one-day history of feeling hot and cold, headache, right ear being painful. Nose feels stopped up. Eyes tear and itch. The last symptom occurs this time on an annual basis. She has had allergy workup in the past and they suggested allergy shots.

O: HEENT, CHEST, CV: Fails to show any acute abnormalities. Weight 212. Oral temp 95.4.

A: URI.

P: **Zyrtec samples, 10 mg** once a day. **Nasacort Spray, samples** x 2, one or two sprays each nostril once daily. (WPM/sbr) WPM/sa

KIMBERLY WALKER SSN : 05/19/2005

CC: Sore throat, hoarse.

HPI: The patient has had some sore throat, hoarseness, congestion over the last couple of days. Some achiness in legs, and she has had a headache.

O: W 216. T 96.9. Eyes, ears, nose and throat benign except for mildly hoarse voice and mild posterior pharyngeal drainage. NECK: Supple. No node. No mass. TMs and canals are clear. LUNGS: Clear in all fields. No crackle, wheeze or rhonchi. HEART: RRR. EXTREMITIES: Normal. RST negative. WBC 6.4, 42L, 51P, hemoglobin 12.1, platelets 211K.

A&P: Viral infection. Symptomatic treatment. Alternate one Darvocet, dispense 20, with three Advil every 3 hours. Fluids. Rest. Call with lack of resolution. (EJF/jlj) EF

KIMBERLY WALKER SSN 06/03/2005

CC: Bilateral leg pain sometimes, maybe some swelling. History of TAH, BSO. No HRT. She is 2 hours fasting. She has gained 7 pounds in 2 weeks.

O: W 223. BP 126/84. P 72. RR 16. HEART: RRR. No murmur, gallop or rub. LUNGS: Clear. EXTREMITIES: Show trace edema. UA negative. BMP 2 hour p.c. pending.

A&P: Pedal edema, tightness in legs. Maxzide 75 mg/50 mg one a day. Try it for 3-4 days. Call me next week. (EJF/jlj) EF

KIMBERLY WALKER SSN 09/07/2005

CC: Headache.

HPI: Sinus congestion, drainage, shortness of breath, cough, dizziness, right earache. No fever or sore throat. Went off of Wellbutrin.

ALLERGIC TO MORPHINE.

O: W 225. T 97.9. BP 118/72. Eyes, ears, nose and throat benign except for drainage. NECK: Supple. No node. No mass. LUNGS: Clear. HEART: RRR.

A&P: 1. Allergic rhinitis and sinusitis. Allegra 180 mg a day. Flonase two spray each nostril once a day. Ketek 800 mg daily for 5 days.

2. Refilled Wellbutrin 150 mg XL. To [illegible]art. (EJF/jlj) EF

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KIMBERLY WALKER SSN 08/27/2004

S: This pt is here 5 FT 4 IN, 210 lbs. here for FU of weight. Doing well. She has lost approximately 7 lbs. However she states she is feeling somewhat nauseated, she thinks it is stress related mostly because of work and interpersonal relationships. She states that she thinks that she needs to settle some problems and until she does they will just hang over her and cause her to feel like a black cloud is following her at all times. She states she has taken some SSRIs in the past but they bothered her. She states she has actually not thrown up and denies any change in bowel habits or change in color of stool.

O: She is afebrile. VITAL SIGNS: Stable. She is not orthostatic. HEENT: Reveals no specific changes. LUNGS: Clear. HEART: RRR. No murmurs, gallops or rubs. ABDOMEN: Benign.

A&P: 1. Weight gain. I do not think this is associated w/ the medication, i.e. the nausea. Suggest that she go off of the Tenuate for 2 days and recheck w/ me on Monday to see if this will help it.

2. Nausea. Suggest the pt take Phenergan 25 mg tab one q6 prn nausea. I only dispensed 10 because I am going to see if stopping the Tenuate helps. She is going to try to go back on it on Sunday and call me back to see if it did cause any nausea. I also did check an amylase which is pending w/ white count again that is WNL for the most part.

3. Anxiety. We are going to start Wellbutrin 150 XL one qd for a week and then 300 XL following that. She is going to recheck w/ me again in a month at the time of weight recheck. (SJH/wf) SH

KIMBERLY WALKER SSN: 08/31/2004

HPI: Pt returns today for recheck of mid abdominal pain. She states radiates up to her chest and throat. Admits nausea but no vomiting. No fevers, diarrhea, or constipation or hematochezia. She did a liquid diet on the road over the weekend which did seem to improve pain, now that she is back on solid foods it is getting a little worse. I note her amylase is elevated at 129.

ALL: MORPHINE.

O: W 210. T 96.7. BP 110/80. HEART: RRR. LUNGS: CTAB. GI: Positive bowel sounds, tender mid abdomen. No rebound, guarding or rigidity. No masses, nondistended. EXTREMITIES: No edema.

EVAL: WBC count 5.3, Hgb 12.7, platelets 194.

A&P: Pancreatitis. Check CMP as well as amylase and lipase today. Ultrasound of the abdomen set up for tomorrow morning. Liquid diet for the next 3 days. FU with Dr. Hamberis at that time for a recheck, sooner if other concerns. (MJP/ps) mjp

KIM WALKER SSN 09/03/2004

S: This pt is here for recheck of some queasiness. She states that she feels somewhat better but still feels queasy. She states she is having no abdominal pain. She states that she does not wake up in the middle of the night w/ gastritis or reflux type Sx although this is where she continues to baffle me because the Sx are mostly consistent w/ a gastritis. She did have an amylase that was elevated. Dr. Poinsette sent her for a CT. This appeared to be normal.

O: She is noted to have mostly epigastric discomfort w/ some mild periumbilical pain. There is no hepatosplenomegaly noted and lungs are clear. HEART: RRR. No murmurs, gallops or rubs.

A&P: Nausea that persists w/ mildly elevated amylase. Check lipase also today for specific cause and suggest that we go ahead and make an appointment w/ gastroenterologist for possible EGD and gastritis. Asked that she stay on a PPI and I gave her samples of AcipHex to take bid. She is to recheck w/ me again on Tuesday when we get back. She is to call back if things get any worse. Dr. Poinsette is told that the pt to FU. (SJH/wf) SH

KIMBERLY WALKER SSN : 06/22/2004

S: This pt 5'4" 227lbs c/o costochondritis coming back, weight gain, some fatigue and also states that she has had some arthritic type symptoms going. She denies any fever, chills, URI, GU or GI symptomatology. She states that she is on her Aciphex. She does well. Would like some more samples which is obliged her w/ today for her reflux.

O: She is afebrile. VS stable. She is noted to have no change on HEENT exam. I note that she got good strength, sensation, reflexes upper and lower extremities. ABDOMEN: Soft. Some mild epigastric discomfort. Definitely tender over the costochondral area. She states she thinks she aggravated it when she went on her trip.

A&P:
1. Costochondritis. Suggest pt take Indocin 50 tid for the next 7 days. We did tell it would aggravate her reflux so she needs to stay on Aciphex and she has got lots of samples to do this.
2. Reflux. See above.
3. Weight gain. TSH pending. I am going to start her on Adipex 37.5 1 qd w/ recheck again in a month. She will exercise on a daily basis instead of 2 or 3 x a week and she will call me back if she has any problems. SH

KIMBERLY WALKER SSN: 07/08/2004

HPI: Pt complaining of rt sided neck pain for the last 4 or 5 days, states she woke up with it. Pain is nonradiating, denies numbness, tingling or weakness in her upper extremities. No injury or trauma. Has tried Icy-Hot and Aleve without much relief.

ALL: MORPHINE.

O: W 220. BP 126/76. MUSCULOSKELETAL: NECK: FROM although there is pain at the extremes of ROM. Positive tenderness rt paracervical muscles and rt trapezius. No masses or erythema noted. No spinal tenderness. Upper extremity strength 5/5. DTRs 2+ throughout. Sensory grossly intact.

A&P: Cervicalgia, likely muscle or ligament strain. Handout with exercises given. Celebrex pain pack sample, use as directed. Also Celebrex 200mg 1 qd, samples x9. Flexeril 5mg 1 po qhs prn pain samples x9. CINI or other concerns. (MJP/ps) MP

KIMBERLY WALKER SSN 07/26/2004

S: This pt is here 5 FT 4 IN, 217. Is doing really well w/ her weight loss medication and currently taking Tenuate Dospan 75. Denies specifically any problems other than she had an episode of vertigo which is now resolving. She states if she does not take her allergy medicines sometimes this happens. I gave her lots of samples of Zyrtec today.

O: Afebrile. VITAL SIGNS: BP 110/70. LUNGS: Clear. HEART: RRR. Without murmurs, gallops or rubs. She is noted to have some mild PND on HEENT exam. Some mild bogginess. No signs of vertigo.

A&P:
1. Weight gain. Continue Tenuate Dospan. Is doing really well. Recheck again in a month.
2. Allergies. Given samples of Zyrtec.
3. Vertigo. Call back if any problems. (SJH/wf) SH

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KIMBERLY WALKER SSN: 01/19/2004

HPI: Patient is here today complaining of lightheaded sensation for the last 2 days. States it is mainly constant. Denies any LOC, headaches, nausea or vomiting. Does admit to congested hearing in both her ears. Admits sinus congestion for the last week. Admits to a Hx of allergies. Just started taking Flonase again today. Denies any new meds.

ALL: MORPHINE.

O: W 216. T 97.4. BP 118/78. HEENT: TMs retracted slightly bilaterally. No effusions noted. Minimal maxillary sinus tenderness, otherwise benign. CARDIOVASCULAR: RRR. RESPIRATORY: Clear to auscultation bilaterally. EYES: PERRL. EOMI. No nystagmus.

A&P: Lightheadedness likely related to allergic congestion. Continue Flonase qd, also gave samples of Allegra D 1 po bid prn congestion. Samples x1 week. Call if no improvement over the next week, sooner if worsening. (MJP/ps) MJP

KIM WALKER SSN 02/10/2004

S: Fingers tingling, numbness and bruising in her arms that comes and goes. Joints are achy. Some left upper quadrant pain for the past several couple of weeks. She has a ½ sister that has hypothyroidism. Mother had septic emboli causing her death from a pelvic abscess possibly a kidney infection. Brother and dad are healthy. She is on no aspirin or NSAIDs. She takes Tapazole 5mg qd per Dr. Bruch and Prozac 10 or 20mg qd and Femring. She is going to OH for 2 days. Cell # 360-1199.

O: W 215. BP 138/82. ABDOMEN: Shows some left upper quadrant tenderness. AD soft ND +BS No HSM, guarding or mass. Spleen edge palpable. HEART: RRR. LUNGS: Clear. THYROID: Non-tender.
PT, PTT, CBC, ANA drawn. Abdominal ultrasound scheduled at Greenville Radiology scheduled for next Monday 2/16/04.

A&P: left upper quadrant pain, possibly clotting abnormalities. Will have to rule out a hypersplenism or a splenic disease. Check labs. Go from there. She is on a lower dose of Tapazole she was in the past so I that will unlikely to be a problem. Check lab. Go from there. (EJF/jlj) EF

KIM WALKER SSN 03/16/2004

S: She has left headache left eye spasm. Some chills, nausea, abdominal cramps and diarrhea. Improved w/ Lomotil. Takes Prozac 20, Zyrtec 10, Femring and Tapazole. taking OTC Estrovent

O: HEENT: Benign. NECK: Supple. LUNG: Clear. HEART: RRR. BP 120/70. WBC 3.4, 53L, 37P, hemoglobin 12.4, platelet 178K.

A&P: 1. Gastroenteritis. Viral. Observe.
2. Allergic rhinitis. Stable.
3. Hypothyroidism. Stable. (EJF/jlj) EF

KIMBERLY WALKER SSN 05/18/2004

S: Sinus congestion, pressure and drainage. Some swelling in her legs left > right. She has had increased fluid retention in her hands and face as well. She has had some increased belching and abdominal discomfort consistent w/ GERD. She has allergic rhinitis, Zyrtec 10 seems to help. She is off all meds except for Zyrtec 10 and she has been taking OTC Estrovent for hormonal replacement.

O: W 227. T 97. P 72. BP 128/78. Eyes, ears, nose and throat benign. NECK: Supple. No node. LUNGS: Clear. HEART: RRR. N1 S1, S2. PMI non-displaced. Left leg measures 44cm 10cm below the inferior patella and the right measures 42 ¾ cm. There is no pitting edema. There is no warmth or erythema. She describes discomfort in the posterior and left knee, left calf and left thigh.
CBC including platelets, WBC and hemoglobin nl.
At time of dictation pt had been sent for a duplex scan left lower extremity and it was neg.

A&P: 1. Increased edema and left leg pain. Duplex neg. DC Estrovent. Take Maxzide 25 1 tab qd for 3-5 days dispense 10, may repeat.
2. Allergic rhinitis. Continue Zyrtec 10mg qd.
3. Hx of hypothyroidism. Off Tapazole. Stable.
4. GERD. Aciphex 20mg qd. Report in a couple of days w/ progress note. Home # 269-6036 cell 360-1199. (EJF/jlj) EF

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KIMBERLY WALKER SSN : 07/30/2003

S: Hyperthyroidism, sinus pressure, congestion and drainage. Allergic rhinitis. Taking Zyrtec. Taking 1 qd. Makes her drowsy. Takes Tapazole 15mg qd. Sees Dr. Bruch. Sinus pressure, headache, drainage, cough, sneezing. No fever. Eyes and nose itch. Taking Nasacort sporadically.

O: W 212. T 96. . BP 120/84. Eyes, ears, nose and throat benign. NECK: Supple. LUNG: Clear. HEART: RRR. Has a bruise on her left thigh. WBC 4.8, 47L, 45P, hemoglobin 11.9, platelets 184K.

A&P:

1. Hyperthyroidism per Dr. Bruch. No change in meds. CBC nl on Tapazole.
2. Sinusitis. Avelox 400mg qd. Needs 10 days. We gave 8. She has 2 days of samples she believes. If not, call for a Rx.
3. Allergic rhinitis. Nasacort AQ 2 spray ea nostril qd. Decrease Zyrtec 10mg ½ qd. (EJF/jlj) EJF

KIMBERLY WALKER SSN 10/24/2003

S: Upper respiratory congestion, drainage, fever, achiness, scratchy throat. Took Nyquil. Has hyperthyroidism. She is on Tapazole 7.5mg qd. She is on Zyrtec but she is out. She is on Fem-Ring instead of hormones and Prozac 20mg qd. ALLERGIC TO MORPHINE.

O: W 207. T 97.8. BP 120/84. Eyes, ears, nose and throat benign except for mild drainage. NECK: Supple. LUNG: Clear. HEART: RRR.

A&P:

1. Sinusitis. Avelox 400mg qd for 10 day. Duraphen II ½ q12h for congestion.
2. Allergic rhinitis.
3. Hyperthyroidism. Seeing endocrine. Tapazole working well. No thyroid ablation at this point per pt. (EJF/jlj) EF

KIM WALKER SSN 12/05/2003

S: URI, dry cough, raspy voice, drainage, headache. No fever, chills, sweats. Takes Prozac qd, Zyrtec 10 qhs, Tapazole 7.5mg qd. She is off Atenolol. She is taking Flonase and Allegra-D. They do not help much. Recently finished her masters in human resources. Works at Head Start during the day as a social worker. Part time job at Dillard's in the evenings. Stressed. A lot of hours.

O: W 216. HEENT: Benign. NECK: Supple. LUNG: Clear. HEART: RRR.

A&P:

1. Bronchitis. Avelox 400mg qd for 5 day. Duraphen II 1 qam. Lortuss HC 1 ½ tsp hs prn cough 150cc. Fluids. Rest.
2. Stress, anxiety, fatigue. I recommend she quit her part time job if she can afford it and spend more time at home and w/ her children. She might do that or she could work 1 day a week. That would be reasonable. (EJF/jlj) EF

KIM WALKER SSN : 01/14/2004

S: This pt is here stating that she feels somewhat fatigued. Is having some mild chest discomfort. Denies specifically any fever or chills, URI, GU or GI symptomatology although she states that her stools are loose. She states that she has had a pretty good appetite. She is supposed to take Sterapred Pak starting today. She has not taken this yet and she has got some arthritic tests pending.

O: She is noted to have some mild costochondritis. I note lungs are clear. HEART: RRR. No murmurs, gallops or rubs. ABDOMEN: Benign. Maybe some mild discomfort in the epigastrium but only minimal. CBC is WNL other than some mild decrease in Hgb and white count down consistent w/ the generalized Sx that she complains about. UA is WNL.

A&P:

1. Anemia. The pt is not menstruating. Would suggest Feosol 325, recheck CBC in a month.
2. Arthritis? Suggest seeing what prednisone does for her. She will recheck w/ me by phone in a week to tell me if this is helpful and she will also follow w/ the orthopedist.
3. Edema. again concerned about lupus. Again awaiting results of blood work. If problems persist suggest trying low dose diuretic.
4. Costochondritis. Hopefully Sterapred Pak which she got from the orthopedist will help. (SJH/wf) SH

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RIVERSIDE FAMILY PRACTICE ASSOCIATES

MAXWELL POINTE MEDICAL CENTER
3909 South Highway 14 • Greenville, SC 29615
(864) 627-8878 • Fax (864) 627-9114
Michael J. Poinsette, MD

Name Kimberly Walker Birthdate

SS# Date of Exam 11-26-02

Current Medications ∅
Premarin 0.9mg qd → D/c'd by pt ~3 mos ago.

PMH ∅ ↑ Lp hyperthyroid
See Health I
Drugs: ∅

Allergies Morphine

Social History-Tobacco: ∅
Alcohol: ∅
Exercise 3d/wk, walk

Hospitalization/Surgeries: TAH/BSO '91 2° Endometriosis
~~Complete Hysterectomy~~
C-sec ×2 1° Failure to progress 53
Reconstruction (L) breast '89

Family History (M) ↓ 74 yo 2° CPE ∅
(F) ↑ 62 healthy
(B) ↑ 36 healthy ∅
(S) ↑ 38 hyperthyroid

ROS: G2P2 - Term
2 marks for Head Start
Divorced 2 children

Constitutional (asthenia) ? added Aurophrin
Eyes/ENMT ⊖
Cardiovascular palpitations PCP
Respiratory ⊖
Gastrointestinal ⊖
Genitourinary ⊖
Musculoskeletal ⊖
Integumentary
Neurological/Psychiatric ⊖
Endocrine ⊖
Hematologic ⊖
Other Hot Flashes

EXAM:

Height 5'3½ Weight 195.5 Blood Pressure 134, 102 Pulse 80

PPD Last Tetanus '98 Stool Guiac

General NCAT, overweight Skin skin tag (L) breast ⊖

HEENT n/l Ext/Joints ROM, 5/5 all ext

Neck/Thyroid ∅ masses, thyromegaly Circulation pulses 2+ throughout

Chest CTA (B) s w/c/r Breasts n/l ∅ masses

Heart RRR s m/r/g Hernia ⊖

Abdomen (+) BS, NTND, ∅ masses Genitalia/Pelvic defined

Back/Neuro n/l Rectal

Diagnoses: CPE
Overweight
H/O hyperthyroid
s/p TAH/BSO

Palpitations

Plan of Treatment D/w pt Ca+ supplementation, breast exam
✓ lipid panel
✓ TSH
D/w pt HRT benefits/risks.
Pt prefers Estradiol patch 0.1. apply q wk.
✓ EKG
RTC if any concerns 473

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Encounter Note by Christopher D Vanpelt MD (DOS: 08/28/2009)

Walker

2005000703

Chief Complaint: Back pain
Onset Date: not entered

History of present illness: This is a very pleasant 41 year old patient who presents with a 6 month history of low back pain with episodic radiation to the buttocks and lower extremities. The onset of the symptoms was rather insidious, but she be related to a prolonged period of crutch walking after a left knee surgery. The predominant location of the pain is in the buttocks. The patient describes the quality of the pain as a dull ache. The patient has noticed a progressive decrease in her ability to walk or stand for any extensive period of time She has been reliant on the crutches. She does not feel like she can wean off of them. If she stands at the sink she has to lean over the counter within a minute or two. Her walking and standing pain is usually relieved with sitting. She denies any change in bowel or bladder function since the onset of the symptoms. This patient has not had lumbar surgery in the past. Thus far, the patient has he did not have any directed treatment for his lumbar spine. She continues to have trouble with the left knee. She is currently in physical therapy for the knee.

PMHx/PSHx/Medications/Allergies/ROS are listed on the chart and have been reviewed and initialed.

Soc Hx:

Smokes 0 packs per day, denies routine use of ETOH, social worker

Physical Exam:

POS Copy
SEP 0 2 2009

This is a well developed well nourished female adult in no acute distress.

Height:5'4"
Weight:228 lbs

Mood and affect are appropriate.

She is oriented to person, place, and time.

Respirations are unlabored and there is no evidence of cyanosis

Inspection of the back reveals no evidence of rash, such as zoster.

Examination of the lumbar spine reveals a relative hypolordosis, and no evidence of significant saggital plane deformity. The patient can flex to 80 and extend to 20. She has difficulty standing up straight. There is exacerbation of symptoms with lumbar extension. There is not significant tenderness to palpation along the spinous processes or paraspinal musculature. The patient ambulates with a crouched posture using crutches. Straight leg testing is negative. There is no hip irritability with internal or external rotation bilaterally. Sensory testing reveals intact sensation to light touch and pin prick in the distribution of the L3-S1 dermatomes bilaterally.

Reflexes

	Right	Left
Quadriceps	2	2
Achilles	2	2

Ankle jerk is negative for clonus

Strength testing in the lower extremity reveals the following based on the 6 point grading scale:

	HF	H Ab	KE	ADF	A Ev	APF	EHL
Right	5	5	5	5	5	5	5
Left	5	5	5	5	5	5	5

The feet are warm with good capillary refill and palpable pedal pulses.

4M

Radiographic Studies:

Radiographs. AP and flexion and extension lateral views.

No spondylolisthesis. No scoliosis. Relative hypolordosis. Mild spondylosis

Radiographic impression: Age appropriate lumbar spine

Assessment/Plan:

This patient's clinical history and physical exam is somewhat consistent with neurogenic claudication. I told her that it is difficult to differentiate between lumbar spinous muscle and myofascial fatigue from ongoing use of crutches versus neurogenic claudication. It is feasible that she has had a disc herniation from the crutch use and now has neurogenic claudication limiting her ability to wean off the crutches. Her exam is equivocal. I think an MRI of the lumbar spine would be helpful in assessing for a disc herniation and stenosis as a cause of neurogenic claudication.

Assessment:

Diagnosis Type	Description
Definitive	724.02 - SPINAL STENOSIS OF LUMBAR REGION

Procedures Performed:

Description	Related Diagnosis	Units
XY - 72110 L-Spine Complete 4 views	724.02	1

Followup:

Visit Code: *99214 EST Detailed

Followup visit requested: WILL CALL FOR MRI

POA COPY
SEP 0 8 2009

[Reviewed and signed off electronically by Christopher D Vanpelt MD on Aug 28 2009, 2:15 pm]

475

Physician Order/Referral

Pt now

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

(Please Print)

Patient Kimberly Walker SS# _____

Referral for Left hip MRI
(Test, Exam, Procedure)

ICD-9/Diagnosis/Clinical History (required – please be specific)
Pt fell 5/10/09. Pain left hip.
Abdarmal xray per radiologist (Dr Everett)

Insurance Pre-cert # 09133.154/3807 GHS Account # _____

Date d/m/y 5/14/09 Time 2:30p GMH MMOB Patewood HH ABMH NGH
(please circle location where procedure will be performed)

Referring physician Brenda Hembree's Call report 6278878 Fax report 627-914
(print)

Address RIVERSIDE FAMILY PRACTICE
3909 South Highway 14
Greenville, SC 29615

Phone _____

Brenda Hembree pp
Physician signature (required)

Fax to: 864-455-4500 or call: 864-455-7774

Central Patient Scheduling	455-7774
Greenville Memorial Radiology	455-7811
MMOB Radiology	455-6832
Allen Bennett Radiology	848-8245
Hillcrest Radiology	454-6123
North Greenville Radiology	455-8221
Patewood Radiology	454-1900

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Physician Order/Referral

Fax 4545868

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

(Please Print)

Patient Kimberly Walker SS# _____

Referral for Venous Duplex Lt leg
(Test, Exam, Procedure)

ICD-9/Diagnosis/Clinical History (required – please be specific)
Swelling & pain Lt thigh

Insurance Pre-cert # ~~Pre-cert~~ GHS Account # Bldg C 3rd Floor

Date d/m/y 2-24-09 Time Work In GMH MMOB (Patewood) HH ABMH NGH
(please circle facility where procedure will be performed)

Referring physician Eric Faile Call report _____ Fax report _____
(print)

Address _____

Phone _____

Physician signature (required)

Fax to: 864-455-4500 or call: 864-455-7774

Central Patient Scheduling	455-7774
Greenville Memorial Radiology	455-7811
MMOB Radiology	455-6932
Allen Bennett Radiology	848-9245
Hillcrest Radiology	454-6133
North Greenville Radiology	455-9221
Patewood Radiology	454-1000

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Final Report

GREENVILLE HOSPITAL SYSTEM
GREENVILLE MEMORIAL VASCULAR LAB
Greenville, South Carolina

Patient Name:	WALKER, KIMBERLY	**Med. Rec. No:**	000970084640
DOB:		**Pt. Class:**	OUT PATIENT
SEX:	FEMALE	**Pt NS/Room:**	-
		Corp. Account No:	
		Admission No:	008006281240

Ordering MD: ERIC FAILE, MD
3901 S. HIGHWAY 14

GREENVILLE, SC 29615

GVL 0120 - GMH VAS VENOUS DUP LTD - LEFT (6232649) **05/18/2004 18:13**
Ordered by: Dr. ERIC FAILE, MD

REASON FOR EXAM: 729.81 LLE SWELLING/PAIN 729.5

RESULT: VENOUS ULTRASOUND OF THE LOWER EXTREMITY DATED 5/18/04

Venous ultrasound left lower extremity was requested in this patient with history of pain and swelling.

There is normal compression of the deep veins of the left leg from the level of the inguinal ligament to the level of the popliteal bifurcation. Color Doppler and venous waveforms are normal. No ancillary findings are noted.

IMPRESSION: UNREMARKABLE VENOUS ULTRASOUND OF THE LEFT LOWER EXTREMITY.

SINGLE <SINGLE_DOC>

Transcriptionist: MLG
Transcribe Date/Time: May 20 2004 5:08A
Read by : D. MACK THOMASON, MD
Electronically Signed By:WILLIAMS, III, MD C. DAVID On: May 21 2004 8:35A

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Sutton L. Graham, II, M.D., F.A.C.S.

AESTHETIC CENTER
FOR BREAST & COSMETIC SURGERY P.A.

June 27, 2007

Dr. Eric Faile
3909 S Hwy. 14
Greenville, SC 29615

Dear Dr. Faile:

Re: Kimberly Walker

This pleasant lady underwent successful BILATERAL REDUCTION MAMMOPLASTY surgery recently on Wednesday, May 30, 2007.

She is recovering satisfactorily. Routine follow-up with my office is typically scheduled at 1, 2, & 6 weeks, and at 6 to 12 months. Additional visits are encouraged if she has any questions or concerns. I want to see that she has healed well and achieved a successful outcome.

If any pathology examination was done, a copy of the report is included for your records and to assist in later follow-up

Providing care for your patient is a privilege that my staff and I take seriously. If there is something we can do to enhance our service, please call me. We appreciate your confidence in us. Thank you.

Sincerely,

Sutton L. Graham, II, M.D., F.A.C.S.

1 of 5

615 Halton Road • Greenville, SC 29607
Phone (864) 676-1707 • Fax (864) 676-9256 • www.ExpertPlasticSurgeon.com

Sutton L. Graham, II, M.D., F.A.C.S.

AESTHETIC CENTER
FOR BREAST & COSMETIC SURGERY P.A.

March 28, 2007

Dr. Eric Faile M.D.
3909 S. Hwy 14
Greenville, SC 29615

Dear Eric:

I recently had the pleasure of consulting with your patient, Kimberly Walker. She and I discussed her interest in procedures including: BILATERAL REDUCTION MAMMOPLASTY

Since you are her personal physician, I wanted to contact you so that you were aware of her interest in these procedures, and to inquire of you whether there were any health conditions present that I should know about. If so, please let me know.

My staff and I each take pride in our reputation for providing excellent technical results and personalized care. We are glad to offer this to your patient. We enjoy the compliments and positive comments that we regularly recieve from our patients.

Referral of patients that are considering cosmetic surgery and breast surgery makes my practice grow and improve. I value the relationship with my patients, and as Ms. Walker's personal physician I know that your confidence in me is important. I will provide her my finest care. I greatly appreciate the opportunity to provide care for your patient.

Please contact me if I can be of further assistance.

Sincerely,

Sutton L. Graham, II, M.D., F.A.C.S.

615 Halton Road • Greenville, SC 29607
Phone (864) 676-1707 • Fax (864) 676-9256 • www.ExpertPlasticSurgeon.com

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Crescent Psychological Services

3-C Cleveland Ct, Greenville, SC 29607 Ph. (864) 232-6216
Randel R. Jones, Ph.D. Fax (864) 235-6369
Clinical Psychologist

Progress Note

Name: Kimberly Walker
Date: October 17, 2006

Presenting Issues: Ms. Walker reports that she is doing well. She indicated that she has mastered her phobia of flies, and that " I'm fine." She has also been able to resolve many of her concerns regarding her past difficulties. She has begun to set limits on inappropriate requests for her time and resources. She has been able to resolve some issues with her boyfriend. She has also been able to greatly reduce herself-doubt and self-criticism. She feels comfortable in moving forward on her own at this time.

Observations: Dress was appropriate and personal hygiene was maintained. No difficulty was noted in comprehending or following verbal interchange. Cognitive focus, attention, and concentration were normal. Orientation was X4. Thought processes were logical and coherent, and without evidence of distortions in either perception or ideation. Presentation of issues was organized and goal directed. Mood was normal, and affect was appropriate to content. Response rate was within normal limits. Basic emotional and impulse controls were maintained. There were no indications of preoccupation in thought or ritualistic/obsessive behavior. There were no indications of an intent to harm the self or others. Social manner was engaging, and rapport was easily established. Participation within the consultative session was appropriate.

Analysis/Approach: Cognitive/Supportive The resolution of the phobia of flies involved two processes. The first centered on confronting the phobia and allowing the anxiety to subside. As the treatment process progressed it also became apparent that there were several underlying issues that were promoting tension and contributing to the phobia. Ms. Walker was able to take the therapeutic recommendations and quickly translate them into positive action. This had the effect of allowing her to quickly resolve the problems.

Impression:
1. **Specific Phobia, Fly, Resolved 300.29**
2. **Adjustment Disorder with Anxiety, Resolved 300.24**
3. **Anxiety Disorder, NOS, Resolved 300.00**

Recommendations: No further intervention is required at this time. Any additional appointment will be on a PRN basis.

Randel R. Jones, Ph.D.

Cc: Dr. Eric Faile

65

Crescent Psychological Services
3-C Cleveland Ct., Greenville, SC 29607
Randel R. Jones, Ph.D.
Clinical Psychologist
Ph. (864) 232-6216
Fax (864) 235-6369

Psychological Intake Summary

Name: Kimberly Walker
Age: 38
DOB:
Referred by: Dr. Eric Faile
Date: August 22, 2006

Presenting Problem

Ms. Walker reported problems with increased anxiety beginning approximately 1.5 months ago. This coincided with realization that she had eaten a fly while consuming a salad. Since then she has been obsessed about food and usually searches through her dishes to make sure that there are no bugs within the food. She is prone to become extremely apprehensive whenever she thinks about food. She also saved the salad and froze it. Ms. Walker further noted that she was prone to experience increased apprehension when involved with other people especially in close relationships. She acknowledges a history of having been sexually abused by three cousins between the ages of 9 and 11. She was able to go on with her life after this event, but concerns about the abuse resurfaced with the birth of her first daughter. Ms. Walker reports that her sleep is poor. She has difficulty with both going to sleep and early awakening. Her weight is variable and her appetite is normal. She feels that she is having some difficulty controlling her temper, and she is easily aggravated.

Medical History

Ms. Walker has had a hysterectomy. She was also involved in an automobile accident that rendered her unconscious for five to 10 minutes and crushed her left hand. She has had treatment for an overactive thyroid. She is currently taking Wellbutrin.

Family History

Ms. Walker reports that she was raised in a supportive home environment. Her mother died when she was five years of age. Her father was a truck driver and a good provider. Her grandmother assumed a parental role. She was the youngest of three children, and she left home at the age of 17.

Educational History

Ms. Walker completed a master's degree in Human Resource Management. She has not qualified for a new professional license or certificate. She does hold a driver's license.

Military History

Ms. Walker has not had military service.

Occupational History

Ms. Walker has been employed as a social worker for 14 years. She works with Share

Head Start and functions in a management role.

Marital History
Ms. Walker married at the age of 24. That marriage lasted for seven years and ended because they grew apart. She has had a boyfriend for the past seven years. She has two children who are 14 and 10 years of age.

Hobbies/Daily Activities
Ms. Walker enjoys sports and shopping.

Observations
Ms. Walker's dress was appropriate and personal hygiene was maintained. Height was average and weight was obese. Basic motor skills were within normal limits, and speech was without evidence of articulatory or aphasic difficulties. No difficulty was observed in comprehending or following verbal instructions. Orientation was X4. No difficulty was noted in the ability to maintain attention or concentration. Intelligence appeared to be in the average range, and basic problem solving functions were intact. Thought processes were logical and coherent, and without evidence of distortions in either perception or ideation. Mood was normal, and affect was appropriate to content. Basic emotional and impulse controls were maintained. There were no indications of preoccupation in thought or ritualistic/obsessive behavior. No intent to harm the self or others was evident. Ms. Walker's general presentation and educational history suggested an average to above average level of intelligence. Social manner was appropriate, and rapport was easily established.

Impression
1. Specific Phobia, Fly 300.29
2. Adjustment Disorder with Anxiety 309.24
3. Anxiety Disorder, NOS 300.00

Discussion/Recommendations
Ms. Walker has agreed to begin psychotherapeutic consultation to assist her in working through her anxiety about flies and worry about food kind contamination. Ms. Walker indicated that she may consider working on other issues once the concern about flies has been resolved. Given the breadth of Ms. Walker's symptomatic behaviors, she may be a candidate for an antidepressant medication that also assists in the management of anxiety.

Randel R. Jones, Ph.D.

CC: Dr. Eric Faile

483

Greenville Ear, Nose, and Throat Associates
200 Patewood Drive, Bldg. B
Suite B-400
Greenville, SC 29615
(864) 454-4368

Patient Name: KIMBERLY M WALKER
Account #: 79144KW
Date of Birth:
Age: Sex: F
Physician: ROBERT O. BROWN, MD
Date of Service: 07/25/2006

The patient is referred for consultation today. Complains of a posterior neck mass, a right neck mass.
REFERRED BY: Eric Faile, MD

HISTORY OF PRESENT ILLNESS:

HEENT:

EAR: Symptoms are chronic. Symptoms include ear congestion bilaterally, right ear pain, a feeling of fluid in both ears, difficulty hearing with background noise present, hearing loss, tinnitus in both ears, high-pitched tinnitus, intermittent tinnitus, dizziness, clear rhinorrhea, post nasal drainage, coughing, chronic sinus infections, enlarged nodes in the right neck, fatigue, nasal congestion, nasal obstruction. No symptoms of chills, fever, malaise, neck pain. The symptom severity is moderate. The symptoms have been worsening over the last few months. Associated conditions include chronic allergies, chronic sinusitis. Therapies tried include antibiotics. There was temporary improvement noted with the therapies tried.

MEDICATIONS:

WELLBUTRIN XL ORAL TABLET 24 HR 150 MG, status: NEW HISTORY, 07/25/2006.

ALLERGIES:

MORPHINE

SOCIAL HISTORY:

TOBACCO USE: Has no smoking history.
ALCOHOL: Does not give any significant history of alcohol usage.
CAFFEINE: Consumes a minimal amount of caffeinated beverages daily.

PAST MEDICAL HISTORY:

MEDICAL: Thyroid problems, anemia, vertigo.
SURGICAL: Hysterectomy,gallbladder surgery,reconstructive surgery left hand,c-section(2)

FAMILY HISTORY:

POSITIVE FOR DIABETES, POSITIVE FOR THYROID PROBLEMS, POSITIVE FOR HYPERTENSION, POSITIVE FOR HEART DISEASE, no cancer, POSITIVE FOR ARTHRITIS, POSITIVE HISTORY OF ANEMIA, POSITIVE FOR BLOOD CLOTS.

REVIEW OF SYSTEMS:

GENERAL: FEELS FATIGUED.
EYES: HAS BLURRED VISION.
EARS: See HPI.
NOSE/SINUSES: Frequent pain and discomfort around eyes, nose and cheek area.
MOUTH: No sores in mouth, bleeding gums, dentures, growths in mouth.

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Greenville Ear, Nose, and Throat Associates
200 Patewood Drive, Bldg. B
Suite B-400
Greenville, SC 29615
(864) 454-4368

Patient Name: KIMBERLY M WALKER
Account #: 79144KW
Date of Birth:
Age: Sex: F
Physician: ROBERT O. BROWN, MD
Date of Service: 07/25/2006

THROAT: No pain, dysphagia, masses, hoarseness or Strep throat.
RESPIRATORY: No shortness of breath, cough, orthopnea, hemoptysis, or wheezing.
CARDIAC: The patient has been told by their doctor that they need antibiotics prior to procedures.
GI: No abdominal pain, heartburn, nausea, vomiting, bloating, diarrhea, constipation, melena or hematochezia.
MUSCULOSKELETAL: Positive for pain in bones, muscles, and joints, BACK PAIN, JOINT SWELLING.
NEUROLOGIC: HAS HEADACHES, DIZZINESS.
SKIN: No rashes, sores, blisters, growths, changing moles, discolorations or non-healing lesions. No abnormalities in chest wall.
ENDOCRINE: Denies swelling.
HEMATOLOGIC/LYMPHATICS: HAS A TENDENCY TO BRUISE EASILY.
ALLERGIC/IMMUNOLOGIC: PREVIOUS ALLERGY TESTING POSITIVE, WATERY, ITCHY EYES.DUST ALLERGY
GU: No difficulty urinating, urinary frequency, or blood in urine.

PHYSICAL EXAM:

Moderately overweight body habitus. In no acute distress.
EYES: Pupils are equal, round, and reactive to light. EOMs intact.
ABILITY TO COMMUNICATE: The patient is able to communicate.
HEAD,FACE,SINUSES & SALIVARY GLANDS EXAM: No head or facial abnormalities present. No masses or lesions present. Overall appearance is normal. Sinuses are not tender, red or swollen. No abnormality of the parotid or submandibular glands present. Facial strength is normal.
EARS, CANALS, TYMPANIC MEMBRANES: External auditory canal normal bilaterally, no effusion present bilaterally, no tympanic membrane inflammation in either ear, no tympanic membrane injection in either ear, DECREASED MOBILITY NOTED BILATERALLY, no tympanic membrane retraction noted in either ear. WEBER'S TEST SHOWS LATERALIZATION TO LEFT, Air conduction is greater than bone conduction bilaterally.
EXTERNAL EARS AND NOSE: Overall appearance normal with no scars, lesions or masses.
NOSE/NASAL CAVITY EXAM: TURBINATES SWOLLEN BILATERALLY, TURBINATES RED BILATERALLY, both inferior turbinates are hypertrophied, THE NASAL TURBINATES ARE EDEMATOUS BILATERALLY, CLEAR RHINORRHEA IS PRESENT BILATERALLY, SEPTUM IS S-SHAPED, no posterior nasal obstruction present. Sinuses are not tender, red or swollen.
PAROTID GLANDS: Overall appearance normal with no enlargement, tenderness or mass.
LIPS/GUM/TEETH: Inspection of the lips, gums, and teeth is normal.
ORAL CAVITY: Normal oral mucosa with no visualized ulcers, masses, or other lesions. Tongue normal. Floor of mouth normal.
OROPHARYNX: Patient is a Mallampati III.

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Greenville Ear, Nose, and Throat Associates
200 Patewood Drive, Bldg. B
Suite B-400
Greenville, SC 29615
(864) 454-4368

Patient Name: KIMBERLY M WALKER
Account #: 79144KW
Date of Birth:
Age: Sex: F
Physician: ROBERT O. BROWN, MD
Date of Service: 07/25/2006

TONSILS: Tonsils are normal in appearance 2+ in size.
NECK/THYROID: Normal appearance without mass. Trachea midline. No lymphadenopathy. No enlargement, tenderness, or mass of the thyroid noted. There is a small tender nodule just over the mastoid on the right, about 5mm in size. No skin attachment or erythema. Mildly tender running along the SCM from this, but no abscess or nodes otherwise.
NEUROLOGIC: CNs II-XII grossly intact. Facial nerve normal bilaterally. All branches. Pupils are equally round and responsive to light. EOMs within normal limits. No nystagmus. Alert and oriented to time, place and person.

AUDIOGRAM RESULTS: The audiogram obtained today reveals a left sensorineural hearing loss. Mild asymmetry but normal reflexes and tympanograms. No sign of a conductive loss.

ASSESSMENT/PLAN:
785.6-LYMPHADENOPATHY
ASSESSMENT: Ceftin bid for 10 days.
381.81-EUST TUBE DYSFUNCT
473.9-CHRON, SINUSITIS, UNSPEC
477.9-ALLERGIC RHINITIS, UNSP
ASSESSMENT: Add Durahist PE each morning. Continue nasal steroids and Claritin in the evening.
SCHEDULED TESTS/PROCEDURES/REFERRALS: CT of the sinuses.

REFERRING DOCTOR: Eric Faile, Md

Electronically Signed by: Robert O. Brown, III, M.D., FACS on Wednesday, July 26, 2006

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June 12, 2009

Mrs. Hallman,

Please terminate my Pre-Paid legal benefit as of March 31, 2009.

If you have any questions, please feel free to contact me at 282-2194.

Thanks!

Kim Walker

Kim Walker

Faxed Misty

@580-310-6962

A1

W. Charles Harris
Chairman, Board of Directors

Helping People. Changing Lives.
Community Action PARTNERSHIP
AMERICA'S POVERTY FIGHTING NETWORK

Willis H. Crosby, Jr., Ed.D., CCAM
President/CEO

SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. (SHARE)
1200 Pendleton Street *P.O. Box 10204*Greenville, SC 29603*864-269-0700*FAX 864-295-6151*www.sharesc.org

Ms. Kimberly Walker

June 11, 2009

Dear Kim:

According to our records, you have a number of optional benefits normally paid through payroll deduction. As long as you were in "paid" status, SHARE deducted your voluntary benefit costs by payroll deduction. However, you have been on Leave Without Pay since the pay period beginning 3/2/09 At that point, it became your responsibility to make these premium payments on a monthly basis. You will recall that you were advised telephonically of this requirement and the cumulative amount due on May 28, 2009 by Joy Fletcher of this office.

To date, there have been no payments received over the 6 pay periods since March 5 that you have been on Leave Without Pay. The following summary lists each type of coverage and the amounts necessary to bring premiums current through the month of July. If not paid, coverage will lapse as of the date last paid:

- Long Term Disability (LTD) – This premium increased from $23.47 to $35.64 per month effective 2/1/09 due to an upward move in the age-band. (We sent you a notice of this in February.) Payroll deductions were not adjusted for the $12.17 increase until your last pay date, March 5. To keep your LTI coverage, you will need to pay the premiums indicated:

  $12.17 x 2.5 months = $30.43 (Feb., Mar., and ½ April) for increase
  $35.64 x 3.5 months =$124.74 (1/2 of April, then May through July)
  Total due to retain LTD coverage: $155.17

- Group Dental, Employee Only $22.72 x 3.5 months = $ 79.52
- Group Cancer, Employee High $29.82 x 3.5 months = $104.37
- Colonial $39.00 x 3.5 months = $136.50
- Prepaid Legal $19.95 x 3.5 months = $ 69.83
- Long Term Disability (LTD) $155.17

Total for **all** optional benefits due to date = $545.99

We understand that it is difficult to make lump-sum payments of this size while out on Leave Without Pay, so we are offering to divide this amount into two smaller minimum payments:

1st payment, due no later than 1 July 2009: $273.00
2nd payment, due no later than 10 July 2009: $273.00

These payments will bring your coverages up-to-date through July 2009.

Kim, we truly wish you a complete and speedy recovery and hope that you are medically released to return to work very soon. As soon as you can return to "paid" status, we will again be able to pay these voluntary deductions for you through payroll deduction.

Best wishes for continued speedy recovery!

Carol P. Hallman
Director, Human Resources

cc: Mrs. Rubye Jones, Director of Children & Family Development
Ms. Connie M. Williams, Director of Business & Finance

W. Charles Harris
Chairman, Board of Directors

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1200 Pendleton Street *P.O. Box 10204*Greenville, SC 29603*864-269-0700*FAX 864-295-6151*www.sharesc.org

Ms. Kimberly Walker

June 11, 2009

Dear Kim:

This letter is to confirm that your leave of absence, which began on February 20, 2009 and extended through May 14, 2009, qualified as FMLA leave. The Family and Medical Leave Act (FMLA) provides up to 12 weeks of medical leave within a twelve-month period, *including both paid leave and leave without pay,* with proper medical certification. Further, SHARE policy provides for extended unpaid medical leave of up to another 12 weeks after FMLA leave expires with proper medical certification.

You have been absent for medical reasons since February 19, 2009 which was your last day worked. Your absence from May 15, 2009 through the medically recommended and certified date of July 19, 2009 encompasses a period of 9 weeks, and is covered under the SHARE extended unpaid leave policy. **Should your absence continue past that date, your extended unpaid leave protection will expire on August 6, 2009.** ***This is the maximum leave of absence permitted under agency policy.*** If you are unable to return to work by August 6, 2009, your employment status with SHARE will end August 6, 2009 due to the exhaustion of allowable leave limits.

Kim, we wish you a speedy and complete recovery, and sincerely hope that you are medically released to return to work before August 6, 2009. If you have any questions or if there is any assistance this office may be to you, please don't hesitate to call me directly at 864-220-7231.

Best regards,

Carol P. Hallman
Director of Human Resources

cc: Mrs. Rubye Jones, Director of Children & Family Development
Ms. Connie M. Williams, Director of Business & Finance

W. Charles Harris
Chairman, Board of Directors

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Willis H. Crosby, Jr., Ed.D., CCAM
President/CEO

SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. (SHARE)
1200 Pendleton Street *P.O. Box 10204*Greenville, SC 29603*864-269-0700*FAX 864-295-6151*www.sharesc.org

June 10, 2009

Ms. Kimberly Walker
e

Dear Ms. Walker:

This letter summarizes the status of your leave of absence from February 20, 2009, to the present. The Family and Medical Leave Act (FMLA) provides up to 12 weeks of medical leave within a 12-month period, including both paid and unpaid leave, with medical certification. Therefore, your first 12 weeks of absence qualified as FMLA leave, from February 20 through May 14, 2009. In addition, SHARE policy provides extended medical leave up to another 12 weeks after FMLA leave expires, contingent upon receipt of proper medical certification. Your continued absence may qualify for this extended leave from May 15, 2009, until it expires on August 6, 2009, upon receipt of proper medical certification. *This is the maximum leave of absence permitted under agency policy*. If you are unable to return to work by August 6, your employment status with SHARE will end due to leave limits.

It has been quite some time since we received medical certification directly from your doctor as required to document your continued absence from work. Although we receive updates through brief notes from Workers Comp case managers, that is indirect information and not sufficient to specify that you should continue to be out of work or for what length of time. To date, we have not seen an anticipated return to work date. Assuming that we receive the required certification, your absence will continue to be covered under the extended leave policy through August 6, 2009. If we do not receive such certification we will not be able to approve continuation of your leave of absence.

Please provide an updated medical statement as soon as possible.

Under separate cover we are sending information regarding your optional benefits, which were paid through payroll deductions while you were working or on paid leave. When you are absent without paid leave, you are responsible for keeping your premium payments current. To date you have not made arrangements to maintain or cancel these benefits, and your premiums have fallen in arrears.

We sincerely hope you will be able to return to work with a medical release before August 6, 2009. If you have any questions please don't hesitate to call. My direct phone number is (864) 220-7231.

Sincerely,

Carol P. Hallman

Carol P. Hallman
Director of Human Resources

cc: Dr. Willis H. Crosby, Jr., President/CEO
Mrs. Rubye H. Jones, Director of Children & Family Development
Mrs. Joy Fletcher, Human Resources Specialist

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AS

August 21, 2013

Kimberly Walker

State Farm Claims
P. O. Box 106145
Atlanta GA 30348-6145

RE: Claim Number: 11-2X91-020

Dear Kimberly Walker:

Attached is our payment for the estimated repairs to your damaged vehicle. You have the right to select the repair facility that will repair your vehicle. Only you can authorize repairs to your vehicle. If you have not selected a repair facility, we can assist you by identifying Select Service® repairers in your market area. Conveniently located repairers can also be found by accessing www.statefarm.com.

The payment is based on a repair estimate using prices and labor rates which are competitive in your local area.

You are free to select repairers who do not have agreements with State Farm. Not all repair facilities charge the same amount for vehicle repairs. Any additional payment will be based upon supplemental amounts agreed to by State Farm. You may be responsible for any amounts not agreed to by State Farm. This may include, but may not be limited to, storage fees and rental expenses.

Please review the damage estimate that has been prepared on your vehicle. If now or later you or your selected repairer discovers additional loss-related damage to your vehicle, please contact us at the number indicated below.

Sincerely,

Patricia Hawkins
Claim Processor
(866) 527-4120 Ext. 7704183908

State Farm Mutual Automobile Insurance Company

Enclosure(s):
Estimate Copy
Draft

For your insurance and financial needs, please contact an agent or visit statefarm.com®.

B1

October 23, 2013

Kimberly Walker

State Farm Claims
P. O. Box 106145
Atlanta GA 30348-6145

RE: Claim Number: 11-2X91-020
Date of Loss: August 15, 2013
Our Insured: Randy H Griffin

Dear Kimberly Walker:

Enclosed is the Release confirming our settlement agreement in the amount of $7,200 for Kimberly and $4,200 for Bria. After the Release is properly signed, dated, and returned to this office, we will forward payment.

To ensure we can identify and match all documents to the claim file, please include the claim number on all correspondence.

If you have any questions, please contact us.

Sincerely,

Valleri Duval CPCU®
Claim Representative
(866) 527-4120 Ext. 7704183904
Fax: (888) 870-0317

State Farm Mutual Automobile Insurance Company

Enclosures: Release
Return Envelope

B2

StateFarm

Affidavit and Indemnifying Release

State of Georgia County of Greenville
Claim Number: 11-2X91-020

FOR THE SOLE CONSIDERATION OF seven thousand two hundred and 00 /100 ($7,200) dollars payable to Kimberly Walker (the receipt and sufficiency of which is hereby acknowledged), the undersigned hereby releases and forever discharges Randy H Griffin, Cindy Griffin & Brian Beck their heirs, executors, administrators, agents, assigns, and any and all other persons, corporations or entities who are, or who may be claimed to be, liable for the acts or omissions of the named individuals and/or entities (none of whom admit any liability) from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever. The Release includes all claims, known and unknown, to both person and property, which have resulted or may in the future result from an incident, which occurred on or about August 15, 2013.

The undersigned acknowledges that the foregoing consideration is being paid in settlement of a doubtful and disputed claim, and that their signature hereto precludes forever any further claims for damages as a result of the above-referenced automobile accident.

To procure the payment of the foregoing consideration, the undersigned hereby declares, assures, and warrants that:

1. They/He/She is/are more than 18 years of age, of sound mind, was married/unmarried at the time of the accident referenced above, and suffers from no mental disability or infirmity.
2. No representations by any person released hereby about the nature and extent of damages claimed or capable of being claimed or any representations regarding the financial responsibility has induced this settlement.
3. All bills from any hospital, nursing home, physician practice, provider of traumatic burn care medical practice, or any other provider of healthcare services contemplated by Official Code of Georgia Annotated 44-14-470, et. seq., incurred for treatment for the injuries for which a settlement is made have been fully paid.
4. In determining said sum, all consequences resulting from the activities alleged and the execution of this Release have been taken into consideration.
5. The terms of this Release have been completely read and are fully understood and voluntarily accepted by the undersigned for the express purpose of making a full and final compromise settlement of a disputed claim, including any unknown and unanticipated claims through the date of execution of this Release.
6. As further consideration for payment of the aforesaid sum, the undersigned agrees to indemnify and hold harmless the persons, firms, and corporations hereby released from all claims, demands, actions, causes of action or suits for damages alleged to be due and payable to any other person or entity as a result of the referenced incident. This includes all liens or subrogation claims, including, but not limited to, payments from Medicare, Medicaid, ERISA plans, Workers' Compensation providers and other benefit payors, as well as any attorney, hospital, and medical liens. The undersigned agrees to reimburse and make good any and all losses, damages, expenses, attorney's fees and costs that the above-named persons and corporations or their insurers may have to pay if further claims, demand, actions, litigation, causes of action, suits, or proceedings are pursued for any of the undersigned's injuries, damages, or medical expenses.

The undersigned acknowledges notice that this settlement is made without the written consent of those hereby released who are not precluded from further assertion of claims against the undersigned.

The undersigned hereby accepts a draft as final payment of the consideration set forth above.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28 day of Oct, 2013.

Kimberly Walker
Plaintiff(s) Name
(SEAL)

Plaintiff(s) Name

Sworn to and subscribed before me, this 28 day of Oct, 2013

My commission expires: My Commission Expires March 30, 2015
(mm/dd/yyyy)

Notary Public

Agreed to and Approved by:
Attorney for Plaintiff

Claim# 112X91020

BON SECOURS HEALTH SYSTEM
ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

WALKER,KIMBERLY D
MRN:
DOB: Sex: F
Acct #: 31132270277
Arrival:8/15/2013, D/C:8/15/2013

Patient Demographics

Patient Name	Sex	DOB	SSN	Address	Phone
Walker, Kimberly D	Female				

Chief Complaint

Motor Vehicle Crash neck pain, right arm tingling

Diagnoses

Cervical strain

MVA (motor vehicle accident)

ED Provider Notes

ED Provider Notes signed by Julian S Dial III, MD at 08/16/13 0936

Author:	Julian S Dial III, MD	Service:	(none)	Author Type:	Physician
Filed:	08/16/13 0936	Note Time:	08/15/13 1738		
Related Notes:	Related Note by: Susan L Morehouse-Moore, PA filed at 08/15/13 1749				

I was personally available for consultation in the emergency department. I have reviewed the chart and agree with the documentation recorded by the MLP, including the assessment, treatment plan, and disposition.
Julian S Dial III, MD

Electronically signed by Julian S Dial III, MD at 8/16/2013 9:36 AM

ED Provider Notes signed by Susan L Morehouse-Moore, PA at 08/15/13 1749

Author:	Susan L Morehouse-Moore, PA	Service:	(none)	Author Type:	Physician Assistant
Filed:	08/15/13 1749	Note Time:	08/15/13 1738		
Related Notes:	Cosigned by: Julian S Dial III, MD filed at 08/16/13 0936				

HPI Comments: Patient was a restrained driver in a vehicle that was stopped at a red light and hit from behind by another vehicle. She is hurting in her neck and has had some tingling down her right arm since then. No headache, no head injury or other symptoms. No other complaints.

Patient is a 45 y.o. female presenting with motor vehicle accident. The history is provided by the patient.
Motor Vehicle Crash
The accident occurred less than 1 hour ago. She came to the ER via walk-in. At the time of the accident, she was located in the driver's seat. She was restrained by seat belt with shoulder. The pain is present in the neck. The pain is at a severity of 6/10. The pain is moderate. There was no loss of consciousness. The accident occurred while the vehicle was stopped. It was a rear-end accident. She was not thrown from the vehicle. The vehicle's windshield was intact after the accident. The vehicle was not overturned. The airbag was not deployed. She was ambulatory at the scene.

ED Provider Notes (continued)

ALLERGIES: Estrogens; Morphine; and Other

Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative. Negative for shortness of breath.
Cardiovascular: Negative. Negative for chest pain.
Gastrointestinal: Negative. Negative for abdominal pain.
Genitourinary: Negative.
Musculoskeletal: Negative.
Neck pain
Skin: Negative.
Neurological: Negative. Negative for tingling, loss of consciousness and numbness.
Hematological: Negative.
Psychiatric/Behavioral: Negative.
All other systems reviewed and are negative.

Filed Vitals:

	08/15/13 1616
BP:	136/76
Pulse:	75
Temp:	98.5 °F (36.9 °C)
Resp:	20
Height:	5' 4" (1.626 m)
Weight:	109.77 kg (242 lb)
SpO2:	99%

Physical Exam
Nursing note and vitals reviewed.
Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
Mouth/Throat: Oropharynx is clear and moist.
Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal: Normal range of motion.

Claim# 112X91020

BON SECOURS HEALTH SYSTEM

ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

WALKER,KIMBERLY D
MRN:
DOB: Sex: F
Acct #: 31132270277
Arrival:8/15/2013, D/C:8/15/2013

ED Prescriptions

Medication	Sig	Dispense	Start Date	End Date	Auth. Provider
methocarbamol (ROBAXIN) 750 mg tablet	Take 1 Tab by mouth three (3) times daily.	30 Tab	8/15/2013		Susan L Morehouse-Moore, PA
ketorolac (TORADOL) 10 mg tablet	Take 1 Tab by mouth every six (6) hours as needed for Pain.	15 Tab	8/15/2013		Susan L Morehouse-Moore, PA

Follow-up Information

Follow up With	Details	Comments	Contact Info
Eric James Faile, MD		As needed	Riverside Family Practice 3909 S Hwy 14 Greenville South Carolina 29615 864-522-1320

AFTER VISIT SUMMARY

Allergies (verified on: 09/19/13)

Agent	Severity	Comments
ESTROGENS		
MORPHINE		
OTHER MEDICATION		**Unknown pain med post op at discharge**

You were seen by the following provider(s):

1. Susan L Morehouse-Moore, PA

You Were Diagnosed With

Cervical strain - Primary

MVA (motor vehicle accident)

We Performed the Following

XR SPINE CERV PA LAT ODONT 3 V MAX [72040 CPT(R)]

The emergency physician provided an on-the-spot interpretation of your x-rays and /or EKG. A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.

Current Discharge Medication List As of 10/8/2013 4:56 PM

START taking these medications

	Dose & Instructions	Dispensing Information	Comments
ketorolac 10 mg tablet Commonly known as: TORADOL	Dose: 10 mg Take 1 Tab by mouth every six (6) hours as needed for Pain.	Quantity: 15 Tab Refills: 0	

Claim# 112X91020

BON SECOURS HEALTH SYSTEM

ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

WALKER,KIMBERLY D
MRN: [redacted]
DOB: [redacted] Sex: F
Acct #: 31132620040
Arrival:9/19/2013, D/C:9/19/2013

Patient Demographics

Patient Name	Sex	DOB	SSN	Address	Phone
Walker, Kimberly D	Female		[redacted]	[redacted]	

Chief Complaint

Motor Vehicle Crash

Diagnosis

Neck pain

ED Provider Notes

ED Provider Notes signed by Justin N Dzik, MD at 09/19/13 1115

Author:	Justin N Dzik, MD	Service:	(none)	Author Type:	Physician
Filed:	09/19/13 1115	Note Time:	09/19/13 1015		

HPI Comments: 45 y/o f here for eval of neck pain for 4 weeks s/p rear ending mvc. xrays at the time were normal, continues to have pain, couldn't follow up with her doctor so came here.

Patient is a 45 y.o. female presenting with motor vehicle accident. The history is provided by the patient and medical records. No language interpreter was used.

Motor Vehicle Crash

Incident onset: one month ago. She came to the ER via walk-in. At the time of the accident, she was located in the driver's seat. She was restrained by seat belt with shoulder. The pain is present in the neck. The pain is moderate. The pain has been constant since the injury.

Past Medical History

Diagnosis	Date
• Nausea & vomiting	

Past Surgical History

Procedure	Date
• Pr breast surgery procedure unlisted *breast reduction*	
• Hx cholecystectomy	
• Pr knee scope, w/lateral release	april 2009
• Hx heent *sinus surg*	
• Hx other surgical *left hand*	
• Hx cesarean section *x2*	
• Hx hysterectomy	

History reviewed. No pertinent family history.

BON SECOURS HEALTH SYSTEM

ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

WALKER,KIMBERLY D
MRN:
DOB: Sex: F
Acct #: 31132620040
Arrival:9/19/2013, D/C:9/19/2013

ED Provider Notes (continued)

Filed Vitals:

	09/19/13 0858
BP:	129/90
Pulse:	81
Temp:	98.5 °F (36.9 °C)
Resp:	20
Weight:	113.399 kg (250 lb)
SpO2:	99%

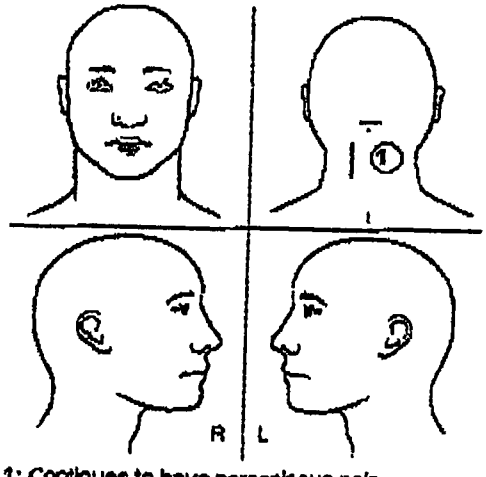
Physical Exam

Nursing note and vitals reviewed.

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.



1: Continues to have paraspinous pain

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits tenderness. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. No cranial nerve deficit. Coordination normal. GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 6.

ED Provider Notes (continued)

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema.
Psychiatric: She has a normal mood and affect.

MDM

Differential Diagnosis; Clinical Impression; Plan:
Back strain, disc issue, other.
Amount and/or Complexity of Data Reviewed:
Tests in the radiology section of CPT®: Ordered and reviewed
Review and summarize past medical records: Yes
Independant visualization of image, tracing, or specimen: Yes

Procedures

Will ct the patient's c spine to rule out any dangerous etiology and re-evaluate.
Justin N Dzik, MD
1021

Ct c spine negative. I have given pt usual cautions and warnings and recommend she see her doctor for possible mri for disc issues. No neuro defects, dc home.
Justin N Dzik, MD
1115

Electronically signed by Justin N Dzik, MD at 9/19/2013 11:15 AM

Procedures (464h 5m ago through now)

None

ED Prescriptions

Medication	Sig	Dispense	Start Date	End Date	Auth. Provider
oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	Take 1 Tab by mouth every four (4) hours as needed for Pain.	20 Tab	9/19/2013		Justin N Dzik, MD
methocarbamol (ROBAXIN-750) 750 mg tablet	Take 2 Tabs by mouth three (3) times daily.	40 Tab	9/19/2013		Justin N Dzik, MD
ibuprofen (MOTRIN) 800 mg tablet	Take 1 Tab by mouth every six (6) hours as needed for Pain for 7 days.	20 Tab	9/19/2013	9/26/2013	Justin N Dzik, MD

Follow-up Information

Follow up With	Details	Comments	Contact Info
Eric James Falle, MD	Schedule an appointment as soon as possible for a visit in		Riverside Family Practice 3909 S Hwy 14

BREAKAWAY AUTOBODY REPAIR

2450 Laurens Road, GREENVILLE, SC 29607
Phone: (864) 234-6470
FAX: (864) 234-6478

Workfile ID: add0d586
Federal ID: 57-094-5464

Preliminary Estimate

Customer: WALKER, KIM **Job Number:**

Written By: Ralph Fowler

Insured:	WALKER, KIM	Policy #:		Claim #:	112X91020
Type of Loss:		Date of Loss:		Days to Repair:	0
Point of Impact:	07 Left Rear				

Owner:
WALKER, KIM

Inspection Location:
BREAKAWAY AUTOBODY REPAIR
2450 Laurens Road
GREENVILLE, SC 29607
Repair Facility
(864) 234-6470 Business

Insurance Company:
STATE FARM INSURANCE COMPANIES

VEHICLE

Year:	2000	Body Style:	4D SED	VIN:	19UUA5660YA031327	Mileage In:	
Make:	ACUR	Engine:	6-3.2L-FI	License:		Mileage Out:	
Model:	TL 3.2L	Production Date:	2/2000	State:		Vehicle Out:	
Color:	Int:	Condition:		Job #:			

TRANSMISSION
Automatic Transmission
Overdrive
Traction Control
SEATS
Power Driver Seat
Power Passenger Seat
Bucket Seats
Leather Seats
Heated Seats
STEERING
Power Steering
Tilt Wheel
Steering Wheel Controls
BRAKES
Power Brakes
4 Wheel Disc Brakes
Anti-Lock Brakes (4)
ROOF
Electric Glass Sunroof
GLASS
Rear Defogger
Power Windows
WHEELS
Aluminum/Alloy Wheels
RADIO
AM Radio
FM Radio
Stereo
Cassette
Search/Seek
CD Player
INTERIOR
Power Locks
Air Conditioning
Cruise Control
Driver Air Bag
Passenger Air Bag
Front Side Impact Air Bags
Console/Storage
Digital Clock
Intermittent Wipers
EXTERIOR
Power Mirrors
Dual Mirrors
Body Side Moldings
Alarm
Keyless Entry
PAINT
Clear Coat Paint

No. 8727 P. 2

Sep. 5. 2013 2:45PM

810

Preliminary Estimate

Customer: WALKER, KIM **Job Number:**

Vehicle: 2000 ACUR TL 3.2L 4D SED 6-3.2L-FI

Line		Oper	Description	Part Number	Qty	Extended Price $		Labor	Paint
1	REAR SUSPENSION								
2			O/H rr susp lt				m	3.5 M	
3	*	Repl	LKQ LT Knee assy per A&R +25%	52215S0KA00	1	131.25	m	Incl.	
4	#	Subl	4 WHEEL ALIGNMENT		1	69.95	X		
5	*	Repl	LKQ Susp crossmember +25%	50310587A01	1	162.50	m	4.2 M	
6	#	R&I	DETRIM LKQ KNEE ASSY					1.0 M	
				SUBTOTALS		**363.70**		**8.7**	**0.0**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				293.75
Mechanical Labor	8.7 hrs	@	$ 75.00 /hr	652.50
Miscellaneous				69.95
Subtotal				1,016.20
Sales Tax	$ 293.75	@	6.0000 %	17.63
Grand Total				**1,033.83**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**1,033.83**

Please Present A Copy Of This Estimate To A Repair Facility Of Your Choice
*USAA Subsidiaries include: United Services Automobile Association(USAA), USAA Casualty Insurance Company(CIC), USAA General Indemnity Company(GIC) USAA County Mutual Insurance(CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage before repair may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may require specific welding equipment as recommended by the manufacturer.
If alternative quality replacement parts have been included in this appraisal, the source for these parts has also been disclosed. If alternative quality replacement parts as listed on the appraisal are ultimately used in the repair of your vehicle, the warranty on such parts will be equal to, or greater than, the parts being replaced, as stated in USAA's limited parts warranty. USAA warrants that the parts used on your vehicle will be of like kind and quality, function, fit, safety and corrosion protection as the part or parts they replace. USAA identifies certified and validated parts for sheet metal replacement parts.

Claim #:112X91020

ST FRANCIS HOSPITAL INC ONE ST FRANCIS DRIVE GREENVILLE SC 296013955 ER SERVICE	ST FRANCIS HOSPITAL INC ONE ST FRANCIS DRIVE GREENVILLE SC 296013955	1a PAT CNTL # 31132270277	4 TYPE OF BILL 131
		5 FED TAX NO 582504530	6 STATEMENT COVERS PERIOD FROM 08/15/2013 THROUGH 08/15/2013

| | | |

UPSTATE CAROLINA RADIOLOGY
PO Box 138
Columbus GA 31902-0138

Claim# 112X91020

Toll Free: (800) 841-4236

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	CLIENT ID 109
STATEMENT DATE 08/19/2013 / ACCOUNT # 139609	PAY THIS AMOUNT $32.00

AMOUNT PAID

Pay online at www.ePayitOnline.com
CodeID: MSN00001 Access #: 3341683-1-9749
Patient: KIMBERLY D WALKER

1560 1 AT 0.381 *6 01560
Kimberly D Walker 139609

MAKE CHECK PAYABLE & REMIT TO:

Upstate Carolina Radiology, PA
PO Box 138
Columbus GA 31902-0138

MSN00001-0356738-0001560-3341683-001-009749-#002030-0001

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

LAST CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK

DATE	POST DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJ	BALANCE
							$32.00
08/15/13		72050	RADEX SPI CRV MINI	$32.00			

Location: ST. FRANCIS HOSPITAL - EASTSIDE

To pay this statement electronically
Go to www.ePayitOnline.com
CodeID: MSN00001 Access#: 3341683-1-9749

SCAN FOR MOBILE PAYMENT

***** You are responsible for payment in full within 20 days. *****

***** Visit our Patient Portal @ www.msnllc.net *****

Primary Insurance:
Secondary Insurance:

Total Balance: $32.00
Insurance Pending: $0.00
AMOUNT DUE NOW: $32.00

Patient: KIMBERLY D WALKER Account Number: 139609 Statement Date: 08/19/2013

Please verify your insurance information above to ensure everything is correct. Complete the back of this form and return it to our office if there are any discrepancies.

Estos son servicios proporcionodos para usted. Si tiene alguna pregunta con respecto a esta declaracion, por favor llame a nuestra oficina al Toll Free: (800) 841-4236.

These are charges for services provided to you. If you have any questions with respect to this statement, please call our office at Toll Free: (800) 841-4236.

Upstate Carolina Radiology, PA
PO Box 138
Columbus GA 31902-0138

Toll Free: (800) 841-4236

MSN00001-0356738-0001560-3341683-001-009749-#002030-0001

813

2013-10-11 09:09 1 << 1 SF27CL p 6/8

UPSTATE CAROLINA RADIOLOGY
PO Box 138
Columbus GA 31902-0138

Claim# 112X91020

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP DATE
SIGNATURE	CLIENT ID 109

STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
09/26/2013	139609	$118.00

AMOUNT PAID

1228400857

Toll Free: (800) 841-4236

Pay online at www.ePayitOnline.com
CodeID: MSN00001 Access #: 3408917-1-12265
Patient: KIMBERLY D WALKER

1741 1 AT 0.381 *6 01741
Kimberly D Walker 139609

MAKE CHECK PAYABLE & REMIT TO:

Upstate Carolina Radiology, PA
PO Box 138
Columbus GA 31902-0138

MSN00001-0360357-0001741-3408917-001-012265-#002358-0001

CLASI CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	POST DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJ	BALANCE
09/19/13		72125	CT CRV SPI C-MATRL	$118.00			$118.00

Location: ST. FRANCIS HOSPITAL - EASTSIDE

To pay this statement electronically
Go to www.ePayitOnline.com
CodeID: MSN00001 Access#: 3408917-1-12265

SCAN FOR MOBILE PAYMENT

***** You are responsible for payment in full within 20 days. *****

***** Visit our Patient Portal @ www.msnllc.net *****

Primary Insurance:
Secondary Insurance:

Total Balance: $118.00
Insurance Pending: $0.00
AMOUNT DUE NOW: $118.00

Patient: KIMBERLY D WALKER Account Number: 139609 Statement Date: 09/26/2013

Please verify your insurance information above to ensure everything is correct. Complete the back of this form and return it to our office if there are any discrepancies.

Estos son servicios proporcionodos para usted. Si tiene alguna pregunta con respecto a esta declaracion, por favor llame a nuestra oficina al Toll Free: (800) 841-4236.

These are charges for services provided to you. If you have any questions with respect to this statement, please call our office at Toll Free: (800) 841-4236.

Upstate Carolina Radiology, PA
PO Box 138
Columbus GA 31902-0138

Toll Free: (800) 841-4236

MSN00001-0360357-0001741-3408917-001-012265-#002358-0001

B14

PLANTATION BILLING CENTER
PO BOX 189016
PLANTATION FL 33318-9016

Claim#112X91020

Patient Name: KIMBERLY D WALKER AMT DUE: $630.00

PHYSICIAN SERVICES RENDERED AT: ST FRANCIS EASTSIDE HOSPITAL

DETACH AND RETURN THIS COUPON WITH THE REVERSE SIDE COMPLETED TO PAY BY CREDIT CARD, TO PROVIDE INSURANCE INFORMATION OR FOR CHANGE OF ADDRESS.

Credit card charges will appear as "Team Health"

23362615-44-1384
PS » 016926
KIMBERLY D WALKER

44
ACS EMERGENCY PHYSICIANS OF SC
DEPT: A ☐ B ☐ C ☐ (check one - see reverse)
PO BOX 189016
PLANTATION FL 33318-9016

0180002336261590260448159901364800006300049

↑ *Detach Here* ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
08/15/13	125889801	EMERGENCY DEPT VISIT	DIAL MD,JULIAN S III / MOREHOUSE-MOORE PA-C	$630.00	

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 23362615-44-1384 STATEMENT DATE: 08/29/13 TOTAL NOW DUE: $630.00

OUR RECORDS INDICATE WE DID NOT RECEIVE AUTO INSURANCE INFORMATION. WE REQUIRE THIS INFORMATION TO PROCESS A CLAIM TO YOUR AUTO INSURANCE CARRIER. PLEASE CONTACT OUR OFFICE WITH INSURANCE INFORMATION.

For Billing Inquiries, call 888-952-8772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.
SEND US YOUR INFORMATION OVER THE WEB!
You may now provide insurance information and make credit card payments at http://www.thbillpay.com/

↓ *Detach Here* ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: KIMBERLY D WALKER ACCT#: 23362615-44-1384 . CHECK#: _____ AMT PAID: _____

PHYSICIAN SERVICES RENDERED AT: ST FRANCIS EASTSIDE HOSPITAL

☐ CHECK HERE FOR CHANGE OF ADDRESS

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

MAKE CHECKS PAYABLE TO:

23362615-44-1384
Kimberly D Walker
16 Scott Dr
Greenville SC 29611-7730

44
ACS EMERGENCY PHYSICIANS OF SC
PO BOX 740022
CINCINNATI OH 45274-0022

0180002336261590260448159901364800006300049

BIS

COPY

South Carolina Operation Center
P. O. Box 10003
Duluth, GA 30096-9403
Fax: (888) 870-0317

March 22, 2011

Kimberly Walker

RE: Claim Number: 40-8652-492
Date of Loss: March 18, 2011
Our Insured: Douglas L Gutschow

Dear Ms. Walker:

We have been trying to contact you about your recent accident but have been unsuccessful. We would like to talk to you as soon as possible.

Please telephone me at the number listed below at your earliest convenience.

We appreciate your assistance and look forward to speaking with you.

Sincerely,

Tracy Isham
Claim Representative
(864) 968-3644

State Farm Mutual Automobile Insurance Company

ti

COPY

South Carolina Operations Center
P O Box 10003
Duluth, GA 30096-9403

Toll Free: 877-859-1846
Facsimile: 888-870-0317

March 29, 2011

Kimberly Walker

RE: Claim Number: 40-8652-492
Date of Loss: March 18, 2011
Our Insured: Douglas L Gutschow

Dear Ms. Walker:

Attached is our payment for the estimated repairs to your damaged vehicle. You have the right to select the repair facility that will repair your vehicle. Only you can authorize repairs to your vehicle.

This payment is based on a repair estimate using prices that are competitive in your market area. In the event additional damage is identified by the repairer you select, any amount previously paid will be taken into consideration as we determine any additional amounts owed. We will review and consider any supplemental amounts requested by you or the repairer you select, should additional loss-related damage become apparent. Any additional payment will be based upon supplemental amounts agreed to by State Farm.

If paintless dent repair is specified in whole or in part for your vehicle repairs, payment is based on the price for those repairs from agreements we have with repair facilities for such repairs. This price is competitive in the market area for paintless dent repair.

If you have not selected a repair facility, we can assist you by identifying Select Service(R) and/or paintless dent repairers who have agreements with State Farm to provide quality repairs at prices that are competitive in your market area. Conveniently located repairers can also be found by going to www.statefarm.com.

You are free to select repairers who do not have Select Service(R) or paintless dent repair agreements with State Farm. These repairers may perform quality repairs on your vehicle, but may charge more than the prices that are competitive in your market area, and/or prices for paintless dent repair that are

COPY

established through agreements we have with repair facilities. We will assist you by working with these repairers as best we can.

Please review the damage estimate that has been prepared on your vehicle. If now or later, you or your selected repairer discovers additional loss-related damage to your vehicle, please contact us at the number indicated below.

Sincerely,

Jean Hawkins
Claim Processor
(864) 968-3533

State Farm Mutual Automobile Insurance Company

br

Enclosure(s)

C3

September 13, 2011.

State Farm Claims Adjustor,

Please find enclosed all of my medical notes and bills. I am no longer under doctor's care. I have some past due bills due to this accident and I need them paid as soon as possible.

The negligence of your insured has caused me tremendous pain and suffering. I have spoken to a Lawyer and he has advised me to seek $15, 000.00 to settle this case. I hope that we can settle this case without getting him officially involved.

Please contact me no later than September 15, 2011 in regards to this matter.

If you have any questions or concerns, I can be reached at .

Thanks,

Kim Walker

Kim Walker

Accident: March 3, 2011

Claim#: 408652492

C4

P676
P624

COPY

P. O. Box 106145
Atlanta, GA 30348-6145
Fax: (888) 870-0317

October 10, 2011

Kimberly Walker

RE: Claim Number: 40-8652-492
Date of Loss: March 18, 2011
Our Insured: Douglas L Gutschow

Dear Kimberly Walker:

Enclosed is our release in full settlement of all claims for damages against our insured(s). Please read, date, and sign the release and return it in the enclosed envelope. Once the executed release is received, a draft in the amount of $7,791.00 will be forwarded to you as we agreed.

This letter also confirms that you are responsible for paying any liens, medical bills, assignments, or other charges out of the $7,791.00 settlement.

If you have any questions, please contact us at the number listed below.

Sincerely,

Tracy Isham
Claim Representative
(864) 968-3644

State Farm Mutual Automobile Insurance Company

Release

40-8652-492 K Walker

For the Sole Consideration of

Seven Thousand Seven Hundred Ninety One and No/100 ——— **$7,791.00** ——— dollars

the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges **Douglas Gutshchow, Emily Hackman**

their heirs, executors, administrators, agents and assigns, and all other persons, firms or corporations liable or, who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries, known and unknown, both to person and property, which have resulted or may in the future develop from an accident which occurred on or about the **18th** day of **March,** **2011** (year) at or near **Greenville, SC**.

This release expressly reserves all rights of the parties released to pursue their legal remedies, if any, against the undersigned, their heirs, executors, agents and assigns.

Undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, disputed or otherwise, on account of the injuries and damages above mentioned, and for the express purpose of precluding forever any further or additional claims arising out of the aforesaid accident.

Undersigned hereby accepts draft or drafts as final payment of the consideration set forth above.

In Witness Whereof,

I have hereunto set our hand(s) and seal(s) this 11th day of October, 2011 (year).

In presence of:

_____
Witness Signature

_____
Witness Name (Print)

_____
Address

Signed X Kimberly Walker

Name: **Kimberly Walker**

Signed X _____

Name: _____

1001319 South Carolina 104077.16 03-30-2010

P678
P626

RBZ00070
State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Lisa Boatright

BASIC CLAIM INFORMATION

Claim Number: 40-8652-492
Date of Loss: 03-18-2011
Policy Number: 1510-803-40A
Named Insured: GUTSCHOW, DOUGLAS L

WALKER, KIMBERLY / 100 - BI

Claimant - Owner-Driver

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

Payment Number	Issued Date	Payee	Payable COL	Pay Cd	Status	Amount	Auth ID	Rsn Cd
127537105J	10-10-2011	KIMBERLY WALKER	100	1	Paid	$7,791.00	HHBG	
					Total:	$7,791.00		

WALKER, KIMBERLY / 200 - PD

Claimant - Owner-Driver

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

Payment Number	Issued Date	Payee	Payable COL	Pay Cd	Status	Amount	Auth ID	Rsn Cd
127552545J	03-29-2011	KIMBERLY WALKER	200	2	Void	$371.26	QSHI	
127560197K E	04-06-2011	BREAKAWAY AUTO REPAIR CENTER	200	2	Paid	$638.88	HL4B	
127564373K E	04-20-2011	ENTERPRISE RENT-A-CAR	205	1	Paid	$88.41	IA0F	
					Total:	$727.29		

Date: 12-27-2013

FOR INTERNAL STATE FARM USE ONLY
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C7

P679
P627

******* INSTANT BILL ******* ACCT: 24848 DATE: 05/16/11

EXIGENT INC.
2310 WADE HAMPTON BLVD.
GREENVILLE, SC 29615

LAST PAYMENT		YTD PAY
03/25/11	$69.00	$203.00

	PAT NAME	EXT: APPOINTMENT
MS. KIMBERLY M. WALKER	KW KIMBERLY M. WALKER	

DIAGNOSIS

-847.0 SPRAIN CERVICAL
-922.1 CONTUSION RIB/CHEST WALL
-923.11 CONTUSION ELBOW
-E813.0 MOTOR VEHICLE ACCIDENT

UM	DOCTOR	SSN#	TAX ID	MEDICAID	PROVIDER
1	JAMES M. ALEXANDER M.	1124099270	571071107		571071107

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
						STARTING BALANCE			-20.00
03/19/11	1	KW	1234	72050		XR SPINE (4 OR MOR	198.00		178.00
						PLEASE CONTACT PAI			
						CONCERNING ADDITIONAL INFO			
03/19/11	1	KW	1234	99214		EST OV MODERATE-CO	161.00		339.00
03/19/11	1	KW	1234	71120		XR STERNUM	145.00		484.00
03/19/11	1	KW	1234	73080		XR ELBOW	133.00		617.00
03/19/11	1	KW	1234	73110		XR WRIST 3 OR MORE	127.00		744.00
03/19/11	1	KW	1234	71010		XR CHEST PA	101.00		845.00
03/19/11	1	KW	1234	93000	59	EKG WITH INTERP.	86.00		931.00

H# INS. FILED:03/22/11 REFILED:05/05/11

MESSAGES

TOTAL: $931.00

C8

Vbs Mills Avenue 35214
319 Mills Ave

Greenville, SC 29605-4021

233-4019

STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ MASTERCAR ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/07/11	CONTINUED	0422000000000278
	SHOW AMOUNT PAID HERE $	

ADDRESSEE:
Walker. Kimberly

United States

REMIT TO:
Vbs Mills Avenue 35214
319 Mills Ave
Greenville, SC 29605-4021

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
(877) 747-4449

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
03/28/11	Kimberly	Reeves	97001	PT Evaluation	$162.00	$0.00		$121.00	$0.00	$41.00
03/28/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$132.00	$0.00		$94.00	$0.00	$38.00
03/28/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00	$0.00		$0.00	$0.00	$41.00
04/01/11	Kimberly	Shockley	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/01/11	Kimberly	Shockley	97110	Therapeutic Exercise	$70.00	$0.00		$47.00	$0.00	$23.00
04/01/11	Kimberly	Shockley	97140	Manual therapy, ea 15 mins	$198.00	$0.00	$20.00	$141.00	$0.00	$37.00
04/04/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/04/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$198.00	$0.00		$141.00	$0.00	$57.00
04/05/11	Kimberly	Shockley	97140	Manual therapy, ea 15 mins	$198.00	$39.18		$141.00	$0.00	$17.82
04/05/11	Kimberly	Shockley	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/07/11	Kimberly	Reeves	97110	Therapeutic Exercise	$140.00	$0.00	$10.00	$94.00	$0.00	$36.00
04/07/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/07/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$132.00	$0.00		$94.00	$0.00	$38.00
04/11/11	Kimberly	Reeves	97110	Therapeutic Exercise	$70.00	$18.40		$49.40	$0.00	$2.20
04/11/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$132.00	$30.40	$10.00	$91.60	$0.00	$0.00
04/11/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/14/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$132.00	$30.40	$10.00	$91.60	$0.00	$0.00
04/14/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/14/11	Kimberly	Reeves	97110	Therapeutic Exercise	$70.00	$18.40		$49.40	$0.00	$2.20
04/18/11	Kimberly	Shockley	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/18/11	Kimberly	Shockley	97012	Traction, mechanical	$46.00	$11.20		$32.00	$0.00	$2.80
04/18/11	Kimberly	Shockley	97140	Manual therapy, ea 15 mins	$132.00	$30.40	$10.00	$91.60	$0.00	$0.00
04/18/11	Kimberly	Shockley	97110	Therapeutic Exercise	$70.00	$18.40		$49.40	$0.00	$2.20
04/20/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$132.00	$0.00	$10.00	$94.00	$0.00	$28.00
04/20/11	Kimberly	Reeves	97110	Therapeutic Exercise	$70.00	$0.00		$47.00	$0.00	$23.00
04/20/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
04/20/11	Kimberly	Reeves	97012	Traction, mechanical	$46.00	$0.00		$32.00	$0.00	$14.00
04/26/11	Kimberly	Shockley	97110	Therapeutic Exercise	$70.00	$18.40		$51.60	$0.00	$0.00
04/26/11	Kimberly	Shockley	97012	Traction, mechanical	$46.00	$11.20		$34.80	$0.00	$0.00
04/26/11	Kimberly	Shockley	97010	Hot or cold packs	$41.00	$0.00	$10.00	$31.00	$0.00	$0.00

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0422000000000278	$608.02	$0.00	$0.00	$0.00	$0.00	$608.02

MESSAGE:
We have moved to a new billing system. You may receive 2 statements. This is not an error. If you have any questions, please contact our billing office.

PLEASE PAY THIS AMOUNT ▸▸▸CONTINUED

C9

Vbs Mills Avenue 35214
319 Mills Ave

Greenville, SC 29605-4021

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/07/11	$445.02	0422000000000278

SHOW AMOUNT PAID HERE $

STATEMENT

ADDRESSEE:

Walker, Kimberly

United States

REMIT TO:

Vbs Mills Avenue 35214
319 Mills Ave
Greenville, SC 29605-4021

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

(877) 747-4449

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
04/26/11	Kimberly	Shockley	97140	Manual therapy, ea 15 mins	$196.00	$45.60		$143.60	$0.00	$8.60
04/28/11	Kimberly	Shockley	97140	Manual therapy, ea 15 mins	$196.00	$45.60	$10.00	$141.00	$0.00	$1.40
04/28/11	Kimberly	Shockley	97012	Traction, mechanical	$46.00	$11.20		$32.00	$0.00	$2.80
04/28/11	Kimberly	Shockley	97110	Therapeutic Exercise	$70.00	$18.40		$47.00	$0.00	$4.60
04/28/11	Kimberly	Shockley	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
05/02/11	Kimberly	Shockley	97010	Hot or cold packs	$41.00	$0.00		$41.00	$0.00	$0.00
05/02/11	Kimberly	Shockley	97140	Manual therapy, ea 15 mins	$196.00	$45.60		$141.00	$0.00	$11.40
05/02/11	Kimberly	Shockley	97012	Traction, mechanical	$46.00	$11.20		$32.00	$0.00	$2.80
05/18/11	Kimberly	Reeves	97140	Manual therapy, ea 15 mins	$132.00				$122.00	$10.00
05/18/11	Kimberly	Reeves	97010	Hot or cold packs	$41.00				$41.00	$0.00

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0422000000000278	$808.02	$0.00	$0.00	$0.00	$0.00	$808.02

MESSAGE;
We have moved to a new billing system. You may receive 2 statements. This is not an error. If you have any questions, please contact our billing office.

PLEASE PAY THIS AMOUNT »»»» $445.02

** PAYMENT DUE UPON RECEIPT * THANK YOU! **

C10

EXIGENT- WADE HAMPTON

DATE OF SERVICE: 03/19/11

NAME: WALKER, KIMBERLY

CHART NUMBER: 24848

SSN: XXX-XX-

CC: Neck, arm, chest pain.

PRESENT ILLNESS: This year old was stopped and her car was hit from behind by another vehicle. This happened about 3:30 pm yesterday. No LOC. She hurts in a number of places.

PAST HISTORY: Includes morphine allergy.

REVIEW OF SYSTEMS: Negative except as above.

FAMILY HISTORY: Negative.

SOCIAL HISTORY: Negative. She works as a social worker.

PHYSICAL EXAMINATION: Reveals slight pain on motion of the neck, particularly on the right side. She also complains of a headache, but no lumps on her head. PERRL. Cranial nerves intact. Motor equal strength bilateral. She is tender over the right lateral elbow area and a little slight tenderness anterior shoulder. No other bony tenderness in the upper extremities. She is tender over the mid sternal area, but no rib tenderness. No spine tenderness lower down. Full ROM lower extremities. No bony tenderness there. She is quite alert. Vital signs are stable. We did x-ray the C-spine, sternum, PA chest, right elbow and right wrist. She is also tender in the right wrist with no deformity. All those were negative for fracture.

DIAGNOSIS:
1) Cervical strain.
2) Chest wall contusion.
3) Contused right elbow and right wrist.
4) Motor vehicle accident with full trauma exam.

She is to ice everything down. Elevation. We put her on Flexeril, Lortab 5. She is to call back if she wants any PT done.

JAMES M. ALEXANDER, M.D. /tjl

T: 03/21/11

C11

Radiology Associates

Radiology Services and Diagnostic Imaging

(864) 228-0355

Report of Findings | VERIFIED | FINAL

Patient Name	Walker, Kim
Date Of Birth	
MRN	[redacted]
Ordering Physician	Alexander, James
Reading Radiologist	Jennings Pressly, MD
Report Date & Time	3/22/2011 2:06:29PM
Requisition Number	24848EXI
Requesting Location	Outpatient

Procedures Performed

19-Mar-2011	Cervical Spine Series
19-Mar-2011	R Elbow
19-Mar-2011	R Wrist
19-Mar-2011	STERNUM
19-Mar-2011	Ap Chest

ICD9 Codes

786.5	CHEST PAIN
723.1	CERVICALGIA
729.5	PAIN IN LIMB

Dictated Report

CERVICAL SPINE:Examination of the cervical spine demonstrates intact bony elements as visualized. degenerative disk narrowing is present at C3-4 and C5-6 with marginal spurring at C5-6. Soft tissues appear within normal limits.

Impression: Cervical spine with degenerative mid cervical disk changes.

RIGHT ELBOW:Examination of the right elbow demonstrates intact bony elements. Joint articulations appear anatomic. Soft tissues are unremarkable as visualized.

Impression: Right elbow within normal limits.

RIGHT WRIST:Examination of the right wrist demonstrates intact carpal elements. Joint articulations are anatomic as visualized. Soft tissues appear within normal limits.

Impression: Right wrist within normal limits.

CHEST:PA examination of the chest demonstrates clear lung fields as visualized. The cardiopericardial silhouette is within normal limits. The pleura and diaphragm appear normal. The visualized soft tissue structures and bony elements are unremarkable.

Impression: Chest within normal limits.

C12

Thank you for sending this patient to our facility
The report has been accepted and electronically signed at the time of P684ng and transmission.

P632

Patient Name **Walker, Kim**

STERNUM: Examination of the sternum demonstrates intact bony elements.Soft tissue components appear within normal limits.Adjacent pulmonary aeration is unremarkable.

Impression:Normal sternum.

Jennings Pressly, MD

C13

VBS Physical Therapists, Inc.
A PhysioTherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
319 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Mar 28, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	1	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Initial Evaluation

Diagnosis Spine 7231 CERVICALGIA

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

X-rays and EKG all negative.

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: Full time / Full duty.
- Current status: Basic care: Modified independence:
  - Requires prolonged time. Moderate symptoms.
- Current status: Work status: Full time / Full duty.

Chief Complaint:

- Pain: Current Severity: 8/10.

Mechanism of Injury: Primary Episode: Date of Injury:

- Date 03/18/2011

Mechanism of Injury:

- Primary Episode: Motor Vehicle Accident: Car.
- Primary Episode: Motor Vehicle Accident: Direction of Contact:
  - Rear Ended. Patient was at complete stop and rear-ended at about 20 mph. Patient stated she had a reflex to blow her horn and is also having R elbow and wrist pain.

Medical Management:

- Using ice and ibuprofen with minimal relief.

Objective Examination

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	4/5	4/5
Shoulder External Rotation	+4/5	+4/5
Shoulder Internal Rotation	+4/5	+4/5
Elbow Extension	-5/5	4/5
Elbow Flexion	-5/5	4/5

Palpation: Cervical Region: Musculature, Posterior:	Left	Right
Tenderness:		

CM

Acct #: 303761
Patient: Kimberly Walker Visit Date: Mar 28, 2011

• Levator Scapula	2=Pain with wincing	2=Pain with wincing
• Trapezius, Upper	2=Pain with wincing	2=Pain with wincing

Posture:
- Forward Head/Rounded Shoulders: Moderate.

Range of Motion: Cervical Degrees:

• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	38 Degrees
• Active Side Bend Right	23 Degrees

Treatments

Manual Interventions: Upper Quarter Soft Tissue:
- Levator Scapulae — Time Elapsed: 8 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
- Upper Trapezius — Time Elapsed: 12 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

Modalities:
- Moist Hot Pack — Time Elapsed: 15 Minutes, Location: c/s, Clinical Use: Post Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs

Therapy Session Time
- Total Therapy Session Time 50 Minutes

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:
- ADL Function. Flexibility. Functional Activities. Pain. Posture. Range of Motion. Weakness.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 8/10.**

STG Achieve by Apr 11, 2011.

Symptomatic Improvements:
- Decreasing Pain: to 4/10.

LTG Achieve by Apr 25, 2011.

Symptomatic Improvements:
- Decreasing Pain: to 1/10.

Problem #2 **Range of Motion: Cervical Degrees.**

LTG Achieve by Apr 25, 2011.

C15

Acct #: 303761
Patient: Kimberly Walker Visit Date: Mar 28, 2011

ADL Improvements In: Activities:		
• Driving/Traveling	To premorbid levels	
• Sleeping	No Disturbances	
Range of Motion Improvements to: Cervical:		
• Active Extension	60 Degrees	
• Active Flexion	60 Degrees	
• Active Side Bend Left	45 Degrees	
• Active Side Bend Right	45 Degrees	

Problem #3 **Muscle Testing: Upper Extremity MMT.**
LTG Achieve by Apr 25, 2011.

Musculoskeletal Improvements In: Upper Extremity Strength to:	**Left**	**Right**
• Gross Assessment	-5/5	-5/5

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Active Range of Motion Activities. Client Education. Home Exercise Program. Joint Mobilization Techniques. Manual Therapy Techniques. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Mechanical Traction. Moist Hot Pack. Phonophoresis. T.E.N. Stimulation. Ultrasound.

Electronically authenticated on 4/1/2011 18:15:49

Laura Reeves, PT(SC Lic: 5096)

C16

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
319 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Mar 28, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	1	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Plan of Care

Diagnosis

Spine 7231 CERVICALGIA

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- ADL Function. Flexibility. Functional Activities. Pain. Posture. Range of Motion. Weakness.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 8/10.**

STG Achieve by Apr 11, 2011.

Symptomatic Improvements:

- Decreasing Pain: to 4/10.

LTG Achieve by Apr 25, 2011.

Symptomatic Improvements:

- Decreasing Pain: to 1/10.

Problem #2 **Range of Motion: Cervical Degrees.**

• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	38 Degrees
• Active Side Bend Right	23 Degrees

LTG Achieve by Apr 25, 2011.

ADL Improvements In: Activities:

• Driving/Traveling	To premorbid levels
• Sleeping	No Disturbances

Range of Motion Improvements to: Cervical:

• Active Extension	60 Degrees
• Active Flexion	60 Degrees
• Active Side Bend Left	45 Degrees

Please sign and return

I have reviewed this Plan of Care and certify that the skilled therapy services identified are required to meet the patient's need. Comments and/or revisions to this Plan of Care are noted below.

C17

Comments/Revisions

no

Physician Signature

4/5/11

Date

P689
P637

Acct #: 303761
Patient: **Kimberly Walker** Visit Date: **Mar 28, 2011**

• Active Side Bend Right	45 Degrees	
Problem #3 **Muscle Testing: Upper Extremity MMT.**	**Left**	**Right**
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
LTG Achieve by Apr 25, 2011.		
Musculoskeletal Improvements In: Upper Extremity Strength to:	**Left**	**Right**
• Gross Assessment	-5/5	-5/5

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Active Range of Motion Activities. Client Education. Home Exercise Program. Joint Mobilization Techniques. Manual Therapy Techniques. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Mechanical Traction. Moist Hot Pack. Phonophoresis. T E.N. Stimulation. Ultrasound.

Electronically authenticated on 4/1/2011 18:15:49

Laura Reeves, PT(SC Lic: 5096)

C18

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Vaughn, Buchanan, Shelley & Associates
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Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 01, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	2	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Daily Comments:
- Pain has: Decreased: Following previous treatment.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	38 Degrees
• Active Side Bend Right	23 Degrees

Treatments

Exercise Activities: Isometrics:
- Isometric Activity 1

Time Elapsed: 4 Minutes, Repetitions: 10, Additional Detail: supine, Description: cervical retraction, Charge As: Therapeutic Exercise

Exercise Activities: Isotonics(U. Quarter):
- Isotonic Activity 1

Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Additional Detail: supine, Description: DCF, Charge As: Therapeutic Exercise

Manual Interventions: Upper Quarter Soft Tissue:
- Levator Scapulae

Time Elapsed: 8 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques

C19

- Upper Trapezius

Time Elapsed: 8 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

Manual Interventions: Vertebral Joint Segments:

- Cervical Spine

Time Elapsed: 8 Minutes, Grade: I/II, Body Position: Prone, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques

- Thoracic Spine

Time Elapsed: 8 Minutes, Grade: II/III, Body Position: Prone, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: c/s, Clinical Use: Post Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs

Therapy Session Time

- Total Therapy Session Time 55 Minutes

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.
Tolerance:

- With Moderate: c/o pain and tenderness during PA's.

Treatment Emphasis to focus on:

- Pain relief. Postural Improvements. Range of Motion/Mobility Improvements. Muscle Function Improvements.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Electronically authenticated on 4/4/2011 16:43:02
Carol Shockley, PTA(SC Lic: 1568)

Electronically authenticated on 4/4/2011 17:03:54
Laura Reeves, PT(SC Lic: 5096)

C20

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
319 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 04, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	3	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:

- Pain: Current Severity: 8/10.

Daily Comments:

- Overall Condition is: Patient reports increased pain yesterday and today. States she sat at her daughter's track meet all day Sat and sat at church yesterday.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	38 Degrees
• Active Side Bend Right	23 Degrees

Treatments

Exercise Activities: Isometrics:	
• Isometric Activity 1(This visit)	Did Not Perform: This visit
Exercise Activities: Isotonics(U. Quarter):	
• Isotonic Activity 1(This visit)	Did Not Perform: This visit
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 8 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques

C21

- Upper Trapezius

Time Elapsed: 8 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

Manual Interventions: Vertebral Joint Segments:
- Cervical Spine(This visit)
- Thoracic Spine(This visit)

Did Not Perform: This visit
Did Not Perform: This visit

Manual Interventions: Manual Traction:
- Cervical

Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques

Manual Interventions: Range of Motion:
- Manual ROM 1

Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques

Modalities:
- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: c/s, Clinical Use: Pre Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs

Therapy Session Time
- Total Therapy Session Time 47 Minutes

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.
Tolerance:
- Most tenderness B distal UT. Decreased c/o pain after treatment.

Plan

Daily Plan:
- Advance as tolerated.

Electronically authenticated on 4/4/2011 17:56:22

Laura Reeves, PT(SC Lic: 5096)

C22

VBS Physical Therapists, Inc.
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Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	**Kimberly Walker**
Phy Phone:	(864) 292-5915	Visit Date:	**Apr 05, 2011**
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	4	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Daily Comments:
- No New Complaints.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	38 Degrees
• Active Side Bend Right	23 Degrees

Treatments

Exercise Activities: Isometrics:	
• Isometric Activity 1(This visit)	Did Not Perform: This visit
Exercise Activities: Isotonics(U. Quarter):	
• Isotonic Activity 1(This visit)	Did Not Perform: This visit
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 8 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 8 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

C23

Manual Interventions: Vertebral Joint Segments:
- Cervical Spine(This visit) — Did Not Perform: This visit
- Thoracic Spine(This visit) — Did Not Perform: This visit

Manual Interventions: Manual Traction:
- Cervical — Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques

Manual Interventions: Range of Motion:
- Manual ROM 1 — Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques

Modalities:
- Moist Hot Pack — Time Elapsed: 15 Minutes, Location: c/s, Clinical Use: Pre Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs

Therapy Session Time
- Total Therapy Session Time 47 Minutes

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.
Treatment Emphasis to focus on:
- Pain relief. Postural Improvements. Range of Motion/Mobility Improvements. Muscle Function Improvements.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program.

Electronically authenticated on 4/5/2011 16:44:53
Carol Shockley, PTA(SC Lic: 1568)

Electronically authenticated on 4/6/2011 08:52:20
Laura Reeves, PT(SC Lic: 5096)

C24

VBS Physical Therapists, Inc.
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Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 07, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	5	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Daily Comments: Overall Condition is:
- Improving. Patient states she is feeling better. Reports increased activity increases neck pain.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	38 Degrees
• Active Side Bend Right	23 Degrees

Treatments

Exercise Activities: Isometrics:
- Isometric Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Isotonics(U. Quarter):
- Scapular Retraction. — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Exercise
- Isotonic Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Range of Motion:
- Rope & Pulley Flexion — Time Elapsed: 3 Minutes, Additional Detail: seated, Charge As: Therapeutic Exercise

C25

Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch — Time Elapsed: 3 Minutes, Hold.: 20 Seconds, Position: 3, Additional Detail: in doorway, Charge As: Therapeutic Exercise
- Upper Trapezius Muscle — Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Passive, Body Position: Seated, Hold.: 20 Seconds, Additional Detail: with caudal glide, Charge As: Therapeutic Exercise
- Flexibility Activity 1 — Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active Assistive, Hold.: 20 Seconds, Description: wrist flexor and extensor stretch, Charge As: Therapeutic Exercise

Manual Interventions: Upper Quarter Soft Tissue:

- Levator Scapulae — Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
- Upper Trapezius — Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

Manual Interventions: Vertebral Joint Segments:

- Cervical Spine(This visit) — Did Not Perform: This visit
- Thoracic Spine(This visit) — Did Not Perform: This visit

Manual Interventions: Manual Traction:

- Cervical — Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques

Manual Interventions: Range of Motion:

- Manual ROM 1 — Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques

Modalities:

- Moist Hot Pack — Time Elapsed: 15 Minutes, Location: c/s, Clinical Use: Pre Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs

Pt./Family Education:

- Written Home Exercise Program — Time Elapsed: 4 Minutes, Activity: Provided & Reviewed, Description: Diagnosis Specific, Charge As: Therapeutic Exercise

Therapy Session Time

- Total Therapy Session Time 63 Minutes

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

Tolerance:

- No increased pain with ther ex. Continued tenderness with STM.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

C26

Electronically authenticated on 4/7/2011 22:03:48
Laura Reeves, PT(SC Lic: 5096)

C27

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Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 11, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	6	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Daily Comments: Overall Condition is:
- Improving. patients states she still has pain at the end of the work day.

Objective Examination

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	42 Degrees
• Active Side Bend Right	32 Degrees

Treatments

Exercise Activities: Isometrics:
- Isometric Activity 1(This visit)

Did Not Perform: This visit

Exercise Activities: Isotonics(U. Quarter):
- Scapular Retraction.

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Exercise

- Isotonic Activity 1(This visit)

Did Not Perform: This visit

Exercise Activities: Range of Motion:
- Rope & Pulley Flexion

Time Elapsed: 3 Minutes, Additional Detail: seated, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(U. Quarter):

C28

- Midback Stretch

Time Elapsed: 3 Minutes, Hold.: 20 Seconds, Position: 3, Additional Detail: in doorway, Charge As: Therapeutic Exercise

- Upper Trapezius Muscle(performs as part of HEP)

Did Not Perform: performs as part of HEP

- Flexibility Activity 1(Patient performs as part of HEP)

Did Not Perform: Patient performs as part of HEP

Manual Interventions: Upper Quarter Soft Tissue:

- Levator Scapulae

Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques

- Upper Trapezius

Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

Manual Interventions: Vertebral Joint Segments:

- Cervical Spine(This visit)

Did Not Perform: This visit

- Thoracic Spine(This visit)

Did Not Perform: This visit

Manual Interventions: Manual Traction:

- Cervical

Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques

Manual Interventions: Range of Motion:

- Manual ROM 1

Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: c/s, Clinical Use: Pre Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs

Therapy Session Time

- Total Therapy Session Time 52 Minutes

Assessment

The client tolerated today's treatment/therapeutic activity with moderate complaints of pain and difficulty.
Tolerance:

- patient with grimacing and wincing during STM.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.
- Advance/Accelerate: Resistive Activities:
  - Isotonic. Tubing/Bands.

Electronically authenticated on 4/12/2011 12:27:35

Laura Reeves, PT(SC Lic: 5096)

C29

VBS Physical Therapists, Inc.
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GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 14, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	7	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:

- Pain: Current Severity: 4/10.

Daily Comments:

- Disposition: Sore Today. Patient stated her head did not feel as heavy as often, but still has pain at the end of the work day.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	42 Degrees
• Active Side Bend Right	32 Degrees

Treatments

Exercise Activities: Isometrics:	
• Isometric Activity 1(This visit)	Did Not Perform: This visit
Exercise Activities: Isotonics(U. Quarter):	
• Scapular Retraction.(This visit)	Did Not Perform: This visit
• Isotonic Activity 1(This visit)	Did Not Perform: This visit
Exercise Activities: Range of Motion:	
• Rope & Pulley Flexion	Time Elapsed: 3 Minutes, Additional Detail: seated, Charge As: Therapeutic Exercise
Exercise Activities: Flexibility(U. Quarter):	

C30

• Midback Stretch(This visit)	Did Not Perform: This visit
• Upper Trapezius Muscle(performs as part of HEP)	Did Not Perform: performs as part of HEP
• Flexibility Activity 1(Patient performs as part of HEP)	Did Not Perform: Patient performs as part of HEP
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques
Manual Interventions: Vertebral Joint Segments:	
• Cervical Spine(This visit)	Did Not Perform: This visit
• Thoracic Spine(This visit)	Did Not Perform: This visit
Manual Interventions: Manual Traction:	
• Cervical	Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques
Manual Interventions: Range of Motion:	
• Manual ROM 1	Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques
Modalities:	
• Cryotherapy	Time Elapsed: 20 Minutes, Location: Cervical spine, Clinical Use: Post Activity, Charge As: Hot or Cold Packs
• Moist Hot Pack(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Total Therapy Session Time 51 Minutes	

Assessment

The client tolerated today's treatment/therapeutic activity with moderate complaints of pain and difficulty.
Tolerance:
- Upon palpation, patient had increased pain/ trigger points in the upper trapezius, but subsided with administration of cold pack.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program.

Electronically authenticated on 4/14/2011 17:09:58

Laura Reeves, PT(SC Lic: 5096)

C31

VBS Physical Therapists, Inc.
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Vaughn, Buchanan, Shelley & Associates
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GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 18, 2011
Phy Fax:	(864) 244-7734	DOB:	Aug 11, 1968
Clinician:	Laura Reeves	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	8	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 4/10.

Daily Comments:
- Overall Condition is: A little better.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	42 Degrees
• Active Side Bend Right	32 Degrees

Treatments

Exercise Activities: Isometrics:
- Isometric Activity 1(This visit)

Did Not Perform: This visit

Exercise Activities: Isotonics(U. Quarter):
- Scapular Retraction.

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Exercise

- Isotonic Activity 1(This visit)

Did Not Perform: This visit

Exercise Activities: Range of Motion:
- Rope & Pulley Flexion

Time Elapsed: 3 Minutes, Additional Detail: seated, Charge As: Therapeutic Exercise

C32

Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch — Time Elapsed: 3 Minutes, Hold.: 20 Seconds, Position: 3, Additional Detail: in doorway, Charge As: Therapeutic Exercise
- Upper Trapezius Muscle — Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Passive, Body Position: Seated, Hold.: 20 Seconds, Additional Detail: with caudal glide, Charge As: Therapeutic Exercise
- Flexibility Activity 1(Patient performs as part of HEP) — Did Not Perform: Patient performs as part of HEP

Manual Interventions: Upper Quarter Soft Tissue:

- Levator Scapulae — Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
- Upper Trapezius — Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques

Manual Interventions: Vertebral Joint Segments:

- Cervical Spine(This visit) — Did Not Perform: This visit
- Thoracic Spine(This visit) — Did Not Perform: This visit

Manual Interventions: Manual Traction:

- Cervical — Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques

Manual Interventions: Range of Motion:

- Manual ROM 1 — Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques

Modalities:

- Cryotherapy — Time Elapsed: 20 Minutes, Location: Cervical spine, Clinical Use: Post Activity, Charge As: Hot or Cold Packs
- Mechanical Traction — Time Elapsed: 15 Minutes, Weight - Pounds: 25 Pounds, Traction Type: Mechanical, Traction Application: continuous, Traction Placement: cervical, Clinical Use: Pre Activity, Charge As: Traction, Mechanical
- Moist Hot Pack(This visit) — Did Not Perform: This visit

Therapy Session Time

- Total Therapy Session Time 75 Minutes

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.

Treatment Emphasis to focus on:

- Pain relief. Postural Improvements. Range of Motion/Mobility Improvements. Muscle Function Improvements.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

C33

Electronically authenticated on 4/19/2011 22:58:21
Carol Shockley, PTA(SC Lic: 1568)

Electronically authenticated on 4/20/2011 15:56:15
Laura Reeves, PT(SC Lic: 5096)

C34

VBS Physical Therapists, Inc.
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GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761	Patient:	Kimberly Walker
Physician:	James Alexander	Visit Date:	Apr 20, 2011
Phy Phone:	(864) 292-5915	DOB:	
Phy Fax:	(864) 244-7734	SSN:	
Clinician:	Laura Reeves	FSC:	Commercial Insurance
Case Mgr:		Payor:	
Inj. Date:	Mar 18, 2011	Pol/Claim#:	10096505
Surg. Date:		Name of Insured:	Walker, Kimberly
Visits:	9	Employer:	
Cxl/Ns:	0		

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 4/10.

Daily Comments: Overall Condition is:
- Improving. Main c/o is feeling of fatigue with prolonged sitting.

Objective Examination

Objective Measurements Not Reassessed Today.

	Left	Right
Muscle Testing: Upper Extremity MMT:		
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5
Range of Motion: Cervical Degrees:		
• Active Extension	45 Degrees	
• Active Flexion	45 Degrees	
• Active Rotation Left	65 Degrees	
• Active Rotation Right	70 Degrees	
• Active Side Bend Left	42 Degrees	
• Active Side Bend Right	32 Degrees	

Treatments

Exercise Activities: Isometrics:
- Isometric Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Isotonics(U. Quarter):
- Scapular Retraction. — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Exercise
- Isotonic Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Range of Motion:
- Rope & Pulley Flexion(This visit) — Did Not Perform: This visit

Exercise Activities: Flexibility(U. Quarter):

C35

Document ID: 1A6000FA.014
Laura Reeves,PT(SC Lic: 5096)

Status: Signed off (secure electronic signature)

P707
P655

• Midback Stretch	Time Elapsed: 3 Minutes, Hold.: 20 Seconds, Position: 3, Additional Detail: in doorway, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Passive, Body Position: Seated, Hold.: 20 Seconds, Additional Detail: with caudal glide, Charge As: Therapeutic Exercise
• Flexibility Activity 1(Patient performs as part of HEP)	Did Not Perform: Patient performs as part of HEP
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 5 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 5 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques
Manual Interventions: Vertebral Joint Segments:	
• Cervical Spine	Time Elapsed: 4 Minutes, Grade: I/II, Body Position: Sitting, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
• Thoracic Spine(This visit)	Did Not Perform: This visit
Manual Interventions: Manual Traction:	
• Cervical	Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques
Manual Interventions: Range of Motion:	
• Manual ROM 1	Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques
Modalities:	
• Cryotherapy	Time Elapsed: 10 Minutes, Location: Cervical spine, Clinical Use: Post Activity, Skin Integrity, Pre: intact, Skin Integrity, Post: intact, Charge As: Hot or Cold Packs
• Mechanical Traction	Time Elapsed: 15 Minutes, Weight - Pounds: 25 Pounds, Traction Type: Mechanical, Traction Application: intermittent, Traction Placement: cervical, Clinical Use: Pre Activity, Charge As: Traction, Mechanical
• Moist Hot Pack(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Total Therapy Session Time 64 Minutes	

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

Plan

Daily Plan:
- Advance as tolerated.

C36

Electronically authenticated on 4/27/2011 18:48:46

Laura Reeves, PT(SC Lic: 5096)

C37

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
319 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 26, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	BCBS
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	9	Name of Insured:	Walker, Kimberly
Cxl/Ns:	0	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 4/10.

Daily Comments: Pain has:
- Decreased: With exercise activity. Centralized: to more between shoulder blades and not as much in shoulders.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	42 Degrees
• Active Side Bend Right	32 Degrees

Treatments

Exercise Activities: Isometrics:
- Isometric Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Isotonics(U. Quarter):
- Scapular Retraction. — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Exercise
- Isotonic Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Range of Motion:
- Rope & Pulley Flexion(This visit) — Did Not Perform: This visit

Exercise Activities: Flexibility(U. Quarter):

C38

• Midback Stretch	Time Elapsed: 3 Minutes, Hold.: 20 Seconds, Position: 3, Additional Detail: in doorway, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Passive, Body Position: Seated, Hold.: 20 Seconds, Additional Detail: with caudal glide, Charge As: Therapeutic Exercise
• Flexibility Activity 1(Patient performs as part of HEP)	Did Not Perform: Patient performs as part of HEP
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques
Manual Interventions: Vertebral Joint Segments:	
• Cervical Spine	Time Elapsed: 4 Minutes, Grade: I/II, Body Position: Sitting, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
• Thoracic Spine	Time Elapsed: 4 Minutes, Grade: II/III, Body Position: Sitting, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
Manual Interventions: Manual Traction:	
• Cervical	Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques
Manual Interventions: Range of Motion:	
• Manual ROM 1	Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques
Modalities:	
• Cryotherapy	Time Elapsed: 20 Minutes, Location: Cervical spine, Clinical Use: Post Activity, Charge As: Hot or Cold Packs
• Mechanical Traction	Time Elapsed: 15 Minutes, Weight - Pounds: 25 Pounds, Traction Type: Mechanical, Traction Application: continuous, Traction Placement: cervical, Clinical Use: Pre Activity, Charge As: Traction, Mechanical
• Moist Hot Pack(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Total Therapy Session Time 65 Minutes	

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.
Treatment Emphasis to focus on:
• Pain relief. Postural Improvements. Range of Motion/Mobility Improvements. Muscle Function Improvements.

Plan

Daily Plan:
• Continue w/ Current Rehabilitation Program.

C39

Electronically authenticated on 4/27/2011 09:44:28
Carol Shockley, PTA(SC Lic: 1568)

Electronically authenticated on 4/27/2011 09:55:36
Laura Reeves, PT(SC Lic: 5096)

C40

VBS Physical Therapists, Inc.
A PhysioTherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
319 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761
Physician:	James Alexander
Phy Phone:	(864) 292-5915
Phy Fax:	(864) 244-7734
Clinician:	Carol Shockley
Case Mgr:	
Inj. Date:	Mar 18, 2011
Surg. Date:	
Visits:	9
Cxl/Ns:	1

Patient:	**Kimberly Walker**
Visit Date:	**Apr 27, 2011**
DOB:	
SSN:	
FSC:	BCBS
Payor:	
Pol/Claim#:	10096505
Name of Insured:	Walker, Kimberly
Employer:	

Cancel/No Show *Patient cancelled appointment*

Diagnosis

Spine 7231 CERVICALGIA

General Information

Cancel Reasoning:

- Scheduling Conflict.

Electronically authenticated on 4/27/2011 10:42:35

Carol Shockley, PTA(SC Lic: 1568)

C41

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
319 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	Apr 28, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	Commercial Insurance
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	11	Name of Insured:	Walker, Kimberly
Cxl/Ns:	1	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:

- Pain: Current Severity: 4/10.

Daily Comments:

- Pt reported that she does feel better, but still has soreness and pain after work and has to ice. Pt stated that she was sore after last visit.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	42 Degrees
• Active Side Bend Right	32 Degrees

Treatments

Exercise Activities: Isometrics:

- Isometric Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Isotonics(U. Quarter):

- Scapular Retraction. — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Exercise
- Isotonic Activity 1(This visit) — Did Not Perform: This visit
- Isotonic Activity 2 — Time Elapsed: 8 Minutes, Repetitions: 10 each, Additional Detail: straddling striaght back chair, Description: shoulder T, rows, and ext, Charge As: Therapeutic Exercise

C42

Exercise Activities: Range of Motion:	
• Rope & Pulley Flexion(This visit)	Did Not Perform: This visit
Exercise Activities: Flexibility(U. Quarter):	
• Midback Stretch(This visit)	Did Not Perform: This visit
• Upper Trapezius Muscle(This visit)	Did Not Perform: This visit
• Flexibility Activity 1(Patient performs as part of HEP)	Did Not Perform: Patient performs as part of HEP
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques
Manual Interventions: Vertebral Joint Segments:	
• Cervical Spine	Time Elapsed: 4 Minutes, Grade: I/II, Body Position: Sitting, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
• Thoracic Spine	Time Elapsed: 4 Minutes, Grade: II/III, Body Position: Sitting, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
Manual Interventions: Manual Traction:	
• Cervical	Time Elapsed: 8 Minutes, Additional Detail: sitting, Clinical Use: Post Activity, Technique 1: Distraction, Charge As: Manual Therapy Techniques
Manual Interventions: Range of Motion:	
• Manual ROM 1	Time Elapsed: 8 Minutes, Description: B UT and levator stretching, Charge As: Manual Therapy Techniques
Modalities:	
• Cryotherapy	Time Elapsed: 20 Minutes, Location: neck and mid-back, Clinical Use: Post Activity, Skin Integrity, Pre: Intact, Skin Integrity, Post: Intact, Charge As: Hot or Cold Packs
• Mechanical Traction	Time Elapsed: 15 Minutes, Weight - Pounds: 25 Pounds, Traction Type: Mechanical, Traction Application: continuous, Traction Placement: cervical, Clinical Use: Pre Activity, Charge As: Traction, Mechanical
• Moist Hot Pack(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Total Therapy Session Time 81 Minutes	

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.
Treatment Emphasis to focus on:
• Pain relief. Postural Improvements. Range of Motion/Mobility Improvements. Muscle Function Improvements.

Plan

Daily Plan:
• Continue w/ Current Rehabilitation Program.

C43

Electronically authenticated on 4/28/2011 14:53:51
Carol Shockley, PTA(SC Lic: 1568)

Electronically authenticated on 5/2/2011 07:33:22
Laura Reeves, PT(SC Lic: 5096)

CYY

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

/aughn, Buchanan, Shelley & Associates
·19 MILLS AVE
GREENVILLE, SC USA 29605
'hone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	**Kimberly Walker**
Phy Phone:	(864) 292-5915	Visit Date:	**May 02, 2011**
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Laura Reeves	SSN:	
Case Mgr:		FSC:	Commercial Insurance
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	12	Name of Insured:	Walker, Kimberly
Cxl/Ns:	1	Employer:	

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 4/10.

Daily Comments:
- Pt reported still sore between shoulder bladdes.

Objective Examination

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	4/5	4/5
• Shoulder External Rotation	+4/5	+4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	-5/5	4/5
• Elbow Flexion	-5/5	4/5

Range of Motion: Cervical Degrees:	
• Active Extension	45 Degrees
• Active Flexion	45 Degrees
• Active Rotation Left	65 Degrees
• Active Rotation Right	70 Degrees
• Active Side Bend Left	42 Degrees
• Active Side Bend Right	32 Degrees

Treatments

Exercise Activities: Isometrics:	
• Isometric Activity 1(This visit)	Did Not Perform: This visit
Exercise Activities: Isotonics(U. Quarter):	
• Scapular Retraction.(This visit)	Did Not Perform: This visit
• Isotonic Activity 1(This visit)	Did Not Perform: This visit
• Isotonic Activity 2(This visit)	Did Not Perform: This visit
Exercise Activities: Range of Motion:	
• Rope & Pulley Flexion(This visit)	Did Not Perform: This visit
Exercise Activities: Flexibility(U. Quarter):	

C45

• Midback Stretch(This visit)	Did Not Perform: This visit
• Upper Trapezius Muscle(This visit)	Did Not Perform: This visit
• Flexibility Activity 1(Patient performs as part of HEP)	Did Not Perform: Patient performs as part of HEP
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques
• Soft Tissue Mobilization 1	Time Elapsed: 8 Minutes, Tx Depth: Moderate, Technique: Strumming, Direction: Multidirectional, Additional Detail: prone, Description: mid-upper thoracic, Charge As: Manual Therapy Techniques
Manual Interventions: Vertebral Joint Segments:	
• Cervical Spine	Time Elapsed: 8 Minutes, Grade: I/II, Body Position: Prone, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
• Thoracic Spine	Time Elapsed: 8 Minutes, Grade: II/III, Body Position: Prone, Pressure: Oscillatory, Technique 1: Central P-A, Technique 2: Unilateral P-A, Charge As: Manual Therapy Techniques
Manual Interventions: Manual Traction:	
• Cervical(This visit)	Did Not Perform: This visit
Manual Interventions: Range of Motion:	
• Manual ROM 1(This visit)	Did Not Perform: This visit
Modalities:	
• Cryotherapy	Time Elapsed: 20 Minutes, Location: neck and mid-back, Clinical Use: Post Activity, Skin Integrity, Pre: Intact, Skin Integrity, Post: Intact, Charge As: Hot or Cold Packs
• Mechanical Traction	Time Elapsed: 15 Minutes, Weight - Pounds: 25 Pounds, Traction Type: Mechanical, Traction Application: continuous, Traction Placement: cervical, Clinical Use: Pre Activity, Charge As: Traction, Mechanical
• Moist Hot Pack(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Total Therapy Session Time 71 Minutes	

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.
Tolerance:
- Tenderness noted along T-3-7 w/ manual. Tightness noted w/ L rhomboid and R mid trap.

Treatment Emphasis to focus on:
- Pain relief. Range of Motion/Mobility Improvements. Muscle Function Improvements.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program.

CU6

Electronically authenticated on 5/2/2011 13:34:25
Carol Shockley, PTA(SC Lic: 1568)

Electronically authenticated on 5/2/2011 14:12:34
Laura Reeves, PT(SC Lic: 5096)

CYT

Physical Therapists, Inc.
A Physiotherapy Associates Company

/aughn, Buchanan, Shelley & Associates
:19 MILLS AVE
JREENVILLE, SC USA 29605
'hone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761	Patient:	Kimberly Walker
Physician:	James Alexander	Visit Date:	May 05, 2011
Phy Phone:	(864) 292-5915	DOB:	
Phy Fax:	(864) 244-7734	SSN:	
Clinician:	Carol Shockley	FSC:	Commercial Insurance
Case Mgr:		Payor:	
Inj. Date:	Mar 18, 2011	Pol/Claim#:	10096505
Surg. Date:		Name of Insured:	Walker, Kimberly
Visits:	12	Employer:	
Cxl/Ns:	2		

Cancel/No Show *Patient cancelled appointment*

Diagnosis

Spine 7231 CERVICALGIA

General Information

Cancel Reasoning:

- Unknown Specifics.

Electronically authenticated on 5/5/2011 16:07:34

Carol Shockley, PTA(SC Lic: 1568)

C48

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

/aughn, Buchanan, Shelley & Associates
19 MILLS AVE
3REENVILLE, SC USA 29605
'hone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	**Kimberly Walker**
Phy Phone:	(864) 292-5915	Visit Date:	**May 11, 2011**
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Carol Shockley	SSN:	
Case Mgr:		FSC:	Commercial Insurance
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	12	Name of Insured:	Walker, Kimberly
Cxl/Ns:	3	Employer:	

Cancel/No Show *Patient cancelled appointment*

Diagnosis

Spine 7231 CERVICALGIA

General Information

Cancel Reasoning:

- Unknown Specifics.

Electronically authenticated on 5/16/2011 11:49:17

Carol Shockley, PTA(SC Lic: 1568)

C49

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

Vaughn, Buchanan, Shelley & Associates
19 MILLS AVE
GREENVILLE, SC USA 29605
Phone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761		
Physician:	James Alexander	Patient:	Kimberly Walker
Phy Phone:	(864) 292-5915	Visit Date:	May 16, 2011
Phy Fax:	(864) 244-7734	DOB:	
Clinician:	Carol Shockley	SSN:	
Case Mgr:		FSC:	Commercial Insurance
Inj. Date:	Mar 18, 2011	Payor:	
Surg. Date:		Pol/Claim#:	10096505
Visits:	12	Name of Insured:	Walker, Kimberly
Cxl/Ns:	5	Employer:	

Cancel/No Show *Patient cancelled appointment*

Diagnosis Spine 7231 CERVICALGIA

General Information

Cancel Reasoning:

- Pt sick.

Electronically authenticated on 5/17/2011 10:18:34

Carol Shockley, PTA(SC Lic: 1568)

C51

VBS Physical Therapists, Inc.
A Physiotherapy Associates Company

'aughn, Buchanan, Shelley & Associates
19 MILLS AVE
GREENVILLE, SC USA 29605
'hone: (864) 233-1153 Fax: (864) 271-4487

Acct #:	303761	Patient:	Kimberly Walker
Physician:	James Alexander	Visit Date:	May 18. 2011
Phy Phone:	(864) 292-5915	DOB:	
Phy Fax:	(864) 244-7734	SSN:	
Clinician:	Laura Reeves	FSC:	Commercial Insurance
Case Mgr:		Payor:	
Inj. Date:	Mar 18, 2011	Pol/Claim#:	10096505
Surg. Date:		Name of Insured:	Walker, Kimberly
Visits:	13	Employer:	
Cxl/Ns:	5		

Daily Note

Diagnosis

Spine 7231 CERVICALGIA

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 2/10. (Patient reports more soreness than pain).

Daily Comments: Overall Condition is:
- Improving. Patient reports head doesn't feel as heavy.

Objective Examination

	Left	Right
Muscle Testing: Upper Extremity MMT:		
• Shoulder Abduction	-5/5	-5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Range of Motion: Cervical Degrees:		
• Active Extension	60 Degrees	
• Active Flexion	58 Degrees	
• Active Rotation Left	65 Degrees	
• Active Rotation Right	70 Degrees	
• Active Side Bend Left	50 Degrees	
• Active Side Bend Right	55 Degrees	

Treatments

Exercise Activities: Isometrics:	
• Isometric Activity 1(This visit)	Did Not Perform: This visit
Exercise Activities: Isotonics(U. Quarter):	
• Scapular Retraction.(This visit)	Did Not Perform: This visit
• Isotonic Activity 1(This visit)	Did Not Perform: This visit
• Isotonic Activity 2(This visit)	Did Not Perform: This visit
Exercise Activities: Range of Motion:	
• Rope & Pulley Flexion(This visit)	Did Not Perform: This visit
Exercise Activities: Flexibility(U. Quarter):	
• Midback Stretch(This visit)	Did Not Perform: This visit

CS2

Document ID: 1A6000FA.021
Laura Reeves,PT(SC Lic: 5096)

Status: Signed off (secure electronic signature)

P723
P672

• Upper Trapezius Muscle(This visit)	Did Not Perform: This visit
• Flexibility Activity 1(Patient performs as part of HEP)	Did Not Perform: Patient performs as part of HEP
Manual Interventions: Upper Quarter Soft Tissue:	
• Levator Scapulae	Time Elapsed: 6 Minutes, Tx Depth: Moderate, Technique: Sustained Pressure, Charge As: Manual Therapy Techniques
• Upper Trapezius	Time Elapsed: 6 Minutes, Technique: sustained pressure, Charge As: Manual Therapy Techniques
• Soft Tissue Mobilization 1	Time Elapsed: 8 Minutes, Tx Depth: Moderate, Technique: Strumming, Direction: Multidirectional, Additional Detail: prone, Description: mid-upper thoracic, Charge As: Manual Therapy Techniques
Manual Interventions: Vertebral Joint Segments:	
• Cervical Spine(This visit)	Did Not Perform: This visit
• Thoracic Spine(This visit)	Did Not Perform: This visit
Manual Interventions: Manual Traction:	
• Cervical(This visit)	Did Not Perform: This visit
Manual Interventions: Range of Motion:	
• Manual ROM 1(This visit)	Did Not Perform: This visit
Modalities:	
• Cryotherapy	Time Elapsed: 20 Minutes, Location: neck and mid-back, Clinical Use: Post Activity, Skin Integrity, Pre: Intact, Skin Integrity, Post: Intact, Charge As: Hot or Cold Packs
• Mechanical Traction(This visit)	Did Not Perform: This visit
• Moist Hot Pack(This visit)	Did Not Perform: This visit

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.
Reviewed goals, progress and HEP with client.
Recommendations: Discharge, Secondary to:
- Completion of current program. All established goals being met.

Plan

Discharge from Physical Therapy.

Electronically authenticated on 6/1/2011 06:50:05

Laura Reeves, PT(SC Lic: 5096)

C53

EEOC FORM 131 (11/09)

U.S. Equal Employment Opportunity Commission

Ms. Carol Hallman
Human Resources Manager
SUNBELT HUMAN ADVANCEMENT RESOURCES
P.O. Box 10204
Greenville, SC 29603

PERSON FILING CHARGE

Kimberly Walker

THIS PERSON *(check one or both)*

[X] Claims To Be Aggrieved

[ ] Is Filing on Behalf of Other(s)

EEOC CHARGE NO.

436-2012-00412

NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

[X] Title VII of the Civil Rights Act (Title VII) [ ] The Equal Pay Act (EPA) [X] The Americans with Disabilities Act (ADA)

[ ] The Age Discrimination in Employment Act (ADEA) [ ] The Genetic Information Nondiscrimination Act (GINA)

The boxes checked below apply to our handling of this charge:

1. [ ] No action is required by you at this time.
2. [ ] Please call the EEOC Representative listed below concerning the further handling of this charge.
3. [X] Please provide by **09-JUN-13** a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
4. [ ] Please respond fully by to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
5. [X] EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by **23-MAY-13** to **Phyllis S. Jackson, ADR Coordinator, at (864) 241-4405**
If you DO NOT wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Patricia B. Fuller, Director
EEOC Representative

Telephone **(864) 241-4401**

Greenville Local Office
301 North Main St
Suite 1402
Greenville, SC 29601
Fax: (864) 241-4416

RECEIVED
MAY 13 2013
OFFICE of SHARE

Enclosure(s): [X] Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

[ ] Race [ ] Color [ ] Sex [ ] Religion [ ] National Origin [ ] Age [X] Disability [X] Retaliation [ ] Genetic Information [ ] Other

See enclosed copy of charge of discrimination.

Date	Name / Title of Authorized Official	Signature
May 10, 2013	Patricia B. Fuller, Local Office Director	Patricia B. Fuller

n1

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

- [ ] FEPA
- [X] EEOC

436-2012-00412

South Carolina Human Affairs Commission and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)	Home Phone (Incl. Area Code)	Date of Birth
Ms. Kimberly Walker		

Street Address / City, State and ZIP Code:

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name	No. Employees, Members	Phone No. (Include Area Code)
SUNBELT HUMAN ADVANCEMENT RESOURCES	**201 - 500**	

Street Address / City, State and ZIP Code:
1200 Pendleton St P.O. Box 10204, Greenville, SC 29603

Name	No. Employees, Members	Phone No. (Include Area Code)

Street Address / City, State and ZIP Code:

DISCRIMINATION BASED ON (Check appropriate box(es).)

- [ ] RACE
- [ ] COLOR
- [ ] SEX
- [ ] RELIGION
- [ ] NATIONAL ORIGIN
- [X] RETALIATION
- [ ] AGE
- [X] DISABILITY
- [ ] GENETIC INFORMATION
- [ ] OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest	Latest
07-03-2012	05-03-2013

- [ ] CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

1. I began my employment with SHARE on June 22, 1992. I performed at an above standard level. I provided testimony for an investigation involving my Supervisor. I have been denied accommodation to return to work from medical leave. I have made regular attempts to determine when I would be allowed to return to work and the status of my employment including May 11, 2012, September 10, 2012, and January 2, 2013. On May 3, 2013 Carol Hallman, Personnel Director, returned my April 18, 2013 phone message. When I asked about a termination letter she said something about a letter from a lawyer. When I asked about what lawyer, she did not reply.

2. I believe I have been discriminated against based on disability in violation of the Americans with Disabilities Act of 1990, as amended. I believe I have been discriminated against through Retaliation in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

X 5/9/13 Kimberly Walker

Date — Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Greenville Local Office

Landmark Building
301 North Main Street, Suite 1402
Greenville, SC 29601
Intake Information Group: (800) 669-4000
Intake Information Group TTY: (800) 669-6820
Greenville Status Line: (866) 408-8075
Direct Dial: (864) 241-4401
TTY (864) 241-4403
FAX (864) 241-4416
Website: www.eeoc.gov

May 10, 2013

Charge No.: 436-2012-00412

Carol Hallman
Human Resources Manager
SUNBELT HUMAN ADVANCEMENT RESOURCES
P.O. Box 10204
Greenville, SC 29603

Dear Ms. Hallman:

The above-referenced charge has been filed against your company. The charge is being **considered for mediation by the Equal Employment Opportunity Commission (EEOC). Mediation is an informal process in which those involved in the dispute jointly explore and try to reconcile their differences. Mediation is offered as an alternative to the often lengthy investigative process traditionally used to determine the merits of the charges of discrimination filed with EEOC. The purpose of mediation is to help the parties reach a fair and expeditious resolution of the charge prior to an investigation. Mediation focuses on resolving the underlying dispute by addressing the interest of both parties. It is not a forum for reaching a determination on whether discrimination occurred. Therefore, any agreement reached during mediation does not constitute an admission that discrimination occurred. However, the agreement will resolve the employment dispute.**

The majority of mediations are completed in only one session. If the charge is resolved through the mediation process, EEOC will cease its processing of the charge.

Participation in the mediation program is completely *voluntary*. If the charge is selected for mediation and you decide to participate in the mediation program, the person representing your company at the mediation conference **must have authority** to make a decision regarding resolving the charge. Enclosed for your information is a mediation fact sheet that may answer any questions that you have about the program.

Below are the initial procedures regarding mediation:

- If you **AGREE** to participate in mediation, you must: Complete and send the attached form to the Greenville Local Office Mediation Unit by the date listed in the attached Notice of the Charge. (You DO NOT have to submit a position statement at this time).

- If you **DECLINE** to participate in mediation, by the dates listed in the Notice of the Charge, you must: Complete and **send the attached form** to Phyllis Jackson, Mediator and a position statement to:

Patricia Fuller, Director
Greensville Local Office
Equal Employment Opportunity Commission
301 N. Main St., Ste. 1402
Greenville, SC 29601-9916

- If mediation results in an **IMPASSE OR EITHER PARTY WITHDRAWS** from the mediation, you *must*, within fourteen business days of either event, send a position statement to:

Patricia Fuller, Director
Greenville Local Office
Equal Employment Opportunity Commission
301 N. Main St., Ste. 1402
Greenville, SC 29601-9916

If you have any questions about the mediation program, visit our website at www.eeoc.gov or feel free to contact Phyllis Jackson, Mediator at (864) 241-4405.

Sincerely,

Patricia Fuller
Director

Enclosures

Contract

Sunbelt Human Advancement Resources, Inc.

PERSONNEL ACTION FORM

Name of Employee Kimberly M. Walker

Social Security No. _____

Department Children & Family Development

Division _____

Job Title Family Partnership Facilitator

Unit _____

County, Center _____

Special Information _____

NATURE OF ACTION

New Employee:

Temporary Appointment _____

*Regular Appointment _____

Salary: Starting _____

Effective Date _____

* Although regular appointments can be made at time of employment, all positions carry a three-month probationary period.

Present Employee:

Promotion _____

Demotion _____

Transfer From _____

Transfer To _____

Resignation _____

Termination XXX

Other Maximum leave limits

For Use By Dept. of Human Resources

Date Received _____

Effective Date 03/30/2012

Action Taken:

Salary Change _____

_____ Reference Forms Mailed
_____ Pre-Employment Forms Completed
_____ Employee Data Complete
_____ Tax Form Completed
_____ Insurance Forms Completed
EG Information Given to Accounting Department

Present Salary _____

New Salary _____

Effective Date _____

Employee Payroll ID# 25770

Director of Human Resources Carol A. Wilson Date 11/30/12

President/CEO _____ Date 11/30/12

5/97

P729
P678

05

File

Seldon Peden
Chairman, Board of Directors

Helping People. Changing Lives.
Community Action Partnership
America's Poverty Fighting Network

Willis H. Crosby, Jr., Ed.D., CCAM
President/CEO

SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. (SHARE)
1200 Pendleton Street * P.O. Box 10204 * Greenville, SC 29603 * 864-269-0700*FAX 864-295-6151 * www.shareso.org

September 28, 2011

Ms. Kim Walker

1

Dear Ms. Walker:

This letter is to confirm our recent conversations regarding your eligibility for leave under the Family and Medical Leave Act (FMLA). Your eligibility has been established, and your current absence for medical reasons, starting September 26, 2011, qualifies as FMLA leave. As you know, FMLA provides up to 12 weeks of medical leave within a 12-month period, *including both paid and unpaid leave*, with medical certification. Should your recovery require the full twelve weeks of FMLA leave, such leave would continue through December 16, 2011. In the event your absence continues beyond the expiration of FMLA leave, agency policy provides up to an additional 12 weeks of extended leave for eligible employees, with medical certification, which is projected to be March 10, 2012. That is the maximum leave permitted under agency policy. While we expect to be updated periodically through our Workers Compensation carrier regarding your progress, please ensure that our office is provided with the necessary medical certifications for your ongoing absence and projected dates for returning to work.

Please be reminded that, while you are out on leave without pay, you are responsible for payment of any premiums for optional benefits normally paid through payroll deduction. The amounts deducted for such benefits are shown on your recent earnings statements. These amounts are payable to SHARE and may be paid either bi-weekly or monthly to keep your optional benefits current.

Please accept our best wishes for a complete recovery. If you have any questions please don't hesitate to call. My direct phone number is (864) 220-7231.

Sincerely,

Carol P. Hallman

Carol P. Hallman
Director of Human Resources

CPH/

cc: Dr. Willis H. Crosby, Jr., President/CEO
Mrs. Rubye H. Jones, Director of Children & Family Development
Mrs. Connie Williams, Director of Business & Finance

06

P730
P679

Carol Hallman

From: Carol Hallman
Sent: Tuesday, January 24, 2012 5:36 PM
To: 'KIM WALKER'
Subject: RE: Return to Work date - 3rd Request
Attachments: Notice of Changes 2012.doc

Ms. Walker,

Regarding your leave status:

FMLA leave expired Dec. 16, 2011.
Extended leave will expire March 10, 2012.

I will review your payments for benefits and update you ASAP (hopefully tomorrow). I believe you have been paying the amount of your *bi-weekly* deductions, but only paying once a month. I need to check with the accounting department and will let you know as soon as the information is confirmed.

Attached is important information about our group health insurance. Employees will begin paying $26.25 per month for health insurance coverage effective February 1.

Thank you for keeping in touch.

Sincerely,

Carol Hallman
Director of Human Resources, SHARE

From: KIM WALKER [mailto:walker2154@bellsouth.net]
Sent: Tuesday, January 24, 2012 4:53 PM
To: Carol Hallman
Cc: Margaret Sherred; Rubye Jones
Subject: Return to Work date - 3rd Request

Ms. Hallman,

I'm sorry to continue to request this information, but it is imperative that I have this information. I am following up regarding the 2nd request I sent you on January 13, 2012. I know that you are busy, but I am concerned about my return to work date. My next doctor's appointment is February 16, 2012. I hope he will give me an idea then of when I can possibly come back to work.

My concern is my time expiration at work. Please give me that date and I would also like to know how much I owe in Premiums. I have been sending payments, but would like to know how much I owe to date. Thanks!

Hope to hear from you soon!

Kim Walker

Work Status

Date of exam 3/1/12 | Is the injury work-related? Yes ☐ No ☐

Patient name Ken Smith | Chart number 1021898

Doctor Plaster

Diagnosis Neck pain MVA/MVC | Right ☐ Left ☐ Bilateral ☐

____ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____ (date).

__/__ Return to work **WITH** the following restrictions* on 3/9/12 (date).

Return to work no greater than 4 hours per day beginning on 3/6/12.

☑ No lifting greater than 5 pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☑ No pushing or pulling greater than 5 pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over 5 pounds above shoulder level, 5 pounds waist to shoulder, 5 pounds floor to waist.

☐ No work involving use of hand / arm *(circle one)*

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☑ Sit down work only.

☐ No standing/walking over ____ minutes/hour.

☑ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment?

☐ Yes ☐ No

Additional modified duty restrictions/comments: _____

__/__ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy. 3/22

__/__ Return appointment with doctor on 3/22 (appointment date).

Physician signature _____ **Date** 3/1/12

***Unless otherwise specified, restrictions are in effect until return appointment.**

Estimated date of MMI NA.

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5445

TOP COPY: Patient's Chart **MIDDLE COPY: Worker's Comp Copy** **LAST COPY: Patient Copy**

QC-171 Rev. 4/17/2006

Seldon Peden
Chairman, Board of Directors

Helping People. Changing Lives.
Community Action Partnership
America's Poverty Fighting Network

Willis H. Crosby, Jr., Ed.D., CCAM
President/CEO

SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. (SHARE)
1200 Pendleton Street * P.O. Box 10204 * Greenville, SC 29603 * 864-269-0700*FAX 864-295-6151 * www.sharesc.org

March 7, 2012

Via Certified Mail, RRR
and First Class U.S. Mail

Ms. Kimberly M. Walker

Dear Ms. Walker:

We are in receipt of a form indicating numerous restrictions for an indefinite period of time pertaining to your projected return to work on March 9, 2012. It will be necessary for us to determine whether you will be able to perform the essential functions of your job, with or without reasonable accommodations. Please take the enclosed job description and questionnaire to your doctor. Ask your doctor to complete the questionnaire, and return it to us in the enclosed self-addressed, stamped envelope on or before March 30, 2012.

Don't hesitate to call if you have any questions.

Sincerely,

Carol P. Hallman
Director of Human Resources

cc: Dr. Willis H. Crosby, Jr., CCAM, President/CEO
Dr. Rubye H. Jones, Director of Children & Family Development

P733
P682

D9

MEDICAL QUESTIONNAIRE

RE: Ms. Kimberly M. Walker

1. Does Ms. Walker have a disability?

---

2. What is the nature, severity and duration of Ms. Walker's impairment?

---

3. What is the activity or activities that Ms. Walker's impairment will limit?

---

4. What is the extent to which Ms. Walker's impairment limits her ability to perform the essential functions of the attached job description?

---

5. What accommodations will Ms. Walker need to be able to perform the essential functions of the job?

---

6. Will these accommodations be required for Ms. Walker to perform the essential functions of the job?

---

7. Please describe how long Ms. Walker may be absent from work because of her disability?

Treating Physician

Date: _____

D10

MARTIN Attorneys
& MARTIN, P.A.

Telephone (864) 271-1822
Facsimile (864) 271-1814
www.MartinsLawFirm.com

March 19, 2012

Dr. Dana P. Piasecki
OrthoCarolina
1915 Randolph Road
Charlotte, NC 28207

RE: Kimberly Walker v. Sunbelt Human Advancement
SSN:
DOB:

Dear Dr. Piasecki:

I am the attorney representing Kimberly Walker in relation to her workers' compensation claim. First, let me thank you for the kind, compassionate, and highly skilled care you have provided her. She has been extremely satisfied.

It is my understanding that she has not yet reached Maximum Medical Improvement. However, her Human Resources Department has provided her with a medical questionnaire for you to complete. It appears this questionnaire is aimed at determining whether she has a disability or impairment that prevents her from performing the essential functions of her job under the Americans with Disabilities Act (ADA). The problem with this is that the ADA only applies to "permanent" disability or "permanent" impairment. But if Ms. Walker has not reached Maximum Medical Improvement, then she does not have any "permanent" disability or impairment yet.

Please review the letter of March 7th from her employer, the job description, and the medical questionnaire. She has been ordered to return a completed questionnaire. We would certainly appreciate it if when completing the questionnaire you would note that Ms. Walker's disability or impairment cannot be determined at this time since she has not reached MMI. Also, her physical restrictions are temporary until she reaches MMI and permanent accommodations cannot be determined yet.

If you have questions or need any additional information, please do not hesitate to call me. Thank you for your consideration in this matter.

1415 Augusta Street • Greenville, SC 29605
Post Office Box 8225 Greenville, SC 29604
P735
P684

D11

With kind regards, I am

Sincerely,

MARTIN & MARTIN, P.A.

Alton L. Martin, Jr.

ALMjr/kew
Enclosure

D12

MARTIN Attorneys
& MARTIN, P.A.

Telephone (864) 271-1822
Facsimile (864) 271-1814
www.MartinsLawFirm.com

March 19, 2012

RECEIVED
MAR 26 2012
OFFICE of SHARE

Carol P. Hallman
Director of Human Resources
Community Action Partnership
Sunbelt Human Advancement Resources
1200 Pendleton Street
Greenville, SC

RE: Kimberly M. Walker

Dear Ms. Hallman:

I am in receipt of a letter you provided to Ms. Walker dated March 7, 2012. In your letter you direct Ms. Walker to provide documents to her treating physician inquiring about a disability and what accommodations will be necessary for her to perform the essential functions of her job. It appears you are attempting the make a determination as to whether you can reasonable accommodate Mr. Walker in accordance with the Americans with Disabilities Act (ADA).

The Americans with Disabilities Act is applicable to employees with a "permanent" disability. Ms. Walker has undergone several surgeries and may have a permanent disability in the future. However, at this time she has not been placed at Maximum Medical Improvement by your company's authorized treating surgeon. Without a finding of Maximum Medical Improvement there cannot be a determination of permanent disability. Her physical restrictions are "temporary" rather than "permanent" at this time. Accommodations are only necessary for "permanent" disabilities.

If there is some other reason for your inquiry regarding what accommodations are necessary for her to perform the essential functions of her job, other than the Americans with Disabilities Act, I would appreciate your advising me of same. If you should have questions or need any additional information from me, please do not hesitate to call. Thank you for your cooperation in this matter.

1415 Augusta Street • Greenville, SC 29605
Post Office Box 8220 • Greenville, SC 29604

D13

Seldon Peden
Chairman, Board of Directors

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Affiliate of America's Poverty Fighting Network

Willis H. Crosby, Jr., Ed.D., CCAM
President/CEO

SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. (SHARE)
1200 Pendleton Street * P.O. Box 10204 * Greenville, SC 29603 * 864-269-0700*FAX 864-295-6151 * www.sharesc.org

March 27, 2012

Alton L. Martin, Jr., Esq.
MARTIN & MARTIN, P.A.
Post Office Box 8220
Greenville, SC 29604

RE: Kimberly M. Walker

Dear Mr. Martin:

Thank you for your March 19, 2012 letter which we received on March 26, 2012.

Ms. Walker was asked to provide information from her doctor as to when and if she would be able to return to work and perform the essential functions of her job.

Ms. Walker has exhausted all available leave time. We have no information as to when she will be able to perform the essential functions of her job. If we do not receive the requested information by March 30, 2012, Ms. Walker's employment with Sunbelt Human Advancement Resources will be terminated pursuant to our Leave of Absence Policy.

Very truly yours,

Carol P. Hallman

Carol P. Hallman

CPH/jb

D15

Policies & Procedures

Copper River Grill
GUEST INCIDENT REPORT

THIS REPORT IS TO BE FILLED OUT BY THE MANAGER ON DUTY AND MUST BE FILLED OUT IN THE GUEST'S PRESENCE, WHEN POSSIBLE.
PLEASE PRINT CLEARLY. IF YOU NEED MORE SPACE, USE THE BACK OF THIS FORM.

GUEST'S INFORMATION:

FULL NAME: Kimberly Darlene Walker
ADDRESS: _____ (STREET) Greenville (CITY) SC (STATE) _____ (ZIP)
PHONE #: _____

VACATION ADDRESS: _____ (IF APPLICABLE) (STREET) (CITY) (STATE) (ZIP)
VACATION PHONE #: _____

INCIDENT INFORMATION: Please check one: ____ Medical Attention Injury / ____ First Aid Injury / ____ Illness

DATE OF INCIDENT: 5 10 09 **TIME OF INCIDENT:** 4:40.
(IF TIME CANNOT BE DETERMINED CHECK HERE ____)

MANAGER ON DUTY: Jessica Bailey

SPECIFIC LOCATION OF INCIDENT: Greenville

WHAT HAPPENDED? *Describe the incident. Be specific!* Server cleaned off table 40 glass of H2O spilled down server leg & onto floor at seat 40 & 40. Mrs. Walker leaving rest. pass by seat 40 & 40 & touch slipped & Mrs. Walker slid into Server bottom & sat down.

WHAT WAS THE INJURY OR ILLNESS? *Describe the part of the body that was affected and how it was affected. Be specific!* Just had Surgery on left knee April 20th Reinjured the left knee.

IS MEDICAL ATTENTION REQUIRED OR REQUESTED? X NO / ____ YES *(If yes, please fill in Medical facility information below, if known.)*
NAME OF FACILITY: _____ **PHONE #:** _____

WERE THERE WITNESSES TO THE INCIDENT? *If yes, complete the information below.*

WITNESS NAME: Melissa Funk **PHONE #:** 864-306-6823
ADDRESS: 1016 Carlington Ct (Street) Easley (City) SC (State) 29642 (Zip)
WITNESS SIGNATURE: Melissa Funk (Check One) ____ EE / ____ NON-EE)

WITNESS NAME: Yovanda McKinney **PHONE #:** 864-220-5212
ADDRESS: 20 Scott Dr. (Street) Greenville (City) SC (State) 29611 (Zip)
WITNESS SIGNATURE: Yovanda McKinney (Check One) ____ EE / ____ NON-EE)

MANAGER'S SIGNATURE: _____ **DATE:** _____
GUEST'S SIGNATURE: Kimberly Walker **DATE:** 5/10/09

Report Faxed to Home Office: _____ (Date) _____ (Time) _____ *(Print name of person who faxed this report to the Home Office)*

T:\Copper River Grill\Reference Manuals\COPPER RIVER GRILL\Policies & Procedures\26 Guest Incident Report.doc
08/23/06

E1

SOUTH CAROLINA
SALES ASSOCIATE
TERMS OF EMPLOYMENT

These statements are not intended to create any contractual rights in favor of you or the company. Belk reserves the right to change any item at any time. This rate of pay does not include any discretionary gifts, contest, prizes, or bonus. Employment with Belk is terminable at will by either you or Belk at any time. In compliance with 41-10-30 of the SC Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:

Name: Kim Walker

Social Security#: X

Date of Birth: X

Employment Date: X 10/7/08

Your Status with Belk is:

Full Time: _____ (30 hours or more)

Part Time: _____ (15-29 hours)

Extra: _____ (Less than 15 hours)

Temporary: ✓ (Any hours, specified period of time)

Your rate of pay is $ 9.00 per hour. Your SPH range is _____.

Your UPT goal is n/a. Your credit application goal is 1 for 20.

I understand that Belk does not hold back any checks, but because we are paid bi-weekly on Friday, (pay weeks run Sunday through Saturday), and time worked is sent to Charlotte for computer payroll, it is possible that I will receive my first paycheck on Friday, three (3) weeks after my first day of employment. Belk does not make it a policy to give pay advances. Direct deposit is strongly recommended and forms may be obtained for direct deposit from S. Blackwell. If you do not choose direct deposit, paychecks may be picked up from customer service after 10:00 am.

Deductions to be made from wages such as, but not limited to, insurance deductions, documented debts/offsets, court ordered garnishments or child support payments, etc. (Including income taxes and FICA):

_____

(Additional deductions may be made after 90 days of employment if associate is eligible and chooses optional benefit package).

At the time of hiring I have read and understand the above. Also, I understand that there is a probationary period of 90 days and that my employment with Belk may be terminated at any time by Belk or myself either before or after the probationary period.

X Kimberly Walker
Associate

X 10/7/08
Date

Lyric Blackwell
Supervisor

10/7/08
Date

Revised 06/21/05

F1

P740
P690

SOUTH CAROLINA
TEMPORARY TERMS OF EMPLOYMENT

NOTE: If temporary, I understand I am being employed from 10/7/08 to 12/31/08 with all provisions indicated on the "Terms of Employment", provided I meet the attendance and performance standards of Belk. I also understand that temporary employees are not part of the regular continuing workforce and that I will not be employed beyond the above date. Should I decide I want to work for Belk as a regular employee after my temporary employment ends, I will need to reapply and then I will be considered in the pool of applicants for the job(s) available at that time.

X Kimberly Walker
Signature

Sybil Blackwell
Supervisor

X 10/7/08
Date

Revised 06/21/05

F2

P741
P691

SOUTH CAROLINA
MANAGEMENT & SALES SUPPORT ASSOCIATE
TERMS OF EMPLOYMENT

These statements are not intended to create any contractual rights in favor of you or the company. Belk reserves the right to change any item at any time. This rate of pay does not include any discretionary gifts, contest, prizes, or bonus. Employment with Belk is terminable at will by either you or Belk at any time. In compliance with 41-10-30 of the SC Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:

Name: Kim Walker

Social Security#: X
Date of Birth: X
Employment Date: 10/7/08

Your Status with Belk is:
Full Time: _____(30 hours or more)
Part Time: _____(15-29 hours)
Extra: _____(Less than 15 hours)
Temporary: ✓ (Any hours, specified period of time)

Your rate of pay is $ 9.90 per hour, or $ _____ bi-weekly, if salaried.

I understand that Belk does not hold back any checks, but because we are paid bi-weekly on Friday, (pay weeks run Sunday through Saturday), and time worked is sent to Charlotte for computer payroll, it is possible that I will receive my first paycheck on Friday, three (3) weeks after my first day of employment. Belk does not make it a policy to give pay advances. Direct deposit is strongly recommended and forms may be obtained for direct deposit from SBlackwell. If you do not choose direct deposit, paychecks may be picked up from Cust. Service after 10 Am Sat.
Deductions to be made from wages such as, but not limited to, insurance deductions, documented debts/offsets, court ordered garnishments or child support payments, etc. (Including income taxes and FICA):

_____

(Additional deductions may be made after 90 days of employment if associate is eligible and chooses optional benefit package).

At the time of hiring I have read and understand the above. Also, I understand that there is a probationary period of 90 days and that my employment with Belk may be terminated at any time by Belk or myself either before or after the probationary period.

X Kimberly Walker
Associate

X 10/7/08
Date

Sybil Blackwell
Supervisor

10/7/08
Date

Revised 09/06/02

P742
P692

F3

New Hire Hourly Rate & Productivity Form

SALES ASSOCIATE

Associate Name: Kim Walker
Store Location: PT Lds. Shoes

Date of Hire: 1/2/06

Your hourly rate is: 10.00
Your sales per hour range for this hourly rate is: 132-144
These figures are based on the Hourly Rate Chart: 70

Your First 90 Days:
Your sales per hour will be tracked, and at the end of your first 90 days of employment you will receive a performance evaluation and your hourly compensation will be reviewed. Increases will only be given if Satisfactory or better is scored on the performance appraisal. Based upon your to-date sales per hour and your overall performance appraisal score:

* If you achieve sales per hour productivity between 132 and 144, your hourly rate will not change.

* If you achieve sales per hour productivity between 109 and 119, your hourly rate will be reduced to the level that is justified by your sales per hour productivity per Hourly Rate Chart 70.

* If you achieve sales per hour productivity at or above 159, your hourly rate will be adjusted to the rate justified by your actual sales per hour productivity per Hourly Rate Chart 70.

* If you achieve sales per hour productivity at or below 99, you have not met the minimum sales per hour required for your selling area. Termination of employment may result.

Belk pays on a bi-weekly basis. You may elect to receive a paycheck within the store, or use the direct deposit program. Pay date is every other Friday.

I understand the sales per hour that I must achieve to continue at my current hourly rate. I also understand that my hourly rate can fluctuate up or down at the end of my first 90 days based on my sales per hour productivity and performance appraisal score. I understand that if I do not achieve the minimum sales per hour productivity in my first 90 days that my employment may be terminated. I also understand that I must have a satisfactory or better rating to qualify for a pay increase and I must have no "performance issues" in my file for the current review period. I understand that Belk has the right to discontinue or change this pay plan at any time. I understand that the Hourly Rate Chart will change on an annual basis. This document does not constitute an employment contract. Any associate, or Belk has the right to terminate the employment relationship at any time, or for any reason.

Associate's Signature: X Kimberly M Walker Date: X 1/2/06

Manager's Signature: Sylvia Blackwell Date: 1/2/06

FY

SOUTH CAROLINA
SALES ASSOCIATE
TERMS OF EMPLOYMENT

These statements are not intended to create any contractual rights in favor of you or the company. Belk reserves the right to change any item at any time. This rate of pay does not include any discretionary gifts, contest, prizes, or bonus. Employment with Belk is terminable at will by either you or Belk at any time. In compliance with 41-10-30 of the SC Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:

Name: Kim Walker

Social Security#: X
Date of Birth: X
Employment Date: 1/2/06

Your Status with Belk is:
Full Time: ✓ (30 hours or more)
Part Time: _____ (15-29 hours)
Extra: _____ (Less than 15 hours)
Temporary: _____ (Any hours, specified period of time)

Your rate of pay is $ 10.00 per hour. Your SPH range is 132-144
Your UPT goal is 1.48. Your credit application goal is 1 for 27 hrs per week.

I understand that Belk does not hold back any checks, but because we are paid bi-weekly on Friday, (pay weeks run Sunday through Saturday), and time worked is sent to Charlotte for computer payroll, it is possible that I will receive my first paycheck on Friday, three (3) weeks after my first day of employment. Belk does not make it a policy to give pay advances. Direct deposit is strongly recommended and forms may be obtained for direct deposit from S.Blackwell. If you do not choose direct deposit, paychecks may be picked up from customer service after 10:00 am Friday. Deductions to be made from wages such as, but not limited to, insurance deductions, documented debts/offsets, court ordered garnishments or child support payments, etc. (Including income taxes and FICA):

(Additional deductions may be made after 90 days of employment if associate is eligible and chooses optional benefit package).

At the time of hiring I have read and understand the above. Also, I understand that there is a probationary period of 90 days and that my employment with Belk may be terminated at any time by Belk or myself either before or after the probationary period.

X Kimberly M Walker
Associate

X 1/2/06
Date

Sybil Blackwell
Supervisor

1/2/06
Date

Revised 06/21/05

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F5

From: <walker2154@bellsouth.net>
To: <ronda_duncan@belk.com>
cc: <angie_sullivan@belk.com>
Date: Monday, April 24, 2006 05:57PM
Subject:

Ronda,

I have been placed into a walking cast/boot due to the tendons in my left ankle. I am gc
I do not want to loss my employment status due to this temporary disability. I am seekir
What would you advise me to do? Can I request personal leave until after my May 25 appoi
I did call today and you were not available. I spoke briefly to Angoe, she was in meetir
Please give me a call or I will call you on Tuesday. My office number is

Thanks!

Kimberly Walker

F6

MARTIN Attorneys
& MARTIN, P.A.

Telephone (864) 271-1822
Facsimile (864) 271-1814
www.MartinsLawFirm.com

February 5, 2014

The Honorable Gene McCaskill
Commissioner
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, S. C. 29202-1715

RE: Kimberly Walker v. Sunbelt Human Advancement and State Accident Fund
Date of Injury: 2/19/09
WCC No.: 0901375

Dear Commissioner McCaskill:

Please find enclosed our **Amended** Form 58 that we are filing on behalf of the Claimant regarding the above-referenced matter, along with our Certificate of Service. By copy, I have served the attorney for Defendants.

Should you have questions of need any additional information, please do not hesitate to contact me. Thank you for your assistance in this matter.

With kind personal, I am

Sincerely,

MARTIN & MARTIN, P.A.

Alton L. Martin, Jr.

ALMjr/kew
Enclosures
cc: L. Brenn Watson, Esquire (w/enclosure)

1415 Augusta Street Greenville, SC 29605
Post Office Box 8220 Greenville, SC 29604

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

PRE-HEARING BRIEF
WCC File No: 0901375

Claimant's Name:	Kimberly Walker	Employer's Name:	Sunbelt Human Resources
Address:		Address:	PO Box 10204
City:	State: SC Zip:	City:	Greenville State: SC Zip: 29603
Home Phone:	Work Phone: ( ) -	Carrier:	State Accident Fund
Preparer's Name:	Alton L. Martin, Jr.	Preparer's Phone #:	(864) 271-1822

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $566.46 2. AWW: $849.65 **Date of Injury:** 02/19/2009
3. Type of injury and body part(s): Left knee, Right knee, Back, and Psyche
4. Facts in controversy: See Attached.
5. Legal issues involved: Permanent and Total Disability per 42-9-10.
6. Unusual aspects: Commissioner Taylor ruled Mediation was not required in this Permanent and Total case.
7. Witnesses (designate if expert):* Claimant and any identified by Defendants.
8. Exhibits: Claimant's deposition, personnel file, all prior Orders issued in this claim, **deposition transcript of Janet Westmoreland, MEd, CRC**
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Attached APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Dr. John Vann and Dr. Christopher Van Pelt, Orthopaedists, Piedmont Orthopaedics, 35 International Drive, Greenville, SC 29615; Dr. Daniel Cordas, Orthopaedic Center of the Carolinas, 100 Powers Blvd., Powdersville, SC 29673; Dr. Brian Burnikle, 200 Patewood Dr., Greenville, SC 29615; Dr. Phillip Hodge, Southeastern Neurosurgical & Spine, 111 Doctor's Drive, Greenville, SC 29605; Dr. Jyoti Math, Upstate Rehabilitation, 111 Doctor's Drive, Greenville SC 29605; Dr. Dana Piasecki, OrthoCarolina, 1915 Randolph Road, Charlotte, NC 28207; Dr. Sanchez and Dr. Jacobs, SC Research Group, 68 Parkway Commons Way, Greer, SC 29650; Dr. C. David Tollison, PHD, Carolinas Center for Advanced Management of Pain, 220 Roper Mountain Rd., Ext., Greenville, SC 29615
11. Impairment rating(s); body part(s); physician and date of opinion: See attached
12. I am amending my Form 50/51 in the following manner:

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

Signature: Email: al@martinslawfirm.com

Date of hearing: February 11, 2014 Time needed for hearing: 30 minutes

On behalf of ☒ Claimant ☐ Employer

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

Attachment to Form 58

RE: Kimberly Walker
WCC File #: 0901375

4. Facts in Controversy:

This is an admitted claim. Several hearings have previously been held and several Orders have been issued. Claimant's admitted body parts for which she has received authorized medical treatment include: left leg (6 authorized surgeries to the knee), right knee, back, and psyche. She has been placed at MMI by the authorized treating knee surgeon, authorized treating pain management doctor treating her back, and authorized treating psychologist. Her permanent physical restrictions limit her to sedentary duty for no more than 2.5 hours a day. Her psychological limitations note her inability to concentrate. A Vocational Evaluation opines her permanent restrictions from the authorized doctors render her disabled from any competitive employment. Claimant seeks an award of Permanent and Total Disability.

Defendants argue the procedure recommended by the authorized surgeon for Claimant's left knee is not causally-related, or alternatively she is not at MMI. The authorized knee surgeon has recommended another arthroscopic procedure. However, it is that same doctor's opinion that Claimant remains at MMI.

Claimant will likely need treatment and possible arthroscopic procedures to her left knee for the remainder of her life. Defendants position is untenable. If, as Defendants argue, the procedure recommended for Claimant's left knee is not causally-related, then she must be at MMI. If the procedure recommended for Claimant's left knee is causally-related, then why have Defendants refused to authorize the procedure. Moreover, Defendants authorized surgeon has stated to a reasonable degree of medical certainty that despite her need for the left knee procedure, she remains at MMI.

Finally, Commissioner Taylor has ruled that the parties may forego mediation based on a Motion by Claimant.

11. Impairment ratings: 25 % to left leg, Dr. Piasecki; 11/1/12; 1% to the back, Dr. Math, 3/4/13; 10% whole person for psych, Dr. C. David Tollison, 12/16/13; She should be considered permanently and totally vocationally disabled, Rock Weldon, MA, CVE, 10/29/12 and 1/27/14.

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
Kimberly Walker,	)	
Claimant,	)	
v.	)	W.C.C. FILE NO: 0901375
Sunbelt Human Advancement,	)	
Employer,	)	
and	)	**CERTIFICATE OF SERVICE BY MAIL**
State Accident Fund,	)	
Carrier.	)	

This is to certify that the undersigned did cause the Amended Form 58 to be served upon the Honorable Gene McCAskill, Commissioner of the South Carolina Workers' Compensation Commission and attorneys for Defendants, by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 5th day of February, 2014.

The Honorable Gene McCaskill
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

L. Brenn Watson, Esquire
Willson, Jones, Carter & Baxley
872 S. Pleasantburg Drive
Greenville, SC 29607

MARTIN & MARTIN, P.A.

Kelly E. Watson
Legal Assistant

Greenville, South Carolina

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

WCC File #: **0901375**
Carrier File #: **2009-0007030**
Carrier Code #: **500-SF**
Employer FEIN #: **576028253**

Claimant's Name: Kimberly Walker SSN: [redacted]
Address: [redacted]
City: [redacted] State: SC Zip: [redacted]
Home Phone: [redacted] Work Phone: ( ) -

Employer's Name: Sunbelt Human Resources
Address: PO Box 10204
City: Greenville State: SC Zip: 29603
Insurance Carrier: State Accident Fund

Preparer's Name: Alton L. Martin, Jr. Law Firm: Martin & Martin, PA Preparer's Phone #: (864) 271-1822

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of injury: 2/19/09

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

1. Did the commissioner err in disregarding the opinions of the authorized treating surgeon, the authorized pain management physician, the authorized psychologist, the FCE showing "reliable effort", and the Claimant's IME doctor; instead relying solely on Defendants IME (Finding 25, 26, 27, 56, 57, 58, 59, 60, 61; Conclusions 4,5,6,7,11)

2. Did the Commissioner err in giving greater weight to the vocational evaluation of Jan Westmoreland in light of her deposition testimony? (Finding 21, 22, 23; Conclusion 11)

3. Did the Commissioner err by finding the Claimant's "incomplete" results on portions of the FCE indicated lack of effort, when Claimant underwent six (6) authorized surgeries to her knee, the physical therapist found Claimant gave a reliable effort, the incomplete testing involved activities such as carrying, kneeling, squatting, and stair climbing, and she was restricted from these activities by the authorized surgeon? (Findings 27, 28, 32)

4. Did the Commissioner err in finding Claimant's testimony inconsistent with her medical records? (Finding 63)

5. Did the Commissioner err in finding all of Claimant authorized treating doctors opinions were questionable because they relied in part on subjective complaints of Claimant? (Finding 64). Everyone's opinions

6. Did the Commissioner fail to consider all of the evidence, specifically Claimant's IME doctors opinion, considering the Order contains no referenced to the doctor's opinion? (APA 7, p. 209-215)

7. Did the Commissioner err in failing to find the Claimant was Permanently and Totally Disabled as a result of her admitted left leg, right leg, back, and psyche issues? (Finding 55, 62, 66, 67, 68, 69, 70; Conclusion 4, 5, 6, 7, 11).

8. Did the Commissioner err in finding Claimant reached MMI for her left knee and back in March 4, 2013, based on the Form 14B completed by Dr. Math, (APA p. 179), when the same form provides "the claimant is able to return to work with the following restrictions: sedentary work 2.5 hr/day with frequents breaks". (Finding 63, 64, 65, Conclusion 3).

9. Did the Commissioner err in finding Claimant reached MMI for the left knee on March 4, 2013, when the authorized treating surgeon was awaiting approval from the workers' compensation carrier for another surgery at the time of the hearing? (Finding 65; Conclusion 3)

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

10. Did the Commissioner err in ordering specific restrictions to Claimant's future medical care in contravention to the holding in *Carter v. Verizon Wireless* (Finding 71, Conclusion 8)

11. Did the Commissioner err in ruling that future medical treatment, including the proposed surgery to her left knee recommended by the authorized treating surgeon in his note of October 2, 2013, would not affect her being at MMI? (Finding 72, Conclusion 8)

12. Did the Commissioner err in finding Defendants were entitled to a credit for overpayment of TTD from 12/13/13, the date of Claimant's Motion seeking the Commission order the Claimant's Form 50 to be set for a hearing because Defendants failed to comply with the mandatory mediation regulations? (Finding 74, Conclusion 10)

13. Did the Commissioner err in failing to address whether Claimant suffered a loss of earning capacity per 42-9-20? (Findings 21, 22, 23, 26, 55; Conclusions 4,5, 6, 7)

14. Did the Commissioner err in failing to provide evidentiary support for his Findings of Facts and Conclusions of Law in violation of *Baldwin v. James River*? (Findings 15, 17, 21, 22, 23, 27, 30, 35, 36, 54, 55, 63, 64, 71, 72, 73, 74; Conclusions 7, 10, 11)

15. Did the Commissioner err in finding the Claimant stated she could work within her restrictions in May of 2013, without clarifying Claimant requested her employer provide her work "within her restrictions" and Defendant/Employer declined determining it could not accommodate her restrictions and terminating her from her sedentary job? (Finding 53, 54)

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

I certify that I have served this document pursuant to R.67-211 by delivering a copy to L. Brenn Watson, Esquire, Willson, Jones, Carter & Baxley, 872 S. Pleasantburg Dr., Greenville, SC 29607

Name / Address

on the 28th day of July, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature — Attorney for Claimant (Title) — August 5, 2015

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

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
Kimberly Walker,	)	
Claimant,	)	
v.	)	W.C.C. FILE NO: 0901375
Sunbelt Human Resources,	)	
Employer,	)	**APPELLANT'S BRIEF**
and	)	
State Accident Fund,	)	
Carrier,	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND L. BRENN WATSON, ATTORNEY FOR DEFENDANTS

STATEMENT OF THE FACTS

Claimant suffered an admitted work-related injury to her left knee on February 19, 2009. She underwent three surgeries to her left knee without improvement. She developed admitted overcompensation injuries to her right knee and low back. She was referred for surgical evaluation to an Orthopaedist in Charlotte. Defendants initially agreed to provide the evaluation recommended by their authorized doctor, then refused when the Charlotte doctor's office requested pre-payment to review Claimant's records.

At the first of many hearings in this case, Defendants were ordered to issue pre-payment. Thereafter, Claimant underwent three (3) more surgeries, six total to her left knee. Her incapacity has been significant and at one point following her surgery, required daily visits from a rehab nurse to her home due to her inability to get out of bed.

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While undergoing multiple left knee surgeries, Claimant continued to have problems with her right knee and back. She underwent a rhizotomy by the authorized pain management doctor and continues to receive pain management for her back and right leg.

As a result of Claimant's extended medical treatment for this claim her pre-existing depression was aggravated. This finding was made by Order of February 14, 2013, following another hearing in this matter.

Claimant was written out of work completely following each surgery. However, each time she would return to work with restrictions. This pattern continued until March 2012, when Defendant/Employer said it could no longer provide light duty within her restrictions.

The authorized treating surgeon for her left knee recommended an FCE on September 18, 2012. When Defendants again balked at paying for treatment, Claimant's attorney paid for an FCE. According to the therapist, the results of the October 25, 2012, FCE were reliable and Claimant could not perform sedentary work more than 2.5 hours per day.

In 2013, Defendant/Employer terminated Claimant because it could not accommodate her physical restrictions. Claimant filed an EEOC charge under the ADA because she felt Defendant/Employer could reasonably accommodate her 2.5 hour sedentary work restrictions.

In July, 2013, Claimant's pain management doctor recommended another MRI. Defendants again refused to provide treatment recommended by the authorized doctors.

A Form 50 was filed seeking medical treatment and also seeking a finding of Permanent and Total Disability. Defendants initially complied with the requirement for mandatory mediation and it was scheduled by agreement of the parties.

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Before the mediation occurred, Defendants authorized the requested MRI. Claimant return to the treating surgeon and a 7th surgery was recommended. Defendants then unilaterally cancelled mediation over Claimant's objection. Defendants asserted their doctor recommended surgery, so Claimant was not at MMI and Permanent and Total Disability could not be an issue. At the same, time, Defendants refused to authorize the 7th surgery. As a result, the Commission could not schedule a hearing on Claimant's Form 50 because mediation had not taken place.

Claimant filed a Motion which was heard on December 5, 2013. An Order was issued dispensing with mediation and requiring a hearing be set in January. Defendants sought the opportunity to depose their own treating surgeon prior to the Form 50 hearing being set. When the treating surgeon asked for $1,000.00 for his deposition, Defendants again balked. Defendants elected not to depose their doctor and took the position at the hearing that Claimant needed the surgery and was not at MMI.

STATEMENT OF THE CASE

At the time of the hearing on February 11, 2014, Claimant was awaiting authorization of another surgery. Claimant had already undergone six (6) authorized left knee surgeries and had not worked since September 2011. Prior to that she had been in and out of work on light duty beginning June, 2009. Her employer of 19 years could not accommodate her restrictions and terminated her from her sedentary job in 2013. The authorized treating surgeon recommended a 7th surgery on October 2, 2013 and provided restrictions that would not allow her to do most sedentary work.

Claimant sought a finding of Permanent and Total Disability and authorization of the recommended 7th surgery. It was Claimant's position that her restrictions prevented her from working and the 7th surgery would not improve her condition to the extent that she would be able to work again. Based on this reasoning, we believe the Commissioner could have properly awarded Permanent and Total Disability and authorized surgery.

Defendants took the position, (for the first time at the hearing) that if Claimant needed surgery as prescribed by the authorized treating surgeon, then she could not be at MMI. They sought a determination that Claimant was not at MMI, authorization of the 7th surgery that they had denied until that time, and no award of permanency.

Instead, the Commissioner found Claimant was at MMI as of 3/4/13; awarded permanent partial disability; authorized the 7th left knee surgery that was recommended by the authorized surgeon on 10/2/13, but held that the future surgery would not change Claimant's MMI status; restricted Claimant's future medical treatment not to exceed what was recommended by the authorized surgeon on 10/2/13; and awarded a credit for overpayment to Defendants beginning December 13, 2013. It is from this decision Claimant appeals.

ARGUMENT

I. IT WAS ERROR TO FIND THAT CLAIMANT'S MMI STATUS WOULD NOT BE AFFECTED BY FUTURE SURGERY

The Commissioner found Claimant is entitled to receive additional medical treatment, including the left knee surgery recommended by the authorized surgeon, Dr. Piasecki on October 2, 2013. (Finding 71, APA2, p. 13). However, the Commissioner also held that "[t]he future

medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning." (Finding 72).

If Finding 72 is allowed to stand it would improperly prevent Claimant from receiving indemnity benefits while written out of work following surgery. It would also improperly prevent the award of any additional permanent disability, regardless of the outcome of the surgery.

When a claimant undergoes surgery, there will necessarily be a period of healing required following surgery. Claimant may need additional treatment following surgery in order to rehabilitate. Claimant may have a poor outcome and require another surgery. It is impossible to find Claimant's MMI status will not be affected by surgery before the surgery occurs.[1] To do so would require the ability to know the future. MMI is a question of fact requiring expert medical opinion and cannot be determined in advance. Until the Claimant has reached maximum healing following surgery, she will not be at MMI.

It was error to hold Claimant is at MMI, and future surgery will not affect her MMI status. If Claimant needs surgery and is not Permanently and Totally disabled, then she is not at MMI.

II. IT WAS ERROR TO ORDER SPECIFIC RESTRICTIONS ON CLAIMANT'S FUTURE MEDICAL CARE, IN VIOLATION OF THE HOLDING IN CARTER V. VERIZON WIRELESS.

[1] If Claimant was found permanently and totally disabled her benefits would continue regardless of MMI status.

The Commissioner ordered specific restrictions to the Claimant's future medical care. While holding the Claimant was entitled to the 7th surgery that had been recommended by the authorized treating surgeon, the Commissioner provided "[t]he future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013." (Finding 71). Consider this finding in combination with Finding 72, that Claimant will remain at MMI, regardless of surgery. The result is that Claimant's future medical care is substantially restricted. If her condition worsens following surgery, she will not be allowed any additional treatment unanticipated by the October 2, 2013 note. This finding is in direct contravention to the holding in *Jacqueline Carter v. Verizon Wireless* and *American Home Assurance,* 757 SE 2d 528 (Ct. App. 20140) prohibiting such restrictions. Claimant is entitled to receive future medical care and treatment that would tend to lessen the period of her disability. This finding violates Claimant's substantial rights under S.C. Code §42-15-60 and Dodge v. Bruccoli, 334, S.C. 574, 514 SE2d 593 (Ct. App. 1999)

III. IT WAS ERROR TO DISREGARD THE OPINIONS OF THE AUTHORIZED TREATING SURGEON, AUTHORIZED TREATING PAIN MANAGEMENT DOCTOR, RELIABLE FCE, AUTHORIZED PSYCHOLOGIST, CLAIMANT'S IME DOCTOR, AND CLAIMANT'S VOCATIONAL EXPERT.

There was no logical basis for disregarding the treating doctor's opinion in favor of the Defendants vocational expert.

At the time of the hearing, Claimant had undergone 6 authorized surgeries to her left knee and was awaiting approval of a seventh. The authorized treating surgeon recommended the 7th surgery on October 2, 2013. At that time, he provided a work status note stating "no lifting; no

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prolonged bending, stooping, squatting kneeling or twisting; sit down work only; no ladder/stair climbing, return appointment with doctor after surgery..." (APA2, p. 13) These restrictions would not allow Claimant to do most sedentary work. Per the Code of Federal Regulations §404.1567:

> To determine the physical exertion requirements of work in the national economy, we classify jobs as sedentary, light, medium, heavy, and very heavy. These terms have the same meaning as they have in the *Dictionary of occupational titles*, published by the Department of Labor. In making disability determinations under this subpart, we use the following definitions.
>
> (a) *Sedentary work* Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

The authorized treating surgeon, and the authorized treating pain management doctor had previously opined that Claimant could only perform sedentary work 2.5 hours per day. Their opinions were supported by an FCE performed on October 25, 2012, which was considered "reliable" by the therapist. (Finding 25) Defendants never deposed any treating doctors about these restrictions.

Although the authorized treating surgeon requested an FCE on September 18, 2012, Defendants failed to obtain one. (APA 2, p. 24) As such, an FCE was obtained by the Claimant's attorney. Defendants never obtained another FCE, nor did they object to submission of the FCE report in Claimant's APAs. Defendants did not depose the physical therapist that performed the FCE.

The authorized treating psychologist also provided restrictions related to Claimant's psychological limitations. (APA 3, p. 86) Defendants did not obtain a psychological IME. Defendants did not depose the authorized psychologist.

Defendants obtained only one IME by Dr. Evans on 3/13/13. They did so in an effort to refute the opinions of their own authorized treating doctors. Of note, the IME provides:

> Secondary to this incident, Ms. Walker has had extensive treatment to the left knee. The evaluation today is to evaluate the low back and right knee, **not to evaluate the left knee**.

(Defs. APA 27, p. 408, Emphasis added).

In his examination, Dr. Evans noted Claimant had a mildly antalgic gait favoring the left knee (Id., p 412). He documented her left calf circumference at 42 cm (Id., p. 412) and her right calf at 45cm (Id., p.413). This three centimeters equates to 1.18 inches difference between her calves. In his conclusion, Dr. Evans specifically addressed restrictions and future treatment recommendations to the right knee, and restrictions and future treatment recommendations to the low back (Id., p.414). He did not address restrictions or treatment recommendations for her left knee.

The FCE referenced above had been completed and provided to Defendants several months prior to Dr. Evans' IME. However, Dr. Evans' report never disputed the findings of the FCE. He specifically limited his restrictions to the right knee and back. He expressly omitted the left knee in providing his opinion. The treating surgeon, Dr. Piasecki's restrictions were solely related to the left knee. Dr. Piasecki never treated Claimant's right knee or back. Dr.

Evans did not dispute Dr. Piasecki's left knee restrictions, nor make reference to them. Claimant was seen by Dr. Piasecki again in January 2014 and following that appointment he completed a questionnaire agreeing with the restrictions previously provided by the FCE. No medical evidence is contained in the record that disputes the physical restrictions related to claimant's left knee. No evidence is contained in the record that disputes the psychological restrictions provided by the authorized treating psychologist.

Contrary to their own IME doctor's opinion, Defendants continued providing treatment with the authorized pain management doctor for Claimant's right knee and low back. The record reflects Claimant continued to receive authorized pain management for her back and right knee on at least 9 occasions following the IME. Moreover, the Commissioner found Claimant should continue to receive pain management for her admitted right knee and back. (Finding 75)

Claimant also obtained an IME from Dr. Dameron which provided impairment ratings to the right knee, low back and left knee. This report is not referenced anywhere in the Findings and Conclusions.

Claimant's vocational expert rendered an opinion relying on the physical restrictions provided by the authorized treating doctors, the "reliable" FCE, the psychological restrictions provided by the authorized treating psychologist, and the vocational expert's interview and testing of Claimant. He also took into consideration the reports of Claimant's and Defendants' IME doctors. According to the Claimant's vocational expert, she was permanently and totally disabled.

Defendants' vocational expert did not rely on the physical restrictions provided by the authorized treating doctors or the "reliable" FCE. She admitted if she had relied on the treating doctors' physical restrictions and FCE then Claimant would be permanently and totally disabled. (Depo p. 9, lines 10-25 and p. 10, lines 1-4) Defendants' vocational expert admitted she was not qualified to alter Claimant's physical restrictions. However, she did just that. She testified that she considered the restrictions out of date because the FCE was from 2012. She felt Claimant could perform some sedentary work, but would need to discuss the essential functions with her doctors beforehand. (Vocational Evaluation by Jan Westmoreland, page 12) Thereafter, Defendants expert admitted she was not aware of the recent restrictions provided by Dr. Piasecki on October 12, 2013. She had no records from Dr. Piasecki beyond September of 2013, except his questionnaire on January 2014. She did not realize Dr. Piasecki had seen Claimant in January of 2014, and assumed he had only completed a questionnaire. She did not know Defendant/Employer had terminated Claimant from her Sedentary job because it could not accommodate her physical restrictions. She did not take into consideration Claimant's psychological restrictions. (Depo. pg. 10, lines 20-25 and p. 11, lines 1-2) This was because Defendants had not provided her with the Claimant's psychological restrictions from the authorized psychologist. She admitted Claimant's psychological restrictions could further limit Claimant's ability to work. Likewise, she failed to consider the Claimant's IME from Dr. Dameron as it was not among the medical records she received.

Defendant's vocational expert admittedly disregarded the physical restrictions; failed to consider the psychological restrictions; did not consider Claimant's IME, and was unaware of the treating surgeon's most recent restrictions. Despite this, the Commissioner found the Defendants vocational expert's opinion should be given "much greater weight" (Findings 21, 22, 23, 67)

This was error. Defendants expert opinion is not based on the medical evidence. No argument can adequately defend such a finding.

The Commissioner also found Claimant's doctors opinions were based in part on subjective complaints. (Finding 64). He disregarded the treating doctors opinions in order to find Claimant was able to work. (Finding 55 and 67). This was error and without factual support. The substantial evidence in the records supports Claimant is unable to work.

IV. IT WAS ERROR TO FIND CLAIMANT'S OFFER TO RETURN TO WORK WITHIN HER RESTRICTIONS IN MAY OF 2013 WAS INCONSISTENT WITH HER CLAIM OF PERMANENT AND TOTAL DISABILITY.

The Commissioner found Claimant testified she could work in May of 2013 and this was inconsistent with her claim of permanent and total disability. (Findings 53 and 54). In 2013, Claimant was out of work on restrictions from the authorized doctors. These restrictions limited her to no more than 2.5 hours or sedentary, sitting only work, per day. She received a letter from her employer requesting the treating doctor complete documentation regarding the extent and length of her limitations as she may be terminated if her limitations could not be accommodated. The treating doctor provided the requested documentation.

Claimant's attorney provided a letter to Defendant/Employer requesting Claimant be allowed to return to work with accommodations that complied with her work restrictions. Defendant/Employer declined to accommodate these restrictions, i.e 2.5 hours of sedentary work per day. Thereafter, Defendant/Employer terminated Claimant's employment. Claimant filed a complaint with the EEOC alleging a violation of the Americans with Disabilities Act because she

believed the Defendant/Employer could reasonably accommodate her restrictions of sedentary work 2.5 hours per day.

No available labor market exists for a worker that is restricted to 2.5 hours of sedentary, sitting only work per day. Defendants own vocational expert admitted this fact in her deposition (Depo. pg. 9, lines 10-25, pg. 11, lines 1-4). Claimant's offer to return to work in compliance with these restrictions is in no way inconsistent with her claim of Permanent and Total Disability. Defendant/ Employers termination of Claimant based on its inability to accommodate her restrictions evinces she is permanently and totally disabled.

It was error to find an offer to return to work within her restrictions was inconsistent with her claim of Permanent and Total disability in light of her particular restrictions.

V. IT WAS ERROR TO AWARD ANY CREDIT AND THERE IS NO EVIDENTIARY BASIS FOR THE DATE PROVIDED.

Assuming *arguendo*, that a credit was owed for overpayment of temporary benefits, which Claimant expressly denies, the date chosen for entitlement to a credit (12/13/13) has no bearing to the issue. (Finding 74) On December 13 Claimant filed a Form 50 seeking Permanent & Total Disability and additional medical treatment. (At the time, Defendants had failed to authorize an MRI requested by the treating doctors.) Based on the request for Permanent and Total Disability this claim was subject to mandatory mediation per 67-1801 et. seq. Mediation was scheduled by agreement of the parties. Thereafter, Defendants authorized the MRI and the authorized treating surgeon recommended another surgery. Defendants unilaterally cancelled the mediation, over Claimants attorney's objection. Defendants' basis for cancelling mediation was

that Claimant's Form 50 seeking Permanent & Total Disability was no longer ripe since another surgery was being recommended. However, at the same time, Defendants' refused to authorize the recommended surgery. The Commission could not set a hearing on Claimant's Form 50 because mediation had not taken place. Defendants refused to authorize surgery and at the same time refused to mediate, preventing Claimant from proceeding to a hearing on any issue. Claimant filed a Motion. A hearing was held on Claimant's Motion on 12/5/13. Claimant filed an Amended Form 50 on December 13, 2013. An Order was issued in January dispensing with the need for mediation and holding that the claim could be set for a hearing. There is no correlation between the date of Claimant's Amended Form 50 and a date establishing a credit. This was error.

VI. IT WAS ERROR TO FIND INCOMPLETE FCE TEST RESULTS FOR STOOPING, KNEELING, SQUATTING, CARRYING, PUSHING PULLING, AND STAIR CLIMBING SHOWED LACK OF EFFORT.

On September 18, 2012, the authorized treating surgeon recommended Claimant undergo an FCE. At the FCE, Claimant was physically unable to complete all portions of the testing. In particular, she could not complete the testing involving stooping, kneeling, squatting, and stair climbing. She was physically unable to perform these tasks. Following the FCE, the therapist indicated Claimant gave a "reliable" effort (Finding 25 and APA 8 p. 227)

The record also reflects a later conversation between the pain management doctor and physical therapist regarding the FCE. The physical therapist again stated Claimant gave "good effort" (Finding 59, APA 5, p.170). Dr. Piasecki, the authorized treating surgeon, and Dr. Math, the authorized pain management doctor both expressed their agreement with the FCE.

Despite the therapist's written and oral comments, and the treating doctors express written agreement with the FCE, the Commissioner found that the FCE results were suspect, showing lack of effort by Claimant. (Finding 27) As evidence of this suspicion, the Commissioner noted Claimant had incomplete scoring on Table I and Table IV (Findings28, 32). Table IV sought to evaluate stooping, kneeling, squatting, and stair climbing, all activities Claimant was physically incapable of performing and had been instructed not to attempt by the treating doctor. (APA 8, p. 224 and APA 2 p. 21). Claimant was also physically unable to complete some tasks involving pushing pulling and carrying (APA 8, p. 223) Again the Commissioner found Claimant's physical inability to complete these tasks reflected lack of effort. This was error.

VII. IT WAS ERROR TO CONSIDER THE ISSUE OF COMPENSABILITY FOR THIS ADMITTED CLAIM.

Claimant's compensable injuries include the left knee, right knee, back, and psyche. Several Orders have established this. Claimant underwent 6 authorized surgeries prior to this hearing and was continuing to receive pain management for her right knee and back, and psychological care. Over Claimant's attorneys repeated objections at the hearing, Defendants were allowed to extensively cross-examine Claimant on the issue of compensability. This evidence was improperly allowed and improperly relied upon.

Findings 37 and 38, relate to Claimant's inability to recall what she discussed with her family doctor in 2004, ten years prior. Finding 39 involved her not recalling that she complained of knee pain in 2006. Finding 40 addressed her not recalling her doctor's appointment in 2007. Claimant did not dispute these appointments, she simply testified she did not recall them.

Notably, the admitted accident that initiated this claim occurred in 2009. The fact Claimant treated for knee pain with her family doctor prior to this claim, had no bearing on anything before the Commission. Her lack of recollection of family doctor visits, years prior to this claim, have no bearing on her credibility.

Claimant was asked on cross examination about Dr. Burnikel's note of January 20, 2011, indicating she had a normal gait and full AROM. Claimant said this was not true. The Commissioner again found this represented lack of credibility by Claimant. (Finding 41) A full review of the note indicates Claimant was seen by Dr. Burnikel for consideration of another major surgery. She had already undergone three surgeries at the time of this evaluation. . Dr. Burnikel prescribed lateral heel wedges to unload the medial compartment, Voltaren gel, and found positive patella grind. (APA p 283-284). Thereafter, Claimant was referred to Dr. Piasecki who performed another 3 surgeries. Dr. Burnikel's failure to accurately document Claimant's gait problem during his surgical evaluation in 2011, after Claimant's first three surgeries and prior to her receiving another three surgeries, does not have any bearing on Claimant's credibility. Claimant's attorney suggested Defendants show some of the surveillance videos taken of Claimant over the years to resolve any issue about her limping. Not surprisingly, Defendants chose not to.

It was error to allow Defendants to raise questions about compensability in this admitted claim. The Commissioner improperly allowed this evidence and improperly considered it. The Commissioner considered the issue of compensability and implied disagreement with the prior Orders issued in this case. (Finding 70, 71, 72, 75). Compensability was not before him and should not have been considered. The Findings noted above in this appeal attempt to withhold

and restrict benefits owed to Claimant by prior Orders. If consideration had been limited to the issues properly before the Commission, then this error would not have occurred. The findings addressing Claimant's credibility were issued in error.

VIII. IT WAS ERROR TO PROVIDE CONCLUSORY FINDINGS AND CONCLUSIONS IN VIOLATION OF *BALDWIN V. JAMES RIVERS.*

There is insufficient basis provided for Findings 21, 22, and 23 that the vocational opinion of Defendants expert was entitled to "much greater weight." This is particularly true, in light of the admitted omissions and disregard for medical opinions by Defendants expert. These findings provide inadequate factual basis to determine whether the Commissioner properly weighed and evaluated the evidence and are therefore conclusory. The Commissioner fails to sufficiently address why he would give greater weight to Defendant's vocational expert when she admitted not considering all the evidence and disregarding the treating doctor's opinions.

Dr. Tollison, the authorized treating psychologist, notes Claimant was "unable to maintain concentration for prolonged periods of time" as a work restriction. (APA 3, p. 86) Defendant's vocational expert admittedly failed to take these restriction into consideration. No reference to this work restriction is addressed in the Findings. The weight, if any, given to this evidence is unknown. Finding 70 provides"... Disability to her left knee and to the back combined with psyche does not render her permanently and totally disabled." No factual basis is provided for this Finding and it is therefore conclusory.

Dr. Dameron provided an IME addressing impairment to Claimant's left leg, right leg, and back. (APA 7, p. pg. 209-215) Permanency was a material fact at issue and Dr.

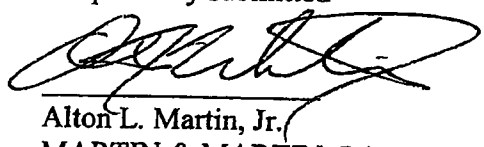
Dameron's report was pertinent and relevant to a determination of this issue. The Findings fail to address what weight, if any, was given to Dr. Dameron's report. Finding 66, 67, 68, and 69 all address this issue, but fail to mention Dr. Dameron's report and are therefore conclusory

There is no way for the Full Commission to determine if proper weight was given to the above-referenced evidence by the Single Commissioner. It was error to give greater weight ti Defendant's vocational experts opinion. It was error for the Commissioner to disregard Claimant's psychological limitations from the authorized treating psychologist. It was error for the Commissioner to ignore medical evidence of impairment properly before him. In failing to provide any adequate basis for his decision to give greater weight to the Defendant's vocational expert's opinion and in failing to consider the evidence from Dr. Tollison and Dr. Dameron, the Findings regarding permanent disability are conclusory in violation of the holding in Baldwin v. James River Corp., 304 S.C. 485, 405 S.E. 2d 421 (Ct. App. 199). (Finding 66, 67, 68, 69, 70) Additionally, Findings15, 17, 21, 22, 23, 27, 30, 35, 36, 54, 55, 63, 64, 71, 72, 73, 74, and Conclusions 7, 10, and 11 are conclusory as no evidence is adequately identified as support for these Findings.

CONCLUSION

Based on the foregoing, the Hearing Order should be reversed and Claimant should be awarded Permanent and Total Disability.

Respectfully submitted



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BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker, Employee, Claimant/Appellant, vs. Sunbelt Human Advancement, Employer, and State Accident Fund, Carrier, Defendants/Respondents.	)	BRIEF OF DEFENDANTS/RESPONDENTS

STATEMENT OF THE CASE

Claimant sustained a compensable injury to her left knee in a work-related accident on February 19, 2009. Thereafter, she developed admitted overcompensation injuries to her right knee and low back. By previous Order of the Commission, dated February 14, 2013, Claimant was also found to have suffered an aggravation of her preexisting psychological condition due to the 2009 accident and associated injuries. Claimant filed a Form 50, Request for Hearing, and a hearing was held before the Single Commissioner on March 12, 2014.

At the hearing, it was Claimant's position that she had reached maximum medical improvement (MMI) for the conditions related to the 2009 accident, and she alleged she is permanently and totally disabled on account of the same, pursuant to S.C. Code Ann. Section 42-9-10. Claimant argued that despite being at MMI, she was entitled to future medical treatment to include a seventh left knee surgery recommended by the authorized treating physician. Claimant argued the surgery would not affect her MMI status.

Defendants set forth alternative positions: (1) Claimant had either reached MMI, was not permanently and totally disabled, and was not entitled to further knee surgery; or, (2) Claimant had not reached MMI and was entitled to further knee surgery as recommend by the authorized treating physician.

By Decision and Order dated July 23, 2014, the Single Commissioner adopted Claimant's position that she had reached MMI. He assigned 40% permanent partial disability to her left knee, 2% permanent partial disability to her low back, and 0% permanent partial disability to her right knee. The Single Commissioner found Claimant's psychological condition is not disabling. The Single Commissioner found Claimant is entitled to causally-related future medical treatment, and that Defendants are entitled to a credit for overpayment of TTD paid beyond December 13, 2013. ***The Single Commissioner further found that Claimant is not credible.*** On July 28, 2014, Claimant filed a Form 30, Request for Commission Review, appealing the Order of the Single Commissioner. This appeal follows.

STATEMENT OF THE FACTS/EVIDENCE

Claimant first presented to Doctor's Care on February 21, 2009. The record from that date states: "Three episodes seemingly minor trauma, banged on desk, twisted and crouched for baseball practice. Now complains of left knee pain and swelling." Claimant then presented to her family physician, Dr. Faile, for evaluation on February 24, 2009. This narrative states: "Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury." Claimant did not mention the "baseball" twisting incident to Dr. Faile. Dr. Faile referred Claimant for an MRI of the left knee, which was performed on March 5, 2009. The MRI showed a flap of articular cartilage with some degeneration.

Dr. Faile referred Claimant to Dr. Vann at Piedmont Orthopaedic Associates, where she was seen on March 16, 2009. Dr. Vann reviewed the MRI and opined that it showed a chondral

lesion. He performed arthroscopic surgery on April 20, 2009. Claimant underwent two additional surgeries, performed by Dr. Vann on October 30, 2009 and August 9, 2010. He released her at MMI on September 20, 2010 with 7% impairment to her left knee. He also opined that her degenerative changes were not enough to warrant a knee replacement unless her condition changed.

Defendants initially questioned whether Claimant's left knee condition was causally-related to an alleged work injury. Claimant also complained of overcompensation pain in her right knee, and low back pain, which she attributed to overuse of crutches while recovering from her left knee surgeries. On January 12, 2011, the parties entered into a consent order, whereby Defendants agreed to accept liability for the left knee, right knee and back conditions.

Claimant later alleged an aggravation of her preexisting psychological condition, which she attributed to the 2009 accident, and Defendants denied the same. After a hearing before Commissioner Andrea C. Roche, Claimant's psychological condition was found compensable, and Defendants assumed treatment for the same.

Claimant was referred to Dr. Dana Piasecki for ongoing treatment of the left knee. Claimant first presented to Dr. Piasecki on August 30, 2011 for a second opinion and consideration for additional cartilage restoration options. Dr. Piasecki recommended a left knee arthroscopy with staging evaluation, debridement, plica resection, and ACI biopsy, and he performed the same on September 26, 2011.

At a follow-up appointment on November 1, 2011, Dr. Piasecki noted that Claimant "feels her knee is no better than it was prior to the surgery and, at this point, is interested in additional surgical options." At that time, he recommended a left knee open autologous chondrocyte implantation medical femoral condyle, a high tibial osteotomy, and an iliac crest autograft, and he performed the same on December 12, 2011.

Claimant continued to follow-up with Dr. Piasecki postoperatively, and she had continued complaints with regard to weightbearing and stiffness. On April 26, 2012, the doctor noted that he would favor a second look arthroscopic procedure if Claimant's problems persisted, and at her next appointment on May 24, 2012, he recommended a second look arthroscopy, debridement, and removal of her HTO hardware, which was performed on June 15, 2012.

At a follow-up visit on August 14, 2012, Claimant noted that, overall, she felt she was progressing, and she was not eager to have any additional surgeries. On November 21, 2012, Dr. Piasecki indicated that Claimant had plateaued, and he placed her at MMI with a 25% permanent impairment rating. Dr. Piasecki assigned work restrictions and indicated Claimant would require no future medical care for the left knee related to the work injury.

Claimant eventually requested an updated evaluation with Dr. Piasecki for her left knee, and Defendants provided the same on September 11, 2013. Dr. Piasecki ordered an updated MRI, and he noted the following with respect to the MRI: "Should things look reasonable...I would favor an injection. Should she have obvious fissuring or mechanical explanations for her symptoms and/or should she not respond to the injection and still be substantially limited, we could end up discussing a 2nd look arthroscopy and possible debridement."

On September 26, 2013, Claimant underwent an updated MRI of the left knee, which revealed "mild degenerative changes." Claimant returned to Dr. Piasecki on October 2, 2013. At that time, Claimant indicated she would prefer a seventh arthroscopic surgery over an injection, which Dr. Piasecki opined was "not unreasonable."

On January 13, 2014, Dr. Piasecki completed a questionnaire sent to him by Claimant's attorney, whereby the doctor opined the following: (1) Claimant remains at MMI for the left knee; (2) Claimant's 25% rating remains the same; (3) Claimant will require additional medical treatment for the left knee; and (4) the restrictions provided in Claimant's October 25, 2012, FCE

remain an accurate description of her physical limitations.

Regarding Claimant's low back condition, Claimant treated with Dr. Jyoti Math at Upstate Medical Rehabilitation after she was determined not to be a surgical candidate by Dr. Philip Hodge. On March 4, 2013, Dr. Math placed Claimant at MMI for the low back and assigned Claimant a 1% permanent impairment rating.

Defendants authorized an IME for Claimant's low back and right knee with Dr. John Evans of Foothills Orthopaedics and Sports Medicine, and the same was performed on March 13, 2013. Dr. Evans assigned Claimant 0% permanent impairment ratings for the back and right knee, and he opined that Claimant would require no additional medical treatment and no permanent work restrictions with regard to the low back and right knee.

Defendants authorized Claimant's psychological treatment with Dr. David Tollison. On December 16, 2013, Dr. Tollison completed a questionnaire, placing Claimant at MMI with a 10% whole person impairment rating (Dr. Tollison does not appear to have seen Claimant on this date, but instead, saw Claimant on November 21, 2013).

DEFENDANTS' ARGUMENTS

I. THE SINGLE COMMISSIONER PROPERLY ACCEPTED AND ADOPTED CLAIMANT'S ARGUMENT THAT SHE HAD REACHED MMI.

a. Claimant requested a finding of MMI.

At the hearing, Claimant specifically argued that Claimant was at MMI, and that future surgery would not affect her MMI status. However, she now alleges "it is impossible to find Claimant's MMI status will not be affected by surgery before the surgery occurs...Until the Claimant has reached maximum healing following surgery, she will not be at MMI." Claimant further argues "it was error to hold Claimant is at MMI, and future surgery will not affect her

MMI status." ***She now appeals the exact finding she requested during the hearing.*** This appeal is meritless.

Leading to the hearing, Claimant argued, either expressly or impliedly, that she had reached MMI:

1. Claimant's Form 50, Request for Hearing, specifically alleged she was permanently and totally disabled (which must follow a finding of MMI).
2. Claimant's Form 58, Pre-hearing Brief, specifically alleged she was permanently and totally disabled, "per 42-9-10." (Again, permanent disability follows MMI.)
3. The Pre-hearing Brief further states: "She has been placed at MMI by the authorized treating knee surgeon, authorized treating pain management doctor treating her back, and authorized treating psychologist...Claimant seeks an award of Permanent and Total Disability."
4. Claimant's Pre-hearing brief also argues: "The authorized knee surgeon has recommended another arthroscopic procedure. ***However, it is that same doctor's opinion that Claimant remains at MMI.*** Claimant will most likely need treatment and possible arthroscopic procedures to her left knee for the remainder of her life...***Moreover, Defendants authorized surgeon has stated to a reasonable degree of medical certainty that despite her need for the left knee procedure, she remains at MMI.***" (emphasis added)

Claimant continued to argue for a finding of MMI at the hearing. In Claimant attorney's opening statements at the hearing, he stated: "**It's our position that she is at maximum medical improvement**, and that she is totally and permanently disabled, and we would like an award for that today." (emphasis added) (Hr. Tr. 6:19-22)

Just as she had argued in her Form 50, in her Pre-hearing Brief, and in her attorney's opening statement, Claimant testified during direct examination at the hearing that she understood the additional surgery being recommended to be maintenance treatment:

> Q: Is it your understanding that you've been placed at maximum medical improvement by Dr. Piasecki?
>
> A: Yes. (Hr'g Tr., p. 16, lines 6-8)
>
> Q: Is it your understanding that another surgery will improve your knee and help you get better?
>
> A: No.
>
> Q: What's your understanding?
>
> (Objection to question overruled)
>
> A: It's not going to get better. But the surgeries that I need is going to help it – help me maintain the level of pain that I'm now so that it won't get any worse. It won't digress. But – but healing is not an option. Just to keep me functional, I guess is a good way to put it. I don't know.
>
> Q: Is it your understanding or what do you know about whether or not you will need any more surgeries?
>
> A: It's my understanding I will need surgery for the rest of my life.
>
> Q: So this number seven that's being recommended won't be the last one?
>
> A: No. (Hr'g Tr., p. 23, line 18 – p. 24, line 18)

At the hearing, Claimant's testimony was tailored to support her contention that she had reached MMI, and that any future surgeries she required, including the one being recommended by the authorized physician, would merely be maintenance. In fact, she even testified she would likely require additional surgeries for the rest of her life. She now argues it is "impossible" for the Commission to find MMI until surgery has been performed. Claimant's appeal directly contradicts the position she took at the hearing – which the hearing commissioner adopted.

Claimant argued for MMI at the hearing, maintaining any future surgery was maintenance treatment. She is now displeased she was not awarded permanent and total

disability, and she has appealed the very MMI finding she desired. As Claimant eloquently pointed out in her Pre-hearing Brief, the "authorized surgeon has stated to a reasonable degree of medical certainty that despite her need for the left knee procedure, she remains at MMI." It was certainly not error for the Single Commissioner to find that Claimant had reached MMI in relation to her left knee condition, and that the surgery recommended by Dr. Piasecki was maintenance treatment, which would not affect her MMI status. Claimant's appeal of the very finding she desired must be denied.[1]

b. Judicial Estoppel precludes Claimant's Appeal.

Even if there were some factual basis for appealing the finding of MMI, Claimant's appeal of MMI is improper. The doctrine of Judicial Estoppel was adopted by the South Carolina courts in the case of *Hayne Federal Credit Union v. Bailey*, 327 S.C. 242, 489 S.E.2d 472 (S.C., 1997), and it bars Claimant from arguing that the Single Commissioner erred in finding Claimant at MMI. In that case, the Supreme Court of South Carolina stated the following:

> Judicial estoppel precludes a party from adopting a position in conflict with one earlier taken in the same or related litigation. *See Colleton Reg. Hosp. v. MRS Med. Rev. Systs.*, 866 F.Supp. 896 (D.S.C.1994). The purpose or function of the doctrine is to protect the integrity of the judicial process or the integrity of courts rather than to protect litigants from allegedly improper or deceitful conduct by their adversaries. 31 C.J.S. Estoppel & Waiver § 139, at 593 (1996). Judicial estoppel generally applies only to inconsistent statements of fact. *Cannon v. H.K. Porter Co.*, 705 F.Supp. 288 (E.D.Va.1989).
>
> Our research of South Carolina case law has not revealed an explicit discussion of judicial estoppel; however, there are opinions alluding to the doctrine. For example ... *Zimmerman v. Central Union Bank*, 194 S.C. 518, 532, 8 S.E.2d 359, 365 (1940)("[W]here a party assumes a certain position

[1] Claimant also argues she is entitled to TTD for times she is written out of work following future surgeries. However, she is no longer entitled to *temporary* disability benefits. After MMI, she is *permanently* disabled, and her entitlement to temporary disability benefits ceases. She also argues she is improperly prevented from an award for any additional permanent disability which may result from future surgeries. If Claimant believes she suffers additional permanent disability, her remedy is a change of condition claim, not a meritless appeal of the very MMI finding she sought.

> in a legal proceeding, and succeeds in maintaining that position, he may not thereafter, simply because his interests have changed, assume a contrary position.").
>
> ***We now explicitly adopt the doctrine of judicial estoppel as it relates to matters of fact (not law).*** In order for the judicial process to function properly, litigants must approach it in a truthful manner. Although parties may vigorously assert their version of the facts, they may not misrepresent those facts in order to gain advantage in the process. The doctrine thus punishes those who take the truth-seeking function of the system lightly. ***When a party has formally asserted a certain version of the facts in litigation, he cannot later change those facts when the initial version no longer suits him.*** It is certainly conceivable that parties may want to present novel legal theories, which may require changing one's previous legal theory. However, the truth-seeking function of the judicial process is undermined if parties are allowed to change positions as to the facts of the case, unless compelled by newly-discovered evidence. (emphasis added)

Hayne, 489 S.E.2d at 477.

"MMI is a factual determination left to the discretion of the [Commission]." *Gadson v. Mikasa Corp.*, 368 S.C. 214, 224, 628 S.E.2d 262, 268 (Ct.App.2006). Claimant even concedes in her Appellate Brief that "MMI is a question of fact." Accordingly, Claimant is barred by the doctrine of Judicial Estoppel from arguing that she is not at MMI. Claimant argued at the hearing, unequivocally, that she had reached MMI. She cannot now change her position because she was not found permanently and totally disabled.

II. THE SINGLE COMMISSIONER PROPERLY SPECIFIED FUTURE MEDICAL TREATMENT IN THE ORDER.

Claimant argues it was error for the Single Commissioner to specifically detail the award of future medical treatment. In cases of permanent partial disability, the Single Commissioner is required to detail an award of future causally-related medical treatment with as much specificity as possible. The applicable statute is S.C. Code Ann. Section 42-15-60, which states the following:

> (B)(2) Each award of permanency as ordered by the single commissioner or by the commission must contain a finding as to whether or not further

> medical treatment or modalities must be provided to the employee. If the employee is entitled to receive such benefits, ***the medical treatment or modalities to be provided must be set forth with as much specificity as possible in the single commissioner's order or the commission's order.*** (emphasis added)

The Single Commissioner appropriately reviewed the evidence in the claim (including the opinion of the authorized surgeon that Claimant would remain at MMI regardless of surgery), and he set forth the causally-related future medical treatment with as much specificity as possible. The Single Commissioner found the following:

> Claimant is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013. (FOF#71)
>
> The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning. (FOF#72)
>
> Claimant is also entitled to a work-hardening program of Defendants' choosing, should an authorized treating physician order it. (FOF#73)

The Single Commissioner's findings are "text book;" there is no error in the award of future medical.

Claimant cites *Carter v. Verizon Wireless*, Appellate Case No. 2012-212924 (Ct. App. 2014), arguing that the case stands for the proposition that the Commission may not restrict future medical treatment. Clearly, this is not the case, as outlined in Section 42-15-60. In *Carter*, a previous order from the single commissioner had indicated future medical treatment would "include" a specific medication. Following a change of condition hearing, the single commissioner on the change of condition claim issued a new order, "specifically restricting" the

totally disabled, and therefore, alleging she had reached MMI. On December 16, 2013, Claimant was placed at MMI for her psychological condition (via questionnaire, although her last visit with the psychologist was on November 21, 2013). However, Claimant continued to receive her temporary total disability benefits. MMI signals the end of a claimant's entitlement to temporary disability benefits. Pursuant to Section 42-9-210, "Any payments made by an employer to an injured employee during the period of his disability ... which by the terms of this Title were not due and payable when made may ... be deducted from the amount to be paid as compensation." Accordingly, the Single Commissioner appropriately awarded Defendants a credit for overpaid TTD, pursuant to 42-9-210, and the selection of the date of December 13, 2013, the date Claimant filed a hearing request arguing she was at MMI, was certainly not erroneous.

V. THE SINGLE COMMISSIONER DID NOT ERRONEOUSLY CONSIDER THE ISSUE OF COMPENSABILITY, NOR DID HE PROVIDE CONCLUSORY FINDINGS AND CONCLUSIONS.

The Single Commissioner did not consider the issue of compensability; nor was the issue ever raised by Defendants at the March 12, 2014 hearing. The issue that *was* considered by the Single Commissioner, and which *was* raised by Defendants, was the issue of ***credibility***.[3] The Single Commissioner reviewed the evidence in the record, including Claimant's prior medical records, and he observed Claimant during her testimony at the hearing, and he found Claimant was not credible. Claimant's allegations that the Single Commissioner "considered the issue of compensability and implied disagreement with the prior Orders issued in this case" is baseless and without merit. Claimant points to Findings 70, 71, 72 and 75 as evidence that the Single Commissioner improperly considered the issue of compensability. Those findings are below, and there can be no interpretation of these Findings which would indicate the Single Commissioner considered the issue of compensability:

[3] Hr'g tr. p. 70, line 25 - p. 71, line 1: "Mr. Watson raised the issue of credibility in the pre-hearing, so I'm going to allow it."

70. Pursuant to the Order of Commissioner Roche date February 14, 2013, the aggravation of Claimant's psyche is compensable. Disability to her left knee and to the back combined with the psyche does not render her permanently and totally disabled.

71. Claimant is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.

72. The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning.

75. The following was addressed in an Administrative Order dated May 1, 2014: Claimant's back, psyche and both knees are compensable by prior Orders of the Commission. As such, Claimant is entitled to ongoing medical care and treatment as previously ordered by the Commission. Specifically, Claimant is entitled to medication as prescribed by the authorized treating physicians.[4]

The Single Commissioner properly considered the issue of Claimant's credibility, and there can be no interpretation of the Single Commissioner's Findings which would indicate that the issue of compensability was ever considered.

Lastly, Claimant asserts that 22 Findings of Fact and 3 Conclusions of Law are conclusory, and are therefore insufficient. This allegation is also meritless. Defendants will not address each and every Finding and Conclusion in this Brief; a simple reading of those Findings and Conclusions makes clear that each one was based on specific and definite findings on the evidence, and the Single Commissioner's Findings and Conclusions were not conclusory.

[4] The May 1, 2014 Order was an order issued *by the Single Commissioner himself.*

The Directions Group, Inc.
Medical & Vocational Case Management

EMPLOYABILITY ANALYSIS
AND
LABOR MARKET SURVEY

DATE: February 6, 2014

RE: KIMBERLY McKINNEY WALKER
ADDRESS:

DOB:
DOI: 2/19/2009
DOR: 1/22/2014
DOE: 2/04/2014

REC REC: 1/27/2014

REFERRAL INFORMATION: This file was referred to complete an employability analysis to determine Ms. Walker's current access to employment and anticipated earnings with respect to her physical capabilities, education, geographic location and available records.

INJURY: The following information was obtained from a review of available records, interview and testing of Ms. Walker at the Wilson, Jones, Carter and Baxley office in Greenville SC.

Ms. Walker is a 45-year-old female who was employed with Sunbelt Human Advancement Resources (SHARE) in Greenville SC. She was employed as a Family Partnership Coordinator. This position entailed working with low income families and staff by engaging them in various programs. She supervised 17 case managers and 1 social services person.

On the day of her reported injury, she was sitting at a co-workers desk and turned around in the chair and hit her left knee on the edge of the desk. She had immediate pain and difficulty in walking. She continued to work the rest of Thursday and on Friday, but indicated having to "limp around". She attended her daughter's basketball game on Friday evening and reported getting stuck in the bleachers. On Saturday she notified a co-worker of the need for medical attention. She went to Doctor's Care for medical attention. Crutches were provided to her and she was instructed to go see her family physician. She went to her family physician, Dr. Faile, on Monday. Workers' Compensation sent her to an orthopedist-Dr. Vann. She underwent 3 surgeries on the left knee with Dr. Vann and participated in PT after each surgery. She was told she had torn the articular cartilage.

Ms. Walker requested a second opinion and this was done with Dr. Cordas. Ms. Walker indicated being told by Dr. Cordas that there were no physicians locally that could address her injury so she was referred to Dr. Piasecki in Charlotte. She has undergone 3 additional procedures with Dr. Piasecki.

Ms. Walker reported she is waiting to see if Workers' Compensation will approve an additional surgery to be performed by Dr. Piasecki to see if the transplant is holding.

BEHAVIORAL OBSERVATIONS: On 2/04/14, I met Ms. Walker at the Wilson, Jones, Carter & Baxley office in Greenville SC. She drove to the appointment independently. I met her in the lobby at 8:50 a.m. We entered the conference room together.

I introduced myself again and explained that I was asked to complete a vocational evaluation and labor market survey. She expressed understanding. She was encouraged to take breaks as needed, to stand, move about the area, visit the restroom and do whatever was necessary to be as comfortable as possible throughout the evaluation. She was encouraged to ask questions if she did not understand a question or was curious regarding the purpose of a question. She was encouraged not to answer any questions that made her uncomfortable.

She stood 8 times during the assessment with times standing ranging from 10 seconds to 1 minute. She request one break to walk outside with the break lasting for 45 seconds. She did not demonstrate any difficulty in rising from a seated position or returning to a seated position. She did walk with a slight limp. She maintained eye contact during the evaluation. She answered questions openly. She was able to provide information regarding her employment which consisted of 2 main jobs. She recalled the date, time and address. She recalled her telephone number and social security number. The evaluation concluded at 10:15 p.m.

RECORDS REVIEWED:

- Serenity Rehab and Wellness Center
- April Smith, PA-C
- Upstate Medical Rehabilitation-Jyoti Math; Christopher L. Kelly, PA
- South Carolina Research Group-Sergio Sanchez, MD; David C. Jacobs, MD
- Foothills Orthopaedics and Sports Medicine Center-John P. Evans, MD
- OrthoCarolina-Dana Piasecki, MD
- Carolinas Center for Advanced Management of Pain-C. David Tollison, PhD
- Fig Services, Inc.-Shelene Giles

MEDICAL RECORDS SUMMARY:

- **Serenity Rehab and Wellness Center:** 10/18/12-FCE. Sitting, standing and walking are all noted as occasional (0-2.6 hours/day). Sitting was performed but had to perform intermittent weight shifting during seated tasks. Walking was performed with antalgic gait pattern with decreased weight bearing on left lower extremity. No assistive device was used during the test. According to the FCE results, she is only capable of performing tasks Occasionally. To be classified as Sedentary, an individual must be able to perform a minimum of 6 hours per 8 hour day in sitting with the remaining 2 hours in standing. For standing job, an individual must be able to perform a minimum of 6 hours per 8 hour day in standing with the other 2 hours in sitting for Sedentary classification. She does not meet the criteria for even Sedentary work. This means her overall classification at this time is below Sedentary.
- **April Smith, PA-C:** 2/04/13-Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. Performed a bilateral MBB on 1/19/11 and Rt. RFL on 3/24/11 had 85% relief. New onset back pain goes down the leg 2 weeks ago. Chronic left knee pain with torn cartilage. Returned to work with modified work restrictions. Back pain developed after rehabilitation on crutches after work injury on 2009. Dr. Hodge does not think she is a surgical candidate. FCE performed on 10/25/12. "The evaluee would not be able to return to work even on light duty at this time. Is unable to perform squatting, kneeling or stooping. Is only able to perform sitting, standing and walking along with stair manipulation 0-2.6 hours/day at most with breaks. Was unable to complete carrying, pushing, pulling, lifting overhead, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 pounds. Occasional (0-2.6 hours/day) safe lift is 10 pounds from knuckle to shoulder and floor to shoulder was 12 pounds. Assessment: Pain, knee. Coccydynia. Pain, back. Refer to physical therapy. 5/01/13-Assessment: Myofascial pain. Pain, back. Lumber facet arthropathy. Pain, knee. Gastritis. X-rays of left knee. If no hardware is present, she may be a candidate for aspiration and steroid injection.
- **Upstate Medical Rehabilitation-Jyoti Math, MD; Christopher L. Kelly, PA:** 3/04/13-Here for impairment rating. Has a slightly antalgic gait. Is overweight. Sustained a work-related injury and injured her left knee requiring multiple surgeries. While undergoing rehab she aggravated her back mainly because of the facet arthritis which was a pre-existing condition, but aggravated with her rehab, so am going to place her at MMI with impairment rating of 1% to the back and has an impairment rating of 25% for the left leg, so combined impairment rating would be ___. Because of the persistent pain and the reported side effects from the pain medication including sedation.

Think she will not be able to perform sedentary activity to the full extent. Will require PT, periodic facet injections and follow-up every 4 weeks for medications. 4/01/13-Assessment: Myofascial pain. Pain, back. Lumber facet arthropathy. Pain, knee. Gastritis. Insomnia. 5/29/13-Assessment: Pain, knee. Pain, back. Arthritis of knee. Continue PT. Continues to have persistent knee pain which is getting worse. Reviewed Dr. Burnikel's notes from 2011 which showed mild arthritis. It is not clear whether she has worsening of her arthritis. Will order the x-rays again and she may benefit from a cortisone injection if the pain does not subside. Advised her to stop Aleve. 6/27/13-X-rays from previous visit. Reviewed and read the report from the radiologist. Was noted to have some lateral sclerosis over the left tibia possibly from the previous HTO as well as on the proximal tibial, there is an area in question that notes a stress fracture could not be ruled out. Assessment: Knee pain. Back pain. Arthritis of knee. Long term (current) use of high risk medication. Refer back to Dr. Dana Piaseck at Ortho Carolina Charlotte for increasing left leg pain. S/P HTO in 2011. 8/27/13-Med management. 10/03/13-Is able to transfer independently. Is obese. Gait is slightly antalgic. No peripheral edema or varicose veins. Assessment: Lumber facet arthropathy. Arthritis of knee. Will consider PT or injection if she is still having symptoms. 12/05/13-Assessment: Lumbar facet arthropathy.

- **South Carolina Research Group-Sergio Sanchez, MD; David C. Jacobs, MD:** 3/08/13-Assessment: Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior. Anxiety state, unspecified. Adjustment disorder with mixed anxiety and depressed mood. Chronic and debilitating pain, obesity. Moderate to severe medical, social. GAF-59. 3/22/13-Assessment: Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior. Anxiety state, unspecified. 4/08/13-Assessment: Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior. Anxiety state, unspecified. Adjustment disorder with mixed anxiety and depressed mood. Agreed to some therapy to help her understand and make some changes in her life that she sees as needed. 5/06/13-Assessment: Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior. Anxiety state, unspecified. Adjustment disorder with mixed anxiety and depressed mood. 10/21/13-Med management. 11/18/13-Med management.
- **Foothills Orthopaedics and Sports Medicine Center-John P. Evans, MD:** 3/13/13-Reported her knee pain does not aggravate her low back pain and vice versa. Is able to perform personal hygiene activities, such as bathing brushing her teeth and hair and getting dressed that she is able to drive her car without assistance. Dr. Dameron conducted an IME on 10/31/12 and Ms. Walker had an 8% impairment of the spine, 7% impairment of the right lower extremity and a 40% impairment of the left lower extremity. Takes her daughter to and from school and then rest at home. Goes to the YMCA for water aerobics three times per week. Impression: Right knee pain. Non-specific chronic low back pain (also known as chronic sprain/strain symptomatic degenerative disc disease, facet joint pain, etc). Has reached MMI, can be discharged from care and will require no further treatment and has no restrictions. Has right knee pain with no significant objective findings on examination or radiographic studies. This is a Class 0; 0% impairment of the lower extremity. Ms. Walker has continued complaints of back pain with no objective findings and no history of a sprain/strain type injury. Has reached MMI, can be discharged from care, will require no further treatment and has no restrictions. Has a Class 0, 0 impairment. Response to questions: Current complaints of right knee and low back pain related to the work incident of 2/19/09-Current complaints in the right knee and low back are not related to the incident of 2/19/09. The initial exam after the incident did not record any right knee or low back complaints. The first record of right knee pain was on 6/03/09, four months after the work incident. The first record of low back pain was on 7/09/09, five months after the work incident. Has findings of lumbar facet joint arthropathy which is a condition of living and not trauma induced. The use of crutches and canes are a form of treatment of low back and knee pain. The crutches or cane unload the knees and back transferring loads/stresses to the upper extremities. In addition, she has not used crutches since June/July 2012 and persists with back and right knee complaints.

- **OrthoCarolina-Dana Piasecki, MD:** 9/11/13-15 months out from her left knee arthroscopy, chondroplasty, hardware removal and tibial bone grafting status post prior HTO and ACI of the medial femoral condyle which was performed in December of 2011. X-rays of left knee demonstrates maintenance of medical joint space with a completely healed osteotomy and no retained hardware. Would like to obtain a MRI of her knee. Assessment: Knee joint pain. Never a smoker. No back pain. 10/02/13-MRI demonstrates what appears to be an intake chondral graft without delamination or irregularity. There is some slight differential signal in the cartilage relative to the surrounding area of normal cartilage but this is quite mild in appearance. There is no obvious meniscal tear seen. Some very slight subchondral edema is noted within the medical femoral condyle beneath the graft. Impression: Sixteen months status post left knee arthroscopy, debridement and hardware removal status post prior HTO and ACI of the medical femoral condyle. Based on her overall presentation, think it would be reasonable to consider either an injection or a second look arthroscopy given her degree of limitations. Is not interested in an injection. Would favor a second-look scope. 1/13/14-Response to medical questionnaire. Most probably remain at MMI from her work related knee injuries-Yes. Most probably require any additional medical treatment now and/or in the future in order to maintain her current level of functioning-yes. On 11/21/12, had permanent impairment of 25% related to her left knee injury. Is it still your opinion that she has that level of impairment or has her impairment changed-still the same. Underwent a Functional Capacity Evaluation on October 25, 2012. Do the restrictions provided in that FCE: Most probably remain an accurate description of Ms. Walker's physical limitations.
- **Carolinas Center for Advanced Management of Pain-C. David Tollison, PhD:** 10/08/13-Assessment: Chronic pain in the bilateral knees and back. Psychological symptoms associated with chronic pain. She does not fee that she is improving and in fact, believes that both her physical and psychological functioning are deteriorating. Denies suicidal thought. Adjustment disorder/mixed. Depression-Moderate recurrent. Bilateral knee and back pain. Health, occupational, social, financial, legal. GAF-60. 10/17/13-Psychological testing: P-3 on 6/23/11 with Somatization in the top 5th percentile, Anxiety 18th and Depression top 27th. P-3 on 10/8/13-invalid. Therapy session. 11/21/13-Assessment: Depression-moderate recurrent as unchanged. Adjustment disorder/mixed as unchanged. Continue current treatment plan and notify of any significant change in condition. Decrease psychological symptom severity through rehearsal of cognitive-behavioral techniques and distraction.

OTHER RECORDS REVIEWED:

- **Fig Services, Inc-Shelene Giles:** Medical Damages Assessment: Medical diagnoses: Left knee-1) Surgery-left knee arthroscopy and chondroplasty (4/20/09). 2) Surgery-left knee arthroscopy with chondroplasty & placement of allograft articular transplant (10/30/09). 3) Left knee chondroplasty (8/09/10). 4) Left knee arthroscopy and chondroplasty and osteotomy with Autograft (12/12/11). 6) Left knee arthroscopy and chondroplasty with removal of implant and bone grafting (6/05/12). Chondromalacia of patella. Osteoarthrosis. Right knee tendinitis and over compensation from left knee injury. Lumbar-bilateral L5-S1 facet arthropathy, chronic myofascial pain with altered gait/over compensation from left knee injury. Anxiety/depression. Medical damages total: $499,281.31. Year 1 of annualized care will be 52,937.49-due to Ms. Walker's upcoming knee surgery. Thereafter, based on a lifetime total of future medical care of $459,281 (excluding upcoming surgery), Ms. Walker's annualized medical care is $12, 937.49.

Previous Hospitalizations/Surgeries: Ms. Walker has 2 children. She has had 6 surgical procedures on her left knee and is awaiting the possibility of another one. She has had a rhizotomy on her lower back.

Secondary Medical: At times, Ms. Walker's blood pressure has been elevated but she is not on any medication for this at the present time. She becomes short of breath when she overexerts herself. She broke her nose while playing softball years ago. She crushed her left hand in a MVA. She has broken her left ankle when playing softball. She has been involved in approximately 5 MVA's. One of these is when her left hand was crushed. In two of these accidents, she suffered from whiplash.

Other Medical History: Ms. Walker is 5'4' tall and weighs 230 pounds. Prior to her injury, she weighed approximately 240 pounds. She is right hand dominant.

SUBJECTIVE PHYSICAL LIMITATIONS:

• Vision	Wears glasses at night to drive.
• Reading/Responding	No reported problems; no observed problems.
• Hearing	No reported problems; no observed problems.
• Writing	No reported problems; no observed problems.
• Speaking	No reported problems; no observed problems.
• Lifting/Carrying	5 to 10 pounds.
• Standing	Can't do for long.
• Walking	5 minutes.
• Sitting	Can't do for long.
• Climbing	Refrains from performing this activity.
• Stooping/Squatting	Refrains from performing this activity.
• Bending/Twisting	Refrains from performing this activity.
• Kneeling	Refrains from performing this activity.
• Arms/Hands (reaching)	No reported problems; no observed problems.
• Comprehending	No reported problems; no observed problems.
• Breathing	Has some sinus issues at times.
• Balancing	Both knees hurt; knee might give out.

CURRENT COMPLAINTS–SUBJECTIVE: On 2/04/14, Ms. Walker reported:

• Left knee	Feels like "just a pain, a throb/catch". At the onset of the assessment-8.5/10. At the conclusion of the assessment-9/10.
• Right knee	Moving it makes it worse. At the onset of the assessment-7.5/10. At the conclusion of the assessment-8/10.
• Back	"Feels like little men in the back-pulling muscles and things". At the onset of the assessment-8/10. At the conclusion of the assessment-9/10.

MEDICATIONS: On 2/04/14, Ms. Walker reported taking the following medications: Wellbutrin and Zoloft for depression and anxiety; Tramadol for pain; Ambien for sleep but does not take this every night; Flexeril for muscle spasms; Prilosec and Phenergan for nausea. She takes over-the-counter Aleve for pain and something for sinus/allergies. She reported not taking any medications prior to the appointment.

SELF-HELP/ORTHOTICS: Ms. Walker will use a wheel chair if she goes out and has to go for any distance.

ACTIVITIES OF FAILY LIVING: Ms. Walker wakes up around 8:00 a.m. so she can take her daughter to school. She may come home and go back to bed. She retires for the evening between 11:00 p.m. and 4:00 a.m. She described her quality of sleep as "poor". She is able to attain 4 to 5 hours of continuous sleep.

She is able to tend to her personal/sanitary needs but shoes and socks are difficult for her to put on. She reported not being able to perform cleaning duties at her home. She does pull the covers up on her bed. She uses a shower chair and grip bars in the shower. She does laundry with assistance from her children. Her father cuts her grass. She is able to drive locally. She has gone to Clemson to see her daughter. She is able to ride as a passenger for approximately 20 minutes.

She watches some television but does not read much during the day. She attends church 2 times per month. She watches sports on television sometimes. She use to like shopping and playing sports. She naps during the day and the length of time may vary according on how she is feeling. She denied smoking, consuming alcohol, any history of alcohol or drug abuse, using any medication not prescribed for her or using any other tobacco products. She rarely drinks caffeinated drinks. She drinks water and cranberry juice.

EDUCATIONAL BACKGROUND: Ms. Walker completed the 12th grade at Carolina High School in Greenville SC in 1986. She attained her undergraduate degree from Mars Hill College in 1990 with a degree in Social Work. She attained her Master's degree in Human Resource Management in 2003 from Webster University in Greenville SC.

EMPLOYMENT HISTORY:

Employer:	SHARE (Sunbelt Human Advancement Resources)
Location:	Greenville SC
Length:	20 years
Job Title:	Family Partnership Coordinator
Duties:	Worked with low income families by offering needed classes. Worked with family and staff
Reason for leaving:	Injured
Wages:	$46,000/year

Employer:	Carolina High School
Location:	Greenville SC
Length:	4 years
Job Title:	Coach
Duties:	Coached softball, last worked in 2009
Reason for leaving:	Injury
Wages:	$4,000

Employer:	Department Store
Location:	Greenville SC
Length:	Couple of years at Christmas time
Job Title:	Sales Clerk
Duties:	Worked in department stores during Christmas time to earn extra money
Reason for leaving:	Temporary job
Wages:	Not indicated

MILITARY HISTORY: None reported.

ARREST HISTORY: None reported.

MEANS OF TRANSPORTATION: Ms. Walker has a SC driver's license and has access to a 2000 Acura TL with automatic transmission, power steering and power brakes. She indicated her vehicle is in fair condition but she did have a speeding ticket in 2013

SOCIO-ENVIRONMENTAL: Ms. Walker is divorced and lives with her daughters, one is in college at Clemson. She has good family support. She is currently receiving $2,265.84 per month from Workers' Compensation. Her expenses include insurances, utilities, telephone, house payment, food, installment loans and transportation. She reported her injury has caused her to have financial concerns.

OTHER VOCATIONAL CONSIDERATIONS: Ms. Walker's work history has been as a Family Partnership Coordinator. She has been able to maintain the physical ability to perform her jobs. She has a computer at home and has an email account and pays bills on line. She will search for things on the internet.

VOCATIONAL GOALS: Ms. Walker is unsure if she is able to return to any type of employment. She does have a Master's degree.

Self-Directed Search–Form R, 4th edition: Mr. Walker completed the Self-Directed Search in order to discover her pattern of vocational interests and competencies. Her highest-ranking category of interest was "Enterprising". Individuals scoring high in the enterprising area generally like to persuade or direct others more than work on scientific or complicated topics. They are described as acquisitive, adventurous, agreeable, ambitious, attention-getting, domineering, energetic, extroverted, impulsive, optimistic, pleasure-seeking, popular, self-confident and sociable. They enjoy careers such as buyer, sports promoter, television producer, business executive, salesperson, travel agent, supervisor and manager. They usually have leadership and public speaking abilities, interest in money and politics and like to influence people.

Her 2nd highest ranking area of interest was "Social". Individuals scoring high in this area are usually described as convincing, cooperative, friendly, generous, helpful, idealistic, kind, patient, responsible, social, sympathetic, tactful, understanding and warm. These individuals generally like occupations that allow them to help, teach and counsel people more than engage in mechanical or technical activity. They enjoy careers working around other people and helping them with their problems. Matching careers include nurse, speech therapist, teacher, religious worker and counselor.

Her 3rd highest ranking area of interest was "Conventional". Individuals scoring high in this area are usually described as conforming, practical, careful, thrifty, efficient, orderly, persistent and conscientious. These individuals generally like activities that involve explicit, ordered systematic manipulation of data to meet predictable organizational demands or specific standards. They enjoy systematic or structured activities and prescribed plans. They tend to focus on information accuracy, conservation and business achievement. Matching careers include accountant, data processing operator, prison officer, taxation agent, architectural draftsperson, credit loan officer, customs agent, clerk, purchasing officer, auditor and secretary.

Individuals scoring highest with the ESC tend to be successful in careers such as: telephone solicitor, automobile rental clerk, head teller, real estate sales agent, employment manager or administrative assistant.

Combinations of the ESC category include: SEC, SCE, ECS, CSE and CES. Positions in these categories may include: vocational rehabilitation counselor, recreational therapist, welfare director, training instructor, personnel manager, paralegal, employment interviewer and personnel interviewer. Other positions may include: hospital admitting clerk, hotel clerk, travel agent, bank teller, data entry clerk, personnel clerk, employment clerk, procurement clerk and credit authorizer.

PHYSICAL LIMITATIONS/RETURN TO WORK GUIDELINES:

- On 10/18/12, Serenity Rehab and Wellness Center conducted a FCE. Sitting, standing and walking are all noted as occasional (0-2.6 hours/day). Sitting was performed but had to perform intermittent weight shifting during seated tasks. Walking was performed with antalgic gait pattern with decreased weight bearing on left lower extremity. No assistive device was used during the test. According to the FCE results, she is only capable of performing tasks Occasionally. To be classified as Sedentary, an individual must be able to perform a minimum of 6 hours per 8 hour day in sitting with the remaining 2 hours in standing. For standing job, an individual must be able to perform a minimum of 6 hours per 8 hour day in standing with the other 2 hours in sitting for Sedentary classification. She does not meet the criteria for even Sedentary work. This means her overall classification at this time is below Sedentary.

- On 3/04/13, Dr. Math indicated: Here for impairment rating. Has a slightly antalgic gait. Is overweight. Sustained a work-related injury and injured her left knee requiring multiple surgeries. While undergoing rehab she aggravated her back pain mainly because of the facet arthritis which was a pre-existing condition, but got aggravated with her rehab, so am going to place her at MMI with impairment rating of 1% to the back and has an impairment rating of 25% for the left leg, so combined impairment rating would be ___. Because of the persistent pain and the reported side effects from the pain medication including sedation. Think she will not be able to perform sedentary activity to the full extent.
- On 3/13/13-Dr. Evans indicated: Reported her knee pain does not aggravate her low back pain and vice versa. Is able to perform personal hygiene activities, such as bathing brushing her teeth and hair and getting dressed that she is able to drive her car without assistance. Dr. Dameron conducted an IME on 10/31/12 and Ms. Walker had an 8% impairment of the spine, 7% impairment of the right lower extremity and a 40% impairment of the left lower extremity.
  Takes her daughter to and from school and then resting at home. Goes to the YMCA for water aerobics three times per week. Has reached MMI, can be discharged from care and will require no further treatment and has no restrictions. Has right knee pain with no significant objective findings on examination or radiographic studies. This is a Class 0; 0% impairment of the lower extremity. Ms. Walker has continued complaints of back pain with no objective findings and no history of a sprain/strain type injury. Has reached MMI, can be discharged from care, will require no further treatment and has no restrictions. Has a Class 0, 0 impairment. Response to questions: Current complaints of right knee and low back pain related to the work incident of 2/19/09-Current complaints in the right knee and low back are not related to the incident of 2/19/09. The initial exam after the incident did not record any right knee or low back complaints. The first record of right knee pain was on 6/03/09, four months after the work incident. The first record of low back pain was on 7/09/09, five months after the work incident. Has findings of lumbar facet joint arthropathy which is a condition of living and not trauma induced. The use of crutches and canes are a form of treatment of low back and knee pain. The crutches or cane unload the knees and back transferring loads/stresses to the upper extremities. In addition, she has not used crutches since June/July 2012 and persists with back and right knee complaints.
- On 1/13/14, Dr. Piasecki indicated: Response to medical questionnaire. Most probably remain at MMI from her work related knee injuries-Yes. Most probably require any additional medical treatment now and/or in the future in order to maintain her current level of functioning-yes. On 11/21/12, had permanent impairment of 25% related to her left knee injury. Is it still your opinion that she has that level of impairment or has her impairment changed-still the same. Underwent a Functional Capacity Evaluation on October 25, 2012. Do the restrictions provided in that FCE: Most probably remain an accurate description of Ms. Walker's physical limitations.
- On 11/21/12, Dr. Piasecki indicated: Had permanent impairment of 25% related to her left knee injury. Is it still your opinion that she has that level of impairment or has her impairment changed-still the same. Underwent a Functional Capacity Evaluation on October 25, 2012. Do the restrictions provided in that FCE: Most probably remain an accurate description of Ms. Walker's physical limitations.

After review of medical reports and my clinical interview, Ms. Walker's physical capacity range appears to fall within the sedentary physical demand work capacity.

As a guideline, *The Dictionary of Occupational Titles, Volume 2, Fourth Edition, Revised 1991, US Department of Labor*, describes sedentary below as:

Sedentary Work – Exerting up to 10 pounds of force occasionally (1/3rd of time) and/or a negligible amount of force frequently (1/3rd to 2/3rd of time) to lift, carry, push or otherwise move objects. Involves sitting most of the time but may involve walking or standing for brief periods.

EMPLOYABILITYANALYSIS: An OASYS Employability Skills Analysis was conducted to review Ms. Walker's work history, aptitudes and worker traits. The resulting profile identified the following for her previous work history.

Ms. Walker's specific vocational preparation profile is 8. This reflects up to 4 years and up to 10 years required time to learn the techniques, acquire the information and develop the facility needed for average job performance. General educational development (GED) levels reflect formal and informal education in her reasoning, language and mathematics skills. Her GED levels were: Reasoning-4, Mathematics-3 and Language-4.

Reasoning-4: Her work history indicated the ability to apply principles of rational systems to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. She has been able to interpret a variety of instructions furnished in written, oral, diagrammatic or schedule form.

Mathematics-3: Her work history indicated the ability to compute discount, interest, profit, and loss; commission, markup, and selling price; ratio and proportion and percentage. She has been able to calculate surfaces, volume, weights and measures. She has been able to calculate variables and formulas; monomials and polynomials; ratio & proportion variables; and square roots & radicals. She has been able to calculate plane and solid figures; circumference, area and volume. She has been able to understand kinds of angles and properties of pairs of angles.

Language-4: Her work history indicated the ability to read novels, poems, newspapers, periodicals, journals, manuals, dictionaries, thesauruses, and encyclopedias. She has been able to prepare business letters, expositions, summaries and reports, using prescribed format and conforming to all rules of punctuation, grammar, diction and style. She has been able to participate in panel discussions, dramatizations and debates. Speak extemporaneously on a variety of subjects.

Work history strengths required Ms. Walker to exert physical demand levels of Medium work on average. She has been able to balance, stoop, kneel, crouch, accommodation, color vision and field of vision occasionally. She has been able to finger, handle, talk, hear and use near acuity frequently. She has been able to reach, handle, talk, hear and use near acuity constantly.

Specifically, work history reflected the ability to understand instructions and underlying principles, to reason, to understand meanings of words and use them effectively and to comprehend language.

Her work history indicated above average aptitude in general learning ability, verbal aptitude, clerical aptitude, motor coordination, manual dexterity and eye-hand-foot coordination. Her work history indicated average aptitude in numerical aptitude, spatial aptitude, form perception and finger dexterity.

Based on Ms. Walker's work history, previous work situations included the following: directing, controlling, planning, influencing people, dealing with people and making judgments and decisions. Work functions dealing with data included the following: coordinating, analyzing and compiling. Work functions dealing with people indicate: instructing, persuading and speaking-signaling. Work functions dealing with things indicate handling.

Given Ms. Walker's work history, aptitudes and transferable skills; she should be able to return to several jobs consistent with her post-injury profile. Some potential jobs, which capitalize on her experience and interests and accommodate her limitations, are listed below.

These positions may require a period of training, orientation and/or on-the-job preparation. Her preliminary vocational profile indicates that she possesses the ability to adapt to new tasks and to follow verbal instructions and can, therefore, adapt to new work situations.

LABOR MARKET SURVEY (LMS) AND REVIEW: A labor market survey and review was completed to determine whether jobs exist in the Greenville/Mauldin/Easley SC and surrounding areas that compliment Ms. Walker's abilities and limitations, given her education, physical status, transferable skills, worker traits and age. Attention was given to part-time employment as well as full-time employment. An electronic search was conducted.

The Department of Employment and Workforce was consulted and positions identified that match her vocational profile. Employers were contacted directly to identify currently available, anticipated and/or recently filled positions.

These are the job possibilities reviewed in the labor market survey, which are considered entry level or capitalize the work experience for her. These positions were found to be open or recently filled and reflect her abilities and aptitudes. Included are the following positions: student services program coordinator, admissions representative, clerical/receptionist, administrative assistant, administrative specialist-customer service representative, director of enrollment, intake worker and social worker. She can anticipate earnings ranging from $24,960/year up to $36,520/year for the Greenville/Mauldin/Easley SC and surrounding areas.

POSITION	COMPANY	BRIEF DESCRIPTION	SALARY
Student Services Program Coordinator I	Greenville Technical College	Review and evaluate all incoming information and documentation for students. Review the student's records to determine if the student can be classified as complete. Request additional information and documentation necessary to complete the student's file. Perform all of these tasks in strict accordance with the Financial Aid Office's operational procedures. Meet with students and assist them with the completion of their financial aid files and provide financial aid guidance.	$25,627 - $36,520
Admissions Representative	ITT Technical Institute	Recruitment for admission to the college and answering questions concerning the college.	$30,000 or more/year
Clerical II/Receptionist	Forfeiture Support Associates LLC	Provide word processing and data entry/retrieval. Type correspondence using word processing software (letter, memo, report, etc). Type forms. Generate Form Letters. Merge form letters with mailing lists. Apply specialized terminology. Schedule appointments. Perform on-line data update and verification of existing records. Perform on-line creation of new record. Perform on-line modification of records to correct miss-keyed or unrelated data. Enter data into data base. Print predetermined management reports. Retrieve data from data base. Answer inquiries regarding case-related information as maintained in the database. Answer inquiries regarding case-related status	$15.25/hour
Administrative Assistant	Express Employment Services	Order all supplies for the location. Assist accounting when needed. Speak with vendors and set up new vendors. Generate and copy purchase orders. Assist the HR department when needed.	$12.00/hour
Administrative Assistant	Department of Health & Environmental Control-PH-Region-Upstate	Duties related to issuance and searching of birth and death records; receive required fees; maintaining security of funds and unissued certificate paper. Provide front line customer service to the general public and to funeral home directors.	$25,627/year

(Continued on next page)

POSITION	COMPANY	BRIEF DESCRIPTION	SALARY
Administrative Specialist II/Customer Service Representative	Department of Motor Vehicles	Examine, accept, prepare, type and print all documents required in issuing drivers licenses, beginner permits and identification cards for all classes; original, duplicate, transfers, temporary and replacement vehicle registrations, license plates, handicap placards, golf cart permits and/or titles. This includes requests for repossessed, abandoned, salvaged, homemade and rebuilt vehicles. Creates and performs edits for the customer name and address fields.	$21,500-$27,500/year
Director of Enrollment	Diversity Search Partners	Directly observes and coaches enrollment specialists to ensure a positive candidate experience. Inspires, motivates and leads the enrollment team to successful outcomes. Hires, trains and develops staff ensuring appropriate application of the Ten Step Student Commitment Process. Regularly interviews and identifies qualified prospective enrollment specialists to ensure appropriate staffing levels are maintained. Ensures company information systems are accurate and updated according to company policies and procedures. Ensures school personnel follow all regulatory and company compliance regulations and takes appropriate action when necessary. Serves as a member of the campus leadership team and a positive role model for all campus level employees.	Not Disclosed
Intake Worker	Adecco	Interview individual in order to offer assistance in placement.	$12.00/hour
Social Worker	AnMed Health	Assists physician and health care team members in understanding the social/emotional factors related to health problems for patients and their families appropriate to Supportive Care Services. In addition, provide discharge planning, psychosocial evaluations, patient and support with end-of-life situations, advanced care planning discussions and grief therapy for patients/families referred to Supportive Care Team.	Not disclosed
Child and Family Evaluator	Pendleton Place	Conduct interview meetings with child, caregiver(s), and family members to obtain significant background information to identify appropriate assessments for administration. Coordinate & schedule evaluations with community partners (i.e., medical, mental health and/or substance abuse). Ensure timely administration of programmatically approved evidenced-based assessment tools to ensure comprehensive evaluation of children, caregivers, and families occur within 14 days of program enrollment. Review all assessment findings and develop concise reports of all evaluation information. Tracks information and data management for all clients. Participate in interagency team meetings to identify and develop strategies for meeting the needs of children, caregivers and families. Develop sound recommendations for children, caregivers and family members based on assessment findings to ensure appropriate linkage to services and supports occur.	$35,000.00 - $45,000.00/year
Human Services Spec. I	Department of Mental Health-MHC	Under direct supervision provides appropriate community support services to seriously mentally ill clients within a community mental health program setting	$23,694.00-$29,617.00/year

General information pertaining to these occupations, including wage estimates and numbers of positions in the Greenville/Mauldin/Easley SC and surrounding areas follow:

May, 2012 Metropolitan and NonMetropolitan Area Occupational Employment and Wage Estimates Greenville/Mauldin/Easley SC nonmetropolitan area, MSA, US Department of Labor, Bureau of Labor Statistics

Occupation Title (number of positions)	Median Hourly	Mean Hourly	Mean Annual
Office and Administrative Support Workers, All Other (40)	$14.44	$15.56	$32,350
Education, Training and Library Occupations (15,570)	$20.81	$22.54	$46,880
Receptionists and Information Clerks (3,700)	$11.61	$11.70	$24,340
Interviewers, Except Eligibility and Loan (150)	$9.51	$10.37	$21,570
Social Workers, All Other (110)	$20.81	$21.60	$44,930
Mental Health and Substance Abuse Social Workers (110)	$17.48	$18.21	$37,880

A labor market analysis for the Greenville/Mauldin/Easley SC Metropolitan and NonMetropolitan Area was completed. The unemployment rate for the Greenville/Mauldin/Easley SC area for November 2013 is 5.5%. The unemployment rate for the state of South Carolina for December 2013 is 6.3%. The unemployment rate for the nation for December 2013 was 6.7%.

CONCLUSIONS: Ms. Walker is a 45-year-old female who was employed with Sunbelt Human Advancement Resources (SHARE) in Greenville SC. She was employed as a Family Partnership Coordinator. This position entailed working with low income families and staff by engaging them in various programs. She supervised 17 case managers and 1 social services person. Return to work guidelines were identified above. The evaluation began at 8:50 a.m. and concluded at 10:15 a.m.

Upon review of available medical records, education, employability analysis, labor market reviews, published data and review of her medical records, it is my opinion that she remains employable. After review of available records Ms. Walker's physical capacity range appears to fall within the sedentary physical demand work capacity. She can anticipate earnings ranging from $24,960/year up to $36,520/year for the Greenville/Mauldin/Easley SC and surrounding areas.

Although potential positions have been identified and recommended for Ms. Walker's consideration, prior to pursuing a new position, she may wish to contact her personal and/or treating physicians to clarify any concerns regarding essential functions.

The above opinions are rendered with a reasonable degree of professional vocational certainty and are based upon my review of Ms. Walker's records, employability analysis, current labor market survey, education and experience. The above conclusions are based upon the information currently available to me. It is assumed that the information is factual and correct.

Should new information become available, I would be pleased to review and revise my findings and opinions, if indicated. The above-noted vocational information and employability analysis are provided as a general guide. If you have any questions or I may be of any additional assistance, please do not hesitate to contact me.

Respectfully submitted,

Jan Westmoreland, M.Ed., CRC
(Signed Electronically)
Vocational Rehabilitation Consultant

Original

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0901375

- - -

KIMBERLY WALKER,

Claimant,

vs.

SUNBELT HUMAN ADVANCEMENT,

Employer.

AND

STATE ACCIDENT FUND,

Carrier,
Defendant.

- - -

Monday, February 10, 2014

- - -

ORAL DEPOSITION OF JANET C. WESTMORELAND, M.eD., CRC,, taken at the Law Offices of Willson, Jones, Carter & Baxley, P.A., 4500 Fort Jackson Boulevard, Columbia, South Carolina, commencing at 10:00 a.m., before Tami I. Watters, a Federally Approved Registered Professional Reporter and Notary Public.

- - -

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Representing the Employer/Carrier

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(It is hereby stipulated and agreed by and between counsel for the respective parties that this deposition is being taken in accordance with the South Carolina Workers' Compensation Commission and the Administrative Procedures Act; that all objections, except as to the form of the question, are reserved until the time of trial; and that the deponent waives reading and signing of this deposition transcript.

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JANET C. WESTMORELAND, M.eD., CRC, after having been first duly sworn, was examined and testified as follows:

- - -

EXAMINATION

- - -

BY MR. WATSON:

Q Ms. Westmoreland, my name is Al Martin. We just met by phone, and I appreciate your making yourself available to take your deposition today.

I imagine you've probably provided your deposition before, but let me go over a few ground rules.

If you would, try to provide a verbal

response for the court reporter. If there's a question that you don't understand of mine, if you'll let me know that and I'll be glad to rephrase it. My questions are sometimes not very clear, so you won't hurt my feelings if you ask me to ask the question a different way.

If at any point you need to take a break, you'll just let us now, we'll be glad to do that.

I have a copy of a report dated February 6th that was provided to me this morning by Brenn Watson, and do you have a copy of that report in front of you?

A Yes, I do.

Q Okay, great. Well, unless you have any hesitation about anything, I'll go ahead and get started.

Do you have any questions or need any clarification before we begin?

A No. I'm fine.

Q Okay, great. It appears from the vocational evaluation and Labor Market Survey that you performed that you had a copy of the functional capacity evaluation performed by Serenity Rehab on October 18th, 2012; is that right?

A That's correct.

Q And that functional capacity evalua opined that Ms. Walker is not capable of perform even sedentary duty; is that accurate?

A I'm checking into it.

Q I'm looking on page 2 of your report under medical records summary. The first one is Serenity Rehab.

A Right. It's zero to 2.6 hours per day.

Q Okay. And, I think, the next-to-the-last line under that medical records summary says, in your report, "She does not meet the criteria for even sedentary work."

A That is correct.

Q Okay. Dr. Math also opined that she was not capable of performing the full range of sedentary work?

A I'm looking real quick to get through. Yes. I see it.

Q Okay. That is correct?

A Correct.

Q Okay. And Dr. Math is the authorized treating physician that is helping her with her back problems; is that right?

A Correct.

Q I'm sorry. I didn't hear you.

A Yes.

Q Okay. And Dr. Piasecki --

A Yes. I see that one.

Q Okay. He also was of the opinion that the functional capacity evaluation was accurate. In fact, he reaffirmed that opinion in January -- on January 13th of 2014, less than a month ago, that he's still of the opinion that the restrictions provided in the functional capacity evaluation are accurate?

A Yes.

Q Okay. And that would be that she is not capable of performing sedentary duty?

A Yes, according to what the addendum said.

Q Okay. And if I'm reading your report correctly, you find that she is capable of performing sedentary duty?

A Yes.

Q So it was your opinion that the functional capacity evaluation, the opinion of the authorized treating doctor for her back, Dr. Math, and the authorized treating surgeon for her knee, Dr. Piasecki, were incorrect?

A They were correct in what they were stating for her when they saw her. The FCE was

done over a year ago.

What I saw in the information I obtained from her, I do think there are positions available that could work with her.

Q What medical training do you have?

A I do not have any.

Q Are you a physical therapist?

A I am not.

Q Are you a doctor?

A No, I'm not.

Q But you are providing an alteration of the physical restrictions provided by the authorized treating medical professionals; is that what you're telling me?

A I am providing a vocational opinion.

Q Okay. Don't you have to base your vocational opinion on the physical restrictions provided by the doctors?

A I look at the restrictions, as well as my interaction with the individual.

Q Okay. So it is your opinion that the physical restrictions that were provided and affirmed by Dr. Piasecki as recently as January 13th, 2014 are not correct and you have a better understanding of what her physical

restrictions should be based on your onetime evaluation of her on February 6th; is that what you're telling me?

A No, sir, I'm not. Dr. Piasecki's appointment -- or response in January is based on a questionnaire. I do not see where she actually saw Ms. Walker again at that time.

Q So you didn't know Dr. Piasecki saw her in January?

A The only thing I had is -- it was a response to a medical questionnaire.

Q Well, the records that you have -- I understand you were provided records by Mr. Watson?

A Yes.

Q When is the last note you have of any treatment by Dr. Piasecki?

A Besides the 1/13/14 note, there's one on 9/11/13.

Q You don't have any records after that?

A No.

Q Okay. If the physical restrictions that were provided by the functional capacity evaluation, Dr. Math, and Dr. Piasecki are correct, would you agree that there is not any work available for Ms. Walker?

A I believe that with some rehab engineering modifications, that there would be things that she possibly could do.

Q So it's your opinion, to a reasonable degree of vocational certainty, that there are jobs available for people who are unable to perform sedentary duty for more than 2.5 hours a day?

A With modifications, she possibly could do more than that.

Q Okay. We're talking about the permanent restrictions that she was provided. Now, you can do this with a hypothetical question or whatever you'd like, but I want you to answer the question, if you would, please, and tell me what jobs are available in the national or local economy with someone with the restrictions provided to her by the functional capacity evaluation, Dr. Math, her authorized back doctor, and Dr. Piasecki, her authorized knee doctor?

A With that in consideration, there would be none at this time.

Q There are none in existence?

A At this time.

Q Okay. So if you followed the restrictions provided to you by the authorized

treating doctors, it would be your opinion, to a reasonable degree of vocational certainty, that there are no jobs available for Ms. Walker?

A That is correct.

Q Okay. I just want to make sure I had that right. Were you -- I didn't -- and I just got your report, so I apologize. I haven't had a chance to review it very closely.

Were you aware of the impairment rating provided by Dr. Tollison and the restrictions provided by him?

A I have notes from Dr. Tollison on 10/8/13, 11/21/13.

Q You do not have an impairment rating from Dr. Tollison?

A No, I do not.

Q You do not have any restrictions from Dr. Tollison?

A No, I do not.

Q So you were not aware that she has restrictions provided by her psychologist -- her authorized treating psychologist?

A No, I am not.

Q Okay. So you did not take those into consideration in preparing your report?

A If I didn't have them, I couldn't take them into consideration.

Q Exactly. If Dr. Tollison provided, to a reasonable degree of psychological certainty, that she is unable to maintain concentration for prolonged periods of time, would that provide further vocational limitations for her?

A It possibly could, yes.

Q And those are additional limitations that you did not take into consideration in providing your report?

A That is correct.

Q Okay. Did you ask Ms. Walker if she liked Dr. Vann?

A No, I did not.

Q You didn't ask her anything about whether or not she liked Dr. Vann?

A No, I did not.

MR. MARTIN: No further questions.

- - -

EXAMINATION

- - -

BY MR. WATSON:

Q Ms. Westmoreland, this is Brenn Watson. How are you today?

A I'm fine. How are you?

Q I could not be any better. Thank you for taking the time, like Al said. I just have a few questions for you, and I want to start with the referral of this assignment to you.

Now, did you receive the referral from the State Accident Fund directly?

A Yes, I did.

Q And did the State Accident Fund provide you with records associated with the referral?

A Yes, they did.

Q And it was the State Accident Fund primarily who provided you with records as opposed to my office?

A That is correct.

Q And, I think, you did ask for the functional capacity evaluation that has been the subject of some of counsel's questions from our office and we provided the same; is that right?

A That is correct.

Q Okay. Now, let's talk about the functional capacity evaluation for one second. I want to make sure that we're talking about the correct evaluation.

And I have the date of the functional

capacity evaluation, if you'll give me just one second to find it in stacks of records, as October 18th, 2012.

Is that the functional capacity evaluation that we are referring to?

A Yes, it is.

Q And do you have the title page that says Serenity Rehab and Wellness Center, LLC at the top with a dove, Serenity Rehab and Wellness Center centered on the top page?

A I'm looking right now.

Q Do you have that?

A I'm looking. Yes, I do.

Q Okay. And it says, "Company:" Who is the company that appears to be the referring agent here?

A Martin & Martin, Attorneys.

Q And the patient is Kimberly Walker, of course; is that correct?

A That is correct.

Q Now, again, just to make sure that I am correct, the functional capacity evaluation that we're dealing with, the date of report is October 18th, 2012.

A That is correct.

Q Now, just do some simple math for me, Ms. Westmoreland. How long ago was that?

A Almost a year and a half.

Q Counsel also asked questions regarding opinions from physicians and their opinions regarding work restrictions. And we can start with Dr. Piasecki.

A All right.

Q Did Dr. Piasecki tie his opinion regarding Ms. Walker's work restrictions to the FCE performed a year and a half ago?

A Yes, that is correct.

Q And what about Dr. Math? Did she tie her opinions to the FCE performed in October of 2012 as well?

A That is correct.

Q So if the results of the functional capacity evaluation are inaccurate today, would that consequently make the opinions -- or the most recent opinions from Dr. Piasecki and Dr. Math inaccurate?

A That would be --

MR. MARTIN: I'm gonna object because I don't think she's qualified to answer that.

BY MR. WATSON:

Q You can answer the question.

A That would be correct.

Q In your role as a vocational evaluator, do you know what an FCE is?

A Yes, I do.

Q Are you familiar with FCEs? Do you review them often in your role as a vocational evaluator?

A Yes, I do.

Q Is there a component of a functional capacity evaluation that is subjective; meaning some results of a functional capacity evaluation cannot be gauged objectively?

A That is correct.

MR. MARTIN: I'm just gonna go ahead and assert a running objection here to any testimony she provides regarding the validity of functional capacity evaluations since she's already testified that she has no medical training.

MR. WATSON: Okay. Running objection's fine with me. Madam Court Reporter, is that noted?

MS. WATTERS: Yes.

MR. WATSON: Thank you.

BY MR. WATSON:

Q Ms. Westmoreland, when it comes to things like pushing, pulling, standing, sitting and limitations on those types of activities, would they be determined, in large part, by a patient's subjective complaints?

A They would.

Q Instead of or rather than objective evidence of something we can actually measure?

A That is correct.

Q So, again, we're dealing with a report that's based, would you agree, on large part, on subjective?

A Yes, it is.

Q And, again, Dr. Piasecki and Dr. Math, insofar as they tie their opinions as to work restrictions to the functional capacity evaluation, are using an evaluation that's a year and a half old approximately?

A That is correct.

Q So the evaluation is based, in large part, on subjective complaints of the patient?

A That is correct.

Q So if the subjective complaints of the

patient are inaccurate, that would also make the work restrictions inaccurate?

A That is correct.

Q Would it be consistent with -- and, again, I want to make sure that I'm correct here.

The functional capacity evaluation in October of 2012 found that she was capable of sub-sedentary work; is that my understanding?

A Yes.

Q Would it be consistent with sub-sedentary work for a person to be able to work out three days a week with a trainer at a gym?

A In my opinion, no, it would not.

Q Meaning that a person's actual functional abilities are much greater than sub-sedentary, which was reflected in the functional capacity evaluation?

A That is correct.

Q Would it be consistent with sub-sedentary if a person could also go to physical therapy on the two days a week that the person was not going to the gym to work out with the trainer?

A It would not.

Q Would you expect a person who was limited to sub-sedentary work to be able to go to physical

therapy?

A My opinion, I do not think the person would be doing too much of anything.

Q And "too much of anything" means basically sitting in a recliner or laying down most of the day?

A That is correct.

Q And if a person can do more than that, would it be your opinion, as a vocational evaluator, that their functional abilities exceed sub-sedentary?

A That's correct. It would be.

Q So when you completed your report, were you operating under the assumption that the sub-sedentary classification indicated in the October 2012 FCE was a floor and not a ceiling?

A That is correct.

Q And, obviously, if Ms. Walker was able to do even sedentary work, that opens up the job market for her?

A It does.

Q Now, you were asked a question a second ago regarding Dr. Tollison's opinions. I need you to hold on one second while I find his record, okay?

A Okay.

Q And we'll come back to that. Ms. Westmoreland, I'm reviewing presently plaintiff's APA page 86. That doesn't mean anything to you. That's for the commissioner's need of finding the record.

This is a medical questionnaire -- it's entitled a medical questionnaire signed by Dr. David Tollison on December 16th, 2013.

Are you with me?

A Okay.

Q Question number four asks this: Quote, "Does Ms. Walker most probably have permanent restrictions or limitations as a result of any psychological problems aggravated by her work accident and injuries?" end quote.

Did you hear the question?

A Yes, I did.

Q And Dr. Tollison appears to have checked yes and then writes "unable to maintain concentration for prolonged periods of time."

Did you hear the answer?

A Yes, I heard that.

Q Now, did you have medical records given to you by the State Accident Fund from Dr. Math at

Upstate Medical Rehabilitation?

A Yes, I did.

Q And I'm just gonna give you some examples here and then I'll have a question for you. July 21st 2011, APA page 197 of the claimant's submission states this: "Does your current medication impair your judgment, coordination or your ability to drive?" No.

Again on August 18th, 2011, "Does your current medication impair your judgment, coordination or your ability to drive?" No.

October 8th, 2012, "Does your medication impair your judgment, coordination or your ability to drive?" No.

February 4th, 2013, "Does your current medication impair your judgment, coordination or your ability to drive?" No.

March 4th, 2013, "Does your current medication impair your judgment, coordination or your ability to drive?" No.

May 1st, 2013, "Does your current medication impair your judgment, coordination or your ability to drive?" No.

Insofar as Dr. Tollison was referring to there being a medication issue which impairs her

concentration or her ability to concentrate at work, would the records I just read to you, assuming I read that accurately, from Upstate Medical Rehabilitation be inconsistent with Dr. Tollison's opinion?

A It would appear it would be.

Q Do you calculate psychological impairment into a person's ability to work in your role as a vocational rehabilitation professional?

A I would take that into consideration, yes.

Q And that's customary for a vocational rehabilitation professional to do?

A Yes, it is.

Q So you know a little something about psychological impairments as they relate to functional ability to work?

A Yes.

Q And would you agree that a person's psychological impairments as they relate to functional ability to work is, again, largely subjective as opposed to objective?

A Yes, it is.

MR. MARTIN: I have to object, again, at this point, to the -- now that we're on to a

different medical provider, that she's not qualified to make any kind of opinion in this area.

MR. WATSON: Thank you, Al. So noted, Madam Court Reporter?

MS. WATTERS: Yes.

BY MR. WATSON:

Q Ms. Westmoreland, did you hear the question?

A Yes, I did. In my vocational opinion, it would not be consistent with what she's telling -- you know, saying one thing and what the physician is saying.

Q And, again, would a psychological impairment or obstacle to a person gaining or maintaining employment be most probably related to subjective complaints as opposed to objective evidence?

A Yes, it would.

MR. MARTIN: Same objection.

BY MR. WATSON:

Q And that's based on your experience and your expertise as a vocational evaluator and who looks at psychological impairments in determining whether someone can gain employment or maintain

employment?

A That is correct.

Q Now, if medication does not impair a patient's ability to concentrate or drive or be coordinated or if it doesn't impair their judgment, and if we assume that's the truth, then is it okay to take medication on the job?

A Yes, it would be.

Q And, in fact, in your opinion as a vocational expert, is that something that's fairly typical?

A Yes, it is.

MR. MARTIN: Let me make sure I understand. She's giving an opinion at this point as to whether or not it's appropriate to take medication on the job? Is that --

MR. WATSON: I'm just asking if there are workers in the workforce presently who take medication that are able to do their job, I guess, is what I'm asking. Do you have an objection?

MR. MARTIN: I have no objection to you asking that question, no.

THE WITNESS: And I was --

MR. MARTIN: I will stipulate that there

are workers in the national economy that take medication that are working.

BY MR. WATSON:

Q All right. Is that something you agree with, Ms. Westmoreland?

A Yes, it is.

Q So I'm looking at an October 3rd, 2013 medical record that appears to be from Physician's Assistant Christopher Kelly, and I'm assuming that Physician's Assistant Kelly is with Upstate Medical Rehabilitation. It says, "The pain -- and I'm gonna quote this. Quote, "The pain is zero slash 10 with medication."

If the medications do not cause any problems, and if medication's made pain zero out of 10, wouldn't that open up even more employment opportunities for Ms. Walker?

A Yes, it would.

Q And if the medication does not cause side effects, would there be any reason not to take medication at a job?

A No, there would not.

Q Even if Ms. Walker contends that taking Percocet makes her a little bit sleepy, as long as it does not impair her judgment or coordination or

ability to drive, would you agree that it's still okay for her to go to work?

A Yes.

Q If there was an intervening incident that caused an aggravation in her pain level after the October 2012 functional capacity evaluation was performed, would the work restrictions purported in that functional capacity evaluation possibly be no longer related to her February 19th, 2009 work accident and possibly be related to the intervening event?

A That could be, yes.

Q Now, let's get to your report for a second.

A Okay.

Q You most -- you talked to her on, looks like, February 4th, 2014?

A That is correct.

Q Tell us a little bit about Ms. Walker. First of all, she's 45 years old; is that right?

A That's correct.

Q Is that an impediment to her returning to work?

A No.

Q And in her most recent employment, she

worked with Sunbelt Human Advancement Resources as a family partnership coordinator; is that right?

A That is correct.

Q And was she a supervisor?

A Yes.

Q And is that a higher-level position?

A Yes, it is.

Q Meaning it takes some degree of intelligence?

A Yes.

Q It takes some degree of skill?

A Yes, it does.

Q And it looks like she told you she supervised 17 case managers and one social services person making a total of 18 folks who were under her supervision.

A That is correct.

Q Is this a reasonably high level of executive function?

A Yes, it would be.

Q Let's talk about her education for a second. Is she a high school graduate?

A Yes, she is.

Q Is she a college graduate?

A Yes, she is.

Q Does she have any postcollege education?
A She has a master's degree.
Q A master's degree?
A Yes.
Q And what does that mean to you as a vocational evaluator?
A That she has been able to adhere to tasks, she's proven herself, she's worked her way up to be able to becoming a supervisor, she is relatively -- I'd say smart, but educated, that she has the ability to perform other tasks more than an entry-level person would be able to do.
Q And, in fact, she has the ability to perform some executive-level functions?
A Oh, very much so.
Q How many folks in the job market percentage-wise have a master's degree? Is that a high percentage or a relatively low percentage?
A I would think it's probably a good medium to above-average percentage. I don't have any specific numbers in front of me.
Q And does that further -- does the fact that she has a high school education open up her job opportunities?
A Yes, it does.

Q The fact that she has a bachelor's degree open up even more job opportunities?

A It most certainly does.

Q And the fact she has a master's degree, does that open up even more job opportunities?

A Yes, it does.

Q Are you aware or have you personally seen folks who have even perhaps greater restrictions than what were identified on the October 18th, 2012 functional capacity evaluation?

A I have.

Q Who are working?

A Yes.

Q And who are able to work?

A That is correct.

Q And is a lot of that based on their motivation to work?

A It is.

Q How motivated is Ms. Walker to work based on your evaluation?

MR. MARTIN: Again, I'm gonna object. I don't believe she's qualified to testify to that.

THE WITNESS: In my opinion, she is content with what she's doing right now.

BY MR. WATSON:

Q Which is what?

A Staying home, going to the gym, doing, you know, that. She might go see her daughter in Clemson that's a student there. She goes to church a couple times a month.

Q And collects a temporary disability check?

A That is correct.

Q And where does she live at? Scott Drive, Greenville, correct?

A That is correct.

Q Do you know about how far it is to Clemson from Greenville?

A I would estimate --

Q Y'all are lowcountry. I'm sorry. You probably don't know that.

A Probably about 25 miles.

Q Okay. Did she drive to the evaluation on the day that you evaluated her?

A Yes, she did.

Q She indicate whether or not she had any issues driving?

A No, she did not.

Q You identified some jobs in the local

market and in your Labor Market Survey; is that correct?

A That is correct.

Q I'm not gonna go through every single one of them, Ms. Westmoreland, but I want to talk about the jobs that you identified in general, okay?

A All right.

Q In your experience and expertise as a vocational evaluator, would many of these jobs allow a person to stand on occasion, if need be?

A Yes, it would.

Q And sit on occasion, if need be?

A Yes.

Q Have you found that employers are generally pretty open and accepting of folks who might have to stand on occasion?

A Yes.

Q Do you believe Ms. Walker can do these jobs that you listed on page 10 and 11 of your vocational evaluation?

A Yes, I do.

Q She has the education?

A Yes, she does.

Q She has the work experience to do these jobs?

A Yes, she does.

Q She has the executive-level intellect and functioning to do these jobs?

A Yes, she does.

Q It's your opinion that she even has the physical ability to do these jobs?

A Yes.

Q And do you give those opinions to a reasonable degree of vocational certainty, and are those opinions most probably true?

A Yes.

Q Do you stand by the opinion in your vocational evaluation --

A Yes, I do.

Q -- that upon review of available medical records, education, employable analysis, Labor Market Reviews, published data and review of her medical records, it is your opinion that she remains employable?

A Yes, it is.

Q And, again, is that to a reasonable degree of vocational certainty, and is that most probably true, despite some of the information you may have learned just now in this deposition through either my questions or through counsel's

questions?

A That is correct.

Q If Ms. Walker's physical condition were to improve through additional medical treatment or perhaps through another surgery, could that change her vocational picture; meaning open up more jobs for her potentially?

A Yes. It could open up more opportunities for employment for her.

Q So your opinions are based on the information we have at present, not necessarily based on information that we might have, either positively or negatively, in the future if she were to have further treatment or even further surgery?

A That is correct.

Q Your opinions assume she's at maximum medical improvement?

A That is right.

Q Hypothetically. You're not making an opinion on whether she is?

A That's correct.

MR. WATSON: Thank you. That's all the questions I have.

MR. MARTIN: I just have a few questions.

- - -

- - -

EXAMINATION

- - -

BY MR. MARTIN:

Q How long did your evaluation last with Ms. Walker? Did you hear my question?

A Yeah. I'm looking. We started at 8:50, we concluded at 10:15. So an hour and 25 minutes.

Q Okay. And would it be accurate that you did not test her lifting ability during that evaluation?

A I did not.

Q You did not test her pushing ability?

A I did not.

Q You did not test her pulling ability?

A I did not.

Q You did not test her walking ability?

A She took several breaks and walked, so -- but I did not test it.

Q Okay. And you're not qualified to test those things; would that be a fair statement?

A That is correct.

Q You made a statement, which I just wanted to investigate a little further, about physical therapy and working out with a trainer.

Are you aware of severely disabled people working out with a physical therapist?

A Yes.

Q Okay. There are people that come back from Afghanistan with no arms and legs, yet they work out with a physical therapist maybe three times a week.

A Yes.

Q Or they might work out with a trainer in the gym.

A Yes.

Q You're not suggesting that somebody without any arms and legs is capable of working at this point, are you?

A Clarify that question for me again.

Q Well, let me -- let me -- I apologize. That was a poorly-worded question.

What I'm trying to get at is you testified that since Ms. Walker can go see a trainer in a gym three days a week and go to physical therapy another two days a week, that she must be able to work.

That seems a little bit of a stretch to me because I'm familiar with people with brain injuries, paraplegia, missing limbs who are not

capable of work but go to a trainer in a gym and go to physical therapy perhaps every day of the week.

So I don't -- I'm not sure if you meant to say that. Would you agree that that's not really an accurate statement?

A Well, I'm really not following where you're going, but I've also known plenty of quadriplegics, paraplegics, the other disabilities, that do go to a trainer and do work or have the desire to work.

Q Sure. I believe your testimony was that she would not be in a sedentary capacity if she was able to do those things.

Are you saying that a paraplegic would not be in a sedentary-duty capacity because they were going to see a physical therapist and a trainer?

A I'm still not following you. They would not be able to do that?

Q No, no, no, ma'am. Your testimony a few moments ago was, in response to Mr. Watson's questions, the fact that Ms. Walker goes to see a trainer three days a week at a gym and the fact that she goes to physical therapy, assuming that's accurate, another two days, that that would

indicate she's not in a sedentary capacity for work; that her capacity for work would be something higher than sedentary.

A It would -- it would be sedentary or possibly higher. It just depends on what all she was doing. I would say it would be at least sedentary.

Q Okay. If somebody is a paraplegic and they're going to the trainer at the gym three days a week and going to a physical therapist twice a week, does that make them no longer in a sedentary-duty capacity?

A No, not necessarily. There are other factors that would go into play.

Q Absolutely. And you don't know what she was doing with the physical therapist or the trainer.

A No, I do not.

Q You don't have one tidbit of information. In fact, you didn't even know if that was accurate until Mr. Watson asked you that question.

A I knew that she was going to the gym.

Q Okay. You don't know what she was doing at the gym?

A No.

Q You don't know who she was doing it with?
A No.
Q Do you know how long she was at the gym?
A No, I do not.
Q Okay. So to say to a reasonable degree of vocational certainty that she's capable of doing sedentary or greater work because she went to the gym is a bit of a stretch, don't you think?
A No.
Q You do not. Okay. Dr. Tollison said that she was unable to maintain concentration for a prolonged period of time on page 86 of the APA, which is the document that Mr. Watson was referring to a few minutes ago when he was asking you questions.
A Okay.
Q He also referred to some medical notes where apparently there is a form item that says her judgment, coordination and ability to drive are okay.
A Okay.
Q Okay? That doesn't sound like the same thing to me. Tell me what that means -- how those two things are inconsistent.
If one doctor says she's unable to

maintain concentration for prolonged periods and the other says she's not having difficulty with judgment, coordination and ability to drive, how are those inconsistent?

A I thought these -- the whole thing was by Dr. Tollison.

Q No, ma'am, it is not.

A Then who were the judgment, coordination and ability by?

Q That was, I believe, by physician's assistant at Upstate Medical Rehab, if I understood Mr. Watson's question correctly.

A Okay. It would be what they're looking at at the time when they interview her, they assess her at her medical appointment with the judgment, coordination and ability; or no problems for her to be able to drive, she'd be able to maintain focus, she'd be able to push the gas pedal and the brake when she needed to, steer like she was supposed to.

I'm not sure I answered your question.

Q That was fine. When did Ms. Walker last work?

A It was since her injury.

Q Do you remember the date?

A It's 2/19/09.

Q Would being out of work for that period of time that she's been out of work be a hinderance to returning to work?

A It possibly could, but with being able to get in to talk to someone to explain to them what she's done over that period of time would help.

Q The job that she was performing at the time of her injury, would that be considered a sedentary job?

A Yes.

Q Are you aware that she was terminated from that job because she could not physically perform it?

A She told me that, you know, the reason she didn't -- she did not tell me she was terminated. She informed me that she could no longer do the job due to her injury.

Q So you didn't know from the record you were provided that she was terminated?

A I do not recall that.

Q Okay. If the employer in this case terminated her because she couldn't perform physical duties of the job and that job was a sedentary job, wouldn't that indicate that she's not capable of performing sedentary work?

A Based on what she told me about what she did with the job, it would be sedentary. If the employer terminated her because of that, I do not know what other factors they might have had in assessing that.

Q Okay. If she had physical restrictions that prevented her from being able to perform sedentary work and she had another accident after that, unless that accident made her better, it wouldn't matter because she was already unable of performing sedentary work and couldn't work; would you agree with that statement?

A I think so.

Q Okay.

MR. MARTIN: That's all the questions I have.

MR. WATSON: I'm still here. Give me one second.

- - -

EXAMINATION

- - -

BY MR. WATSON:

Q Ms. Westmoreland, you don't know when or why or what the specific reasons were for Ms. Walker's separation from Sunbelt?

A No, nothing but what she told me. And could you talk a little bit louder?

Q Yeah. Did you get that or do you need me to restate it?

A No. I heard you.

Q And after reviewing the medical records that you do have, do you feel like you have a good idea of Ms. Walker's injuries and problems that she had related to the February 2009 incident at work?

A Yes, I do.

Q Is it safe to say that it's not similar to a soldier returning from Afghanistan who is now a paraplegic or quadriplegic or who has no limbs?

A That's correct.

MR. WATSON: That's all I have.

MR. MARTIN: Nothing further.

- - -

(Witness excused.)

- - -

(Deposition concluded at 10:56 a.m.)

- - -

CERTIFICATE OF REPORTER

I, Tami I. Watters, Registered Professional 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 stenographically 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 10th day of February, 2014, at Lexington, Lexington County, South Carolina.

Tami I. Watters,
Registered Professional Reporter
Notary Public
State of South Carolina at Large
My Commission expires:
February 6, 2019

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E X H I B I T S

(None Marked.)

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker, Claimant, vs. Sunbelt Human Advancement, Employer, and State Accident Fund, Carrier, Defendants.	TRANSCRIPT OF PROCEEDINGS March 12, 2014

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, County Square, 301 University Ridge, Greenville, South Carolina, on Wednesday, March 12, 2014, commencing at 3:00 p.m.

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THE COURT: Today's date is March 12, 2014. The Workers' Compensation Commission File Number is 0901375. This is the case of Kimberly Walker vs. Sunbelt Human Advancement. The Carrier is the State Accident Fund. The Claimant is represented today by Alton L. Martin, Jr., and the Employer/Carrier are represented today by L. Brenn Watson.

The date of the accident is February 19, 2009. The Claimant has an average weekly wage of $849.65 with a corresponding compensation rate of $566.46. This is an admitted claim. Would that be a correct characterization, gentlemen?

MR. MARTIN: Yes, sir.

MR. WATSON: Admitted or found compensable.

THE COURT: Yes. I like that verbiage. It's admitted and/or been found compensable.

Objections to jurisdiction, venue, or APA submissions?

MR. MARTIN: No, sir.

MR. WATSON: No, sir.

THE COURT: All right. The Commission file becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports.

We are here today, Mr. Martin, on your 50 on

behalf of your client. So could you, please, sir, place your client's position on the record.

MR. MARTIN: Yes, sir. Ms. Walker has initially a left knee injury that resulted in three surgeries by Dr. Vann. She was then sent for a second opinion by the carrier. They sent her to a different surgeon in Charlotte, Dr. Piasecki, who performed another three surgeries on her left knee, a total of six. And he has placed her at maximum medical improvement with a 25 percent impairment rating and very significant physical restrictions. He has agreed with the independent medical evaluation -- I'm sorry, the functional capacity evaluation that was provided.

Dr. Math is the pain management doctor that treats Ms. Walker for her right knee and her back, and he's performed a rhizotomy -- excuse me, she has performed a rhizotomy and Dr. Math has given her a one percent rating to the back and also provided significant restrictions. She specifies in her 14B that the Claimant cannot perform sedentary work more than two and a half hours a day. That's in her own handwriting. And she has her on medications and sees her on an ongoing basis.

Dr. Sanchez and Dr. Jacobs are the authorized treating psychiatrists, and they treat her

for her depression. She's on Wellbutrin and Zoloft for that. She also takes Ambien on an as-needed basis for sleep, and they also have her seeing Dr. Tollison, a psychologist, for counseling. And she has been placed at maximum medical improvement for her psychological problems with a need for ongoing medication and follow-up visits, and she has a ten percent whole person impairment for that.

She also has a seven percent impairment to her right knee from Dr. Darren who saw her on an IME basis. She underwent a vocational evaluation by Rock Weldon, and he found her to be totally and permanently disabled. She underwent a vocational evaluation by Ms. Westmorland, and we've submitted Ms. Westmorland's deposition in which she conceded that based on the FCE and the restrictions provided by the doctors, Ms. Walker could not work. She also conceded that the job that Ms. Walker was fired from was a sedentary job.

It's our position that she is at maximum medical improvement, and that she is totally and permanently disabled, and we would like an award for that today.

THE COURT: All right. Mr. Watson.

MR. WATSON: Thank you, Commissioner. Ms. Walker's February 19, 2009 accident was admitted.

Other body parts have since been found compensable. She has received appropriate medical treatment authorized by the State Accident Fund. But from that point, we disagree substantially with counsel's argument.

First of all, it is our position that she has not reached maximum medical improvement by Dr. Piasecki, pursuant to the Claimant's own desire has issued an opinion that he would like to perform a seventh surgery. She has not had that surgery yet. The State Accident Fund has offered that seventh surgery. However, we're here today with the Claimant seeking a finding of maximum medical improvement.

Regarding impairment ratings which have been assigned, number one, left knee 25 percent from Dr. Piasecki affirmed by Dr. Math. Number two, regarding the back, we have a March 2013 IME from Dr. Evans, and I think -- I think it was mentioned earlier that IME might have been in 2012. So I want to make sure I'm clear on that. 2013 IME from Dr. Evans where he says to a reasonable degree of medical certainty for her low back, Ms. Walker has continued complaints of back pain with no objective findings and no history of a sprain/strain type injury. Ms. Walker has reached MMI, can be discharged from care, will

require no further treatment, and has no restrictions. Regarding the right knee, we have a zero percent from Dr. Evans as well. He indicates that she has no restrictions for that. We believe that there will be numerous inconsistencies throughout the record which we plan to point out.

Alternatively, in the event you were to find that the seventh surgery is somehow not or should not be had by the Claimant, we are here for permanent disability, but we deny that Ms. Walker is permanently and totally disabled. We also disagree with counsel's characterization of Ms. Westmorland's deposition testimony. On cross-examination during her testimony, she indicated that she stood by her report which is and which gives the opinion that Ms. Walker is employable. Ms. Walker is 45 years old, a very young lady. She has a high school education, a bachelor's degree, and also a master's degree.

THE COURT: What else?

MR. WATSON: That's it, sir.

THE COURT: Anything else, Mr. Martin?

MR. MARTIN: No, sir.

THE COURT: All right. Ready to hear from your witness?

MR. MARTIN: Yes, sir.

THE COURT: Ms. Walker, I need to swear you in.

(KIMBERLY WALKER, being duly sworn to tell the whole truth, testified as follows:)

THE COURT: All right. Mr. Martin.

DIRECT EXAMINATION

BY MR. MARTIN:

Q. Did you state your full name?

A. Kimberly McKinnley Walker.

Q. Ms. Walker, you currently live at 16 Scott Drive in Greenville, South Carolina?

A. Yes.

Q. And your date of birth is August 11, 1968 which makes you 45 years old?

A. Yes.

Q. And you have two children, a daughter age 22 who is a senior at Clemson and another daughter age 18 who is a senior in high school; is that correct?

A. Yes.

Q. You're divorced?

A. Yes.

Q. And you have a bachelor's degree from Morris Hill, and a master's in human resources from Webster University in Greenville, South Carolina; is that right?

A. Yes.

Q. You worked as a supervisor in the children and family development department for SHARE?

A. Yes.

Q. And that stands for Sunbelt Human Advancement Resources?

A. Incorporated, yes.

Q. Incorporated. Okay. And you were employed there for 20 years?

A. Yes.

Q. And that was until you were terminated?

A. Yes.

Q. And what's your understanding of why you were terminated?

A. Because my restrictions could not be accommodated.

Q. Before going to work at SHARE, in college you worked some summers at IBM and you also worked at Wendy's while you were in high school; is that right?

A. Yes.

Q. And that's the extent of your employment history, those jobs and working for SHARE?

A. I've coached softball and worked retail for holidays. That's the basis of it.

Q. Okay. And the softball that you coached, that would have been high school softball?

A. High school softball.

Q. Okay. And you initially were injured on February 19th of 2009, a little over five years ago, and you were referred to the authorized doctor by your employer. Was that Dr. Faile?

A. Dr. Faile, yes.

Q. Okay. And he referred you to Dr. Vann?

A. Yes.

Q. And how many surgeries did Dr. Vann perform on your left knee?

A. Three.

Q. And during the course of your treatment by Dr. Vann, were you required to stay on crutches for extended periods of time?

A. Eleven months, yes.

Q. And after the three surgeries with Dr. Vann, when he released you were you still having problems?

A. Yes.

Q. And is that when the insurance carrier sent you for a second opinion with Dr. Cordas?

A. Yes.

Q. Who selected Dr. Cordas?

A. Workers' comp.

Q. Okay. And you're referring to the workers' comp adjuster?

A. Yes.

Q. And Dr. Cordas had you undergo another MRI and recommended more treatment?

A. Yes.

Q. Who did he send you to first?

A. He sent me to Dr. Burnikel to see if I would be a good candidate for a total knee replacement.

Q. Did you undergo a total knee replacement?

A. No.

Q. And did they have you undergo an MRI for your right knee at that time?

A. Yes.

Q. And did they send you back to Dr. Cordas?

A. Yes.

Q. What did Dr. Cordas do for you?

A. He referred me to Dr. Piasecki at Ortho Carolina in Charlotte.

Q. Okay. And how many surgeries has Dr. Piasecki performed?

A. Three.

Q. And all the surgeries have been to your left knee?

A. Yes.

Q. And you had some problems with your back and right knee that developed during the course of this. How do

you believe that your use of crutches for a prolong period of time affected that?

A. It just -- I was on crutches for 11 months, so I guess overcompensation. I mean, my knee and my back just painful. I was on crutches for 11 months. Most of that time I had to hop on one leg. I couldn't put any weight on my left leg for a good period of time. So my gait was always off.

Q. And I believe there was a previous Order that found that that was compensable, and you were initially seen by Dr. Van Pelt for your back?

A. Yes.

Q. And then he referred you to Dr. Hodge?

A. Yes.

Q. And where did Dr. Hodge send you?

A. He sent me to Dr. Math.

Q. Okay. And what does Dr. Math do?

A. Pain management.

Q. Have you had any procedures by Dr. Math?

A. She did a rhizotomy to my back.

Q. And do you still see Dr. Math?

A. Yes.

Q. And are you still on medication from Dr. Math?

A. Yes.

Q. And has Dr. Math indicated to you anything about

any future rhizotomies?

A. Yes.

Q. What's that?

A. She said that they have improved the rhizotomy or whatever that procedure was and that --

MR. WATSON: Objection to what she said, Commissioner.

THE WITNESS: It's my understanding --

MR. WATSON: Objection. She's trying to back door --

THE WITNESS: I don't know what else to say.

MR. WATSON: The medical records speak for themselves.

MR. MARTIN: Hold on. Let's let the Commissioner rule on it.

THE COURT: I understand your position. I'm going to let her speak to her understanding. I understand your objection. It's noted in the record. She can speak to her understanding.

THE WITNESS: It is my understanding that I would need another rhizotomy and that they have a new procedure that would probably be more effective.

BY MR. MARTIN:

Q. Okay. Thank you. When was the last time you were seen at Dr. Math's office?

A. Last week I saw her physician's assistant.

Q. Okay. And was that a regularly scheduled appointment?

A. Yes.

Q. And let me give you a list of medications. I want you to tell me if these are accurate or correct me if these are wrong. I've got down Tramadol, Flexeril, Prilosec, your Phenergan was switched to Zofran, Ibuprofen 800, Ambien, Zoloft, and Wellbutrin?

A. Yes.

Q. Those are all the medications you're on currently?

A. Yes.

Q. Now, we had another hearing because you had developed some problems with sleep and you were having some problems with crying spells and feeling depressed and you were --

MR. WATSON: Objection to leading.

THE COURT: Rephrase.

MR. MARTIN: Well, I hadn't finished my question yet. If I could finish, I think I'll get to a non-leading part.

BY MR. MARTIN:

Q. As a result of that, there was an Order issued. Who were the doctors that you ended up seeing for that?

A. I see Dr. Jacobs and Sanchez. They are psychiatrists. And Dr. Sanchez referred me to Dr. Tollison who is a psychologist.

Q. And do you still treat with them?

A. Yes.

Q. Is it your understanding that you've been placed at maximum medical improvement by Dr. Piasecki?

A. Yes.

Q. And by Dr. Math?

A. Yes.

Q. And by Dr. Tollison?

A. Yes.

Q. You underwent a functional capacity evaluation, and I believe it notes in the document that the results which were reliable. Do you remember --

MR. WATSON: Objection to testimony.

Q. -- what tests you performed during that?

A. At the functional capacity evaluation?

Q. Yes, ma'am.

A. I was there for hours. I had to do some tests with my hands, some pegs and lifting and pushing and pulling and stairs and treadmill. It was a good series of tests that I had to go through.

THE COURT: How many -- you say you were there for hours. How long?

THE WITNESS: I think I was there two or three hours maybe.

THE COURT: Thank you.

BY MR. MARTIN:

Q. When you were at the functional capacity evaluation, did you try hard?

A. Yes.

Q. And how did you feel after the functional capacity evaluation?

A. Physical -- physically?

Q. Yes, ma'am.

A. I was in pain.

Q. In addition to the physical restrictions that were provided by the functional capacity evaluation, as well as Dr. Piasecki and Dr. Math, your psychologist has indicated you have some restrictions. What's your understanding of that?

MR. WATSON: Same objection on hearsay, but I understand your ruling.

THE COURT: You can't tell me what he said.

THE WITNESS: It's my understanding that I have --

MR. WATSON: Can I ask for a foundation to be laid as to how she has that understanding?

THE COURT: You can.

THE WITNESS: Based on my visits with the doctor.

Q. Let me ask --

MR. WATSON: And that means they spoke.

Q. -- you another question.

MR. MARTIN: May I question my witness?

THE COURT: You may.

BY MR. MARTIN:

Q. Did I show you the documents that we were going to submit here today?

A. That?

Q. Yes, ma'am.

A. No.

Q. Did I show you the medical questionnaire from Dr. Tollison?

A. No.

Q. You don't remember that?

A. No.

MR. WATSON: Objection. Asked and answered.

THE COURT: Overruled. He's trying to --

THE WITNESS: Can I say something?

THE COURT: It depends, but go ahead.

THE WITNESS: Please. I have -- my memory is not the way it used to be. To answer his question, I do have trouble concentrating because I do take a lot

of meds. I don't sleep. I'm in pain. But I'm here to tell the truth. I will tell the truth. It's just some things my answer is not going to come as quick as somebody may want it to. I may have to speak a little bit. Sometimes I speak before I think, but I promise you I'm going to tell the truth as well as I can remember it. I do have problems remembering and concentrating.

THE COURT: All right. Answer your attorney's questions, please.

BY MR. MARTIN:

Q. I'm going to show you a document. This is from Page 86 of the APAs, and it is a medical questionnaire completed by Dr. Tollison. If you would, take a look at that. And, in particular, I would like for you to read number four. You can read it to yourself.

A. Okay.

Q. Have you ever seen this document before?

A. I can't recall. I can't recall.

Q. Were you aware that Dr. Tollison had given you restrictions regarding your ability to concentrate for prolonged periods of time?

MR. WATSON: Objection. I would like for a foundation to be laid as to how she would know that.

MR. MARTIN: I just asked if she was aware

of it.

MR. WATSON: And I would ask how she --

MR. MARTIN: I don't think that calls for her to respond to a foundation.

MR. WATSON: It's speculation -- I'm sorry, hearsay.

THE COURT: Answer whether or not you were aware of it and do not elaborate.

THE WITNESS: Yes.

THE COURT: Now, do you have an objection?

MR. WATSON: Depends on his next question.

BY MR. MARTIN:

Q. How are you aware of it?

MR. WATSON: Objection. I'd like for a foundation -- thank you. You laid the foundation. Forgive me.

THE COURT: Very slowly here tell us how you're aware of it.

THE WITNESS: Very slowly. I know that I have -- I'm trying to figure out how to say this without saying the wrong thing.

BY MR. MARTIN:

Q. Let me retract that and ask you this: Do you have difficulty concentrating?

A. Yes.

Q. Do you have difficulty concentrating for prolonged periods of time?

A. Yes. Some things I can't remember. I'm sorry.

Q. That's fine. You underwent a vocational evaluation by Rock Weldon?

A. Yes.

Q. Can you tell the Commissioner about that?

A. During that vocational evaluation, I also remember that I was there for an extended period of time.

THE COURT: Tell me what an extended period of time is.

THE WITNESS: At least two and a half, three hours. I did -- there was interviews. There was I call it a test, but some papers, some information that I had to fill out and a lot of questions about my interests, and it was -- it was an extended visit. I remember that because I got lost. But it was two and a half to three hours that I stayed there with him because there were some things I just couldn't do because it was too long after a while at the end.

BY MR. MARTIN:

Q. And were you honest in all your responses with Mr. Weldon?

A. I'm honest, yes. I was and I am.

Q. Okay. You also had a vocational evaluation by

Ms. Westmorland?

A. Yes.

Q. And I think that was -- let me make sure I've got the date right. That was just before -- in February of this year; is that right?

A. Yes.

Q. And how long did that last?

A. About an hour. Hour, hour and ten minutes at the most.

Q. And what did y'all discuss?

A. Well, she asked me did I like Dr. Vann. She also told me about some gadget I could use to put my shoes on because her husband had back problems and she has this walk-in closet. It was a lot of personal information, a lot of personal conversation. And then I filled out a booklet. She said something to me about possibly taking reservations over the phone, making reservations for people over the phone at home. That was the gist of that.

Q. Going back to the gadget she was referring to, this was something that her husband uses to help him get his shoes on?

A. She said he had back problems and she was just sharing with me something you could pull up and just slide them up on. It had nothing -- it was just part of the conversation.

Q. Has your pain progressed in your knee -- your left knee since your release for the first time back in 2012 by Dr. Piasecki?

A. Yes.

Q. And is it your understanding that Dr. Piasecki would like to do either injections or another surgery?

A. Yes.

Q. And which of those would you prefer to have?

A. Surgery.

Q. Why is that?

A. After discussing the options, getting his opinion on what's going to be beneficial to me, that's why. And I've had injections in the past and they hurt. They were horrible.

Q. And when you had the injections before, did you end up you ultimately having to have surgery anyway?

A. Yes.

Q. Is it your understanding that another surgery will improve your knee and help you get better?

A. No.

Q. What's your understanding?

A. My understanding is --

MR. WATSON: Objection. Hearsay. I ask for a foundation to be laid.

MR. MARTIN: She's providing her own

opinion.

THE COURT: I'm going to let her answer that. Just answer the question, please.

THE WITNESS: It's not going to get better. But the surgeries that I need is going to help it -- help me maintain the level of pain that I'm in now so that it won't get any worse. It won't digress. But -- but healing is not an option. Just to keep me functional, I guess is a good way to put it. I don't know.

BY MR. MARTIN:

Q. Is it your understanding or what do you know about whether or not you will need any more surgeries?

A. It's my understanding I will need surgery for the rest of my life.

Q. So this number seven that's being recommended won't be the last one?

A. No.

Q. And the surgery that you've had by Dr. Piasecki was cartilage replacement surgery?

A. Yes. And an osteotomy where he cut the bone and moved it over, put a plate in.

Q. So you have hardware in your knee?

A. Had to take it out.

Q. So you had hardware put in your knee and then you

had hardware taken out of your knee?

A. Yes.

Q. Dr. Piasecki perform both of those surgeries?

A. Yes.

Q. Now, in addition to the other surgery that's being recommended by Dr. Piasecki, you indicated you're still treating with Dr. Math. Has there been any indication or understanding from you that that medication that she has you under will be stopped at some point in the future?

A. No.

Q. The rhizotomy is another procedure that she's talked to you about performing?

MR. WATSON: Objection. Hearsay. She talked to you about performing would be hearsay.

THE COURT: You need to rephrase that.

MR. MARTIN: Yes, sir.

BY MR. MARTIN:

Q. Let me move on. And you are still seeing the psychologist and psychiatrist and receiving medication from them?

A. Yes.

Q. And is it your understanding that you will continue to treat with them?

A. Yes.

THE WITNESS: I just need to stand up.

THE COURT: You can certainly stand if you like.

THE WITNESS: I can talk. It's not anybody...

BY MR. MARTIN:

Q. Do you go to the YMCA?

A. Yes.

Q. Why do you do that?

A. I try to get in the pool to do some water aerobics, you know, to kind of try to stay active and to keep the knee from stiffening and whatever. I try to do whatever I can to help it.

Q. Is that pursuant to doctor orders?

A. Yes.

Q. And there's some question about when you were with a personal trainer at the Y and had some aggravation of your back. Tell us about that.

A. I was -- I'm trying to figure out how to put this. I was told that if I lost weight that --

MR. WATSON: Objection.

THE COURT: You can't tell me what you were told.

THE WITNESS: Okay. It's my understanding --

MR. WATSON: This is not a game.

THE WITNESS: It's not a game, sir. I'm trying to find the words.

MR. WATSON: Objection. Hearsay.

MR. MARTIN: Your Honor, I would ask Mr. Watson to refrain from taking a negative tone with my client. I certainly want him to represent his client as zealously as he needs to, but I don't think he needs to take a tone with my client.

MR. WATSON: Commissioner, may I respond to that?

THE COURT: Yes.

MR. WATSON: When it is very apparent that someone starts speaking about what somebody told them and then they suddenly change, "Oh, oh, oh, it's my understanding," then that to me seems as though they're just trying to get around a very valid and long-standing evidentiary rule. So in that regard, changing words just to get around an evidentiary rule of hearsay would not be a game that we should be playing.

THE COURT: Let's go off the record, please.

(Off the record.)

THE COURT: All right. Let's go back on the record.

MR. MARTIN: I'm not sure where I left off,

so I'll just withdraw the last question I had and ask a different one, if that's all right, Commissioner.

THE COURT: That's fine.

BY MR. MARTIN:

Q. You were at the Y and you were attempting to lose weight, and how did you injure your back?

A. When I was attempting to lose weight, I decided to talk with a trainer. I told the trainer what my restrictions were, and I wanted the trainer to give me something that I could do. The trainer gave me a new workout plan, and it was to lift a little weight just barely. And when I did that, it hurt. It was -- that was what it was.

Q. How long had you worked out with the trainer?

A. Oh, it had been -- this was my second time around. So he was doing a new -- trying to do a new set of something different and that's how it happened.

Q. I understand. And I want to make sure I understand what you mean by "second time around." So he had already -- you had already been and done a program with him for several visits or this was the second time you had been with the trainer?

A. I went and he wrote up -- at the Y, they have a free service. He wrote up a plan for me. After about three or four months, they check your progress to see if you've

lost weight and all that. And then they will give you something else to do. They don't want you to do the same thing. They want you to do something different with those muscles. That's how that happened. That's how that happened.

Q. Did you tell the trainer that you had problems with your knee and your back?

A. Oh, yes. He knew all of that.

Q. And how much weight are we talking about that you lifted when you hurt your back?

A. I can't remember if it was ten. I can't remember, but it was -- it was somewhere around in that area.

Q. It wasn't 100 pounds?

A. No.

Q. It wasn't 50 pounds?

A. No.

Q. It wasn't 30 pounds?

A. I can't lift that, no.

Q. And you said the trainer is a free service at the Y?

A. Yes.

Q. So you weren't paying for this. This is just something you asked them to help you out?

A. It was part -- I could use that as part of my

membership with the Y, so I tried to take advantage of that.

THE COURT: Would that not be -- and I don't want to mislead you. Is that included in your membership at the Y?

THE WITNESS: If I chose to use it, yes. Yes.

THE COURT: Thank you.

BY MR. MARTIN:

Q. Have you been satisfied with the treatment that you've received from Dr. Piasecki and Dr. Math and Dr. Tollison and Dr. Jacobs and Dr. Sanchez?

A. Yes.

Q. Let me ask you this: You said that you were trying to lose weight. Were you successful with that?

A. I lost inches.

Q. What is your -- and I apologize for asking, but I have to ask you.

A. Oh, I don't mind.

Q. What's your current weight?

A. Two-forty-one.

MR. MARTIN: Okay. I think that's all the questions I have of this witness.

THE COURT: All right. Mr. Watson.

MR. WATSON: Thank you, Commissioner.

CROSS-EXAMINATION

BY MR. WATSON:

Q. Ms. Walker, are you from the upstate here in South Carolina?

A. Yes.

Q. Lived here all your life?

A. Yes.

Q. And I think you told me at your deposition that you went to Carolina High School; is that right?

A. Yes.

Q. Graduated from there?

A. Yes.

Q. Were you an athlete during that time period in high school?

A. Yes.

Q. What sports did you play?

A. Volleyball, basketball, softball.

Q. Three letterman -- three letter lady?

A. Yes.

Q. Is that what it's called? Is that yes? Did you letter all three times in all three sports?

A. Yes.

Q. And I know you went to Morris Hill College. I believe it was college at the time and not university?

A. Right.

Q. You spent four years at Morris Hill?

A. Yes.

Q. I don't know that I've asked you this. If I have, I want you to forgive me because I just don't remember. Were you on scholarship for either sports or academics?

A. Partial.

Q. Which one, sports or academics?

A. Sports.

Q. Okay. And what sports did you play in college?

A. Volleyball, basketball, and softball.

Q. Letter three times?

A. No.

Q. Did you play all three sports for the four years that you were at Morris Hill?

A. No.

Q. Which ones did you play in conclusion of your career?

A. I played softball for four years, volleyball for three, basketball for two.

Q. What position on the softball field?

A. Third base, shortstop.

Q. And I think you might have alluded to this or testified to this earlier. You also coached some in softball?

A. Yes.

Q. After you got out of school?

A. Yes.

Q. Now, you eventually obtained your master's degree from Webster University in human resources management and training, but I believe that was the end of the 2000s?

A. Yes.

Q. Okay. Now, as a result of your collegiate and high school athletic career, were you beginning to have some issues with joints, knees particularly?

A. I broke my ankle. I don't recall. I don't know if it was an instance where I might have hurt -- I don't -- I didn't have ongoing issues with any joints -- ongoing issues with any joints.

Q. And I asked a very open-ended question, so I'm going to see if I can narrow it down. APA Page 472. This would be in the Defendants' submissions. You presented to your family doctor in January of 2004 and arthritis was mentioned, and then there's a notation that said follow up with an orthopedist.

MR. MARTIN: What was the date on that?

MR. WATSON: January 2004, APA Page 472.

THE WITNESS: I don't remember that. I'm sorry.

BY MR. WATSON:

Q. That's okay. The same doctor in May 2004, this

is APA Page 471, it looks like you were having some complaints involving your left knee. And this is going to be the date of May 18, 2004. It says, "Some swelling in her legs, left greater than right." And then on down a little bit under the objective portion, there's some left leg measures 44 centimeters, 10 centimeters below the inferior patella on the right, measures 42 and three-fourths. And then she describes discomfort in the posterior and left knee, left calf, and left thigh. Do you recall -- do you recall having issues with your left knee?

A. No. But if Dr. Faile said it, but I don't remember. I don't recall this. I'm sorry. I'm not denying it, but I don't recall it.

Q. APA Page 466, this is another record from your family doctor. It looks like it's going to be January 25, 2006. So a few years before your work accident with SHARE. History of present illness says, quote, "Bilateral knee and leg pain." Do you recall that?

A. No.

Q. Now, you went to -- well, let me stop right there. Also a Doctor's Care record dated December 31, 2007, APA Page 452, indicates left knee pain as well. Any of this coming back?

MR. MARTIN: Commissioner, I'm just going to go ahead and interject an objection here as to the

relevance of all this since we are here on an admitted accident and this is all records prior to the six surgeries that she had to her left knee.

THE COURT: The objection is noted. But, Mr. Martin, I allowed you great latitude. I'm going to give Mr. Watson the same.

MR. MARTIN: Thank you.

BY MR. WATSON:

Q. Do you recall that?

A. I don't.

Q. And you see where it says, "L knee pain"? You do see that?

A. Oh, yeah. I'm not disputing this. I just don't recall it.

Q. That's fine. Now, you began working for SHARE in I think it was June of 1992; is that correct?

A. Yes.

Q. Explain to the Commissioner if you would, and me again because it's been a while, what SHARE does exactly.

A. It's a -- we provide services to low income families, various services. Our program is just one of the programs under SHARE that works with low income children and families.

Q. And you were a supervisor there like a supervisor of other social workers?

A. I was.

Q. And you had several social workers underneath you. I think 17 or 18; is that right?

A. Yes.

Q. And they required some leadership, I think, which is probably one reason why you obtained the master's degree. I don't know. I'm asking.

A. Say that again, please.

Q. Did your work include the social work that SHARE does and also the management and supervisory responsibilities of a leader?

A. Yes.

Q. Is that one reason why you went back to school to get the master's degree in human resources?

A. No.

Q. Were you planning on a different job eventually or a different track eventually?

A. Yes.

Q. And that was going to be a job in human resources, I'm taking it?

A. Yes.

Q. And how would that differ from your job as a social worker?

A. Because as a social worker I was working with the families helping them, you know, guide them in whatever

their needs may be. It was needs, need-based. Whatever their issues were or providing them with information that would, you know, help them toward self-sufficiency. In human resources, I would have been working more with human resource issues: Hiring and firing, you know, interviewing, doing training for employees. It's totally different.

Q. And that's kind of my point. Do I recall that you said or do I recall reading that your job with SHARE was a lot of travel and meeting with folks? And I don't mean long distance traveling necessarily, but visiting with the consumers of SHARE and that sort of thing?

A. I didn't visit with the consumers. We had several cites -- centers that I would go to. I didn't deal with the consumers per se as much as I did my staff.

Q. But that would have required meetings and traveling to different centers?

A. Some, yes.

Q. Whereas a human resource supervisor is primarily just in an office, I guess, in a building and folks come to them? Employees come to them for benefit questions?

A. I would assume. At SHARE it would be, but I would assume. I didn't work -- I don't know.

Q. That's okay. And have you ever looked for a job in human resources?

A. No.

Q. Why not? Other than this accident, which I get -- I get your contentions at least regarding this accident. But from 2003 or so when you graduated in human resources to the February 2009 incident, you never looked for a human resource position?

A. No.

Q. Now, your degree from Websters, though, qualified you to obtain a human resources as supervisor or management position?

A. Yes.

Q. Following your accident on February 19, 2009, just so that I'm clear, you only injured your left knee on that day?

A. Yes.

Q. You bumped a desk with your knee?

A. Yes.

Q. While turning to speak a co-worker?

A. No. I was turning to work on the computer with a co-worker.

Q. Okay. And you initially, I think, went to Doctor's Care a few days later on February 21, 2009, APA Page 450?

A. Yes.

Q. That note also seems to indicate that you possibly twisted or crouched for a softball or baseball

practice. Were you having ongoing knee problems leading up to February 19, 2009 from your softball practices?

A. No.

Q. You then made it to your family doctor, Dr. Faile, at Riverside on February 24, 2009?

A. Yes.

Q. And as counsel mentioned a second ago, he referred you to Dr. Vann?

A. Yes.

Q. First surgery was on April 20, 2009, is that right, or about then?

A. Yes.

Q. And was that -- was that a scope where they just put the holes in to look around?

A. Yes.

Q. Now, following that procedure, but before your second surgery, I believe you had an incident at a Copper River Grill?

A. Yes.

Q. You were still on crutches at the time?

A. Yes.

Q. And you slipped in some water apparently?

A. Yes.

Q. Did you fall to the ground?

A. I fell kind of to the seat. I did not fall all

the way to the ground. I braced myself.

Q. Did you file a claim against Copper River for that incident?

A. When you say "file a claim against," they wrote --

Q. Collect money?

A. They wrote out the incident report at Copper River and if I needed to go to the doctor or anything, they said they would pay for it.

Q. Did they ever give you any money or did they ever pay for a treatment from a doctor or anything like that, Copper River or their insurance carrier?

A. No.

Q. So you never had any sort of settlement with them?

A. No, I don't think so. No. Give me a second.

Q. Please take your time.

A. Okay. No. They took a report. They called and followed up. I was already going to physical therapy for my knee and they were already treating me for my knee. So they didn't have to pay for anything.

Q. Again, they didn't give you any money?

A. You know what, they might have sent $1,000 check. I was under the impression they said that was for the trouble.

Q. Did they have you sign a settlement release as a result of that?

A. I don't -- I don't recall doing that. I'm not sure about that.

Q. So your recollection is they just sent you $1,000?

A. I mean, I probably signed something. I'm not sure if they sent me a check. I mean, I'm sure I had to do something.

Q. Now, by August or October of 2009, I believe you had began to complain of the right knee pain and back pain?

A. Yes.

Q. So this is still within the first 52 weeks after the accident; is that right? Is that your understanding?

A. Yes.

Q. And Dr. Vann initially said that both those conditions would not be related to your crutches use?

A. Yes.

Q. That's APA Pages 312 and 307. He then performs the second surgery in October 2009?

A. Yes.

Q. Puts you at maximum medical improvement the first time in May of 2010. Sound correct?

A. Yes.

Q. But then you go back again and have a third

surgery in August of 2010, right? Sound about right at least?

A. Yes, yes.

Q. By September of 2010, Dr. Vann releases you, but he indicates that he believed that you were going for a second opinion. He releases you with no work restrictions. That's APA Page 291. Do you recall that?

A. I'm trying to answer this without -- and I'm not trying to play a game. I'm trying to answer this in a way. The second opinion part, what did you say about that?

Q. I can look at the record. Give me one second. It's on Page 291.

A. I was recommended for a second opinion.

Q. Fair enough. You were going for a second opinion by that time, but he released you with no work restrictions. Is that your understanding?

A. Yes.

Q. Now, you make it to Dr. Cordas and Dr. Cordas refers you to Dr. Burnikel?

A. Yes.

MR. WATSON: APA Page 273 of the Claimant's submissions, Commissioner.

BY MR. WATSON:

Q. And Dr. Burnikel evaluated you. He laid hands on you, so to speak --

A. Yes.

Q. -- to check -- and this is for your left knee; is that right?

A. Yes.

MR. WATSON: It's 283, Commissioner. Please forgive me.

BY MR. WATSON:

Q. Now, at this time under, "Left knee leg." Do you see that last heading down at the bottom?

A. Yes.

Q. It says, "Gait normal." Was that -- you don't think that's true?

A. It's not true.

Q. "Range of motion full AROM." I think that stands for full active range of motion. Do you see that?

A. Yes.

Q. Was that true?

A. No.

Q. So you dispute Dr. Burnikel's report?

A. Yes. I've always walked with a gait.

Q. Okay. Following your presentation with Dr. Burnikel, you did go back to Dr. Cordas?

A. Yes.

Q. On January 25, 2011, he writes, "She reports that Dr. Burnikel felt that she was not a good candidate for

joint replacement." Is that your understanding of Dr. Burnikel's opinion?

A. Yes.

Q. Now, on February 22, 2011, you saw Dr. Cordas again. That's APA Page 261. And he writes, "At this point I am really not sure how to proceed with Ms. Walker. I am not sure that there is any surgical procedure that could be reasonably expected to relieve her pain." There may be a continuation of this, but I don't have it at least in the APAs if there is?

THE COURT: This is on which page?

MR. WATSON: Two-sixty-one.

THE WITNESS: Oh, right here.

BY MR. WATSON:

Q. Do you see where it says that?

A. Yes.

Q. Now, despite that, the State Accident Fund referred you to Dr. Piasecki for further evaluation?

A. Dr. Cordas referred me to Dr. Piasecki.

Q. Okay. You see him in August of 2011 initially. He does the four surgeries September 2011; is that right?

A. Yes, sounds right.

Q. Sounds about right?

A. Yeah.

Q. And then after that procedure on November 1,

2011, Dr. Piasecki writes, this is APA Page 74, "She feels her knee is no better than it was prior to surgery and at this point is interested in additional surgical options." Tell me and tell the Commissioner why you wanted yet a fifth surgery on your knee if nothing had helped up to that point?

A. I didn't request surgery. I was given -- I was presented with the opportunity to have it in hopes that this would help with what I was dealing with. I just wanted to be relieved from the pain that I was in. I didn't enjoy the surgeries, but I wanted to get back to life as it was. And I was under the impression that this would help.

Q. Now, even before your treatment with Dr. Piasecki, you had a motor vehicle accident in March of 2011. Do you recall that?

A. Yes.

Q. And I believe that the actual date of it was March 18, 2011. Sound right?

A. Sounds right.

MR. WATSON: And this is going to be APA C, Commissioner, or Exhibit C in Defendants' submissions.

BY MR. WATSON:

Q. Were you having problems with your knee at this time?

A. Before the accident you mean?

Q. Yes.

A. Yes, yes.

Q. And you did go to the hospital or -- okay. Exigent Wade Hampton, I believe, following that accident on March 19, 2011?

A. Yes.

Q. That's APA C-11. This is one day post your motor vehicle accident. It says, "She hurts in a number of places." But then under "Physical Examination," it indicates that you have full range of motion of your lower extremities. Could that be true that you were able to move your legs just fine and knees just fine?

A. What I can recollect of this, any time that I've gone to a doctor for anything other than a doctor for workers' comp, they don't touch the knee because I tell them of the surgeries and the problems I have with my knee. I couldn't bend it all the way.

Q. Now, does your daughter -- is your daughter an athlete too?

A. Yes.

Q. What does she do?

A. She played basketball and softball.

Q. Is this the one at Clemson?

A. At Clemson and the one local plays basketball, track and softball.

Q. Because on Defendants' submission C-21, April 4,

2011, it looks like you were able to sit at your daughter's track meet all day Saturday and sat at church yesterday. Would that be your youngest daughter?

A. Track meet, yes.

Q. Now, you ultimately issued a demand letter on your own to the insurance company where you asked for $15,000 to settle that motor vehicle accident claim, C-4.

A. This -- this -- this accident I suffered whiplash. I had pain beyond whatever with this whiplash. I was doing what I was advised to do. I didn't -- I could care less one way or the other. I just wanted medical treatment. So I don't know for sure what, but I sent this at the advice of an attorney. I didn't know how to handle it. But I did know after the slip in the restaurant that it was best that I try to get myself seen about. I was already in pain. Whiplash is horrible.

Q. This letter that you sent on September 13, 2011 says, "Please find enclosed all of my medical notes and bills. I am no longer under a doctor's care."

A. For whiplash, for whatever happened with the car accident. I think for me when I do go to a doctor's appointment, if I'm not going to a workers' comp doctor, I don't usually think about the workers' comp injuries. If I go to the doctor for a headache or whiplash, I'm just dealing with the headache and whiplash with that doctor. I

do make them aware of my knees and my back and my other stuff, but my focus is on what I'm there for.

Q. And that's fine. I guess my point is this: You were no longer under a doctor's care, so your interest wasn't solely just to get doctor treatment as the date of this letter because you write, "I am no longer under doctor's care"?

A. Yes, it was. I was interested in getting what -- I was -- how do I say this? I was informed that the whiplash or the neck strain or whatever it was would be an ongoing issue and that's what I was trying to address. And I was also going to physical therapy for the whiplash and shoulder.

Q. Now, following your sixth surgery with Dr. Piasecki which, by the way, was on June 18th of 2012, you presented to him -- on August 14, 2012, APA Page 26, he notes your motion is full and symmetric. Does that sound accurate after the sixth surgery that you had full motion in your left knee?

A. Yeah. I guess I'm getting hurt when it's mixed up with the range of motion. So, yeah, if he said it, then yes. It's just painful whenever it's bent.

Q. Then you see him in September of 2012 and he indicates it appears that he's nearing you toward maximum medical improvement. But before seeing him and before he

says maximum medical improvement, you go for a functional capacity evaluation. Your lawyer asked you about that earlier. Do you recall?

A. Yes.

Q. And it was your lawyer who referred you for that functional capacity evaluation; is that right?

A. Yes, yes.

Q. Why did you go to the functional capacity evaluation before you even reached maximum medical improvement?

A. Because, for one, I wasn't aware that it was even related. I was just doing -- I just do what I'm instructed to do. I had no idea that there was -- that it was even related. I just went because I was instructed to go.

Q. You went because it was scheduled by your attorney's office?

A. Yes.

Q. All right. Now, I'm going to take you to Page 223. This is called, "Baseline Functional Test Table One." And it appears that they are giving you three trials and distances --

MR. MARTIN: What page are you on?

MR. WATSON: Two-twenty-three.

BY MR. WATSON:

Q. While he's finding that, I'm going to go ahead

and ask the question. Carry, carry, carry. Push cart, pull cart, push cart, pull cart or perhaps the test. And then I see a bunch of incompletes.

A. Where is that? Couldn't carry. I couldn't carry it.

Q. All right. Then I'll take you to APA Page 224. This is going to be under, "Reliability and Consistency of Effort." And it's tabled III. And it's rapid exchange left, rapid exchange right, reach immediate right, reach overhead right. And then climb stairs is the last one. Now, rapid exchange, is it your understanding that's with your grip? Do you remember that?

A. I don't know.

Q. Do you see where it says, "Reliable: No, no, no, no, no"?

A. Yeah.

Q. You do see that?

A. Yeah.

Q. You don't know what that means?

A. Unh-unh. No. I'm sorry. No, I don't.

Q. Now, you did not hurt your hands or arms in the February 19, 2009 accident, did you?

A. No.

Q. Tell us what a Purdue Pegboard is.

A. A what?

Q. A pegboard. Do things hands?

A. Oh, yes. Putting the -- putting the little -- picking up little -- yeah.

Q. Shapes or something and putting them in a board?

A. Well, no, they were little pegs. I remember pegs and shapes, yes.

Q. And your right hand fell in the first percentile, left hand fell in the first percentile, both hands in the fifth percentile. And I'm assuming this means the bottom. I could be wrong.

A. I have an injury to both hands. It didn't have anything to do with the workers' comp incident. But I've had reconstructive surgery on this hand that was crushed in a car accident.

Q. Can you type?

A. Not much.

Q. Can you type knowing -- like the Commissioner is doing knowing which finger goes on which key?

A. Oh, if I look at it, I can do that. Yes.

Q. Have you taken a class in typing, I guess is a better question?

A. No. A class? High school?

Q. Have you ever learned to type?

A. Yeah, high school.

Q. You have?

A. Yes, in high school. Keyboarding or typing.

Q. Table VIII.

MR. WATSON: Commissioner, I'm just going to refer you to this. It's on Page 225 and the explanation that it gives regarding grip strength and the formula he gives. You can look at the numbers and reach the conclusion based on this. I don't need to ask the question.

MR. MARTIN: I would object to the testimony given on here.

MR. WATSON: All I'm asking -- forgive me. All I'm asking is that you look at Page 225.

THE COURT: Thank you.

BY MR. WATSON:

Q. Now, you had the functional capacity evaluation before you reached maximum medical improvement, and then you also had a vocational evaluation before you reached maximum medical improvement by Dr. Piasecki?

A. Oh, yes.

Q. And the first vocational evaluation performed by Dr. Rock Weldon -- well, maybe not doctor, Rock Weldon on October 29, 2012?

A. Yes, around. Yes.

Q. I guess my question is this: Why were you already seeking an opinion regarding whether a job would

potentially be available in the labor market if you had not even reached maximum medical improvement by Dr. Piasecki or Dr. Math who was treating you for your back and right knee?

A. I was following instructions.

Q. Okay. But you do agree that you went to an evaluation to determine whether there was a job before Dr. Piasecki put you at maximum medical improvement and Dr. Math put you at maximum medical improvement?

A. I agree.

Q. In November 21, 2012, we actually do have maximum medical improvement from Dr. Piasecki, and he says this under physical examination. It's APA Page 17. "Her exam is slightly out of proportion today." Do you know what he would be referring to when he says that?

A. I don't.

Q. Are you also aware that Dr. Piasecki said, "I am skeptical that additional surgery here would make her substantially better given her multi-focal complaints today"?

A. I wasn't aware of that.

Q. Are you aware that he indicated despite the fact that he had your functional capacity evaluation, because he mentions it on this day, that he saw no reason why you would not be able to maintain a job of normal hourly duration?

A. He put down work status with physical

restrictions.

Q. I'm sorry?

A. That was included on the work status with the limitations that I could return back to work.

Q. Did you like Dr. Piasecki? Did you think he was an accurate and good doctor?

A. Yes, I think he's a very good doctor.

Q. Were you still having back pain in November of 2012?

A. Yes.

Q. Do you know why he would write on APA Page 18, "No back pain"?

A. No, because he never asked me about back pain.

Q. You had another motor vehicle accident in August -- specifically August 15, 2013. Do you recall that?

A. Yes.

Q. Was not all that long ago. Just last year?

A. Yes, I recall that.

MR. WATSON: Commissioner, this is going to be Exhibit B of the Defendants' submissions.

THE COURT: B or D?

MR. WATSON: B as in boy.

BY MR. WATSON:

Q. So this is in August 2013 right before you go back to see Dr. Piasecki and I believe September 2013. You

have a motor vehicle accident and you go to Saint Francis following that accident; is that correct?

A. Correct.

Q. Now, this appears -- actually here on B8 appears to be the date I'm looking at is September 19, 2013. Under "Musculoskeletal" it says, "Normal range of motion. Exhibits tenderness. Exhibits no edema by musculoskeletal." Did you make any complaints of your knees then?

MR. MARTIN: What page are you referring to?

MR. WATSON: B8.

THE WITNESS: My knee has hurt since February 19, 2009. I have not had any relief. I've not been without pain since the day I hit it on the desk. And those accidents were shoulder/neck.

BY MR. WATSON:

Q. You settled this case two months after your accident or thereabouts on October 23, 2013. Do you remember how much money you received in the settlement?

A. They called and asked me did I need any more medical treatment. I said no. And she said okay. She said, "We'll offer you $4,000." I said, "Okay. I'll take it." I think that's what she said. I'm not sure of the amount. Let's see. Because there was some bills that still needed to be paid.

Q. On B2 it says, "Dear Kimberly Walker, enclosed is

the release confirming our settlement agreement in the amount of $7,200 for Kimberly and $4,200 for Bria."

A. Oh, no, I didn't get that much. That was -- that was including the medical bills they had to pay.

MR. WATSON: B3 is the actual release, Commissioner, showing $7,200 payable to Kimberly Walker.

THE WITNESS: And that's all I got. I didn't get 72 and 4,000.

BY MR. WATSON:

Q. You did not get money for, who was it, Bria?

A. That was included in the -- when she sent it, there was some medical bills that needed to be paid. I got one check. And when I got the check -- I don't even remember it being 72. But whenever we got the check, it was a check for myself and Bria and it was a check that she said we're going to send to you for your, I guess, pain or whatever. Okay. I did not get a check for 11.

Q. So this would have been the third check you got from the insurance company other than workers' compensation?

A. They hit me in the back twice. I was sitting still.

Q. All right. Now, let's talk about your treatment with Dr. Math for a second. Dr. Math was primarily treating you for your back; is that correct?

A. No. She was treating me for back and -- well, she told me she was treating me for everything, pain management.

Q. I'll even lump in back and right knee, perhaps; is that right?

A. She told me left knee also.

Q. APA page 197 shows, "Lumbar range of motion. Flexion is full and pain-free."

A. I don't know. That's what she put.

Q. Now, did you testify earlier that your medications were one reason why you could not work?

A. The medications -- the pain pills I take on a daily basis, along with the Wellbutrin and the other stuff, makes me very, very groggy. I have to sleep. I don't take it -- like today I did not take it because I had to come in here.

Q. Are you having any pain right now?

A. Yes.

Q. How bad is it on a one-to-ten scale right now?

A. Eight.

Q. There's a little notation on Dr. Math's record. Again, it's APA Page 197. "Does your current medication impair your judgment, coordination, or your ability to drive?" And then no is indicated.

A. She never asked me that. I've never answered

that question for her.

Q. So there's also a question that says, "Are you experiencing any side effects from the medications prescribed by your physician at UMR?"

A. Sleepy and drowsiness every time I go.

Q. On October 8, 2012, APA Page 187 and 188, this is Dr. Jody Math. She indicates that your gait is normal on this date.

THE COURT: What page again, Mr. Watson?

MR. WATSON: 187. Forgive me.

THE WITNESS: I will say this, all these doctors that are saying my gait is normal, I limp wherever I go. There are some days I limp more than others. But she -- when I see her, I'm in the room. She leaves. I leave. I don't know if they're watching me when I walk in or out, but my gait has not been normal for a long time.

BY MR. WATSON:

Q. She also indicates on that date that you didn't need pain medicines. Do you recall times when you just didn't need them?

A. I had -- Dr. Piasecki had given me pain medicine. I can't recall who else. But I had pain medicine, so I told her I didn't need any at that particular time. I had some.

Q. If Dr. Math indicates that your pain level was a

0 out of 10 with medications, would that be accurate?

A. I can answer that. When I go in and they ask me about my pain when I take my medicine, I tell them I don't know because I go to sleep. She said, "Okay. Well, then I guess you don't feel any pain because you're asleep." Maybe that's why they documented it. But like I told her, it puts me to sleep.

MR. WATSON: Commissioner, I'm referring to APA Page 154 and 155. This is with Dr. Math of October 3, 2013.

BY MR. WATSON:

Q. What were you doing with your trainer when you reinjured your back? What exercise specifically?

A. It was -- he had me -- I was standing because I can't squat and he wanted me to do it a little -- get a little bell and just see if I could lift the bell over my head and put it back down.

Q. Like a kettle bell? Is that what you're talking about?

A. Uh-huh.

Q. All right. And you started with the bell on the ground? The kettle bell was actually on the ground?

A. I was here and the bell was here. So I did this and I tried to lift the kettle bell up, and that's when it popped. (Witness indicates.)

Q. And the goal was to get it above your head?
A. Try to get it up above.
Q. Was it a swinging fashion to swing it? You know what I'm saying, swing it up?
A. Oh, he wanted me to take it from -- well, because I couldn't swing it, he wanted me to take it and lift it up and put it back down.
Q. You've indicated that your concentration suffers, I guess is the best way to put it, as a result of your pain; is that right?
A. Yes.
Q. You have treated with Dr. Sanchez and also Dr. Jacobs?
A. Yes.
Q. They had this thing in the medical records. I tell you what, I'll start on Page 139. This is July 1, 2013. This indicates under "History," it has interval history change and then it has a little narrative. "She continues to suffer from pain and maybe have a stress fracture. She is working hard on losing weight with a trainer and talking about nutrition." Where is the stress fracture?
A. Doctor -- okay. Tell me how to say this. I'm being very serious. They did an MRI and they came back and upon the result was you may have a stress fracture.

MR. MARTIN: So you're testifying as to what they told you?

THE WITNESS: That's what they told me.

MR. MARTIN: And that's why you're hesitating because you don't --

THE WITNESS: Yeah. I'm not trying to -- yeah. Right. That's what, you know, the findings were and they sent me to Dr. Piasecki and it was actually the result of the high tibial osteotomy is what they were seeing.

BY MR. WATSON:

Q. Okay. Now, up at the top under, "Interval History Change," It says, "Zero. No impairment. One, very mild impairment. Two, mild impairment. Three, moderate impairment. Four, severe impairment. Five, very severe impairment." Do you see that scale that I'm referring to?

A. Yes.

Q. And then under "Psychiatric Examination" by Dr. Sanchez it has, "Concentration zero indicating no impairment." APA Page 139.

A. I see that, but he never talked to me about any of that. Conversations with Dr. Sanchez was nothing in relation to this.

Q. On July 29, 2013, APA Page 137 and 138, he writes again, "Concentration zero indicating no impairment."

A. Okay. So can I tell you what he said to me or what I was told by him? Can I?

THE COURT: You can answer the question, ma'am. If one of the lawyers --

THE WITNESS: He told --

THE COURT: -- wants to object, they can.

THE WITNESS: Okay. He told me that. And that's why he referred me to Dr. Tollison because he said all he was licensed to do was give me medication and that he was going to refer me to Dr. Tollison because I needed psychological help.

BY MR. WATSON:

Q. And you had seen Dr. Tollison before?

A. Yes. I needed to see Dr. Tollison.

Q. And was it your suggestion that you go back to Dr. Tollison?

A. He told me I needed to see a psychologist, and I told him I had seen one before.

Q. So he referred you back to the person you had already seen?

A. Yes.

Q. I see on Page 135 -- this is a different doctor, by the way. This is Dr. David Jacobs, not Sergio Sanchez anymore. August 27, 2013. He indicates concentration is a two, which according to this scale it shows mild impairment.

And then on September 24, 2013, again, Dr. Jacobs indicates that your concentration is zero indicating no impairment. APA Page 133. Did you know that? Did you review these records?

A. I didn't know that. I didn't know that. He didn't ask and I didn't know.

Q. Now, speaking of Dr. Tollison, he performed a patient pain profile. Do you know what that is?

A. Unless that's the little test I did on the machine, I don't know what that is.

Q. It's on APA Page 100 of the Claimant's submissions. There's a validity scale on this and it says this -- and, again, Dr. Tollison is somebody you who had seen before this accident or just before Dr. Sergio Sanchez referred you over?

A. Maybe a year or so before. It was after the accident.

Q. All right. "Validity. This patient's extreme score of 12 on the Validity Index is higher than the scores of 95 percent of the pain patients in the sample. Because of this extreme score, the report is invalid." Then goes on to write this: "The P-3 is written at approximately a sixth or eighth grade reading level. If the patient's response pattern and reading comprehension are acceptable, her Validity Index score may suggest response magnification."

THE COURT: What page is that?

MR. WATSON: APA Page 100.

BY MR. WATSON:

Q. Did he speak about this test with you?

A. I took the test and I -- he didn't speak, no. I took the test. I answered the questions the way I felt at that moment.

Q. And he mentions it in his October 8, 2013 report on APA Page 97, "Review of Validity Index suggests testing is statistically invalid due to extreme score 12 on a Validity Index that is higher than scores of 95 percent of patients in the normal sample." So he did not talk to you about this?

A. He did not.

Q. How did you lose ten pounds?

A. When was that?

Q. About this time period of 2013 -- October 2013.

A. Let's see. My left leg was really swollen. They put me on diuretics or something because I was not mobile. So they did that, cleaning water, my weight fluctuated throughout this time a little bit.

Q. Now, you testified earlier that the YMCA offers you free trainer visitation?

A. One time. It's a wellness plan.

Q. This says -- and this is, again, on APA Page 97.

"She goes to YMCA and has trainer times three or X three per week, but reports injuring her back working out two weeks ago."

A. I didn't have the trainer. I went three times a week. The trainer was there, but he did not work directly with me. Once he showed me the procedure -- when I heard that -- the last time that you're talking about when I was hurting, he was taking me -- showing me a new series of workouts at that particular time. But I went three times a week myself.

Q. So if it says, "Has trainer times three per week," you --

A. I wish, but I didn't have one three times a week.

Q. Now, did you have any other medical bills in 2009 other than these workers' compensation bills?

A. Oh, I don't know.

Q. Were you treating for anything else other than your left knee in 2009 that you can recall?

A. Unless it was allergies or sinus or something. I can't recall. I have problems with allergies and sinuses on a regular basis.

Q. I asked you because I've submitted as Defendants' Exhibit G your YMCA records. And in response to our request, they provided --

MR. MARTIN: We don't have a G. Ours only

goes to F.

MR. WATSON: Do you want to look at mine?

MR. MARTIN: I would object to any record coming in that I haven't been provided in advance.

MR. WATSON: I've got a February 3, 2014 amended submission on pre-hearing brief that includes records from YMCA. I don't know why you don't have it. I'm going to move on. We need to address this, though, because he's got the records in his brief. So at the end of the hearing. I'm going to move over questions.

MR. MARTIN: Okay.

BY MR. WATSON:

Q. Now, you have filed a -- first of all, you were terminated why from SHARE?

A. I was told because they couldn't accommodate my restrictions.

Q. And when was the termination?

A. That's up in the air. I was not communicated very well with that. So I filed a complaint with the EEOC because I couldn't get any information from my employer regarding my work status.

Q. I have submitted records, and this is going to be Defendants' Exhibit A as in Alpha. There's a letter looks like dated June 11, 2009 from a Carol Holman. Do you know her?

A. Yes.

Q. June 11, 2009, do you see that one? This is going to be A4. Did you not get any of these letters talking to you about leave and how much leave you had, 12 weeks of FMLA, plus 12 weeks of additional leave?

A. This is when I first went out, but I was in and out. I wasn't out the whole time.

Q. Do you now understand that you were terminated in 2012?

A. Oh, I understand that now.

Q. When did you learn that you were terminated in 2012?

A. A month ago. About a month ago when I went through the EEOC.

Q. And you filed the EEOC claim in -- well, when, May 2013?

A. Yeah, I would say. I'm not sure of the date of that EEOC. But when I kept calling trying to get the information about my work status, I had to do something to try to figure out what was going on.

Q. There appears to be a letter on Page Delta 6, D6, to you dated September 28, 2011 from Carol Holman. Do you recall receiving this?

A. Yes. The agency has additional leave policy. They give you FMLA and then they have additional leave

policy.

Q. Which is projected to be to March 10, 2012, is what the letter says --

A. Right.

Q. -- on Delta 6?

A. And I was released to go back with restrictions before that date.

Q. You had not been placed at maximum medical improve yet, so those were temporary restrictions?

A. I don't know. They said permanent on my work status.

Q. Do you recall the letter sent to you on March 7, 2012, Delta 9?

A. Yes.

Q. It looks like your lawyer sent Dr. Piasecki a letter on March 19, 2012, Delta 11 and 12, and then sent Ms. Holman a letter on March 19, 2012, Delta 13. Now, is it your testimony that you did not understand that your employment was coming to an end --

A. I did not understand that.

Q. -- despite all this?

A. I did not understand that. No, I did not.

Q. What about the letter dated March 27, 2012, Delta 15, sent to your lawyer, Mr. Martin, in response to the letter that he provided to Ms. Holman?

A. My understanding was they wanted to get -- this is where I was left off at. They wanted to get that evaluation that they sent to Dr. Piasecki, they wanted to get it filled out to determine if I could perform the essential functions of my job. And I was told if I didn't get it in by the 30th -- if I didn't get it in by the 30th, I would be terminated. So I got it in before that time and then I heard nothing else from them regarding my job until I went through the EEOC. I called. I also have e-mails I sent requesting information about my job.

Q. The letter sent to Mr. Martin on Delta 15 says that Ms. Walker has exhausted all available leave time. Did you either not receive this or did you not understand what that was meaning?

A. Where? They sent that to him, not me. This one, D15?

Q. Yes, ma'am. Third paragraph.

A. Again, my leave time was going to expire on March the 10th. They received a statement from my doctor releasing me to come back to work before that date. They were the ones that put all the other stuff into play. I had my information in before my time was up.

Q. Is your EEOC claim still ongoing today?

A. It's not.

Q. What happened to it?

A. I received some information from the -- I received a right-to-sue letter and I decided not to proceed with it.

Q. Okay. So is it your testimony today that you are not proceeding with a lawsuit against SHARE as a result of the alleged discrimination in violation of the Americans with Disabilities Act?

MR. MARTIN: I'm going to object at this point as to the relevance of all this. I mean, I have not objected to a lot of stuff, but it seems like we're going awfully far field as far as asking about EEOC charges which are no longer pending. I would ask that we just kind of reel it back in, Your Honor.

MR. WATSON: And I'll reply just very briefly. First of all, I'm going to wrap the whole questioning up in just a few minutes. But second, it seems as though she's alleging today that she's permanently and totally disabled, while at the same time at one point at least maintained a lawsuit where I guess she alleged that she could work if the employer accommodated her somehow. To me those two are inconsistent and I would like to have an opportunity to question her on which one it is.

THE COURT: I'm going to allow it. Mr. Watson raised the issue of credibility in the

pre-hearing, so I'm going to allow it.

MR. WATSON: I'm almost through. I promise.

BY MR. WATSON:

Q. You can speak. I didn't mean to interrupt you.

A. When I went to the EEOC -- like said, I'm honest. I talked to Janice about this too. When I went to the EEOC, I was angry and hurt and nobody would respond to me from the job. Nobody would tell me -- I worked for that agency for 20 years and I worked hard and they treated me with such disrespect. All I wanted to know was what's the status of my job.

For one, I didn't know how many -- I thought I could work two to five hours. Nobody -- the doctor never -- until I saw -- until Dr. Math said two and a half hours a day, I can't work anywhere for that. This was all after the EEOC stuff and it was some other stuff that happened. There was an investigation. I was called in to participate in this investigation, so it was some retaliation. It was a lot of stuff going on at that time.

So my EEOC was a lot of emotion and I needed to know what was going on with my job because nobody would tell me. Not the president or CEO, not Carol Holman, not Ruby Jones, not anybody. So that was my last recourse. I have tons of e-mails that I sent for months just wanting to know what was going on with my job. None of that stuff that

you're talking about came in my mind.

To be honest with you, I wanted to work. I wanted my job, you know. I want to work. I loved what I was doing and I did not understand what was going on. And I did not find out what was going on until I filed this case with the EEOC because that was my last recourse. I didn't know what else to do. I just wanted to know what was going on.

Q. So when you filed it in May of 2013, did you believe you could work?

A. When I filed it in May of 2013? I don't know. I just wanted to know what was going on with my -- I wanted to work. Was I in pain? Yes. But I wanted to work.

Q. Did you think you could work with accommodations?

A. With -- with whatever the doctor said, restrictions and accommodations, yes. I wanted to. At that time I thought I could in May of 2013.

Q. You think you can now?

A. No.

Q. What changed?

A. My pain is progressing. I take the -- I've had several changes in my medicines. My concentration, my frustrations, my lack of everything. It's really frustrating. And that depression is real. You know, when you have to deal with pain on a regular basis every day,

that's real. It's hard to deal with people or anything with that, including my children. They're affected. It's hard. I don't want to deal with people.

Q. Now, did I hear you say earlier that it was your understanding that your pain would get better from this surgery that Dr. Piasecki is now going to do?

A. It is my understanding it will help alleviate -- like he went in before. There was some osteoarthritis, he cleaned it up. It was my understanding that I will always be in pain, but whatever he does will kind of help alleviate the pain that I'm in. It's not going to make it go away.

Q. Your depression stems from the pain at least partially?

A. Yes.

Q. So your pain gets better, your depression gets better?

A. I don't know. I just know that in dealing with this constant pain has really changed me. Well, I would like to say, yeah, I would hope so. If the pain would go away, I would feel a lot better, I hope.

Q. And if the pain gets better, then you could perhaps stand longer, sit longer, and that sort of thing? Perhaps your restrictions would --

A. Not if it gets better. If it goes away. This pain is extreme. This pain is extreme. Last time he did

the surgery, cleaned it up, you know, it gave me a reprieve. I could rest a little bit. But it's going to -- it comes back.

Q. How bad is your pain now?

A. Eight.

Q. Let's say the pain goes down to a four. Do you think that might open up your ability to do more?

A. I can't answer that. I don't even know what a four feels like.

Q. So you don't know if there's a relationship between your pain level and your ability to function or do work?

A. There is a big relationship between the pain and my ability to do, but it's the pain. The pain drives everything.

Q. So if the pain gets better, then perhaps you can do more?

A. If the pain goes away, I can do more. The pain has gotten better and I still couldn't do anything. If it goes away, I can do more. It's there all the time. It's been there for five years. I don't even know how it feels without it.

Q. So you're saying if it's just a mild ache, you're still not willing to go back to work?

A. No, I didn't say that. No, I did not say that.

Q. Well, I'm asking now.
A. That's not what I mean.
Q. I'm going to ask it now.
A. If it's a mild ache and it was something that I could do and function and do it, of course, if it was a mild ache. I want to -- I wanted to work.
Q. Then my question is, again, if the surgery that he's offering you helps the pain level to decrease, do you think that you might be able to return to a more productive capacity in terms of work?
A. If that helped my back and my right knee and get rid of the depression, yes.
Q. And it seems like your back is directly tied to your knee and that pain?
A. It is.
Q. And the depression you testified earlier is tied to your knee and that pain?
A. To a degree it is, yes.
Q. So, again, if the pain in your knee gets better, then we may have a whole different ballgame in terms of your ability to return to work?
A. After six surgeries, I don't know. Maybe the seventh one will be it. I can't answer that because of all the surgeries that I've had, it wasn't that big of a difference that it would make a difference. I wasn't to the

four that he's talking about, but it allowed me to walk a little better. It allowed me just to sit up a little better. It's not like it's healing. I don't know how to -- excuse my frustration, but I don't know how to answer that question. I'm sorry.

MR. WATSON: Thank you for your time, Ms. Walker. That's all I have.

THE COURT: Mr. Martin.

MR. MARTIN: Thank you, sir.

REDIRECT EXAMINATION

BY MR. MARTIN:

Q. Let's go through some of these records. Let's start back on Pages 283 and 284. This is APA 16, Page 283 and 284. We heard earlier about your undergoing arthroscopic surgery by Dr. Vann. You had three surgeries by Dr. Vann, right?

A. Yes.

Q. The second surgery listed on here is an articular transplant. Tell us about that.

A. He took cartilage from a cadaver and implanted it into my knee.

Q. This is Dr. Vann?

A. Dr. Vann.

Q. Did they have to actually cut your knee open to do that? How did that work? Did they just stick a probe in

there?

A. No. He had to actually go in -- he had to go in and place that cartilage in there.

Q. Were you on crutches after that?

A. I was on crutches for 11 months.

Q. And then the next surgery listed for Dr. Vann is a left knee chondroplasty. Do you remember that? That would have been from August of 2010.

A. I remember the surgery. I don't remember everything that he did.

Q. Okay. So you had an articular transplant by Dr. Vann, a left knee chondroplasty by Dr. Vann, you had the cartilage transplant with a plate put in by Dr. Piasecki, and then you had the plate removal by Dr. Piasecki?

A. Yes.

Q. So let me ask you this: Were these minor surgeries that you were able to get over in a few days?

A. No.

Q. How long did it take you to recover from the surgeries?

A. To me it was an ongoing thing. The bigger one -- the real big one -- because, like I said, after Dr. Vann, I was on crutches for 11 months. That was very painful. Then with Dr. Piasecki, I stayed in the hospital, I don't know, three or four days maybe. It's just a long process. It

seems like it's forever going, but there's no -- I guess it's my mental state. But I can't recall telling you, oh, I got over it. It's just a long -- it's a long drawn out process. Like now, I mean, I'm still having, you know -- I'm going to have this pain. I don't know how to -- I don't know how to describe anything else. I'm so sorry.

Q. That's okay. Now, this was Dr. Burnikel's note where it was pointed out that you had no effusion. At the same visit it says that you were fitted for a double Cho-Pat strap to use during exercise and physical activities?

A. He gave me a brace. I do remember that.

Q. Okay. And it says he gave you Osteo Bi-Flex, Chondroitin Sulfate, and Glucosamine or recommended that for you. Do you remember that?

A. Oh, yes, I remember that.

Q. He gave you a prescription for lateral heel wedges for you to put in the shoe?

A. Yes.

Q. Were you able -- did you get those?

A. Yes.

Q. He gave you Voltaren gel, Diclofenac, sodium, topical gel?

A. Yes.

Q. And an aggressive weight loss program was recommended for decreasing joint stress and improving

general health. Do you remember him telling you that?

A. Yes.

Q. I know the Commissioner is going to read every page of these medical records, so I'm not going to belabor the point. But just going back to some of the records that you were referred to and asked to read from regarding negative issues, Page 197 was one of those. And at that time you were asked to rate your pain at the beginning of your treatment which you did as a nine and then rate your pain since treatment began, and what was your treatment level there?

A. Five. Which one are you talking about?

Q. Referring up here talking about the back pain. This is when Dr. Math was treating you. And without going through all of these records, did you indicate that you were having difficulty with your gait to several of the doctors?

A. Yes.

Q. And that's documented repeatedly in the records. And as far as the communications that you received from SHARE, you were asked --

MR. MARTIN: I don't know if you've already got these, Brenn. You might save me some trouble here.

MR. WATSON: You need the location?

MR. MARTIN: Do you have my letter in there?

MR. WATSON: I do. It's going to be Delta

D, Exhibit D.

BY MR. MARTIN:

Q. On March 19th, I wrote a letter to your employer responding to their letter of March 7th in which we provided response to several of their questions and indicated that you still had temporary restrictions that prevented you from being able to do your full duty job.

MR. MARTIN: Do you have their March 27th letter in here?

MR. WATSON: I do, Delta 15.

BY MR. MARTIN:

Q. On March 27th, they said to you, you and I both, "If we do not receive the requested information by March 30, 2012, Ms. Walker's employment with Sunbelt Human Advancement Resources will be terminated pursuant to our leave of absence policy." And that was a medical questionnaire that they wanted completed by your doctor; is that right?

A. Correct.

Q. That medical questionnaire is located on Page 53 of the APAs, and that was completed by Dr. Piasecki on March 26th of 2012. Did you provide a copy of that medical questionnaire to your employer before March 30th?

A. Yes.

Q. And did you ever hear anything after that? After they said you would be terminated if you didn't provide a

response, you provided the response, did you ever hear anything again after that until we heard the results of this EEOC charge?

A. No.

Q. And we were contacted by a Kimberly Ambersly from the EEOC?

A. Yes.

Q. And in talking with her, she noted that your termination date was May of 2013. Do you recall that?

A. Yes, she did give me a date. I wasn't aware of it.

Q. Which was a year and two months after the date that the defendants are now saying that they terminated you; is that right?

A. That's right.

MR. MARTIN: Okay. That's all the questions I have.

THE COURT: All right. Mr. Watson?

MR. WATSON: None, Commissioner. Thank you.

THE COURT: All right. Thank you, ma'am. Any other witnesses?

MR. MARTIN: No, sir.

THE COURT: Is that your case?

MR. MARTIN: Yes.

THE COURT: All right. Mr. Watson?

MR. WATSON: No witnesses. Thank you.

THE COURT: All right. That concludes this hearing.

(The hearing concluded at 5:42 p.m.)

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2015-000692

Kimberly Walker, Claimant,..... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

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December 23, 2015
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RECEIVED
JAN 19 2016
SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 0901375

Kimberly Walker, Claimant, ... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

BRIEF OF APPELLANT

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STATEMENT OF ISSUES ON APPEAL

1. Whether the Workers' Compensation Commission erred in holding Kimberly Walker is not permanently and totally disabled as there are no jobs available in the national or local economy to someone with the permanent restrictions provided to her by her treating doctors.

2. Whether the Workers' Compensation Commission erred in limiting Walker's medical treatment to "palliative care" and finding future surgery would not change her MMI status.

STATEMENT OF THE CASE

This is an appeal by Kimberly Walker ("Walker"), Claimant, from a decision of the South Carolina Workers' Compensation Commission finding that she had reached maximum medical improvement for her work-related injuries and was not permanently and totally disabled. Walker contends the Commission erred in basing its disability on the opinion of Respondents' vocational expert when the expert, Jan Westmoreland, testified "to a reasonable degree of vocational certainty, that there are no jobs available for Ms. Walker." [R. p. 752, line 14-p. 753, line 4]. Walker further contends the Commission erred in relying on speculation rather than evidence.

This case has a long procedural history. Walker suffered an admitted work-related injury to her left knee on February 19, 2009 while working for the Employer, Sunbelt Human Advancement ("Employer"). The State Accident Fund ("Fund") began providing medical treatment and paying temporary total disability compensation while Walker was out of work.

Procedural History prior to this appeal

On September 17, 2010, Walker filed a Form 50 (Request for Hearing). In the Form 50, Walker requested additional treatment for her left knee, right knee, and back, as well as treatment for depression and anxiety. [R. p. 81]

On September 30, 2010, the Fund filed a Form 51(Employer's Response to Request for Hearing). The Form 51 admitted the left knee and back, but denied the claim as to right knee, depression and anxiety. [R. p. 82].

On November 23, 2010, the Fund filed a Form 21 (Employer's Request for Hearing) seeking to terminate temporary compensation. [R. p. 83].

Prior to the scheduled hearing, the Parties entered into a Consent Order providing for evaluations for the disputed body parts, while holding the issue of an injury to the psyche in abeyance. [R. pp. 1-3].

On June 7, 2011, Walker filed a Motion for Sanctions under § 42-3-175 for failure to provide medical evaluation and treatment per the terms of the Consent Order. [R. pp. 84-98].

On June 17, 2011, the Fund filed a Response to Claimant's Motion for Sanctions,. [R. pp. 99-104]. The Fund contended as a State Agency it was neither required nor authorized to make a pre-payment for a medical evaluation.

On July 11, 2011, Commissioner Bryan Lyndon issued an Order denying the motion for sanctions [R. pp. 4-6]. Without reaching the issue of the Fund's authority to pre-pay for a medical evaluation, he ordered Respondents' attorneys to pre-pay for the evaluation to be reimbursed by the Fund.

On August 15, 2012, Walker filed a Form 50 (Request for Hearing). In the Form 50, Walker requested additional treatment for her left knee, right knee, and back, as well as treatment for depression and anxiety. [R. p. 105]

On September 10, 2012, the Fund filed a Form 51 (Employer's Response to Request for Hearing). The Form 51 admitted the left knee, right knee and back, but denied the claim as depression and anxiety. [R. p. 106].

The case was tried before Commission Andrea Roche on February 14, 2013. By this time, Walker had ". . . undergone six surgical procedures to her left knee. She has also developed problems with her right knee as a result of over-compensation and gait changes, as well as problems with her lower back." [R. p. 10, lines 25-27]. Commissioner Roche held "the greater weight of the evidence established that Claimant's pre-existing psychological problems were aggravated by the work accident and its sequelae." She ordered the Fund to provide psychological treatment for depression and anxiety.

Current Procedural History

On August 26, 2103, Walker filed a Form 50 (Request for Hearing). In the Form 50, Walker contended she was permanently and totally disabled as a result of her multiple injuries. requested additional treatment for her left knee, right knee, and back, as well as treatment for depression and anxiety. [R. pp. 107-108]

On September 20, 2013, the Fund filed a Form 51 (Employer's Response to Request for Hearing). The Form 51 denied that Walker was totally disabled. [R. p. 109].

On September 20, 2013, the Commission ordered the parties to mandatory mediation per Regulation 67-1801.

As the Fund declined to participate in mediation, Walker filed a Motion to Compel Mediation on November 15, 2013 [R. pp. 110-120].

The motion was set for a hearing on December 5, 2013.. Following a pre-hearing conference, Commissioner Aisha Taylor denied the Motion to Compel

Mediation and granted Walker's request for a hearing on her Form 50. The Interim Order was issued on January 3, 2014. [R. pp. 17-18].

On March 12, 2014, the case was tried before Commissioner Gene McCaskill. Walker contended she was permanently and totally disabled. The Fund contended she had not reached maximum medical improvement, as she required a seventh knee surgery. Alternatively, the Fund contended if Walker had reached MMI, then she was employable per the vocational opinion of Jan Westmoreland. [R. p. 791, line 3-p. 794, line 18].

Following the hearing, the Fund stopped providing medical treatment to Walker. On May 1, 2014, Commissioner McCaskill issued an Administrative Order noting he had not yet issued order instructions from the March 12, 2014, but requiring the Fund to provide medical treatment as previously ordered by the Commission. [R. pp. 19-20].

On July 23, 2014, Commissioner McCaskill issued the Decision and Order which is the subject of this appeal. Commissioner McCaskill held Walker had reached maximum medical improvement on December 13, 2013. He held she was not permanently and totally disabled. "[He] base[d] this finding on the vocational opinion of Jan Westmoreland, the medical record as a whole, Claimant's education, [his] observation of Claimant during the hearing, and the evidence in the record as a whole." [R. p. 43, lines 15-17]. Commissioner McCaskill held ". . . Claimant has sustained 40% permanent partial disability to her left knee, 2% permanent partial disability to her low back, and 0% permanent partial disability to her right knee." [R.

p. 46, lines 7-9]. He further found her "psychological condition is not disabling." Commissioner McCaskill ordered Respondents to provide the seventh knee surgery, but found "[t]he future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning."

On July 28, 2014, Walker filed a Form 30 (Request for Commission Review) [R. pp. 700-701].

The appeal was argued before the Appellate Panel on November 18, 2014.

On March 4, 2015, the Appellate Panel issued its Decision and Order affirming the Single Commissioner's Decision and Order in its entirety [R. pp. 48-80].

This appeal followed.

STATEMENT OF THE FACTS

At the time of the hearing on March 12, 2014, Walker was 45 years old. Walker obtained a bachelor's degree. She also earned a master's degree in human resources in the late 2000's. [R. p. 819, lines 3-6]. Walker worked as a supervisor for Sunbelt Human Resources for 20 years – until her employer terminated her because it could not accommodate the work restrictions from her injury. [R. p. 796, lines 1-15].

On February 19, 2009, Walker injured her left knee in an admitted work-related accident. Walker was ultimately referred to an orthopaedic surgeon, Dr. Vann, who performed three surgeries to her left knee. During this time, she was on crutches for a total of 11 months. [R. p. 797, lines 2-18]. Dr. Vann released her on September 26, 2010. [R. p. 414].

The Fund then sent Walker for a second opinion to Dr. Cordas. Dr. Cordas ordered a new MRI and recommended more treatment. Walker was then sent to Dr. Burnkiel to see if she was a good candidate for a total knee replacement (Walker has not yet received a knee replacement). She also underwent an MRI on her right knee. She was returned to Dr. Cordas, who referred her to Dr. Dana Piasecki at Ortho Carolina in Charlotte.

Walker treated with Dr. Piasecki from August 30, 2011 through January 13, 2014.[1] She underwent three more operations on her left knee (total of six). The

[1]This is the most recent medical report in the record from Dr. Piasecki. Walker continues to treat with Dr. Piasecki and, as of the hearing, was awaiting authorization from Respondents for the seventh surgery. [R. p. 794, lines 7-11].

surgeries were extensive involving "left knee arthroscopy, chondroplasty, hardware removal, and tibial bone grafting status post prior HTO and ACI of the medial femoral condyle." [R. p. 135, lines 5-7].

On November 21, 2012, Dr. Piasecki wrote "I am skeptical that additional surgery here would make her substantially better giver her multifocal complaints today and have simply suggested that we will rate and release her and giver her some time away from surgery to reflect on things." Dr. Piasecki assigned a 25% impairment rating. He wrote: "Final restrictions are provided based on an anticipated sedentary occupation of sit down work only. I do not see any physical reason why she would not be able to maintain a job of normal hourly duration during the day provided she is not required to do heavy lifting, deep bending, squatting, stair climbing, or the like." [R. pp. 141-143]. Dr. Piasecki also completed a Form 14B repeating the rating and restrictions, along with noting "[a]s of the date I last saw this patient, it is **my professional medical opinion** the claimant . . . **will not** need future medical care . . ." [R. p. 144, lines 16-18]. Dr. Piasecki also hand wrote a Work Status note with permanent restrictions of "**No lifting . . No prolonged bending, stooping, squatting, kneeling, or twisting; Sit down work only; No ladder / stair-climbing.**" [R. p. 145 (emphasis added)].

Despite the release, Walker returned to Dr. Piasecki on September 11, 2013. Dr. Piasecki recorded that "her symptoms have gotten worse over the past couple of months with respect to weightbearing, chiefly to the point that she is now limping." Dr. Piasecki ordered an MRI to determine whether an injection or additional surgery

was more appropriate. [R. p. 138]. Walker returned on October 2, 2013 for review of the MRI. Dr. Piasecki recommended a seventh surgery – specifically "a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty depending on the status of the cartilage on arthroscopy." R. pp. 135-136].

On January 13, 2014, Dr. Piasecki reviewed a Functional Capacity Evaluation (FCE) which had been performed on Walker on October 25, 2012.[2] Dr. Piasecki agreed that ". . . the restrictions provided in that FCE . . . [m]ost probably remain an accurate description of Ms. Walker's physical limitations." [R. p. 134, lines 16-18]. Per the FCE, Walker ". . . does not even meet the criteria for even sedentary work. This means that her overall classification at this time is below Sedentary." [R. p. 351, lines 38-40].

By February 2013, Walker had " . . . undergone six surgical procedures to her left knee. She has also developed problems with her right knee as a result of over-compensation and gait changes, as well as problems with her lower back." [R. p. 10, lines 25-27]. She saw several doctors for her back, ultimately ending up with Dr. Math.

Dr. Math provided pain management for Walker's back and knees beginning on October 28, 2010. Dr. Math performed a rhizotomy on Walkers' back in an effort to provide pain relief. Dr. Math placed Walker at maximum medical improvement

---

[2]The FCE had been recommended by Dr. Piasecki on September 18, 2012. [R. p. 148]. The Fund – as it has done throughout this case – refused to pay for the FCE. Walker, through her attorney, paid for the FCE herself.

on March 4, 2013 with a 25% medical impairment to her left knee and a 1% medical impairment to her lumbar spine. **Dr. Math assigned permanent restrictions to Walker of "sedentary work 2.5 hr/day with frequent breaks."** She also ordered chronic pain management with ongoing injections, medication and a TENS unit. [R. p. 303 (emphasis added)].

Dr. Math also reviewed the FCE. [R. pp. 340-351]. "[Dr. Math] agree[d] with the permanent physical restrictions provided by the FCE. **Ms. Walker most probably cannot perform the full range of sedentary work.**" [R. p. 304 (emphasis added)]. Notably, on February 4, 2013, Dr. Math spoke with the physical therapist "who felt as though the [patient] gave good effort, but would likely be able to do more if she went through a formal work hardening program."[3] [R. p. 308, lines 26-28].

The therapist who performed the FCE wrote ". . . [Walker] gave a reliable effort, with 15 of 20 consistency measures within expected limits." [R. p. 351, lines 3-4]. The therapist concluded:

> According to the FCE results the evaluee is only capable of performing tasks Occasionally. To be classified as sedentary, an individual must be able to perform a minimum of 6 hours per 8 hour day in sitting with the remaining 2 hours in standing. For standing job, an individual must be able to perform a minimum of 6 hours per 8 hour day in standing with the other 2 hours in sitting for Sedentary classification. **The evaluee does not even meet the criteria for even**

[3]Respondents had refused to provide the work hardening. The Commission ruled "Claimant is also entitled to a work-hardening program of Defendants' choosing, should an authorized treating physician order it." [R. p. 77, lines 21-22]. As the work hardening was never provided, the subsedentary restrictions assigned by the doctors are the maximum level at which Walker could perform.

> **sedentary work. This means that her overall classification at this time is below Sedentary.** [R. p. 351, lines 35-40 (emphasis added)].

In addition to her physical injuries, Walker developed depression and anxiety arising out of her physical disabilities. On June 23, 2011, she began treatment with Dr. David Tollison, a psychologist at the Advanced Center for Pain Management. Two and a half years later, she had made little progress, as shown by this entry in Dr. Tollison's records from December 3, 2013:

> Clinical Status: "I called your office yesterday and wanted to come in and see you yesterday but you were in your Spartanburg office . . . . I just felt overwhelmed and I wasn't going to kill myself but I just feel like I didn't want to live." She complains of being forgetful, driving one place where I mean to go somewhere else and sometimes I feel like my speech is affected, like my brain and mouth aren't connected." She appears more anxious and somewhat agitated today and admits to feeling frustrated "because of pain." We discussed at some length suicide and she repeatedly offers that she "would never" do anything like that "because I have children and I would never hurt them." She has strong religious faith.

[R. p. 214, lines 21-27(quotes and ellipse in original)].

On December 16, 2013, Dr. Tollison opined she had reached MMI for her psychological problems with a 10% impairment to the whole body. Regarding permanent work restrictions or limitation, Dr. Tollison opined Walker is **"unable to maintain concentration for prolonged periods of time."** [R. p. 210 (emphasis added)].

Walker also treated with psychiatrists Dr. David Jacobs and Dr. Sergio Sanchez beginning on March 27. 2013. [R. pp. 253-273]. These doctors provided medication management for her work related psychiatric condition of "Adjustment disorder with mixed anxiety and depressed mood." She also was diagnosed with

"Major depressive disorder, recurrent episode, severe, without mention of psychiatric behavior." [R. p. 260]. She was prescribed Wellbutrin and Sertraline for these conditions [R. p. 254].

As to her employment, Walker began working with Sunbelt Human Resources on June 22, 2009. [R. p. 675]. The Employer provides social workers to families in need. Walker eventually rose to the level of a supervisor.

Following her injury and resulting surgeries, Walker missed a significant time from work. She eventually was terminated as she had exhausted her leave time and was unable to perform the essential functions of her (sedentary) job.

On May 10, 2013, Walker filed a claim withe the EEOC under the Americans with Disabilities Act (ADA). Her complaint states:

> I have been denied accommodation to return to work from medical leave. I have made regular attempts to determine when I would be allowed to return to work and the status of my employment including May 11, 2012, September 10, 2012, and January 2, 2013. [R. p. 675].

The Employer responded to the EEOC complaint with documentation showing it was unable to accommodate Walker's physical restrictions. The Employer had asked Dr. Piasecki for current restrictions, asking him to complete a form. Dr. Piasecki responded with the completed form on March 1, 2012. [R. p. 681]. After receiving this form, the Employer's HR Director, Carol Hallman, gave Walker another form to give Dr. Piasecki. He completed the second questionnaire on March 26, 2012. [R. p. 177].

Walker's attorney sent the second questionnaire to the Employer that same day. The purpose was to obtain "information from her doctor as to when and if she would be able to return to work and perform the essential functions of her job." [R. p. 688]. After reviewing the medical information from Walker's doctor, Hallman determined that Walker would be terminated effective March 30, 2012 as "[w]e have no information as to when she will be able to perform the essential functions of her job." [R. p. 688].

On October 29, 2012, Walker underwent a vocational evaluation by Certified Vocational Evaluator, Rock Weldon. Weldon opined at that time that "The results of this evaluation indicate Ms. Walker is unable to return to the types of work she has performed in the past. Additionally, it is my vocational opinion that she is a poor candidate for vocational rehabilitation to other simpler, lighter work. She should be considered permanently and totally disabled." [R. pp. 127-133 (emphasis added)].

On January 27, 2014, Weldon reviewed updated records from Drs. Sanchez, Tollison, Math and Piasecki. He stated: "After review of the additional documents as outlined above, I continue to believe that Ms. Walker is unable to perform work at any exertion or skill level and should be considered permanently and totally disabled. [R. pp. 1-2].

Respondents obtained a competing evaluation from Jan Westmoreland. In her report, Westmoreland opined that Walker was not permanently and totally disabled. However, in reaching this conclusion, she ignored the physical restrictions placed on Walker by her doctors (and appeared to be unaware of the difficulty in

concentrating reported by Dr. Tolleson). In her deposition, Westmoreland conceded that these restrictions rendered Walker unemployable.

> Q. ... [T]ell me what jobs are available in the national or local economy with someone with the restrictions provided to her by the function capacity evaluation, Dr. Math, her authorized back doctor, and Dr. Piasecki, her authorized knee doctor?
>
> A With that in consideration, there would be none at this time.
>
> Q. There are none in existence?
>
> A. At this time.
>
> Q. Okay. So if you followed the restrictions provided to you by the authorized treating doctors, it would be your opinion, to a reasonable degree of vocational certainty, that there are no jobs available for Ms. Walker?
>
> A. That is correct.

[R. p. 752, line 14-p. 10, line 4].

Walker ultimately dropped her EEOC claim against the Employer. She testified: "When I went to the EEOC, I was angry and hurt and nobody would respond to me from the job. Nobody would tell me – I worked for that agency for 20 years and I worked hard and they treated me with such disrespect. All I wanted to know as what's the status of my job." [R. p. 857, lines 5-11].

Walker stated, at the time ". . . I thought I could work two to five hours. Nobody -- the doctor never -- until I saw -- until Dr. Math said two and a half hours a day, I can't work anywhere for that." [R. p. 857, 12-15].

Walker remains disabled and out of work. Following the hearing, Respondents cut off her medical treatment. While the ultimate decision was pending,

Commissioner McCaskill ordered Respondents to provide treatment in compliance with the previous orders of the Commission. [R. pp. 19-20]]

STANDARD OF REVIEW

The Administrative Procedures Act ("APA") provides the standard for judicial review of decisions by the Commission. Pierre v. Seaside Farms, Inc., 386 S.C. 534, 540, 689 S.E.2d 615, 618 (2010); Lark v. Bi-Lo, Inc., 276 S.C. 130, 133-34, 276 S.E.2d 304, 306 (1981). Under the APA, the appellate court can reverse or modify the decision of the Commission if the substantial rights of the appellant have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. S.C. Code Ann. § 1-23-380(5)(d), (e) (Supp. 2011).

"[T]he guiding principle undergirding our workers' compensation system [is] that the Act is to be liberally construed in favor of the claimant. The second is the equally compelling evidentiary principle that an award may not rest upon surmise, conjecture, or speculation." Hutson v. S.C. State Ports Authority, 399 S.C. 381, 732 S.E.2d 500 (2012). The Commission's decision "must be founded on evidence of sufficient substance to afford a reasonable basis for it." Wynn v. People's Natural Gas Co. of S. C., 238 S.C. 1, 12, 118 S.E.2d 812, 818 (1961).

The Commission is permitted to disregard medical evidence only when there is other competent evidence in the record to support their conclusion. Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 716 S.E.2d 123 (Ct. App. 2011). Where a finding is based on "the medical opinion of the single commissioner, adopted by the Commission," rather than on the opinion of a medical provider, the finding must be reversed as unsupported by substantial evidence. Burnette v. City of Greenville, 737

S.E.2d 200, 401 S.C. 417 (Ct. App. 2012). A conclusion by the Commission "based on rank speculation . . . cannot now be used as the basis for denying [an injured worker's] claim for lost wages." Hutson at 504, 732 S.E.2d 694.

ARGUMENT

1. Kimberly Walker is permanently and totally disabled as there are no jobs available in the national or local economy to someone with the permanent restrictions provided to her by her treating doctors.

The Appellate Panel held:

> Claimant is not permanently and totally disabled. (We base this finding on the vocational opinion of Jan Westmoreland, the medical record as a whole, Claimant's education, and the evidence in the record as a whole). [R. p. 77, lines 2-4].

This finding is in error because Westmoreland testified there are *no jobs in existence within the national or local economy* for someone with Walker's permanent work restrictions. When specifically asked: "So if you followed the restrictions provided to you by the authorized treating doctors, it would be your opinion, to a reasonable degree of vocational certainty, that there are no jobs available for Ms. Walker," Westmoreland replied: "That is correct." [R. p. 752, line 24-p. 753, line 4]. The Commission cannot state it relied on "the vocational opinion of Jan Westmoreland" to find Walker is not permanently and totally disabled – not when Westmoreland testified to exactly the opposite of the Commission's finding. To disregard this expert's opinion – when it matches the opinion of the other expert (Rock Weldon) is arbitrary and capricious. See Hutson v. South Carolina State Ports Authority, 732 S.E.2d 500, 399 S.C. 381 (2012)(reversing Appellate Panel's conclusion because "rank speculation" cannot outweigh competent evidence of disability).

The determination of disability in workers' compensation is a multi-step analysis. See Coleman v. Concrete Products, Inc., 245 S.C. 625, 142 S.E.2d 43 (1965). Coleman sets out three alternative methods of proof (1) expert vocational testimony; (2) testimony of employers who refused to hire the claimant; and (3) "diligent efforts to secure employment."[4] Id. Although any one of these methods will suffice, Walker proved her case both by expert vocational testimony and the testimony of her employer (Sunbelt) who was unable to accommodate her restrictions.

The first step is determining the physical restrictions resulting from the injury. In the instant case, Walker was treated by three doctors who addressed her restrictions. Dr. Piasecki treated her left knee. Dr. Math provided pain management for her back and both knees. Dr. Tollison provided psychological treatment.

As a step towards aiding these doctors in determining her restrictions, Walker underwent a Functional Capacity Evaluation (FCE) recommended by Dr. Piasecki. The therapist who performed the FCE opined Walker "... gave a reliable effort, with 15 of 20 consistency measures within expected limits." [R. p. 351, lines 3-4]. The test revealed: "The evaluee does not even meet the criteria for even sedentary work. This means that her overall classification at this time is below Sedentary." [R. p. 351, lines 38-40].

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[4]There is no requirement that a disabled employee engage in a failed work search to prove disability; and certainly not when it would be a useless and futile act. Cf. Carmichael v. Dan Nance Corp., 264 S.E.2d 601, 274 S.C. 357 (1980)("Equity will not require the doing of a futile task, nor foreclose the rights of a party ... for failure to do something which in view of all the facts would have been useless.").

The therapist was not deposed nor is there a competing FCE. Both treating doctors, Dr. Piasecki and Dr. Math, opined the FCE was a valid measure of Walker's physical restrictions. As such, the FCE is valid and must be considered so by the Commission. See Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012) (finding based on commissioner's own medical opinion is not substantial evidence and must be reversed).

"[Dr. Math] agree[d] with the permanent physical restrictions provided by the FCE. Ms. Walker most probably cannot perform the full range of sedentary work." [R. p. 304, lines 17-18]. Dr. Math was especially familiar with the FCE as she had spoken with the physical therapist about it on February 4, 2013. [R. p. 308, line 26]. When Dr. Math placed Walker at maximum medical improvement on March 4, she assigned permanent restrictions to Walker of "sedentary work 2.5 hr/day with frequent breaks." [R. p. 303, lines 12-13].

On January 13, 2014, Dr. Piasecki also confirmed that ". . . the restrictions provided in that FCE . . . [m]ost probably remain an accurate description of Ms. Walker's physical limitations." [R. p. 134, lines 16-18]. This means that as of Westmoreland's deposition on February 10, 2014 and the hearing on March 12, 2014, the restrictions from Dr. Piasecki, Dr. Math, and the FCE were all current and accurate. There was no basis for disregarding this medical evidence – particularly disregarding positive evidence in favor of speculation. See Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 716 S.E.2d 123 (Ct. App. 2011)(commission is permitted to

disregard medical evidence only when there is other competent evidence in the record to support their conclusion).

The next step in the analysis is determining whether the employee is unable to perform services other than those that are "so limited in quality, dependability, or quantity that a reasonable stable market for them does not exist." See, e.g. Wynn v. Peoples Natural Gas Co., 238 S.C. 1, 118 S.E.2d 812 (1961). In answering this question, the Commission can rely on expert vocational testimony – provided the vocational expert's opinion is founded on the physical limitations established by the doctors. See Stephenson v. Rice Servs., Inc., 323 S.C. 113, 116, 473 S.E.2d 699, 700 (1996)(The ability to perform limited tasks for which no stable job market exists does not prevent an employee from proving total disability).

As the Commission emphasized it relied on the "opinion of Jan Westmoreland," her opinion is a good place to start. The question is whether Westmoreland's opinion has any evidentiary basis in the restrictions established by Walker's physicians. See Young v. Tide Craft, 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978)("It is, of course, elementary that the factual or underlying basis for the expert's opinion be set out, otherwise the opinion lacks probative value."). A look at both the medical evidence and the definition of sedentary duty shows her report does not – as she herself conceded in her deposition testimony. Any opinion of Westmoreland's that there is work available in the competitive labor market to Walker is pure speculation – founded entirely on a blatant disregard of the restrictions and limitations occasioned by her injury. As such, her "opinion lacks

probative value" and should not have been relied on by the Appellate Panel. See Hutson v. South Carolina State Ports Authority,732 S.E.2d 500, 399 S.C. 381 (2012)("To use such unsupported and wildly optimistic goals which are in direct conflict with the only concrete evidence in the record would turn the Act on its head and violate the stated policy behind it."); Michau v. Georgetown County, 396 S.C. 589, 723 S.E.2d 805 (2012)(reversing Commission's finding based on incompetent expert opinion and remanding for Commission to decide whether the remaining competent evidence supports employee's claim).

Westmoreland's testimony is unequivocal:

Q. ...[T]ell me what jobs are available in the national or local economy with someone with the restrictions provided to her by the function capacity evaluation, Dr. Math, her authorized back doctor, and Dr. Piasecki, her authorized knee doctor?

A With that in consideration, there would be none at this time.

Q. There are none in existence?

A. At this time.

Q. Okay. So if you followed the restrictions provided to you by the authorized treating doctors, it would be your opinion, to a reasonable degree of vocational certainty, that there are no jobs available for Ms. Walker?

A. That is correct.

[R. p. 752, line 14-p.753, line 4].

To be sure, Westmoreland tried to stick by her opinions when questioned by Respondents' attorney. But in so doing, she was forced to reject the very foundation of a vocational expert's opinion – the physical limitations resulting from the injury.

In rejecting the foundation for the opinion in her report, she revealed that her report was based on speculation.

The Commission compounded this error by relying on Westmoreland's speculation. Indeed, while acknowledging that Westmoreland was deposed, the Commission overlooked her unequivocal testimony to a reasonable degree of vocational certainty that "there are no jobs available for Ms. Walker." [R. pp. 752-753]. Westmoreland's opinion that "there would be none at this time" truly does "provide more insight into her evaluation and the methodology behind it." It cannot be used to support the Commission's ultimate finding, nor can the medical records or other evidence in the record. See McCruter v. Bowen, 791 F.2d 1544 (11th Cir. 1986)(holding that an administrative decision is not supported by substantial evidence where the ALJ acknowledges only the evidence favorable to the decision and disregards contrary evidence). Cf. Therrell v. Jerry's Inc., 633 S.E.2d 893, 370 S.C. 22 (2006) ("Though the workers' compensation commission carries the duty to determine how an injury is compensable, the commission makes this decision based on submitted evidence, not out of thin air.").

Another important factor is that Walker's employer of 20 years could not accommodate her restrictions – even though her job with the Employer was considered sedentary.[5] The Employer's HR Director, Carol Hallman, sought

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[5]The full PDL definition for sedentary duty states:

S-Sedentary Work - Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift,

"information from her doctor as to when and if she would be able to return to work and perform the essential functions of her job." [R. p. 688]. After reviewing the medical information from Walker's doctor, Hallman determined that Walker would be terminated effective March 30, 2012 as "We have no information as to when she will be able to perform the essential functions of her job." [R. p. 688]. Walker's condition never improved. Indeed, Walker testified she was getting worse – a point confirmed by Dr. Piasecki when he recommended the seventh knee surgery. [R. p. 858, line 21-p. 859, line 3] [R. p. 135-136]. See Coleman v. Concrete Products, Inc., 245 S.C. 625, 142 S.E.2d 43 (1965)(testimony of an employer who is unable to employ claimant is a valid means of proving total disability)

The Commission engaged in an "unusual finesse of reasoning" to reject the opinions of the doctors and vocational experts. As the basis for denying permanent and total disability, the Commission made two findings. These findings state:

> When we view the record as whole, reviewing Claimant's responses and comments throughout the record and in her testimony at the hearing, we find her subjective complaints to be inconsistent with the medical evidence and her actions at the hearing as observed by the Single Commissioner. As such we find that Claimant is not credible.
>
> With such a finding, given that many of the medical opinions are dependent on the subjective complaints of the Claimant, these conclusions must be viewed in a questionable light as well. That being said, the empirical medical evidence stands on its own.

[R. p. 76, lines 16-22].

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carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

The Commission never truly explains its basis for rejecting the medical restrictions placed on Walker by her treating doctors. Indeed, there is no explanation, for the doctors uniformly believed Walker's complaints. Neither Dr. Piasecki nor Dr. Math nor Dr. Tolleson ever questioned the credibility of Walker's complaints nor the seriousness of her injuries. The doctors uniformly documented permanent impairment. Drs. Piasecki and Math concurred with the validity of the FCE and Walker's subsedentary restrictions. Dr. Tolleson opined she would have difficulty concentrating.

The Commission blithely disregarded these restrictions – effectively stating that *all* the treating doctors got it wrong; that somehow they were fooled every time they examined Walker, such that their "conclusions must be viewed in a questionable light . . .[6] This is patently speculation, completely unfounded in the evidence. See Stallcup v. Carolina Wood Turning, Co., 7 S.E.2d 550 (N.C. 1940)(Seawell, J. dissenting)("How far the Industrial Commission may be indulged in refusing to believe credible testimony is still to be worked out, but its arbitrary disregard of

[6]The Appellate Panel never saw Walker in person. The Single Commissioner observed her for two hours and forty-two minutes. [R. p. 70, lines 20-23]. Dr. Piasecki saw Walker multiple times beginning on August 30, 2011 and continuing through the present – performing three operations on Walker and planning a fourth. [R. pp. 134-209]. Dr. Math and her staff treated Walker continuously from October 28, 2010 through the present – a period over three years. [R. pp. 174-331]. Dr. Tolleson treated Walker from June 23, 2011 through the present. [R. pp. 210-252]. Not one of these doctors questioned Walker's credibility. There is no suggestion from any one of them that Walker was not severely disabled, that her complaints were not genuine or that she was malingering.

positive testimony and the substitution therefor of mere speculation is within the power of review and correction by this Court.").

Here, the Appellate Panel engaged in so-called "sit and squirm" jurisprudence when it discounted Walker's testimony about pain based on the single Commissioner's observation that ". . .[Walker] did not appear to be in a great deal of physical distress."[7] [R. p. 70, line 22]. Rulings of this type have been roundly condemned by the Federal Courts as inherently unreliable. "In 'sit and squirm' jurisprudence, [a commissioner] who is not a medical expert will subjectively arrive at an index of traits which he expects the claimant to manifest at the hearing. If the claimant falls short of the index, the claim is denied." Wilson v. Heckler, 734 F.2d 513 (11th Cir. 1984). This approach "will not only result in unreliable conclusions when observing claimants with honest intentions, but may encourage claimants to manufacture convincing observable manifestations of pain or, worse yet, discourage them from exercising their right to appear before [the commission] for fear that they may not appear to the unexpert eye to be as bad as they feel." Tyler v. Weinberger, 409 F.Supp. 776 (E.D. Va. 1976)(finding claimant disabled as a matter of law where factual finding that claimant "over-exaggerated his complaint about sitting for extended periods" was "unreasonable under the law and this Court does not accept them."). A hearing officer "may not arbitrarily substitute his own hunch or intuition

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[7]The single Commissioner's observation that Walker stood "three times during the hearing" comports with the medical evidence and confirms that she is unable to sit for long periods. Indeed, the fact she could not sit through a two hour and forty-two minute hearing supports the accuracy of Dr. Math's restriction of "sedentary work 2.5 hr/day with frequent breaks." [R. p. 303].

for the diagnoses of a medical professional." Marbury v. Sullivan, 957 F.2d 837, 840-41 (11th Cir. 1992) (Johnson, J., concurring). Cf., Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012) (finding based on commissioner's own medical opinion is not substantial evidence and must be reversed).

If the standard of review were a scintilla of evidence, then it would be enough for the prevailing party below to find the one piece of paper that somewhat supports the decision and that would be the final answer. However, while substantial evidence is a relatively deferential standard of review, "Substantial evidence is not a mere scintilla of evidence nor evidence viewed from one side, but such evidence, when the whole record is considered, as would allow reasonable minds to reach the conclusion the Full Commission reached." Shealy v. Aiken Cnty., 341 S.C. 448, 455, 535 S.E.2d 438, 442 (2000). See also, National Bank of Honea Path v. Thomas J. Barrett, Jr., & Co., 174 S.E. 581, 173 S.C. 1 (1934)("If it be conceded that there may be deduced by a process of unusual finesse of reasoning that there is a scintilla of evidence . . . nevertheless there is another rule, more founded upon common sense and reason, to the effect that when only one reasonable inference, not just one inference, but one reasonable inference, can be deduced from the evidence, it becomes a question of law for the court, and not a question of fact for the jury.") The role of the appellate courts is to meaningfully analyze the entire record evidence under this standard. By the same token, the Commission's findings must be based

on material evidence – not on mining the record for inconsequential nuggets to give the illusion of evidentiary support to an arbitrary and speculative conclusion.

In the instant case, the treating doctors uniformly assigned sub-sedentary work restrictions to Walker. The vocational experts uniformly opined that there are *no jobs in existence within the national or local economy* for someone with Walker's permanent work restrictions. The Commission's holding that Walker is not permanently and totally disabled is unsupported by substantial evidence and must be reversed as a matter of law.

2. The Appellate Panel erred in limiting Walker's medical treatment to "palliative care" and finding future surgery would not change her MMI status.

It is undisputed that Walker will require a seventh knee surgery. Moreover, the seventh knee surgery is a result of her condition worsening since the initial finding of MMI by Dr. Piasecki. The Appellate Panel made a finding that "The future medical, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning." [R. p. 77, lines 12-20]. Should the Court reverse on the disability issue, then the medical treatment issue would effectively be moot as the statute provides lifetime compensation for persons deemed permanently and totally disabled. See S.C. Code Ann. § 42-15-60 (2007)("In cases in which total and permanent disability results, . . . treatment or care shall be paid during the life of the injured employee. . .").

However, if Walker is not deemed permanently and totally disabled, it would be legal error to hold that a future surgery would not change her MMI status, as it

would effectively bar her from filing a change of condition. The ability to file a change of condition for the worse is a substantial right specifically enshrined in the Act. See S.C. Code Ann. § 42-17-90 (2007)("[T]he commission may review an award and on that review may make an award ending, diminishing, or increasing the compensation previously awarded, on proof by a preponderance of the evidence that there has been a change of condition caused by the original injury, after the last payment of compensation.").

Walker was originally placed at MMI by Dr. Piasecki on November 21, 2012. [R. pp. 141-143]. Walker returned to Dr. Piasecki on September 11, 2013. Dr. Piasecki recorded that "her *symptoms have gotten worse* over the past couple of months with respect to weightbearing, chiefly to the point that she is now limping." [R. p. 138, lines 10-11 (emphasis added)]. On October 2, 2013, Dr. Piasecki recommended a seventh surgery – specifically "a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty depending on the status of the cartilage on arthroscopy." [R. pp. 135-136].

At the time of the hearing, Walker had not yet undergone the surgery. It is undisputed that she will need it and Respondents indicated their willingness to provide it."[8] Although the surgery may or may not improve Walker's overall

[8]At the March 12, 2014 hearing, Respondents' counsel stated "The State Accident Fund has offered that seventh surgery." [R. p. 793, lines 11-12]. However, on May 1, 2014, Commissioner McCaskill was forced to issue an Administrative Order noting he had not yet issued order instructions from the March 12, 2014, but requiring the Fund to provide medical treatment as previously ordered by the Commission. [R. pp. 19-20]. The surgery is now being provided.

condition, it will certainly render her temporarily totally disabled for at least some period of time during the recovery period. As such, her total inability to work would be considered a change of condition for which she should not be procedurally barred from receiving additional compensation.

A similar issue was addressed by this Court in Clark v. Aiken County Government, 366 S.C. 102, 620 S.E.2d 99 (Ct. App. 2005). In Clark, the treating doctor determined Clark needed surgery. The surgery was performed after the single Commissioner hearing determining his disability and prior to the Appellate Panel hearing the case. The Appellate Panel affirmed the single Commissioner's disability award of 30% to the back.

Clark then filed for a change of condition – based on his increased disability following the surgery. The Commission found Clark had suffered a change of condition for the worse and determined he was now permanently and totally disabled.

The employer appealed, contending Clark's change of condition was barred because the surgery had occurred prior to the Appellate Panel reviewing the original award. This Court rejected that argument, observing: "Clark had no way of knowing if the surgery would improve his condition, and, therefore, the degree of change in condition was not yet ripe for review by the full commission. Furthermore, inasmuch as the surgery's aim was to lessen Clark's degree of disability, the County was not prejudiced by having to wait for the natural and expected improvement of his physical condition following surgery." Id. at 103. Cf. Sanders v. Meadwestvaco

Corp., 371 S.C. 284, 638 S.E.2d 66 (Ct. App. 2006)(disability award cannot be based on potential need for future surgery).

In an even earlier case, this Court explained that a symptom which is "present and causally connected, but found not to impact upon the claimant's condition at the time of the original award, may later manifest in full bloom and thereby worsen his or her condition. Such an occurrence is within the reasons for the code section involving a change of condition." Estridge v. Joslyn Clark Controls, Inc., 325 S.C. 532, 540, 482 S.E.2d 577, 581 (Ct. App. 1997).

This is the situation we have here. Palliative care generally includes pain management and ongoing therapy and injections. It most certainly does not include an invasive surgical procedure; not when the outcome of that procedure is yet to be determined. In recommending the seventh surgery, Dr. Piasecki specifically stated the surgery would be "a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty *depending on the status of the cartilage* on arthroscopy." [R. pp. 135-136 (emphasis added)]. The fact the type of surgery, let alone the outcome, is contingent on what the doctor finds when he opens her up is proof that this is not mere palliative treatment "designed to maintain her level of functioning." [R. p. 77, lines 19-20].

Furthermore, the Commission improperly ruled that "The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the note of October 2, 2013." [R. p. 77, lines 12-18]. This finding arbitrarily limits the treatment Dr. Piasecki can perform – even if Walker requires

additional surgeries beyond the one she needs right now. The statute requires the employer to furnish "any medical care or treatment that is considered necessary by the attending physician, unless otherwise ordered by the commission for good cause shown." S.C. Code Ann. § 42-15-60 (2007). There is no good cause for the Commission to limit Dr. Piasecki's treatment in this manner. See Carter v. Verizon Wireless, 407 S.C. 641, 757 S.E.2d 528 (Ct. App. 2014)("We find the Appellate Panel's restriction [on future medical treatment] affected Claimant's substantial right to receive future medical care and treatment that would tend to lessen the period of her disability."). The finding is unsupported by any evidence and violates the law - as well as potentially precluding Walker from filing for a change of condition.

The Appellate Panel's finding that the additional surgery will not change Walker's MMI status should be reversed, as should the finding that invasive treatment is limited to this one surgery. The findings are arbitrary, capricious and speculative, thus constituting an error of law.

CONCLUSION

For the foregoing reasons, the Decision and Order of the Appellate Panel should be reversed. The Court should reverse the Commission and hold Walker is entitled to compensation for permanent and total disability along with lifetime medical treatment. Even if the Court affirms the disability award, the Court should reverse the finding limiting medical treatment and potentially precluding a change of condition.

Respectfully Submitted



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January 19, 2016

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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 0901375

Kimberly Walker, Claimant, ... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned certifies that this Final Brief of Appellant complies with Rule 211(b), SCACR.

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Kimberly Walker, Claimant, ... Appellant,

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I certify that I, Katherine Carter, am a paralegal to Stephen B. Samuels and I have caused the final **Brief of Appellant** and final **Reply Brief of Appellant** to be served on the parties below, by placing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below, addressed as follows:

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STATEMENT OF ISSUES ON APPEAL

I. DID THE SOUTH CAROLINA WORKERS' COMPENSTAION COMMISSION ERR IN FINDING APPELLANT IS NOT PERMANENTLY AND TOTALLY DISABLED?

II. DID THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION ERR IN LIMITING APPELLANT'S FUTURE MEDICAL TREATMENT AND FINDING THAT FUTURE SURGERY WOULD NOT CHANGE APPELLANT'S MMI STATUS?

STATEMENT OF THE CASE

Appellant sustained a compensable injury to her left knee in a work-related accident on February 19, 2009. Thereafter, she developed admitted overcompensation injuries to her right knee and low back. By previous Order of the Commission, dated February 14, 2013, Appellant was also found to have suffered an aggravation of her preexisting psychological condition due to the 2009 accident and associated injuries. Appellant filed a Form 50, Request for Hearing, on August 26, 2013, and a hearing was held before the Single Commissioner on March 12, 2014.

At the hearing, it was Appellant's position that she had reached maximum medical improvement (MMI) for the conditions related to the 2009 accident, and she alleged she is permanently and totally disabled on account of the same, pursuant to S.C. Code Ann. Section 42-9-10. Appellant argued that, despite being at MMI, she was entitled to future medical treatment, to include a seventh left knee surgery recommended by the authorized treating physician. ***Appellant argued the surgery would not affect her MMI status, and she submitted a questionnaire from the authorized treating surgeon supporting that argument.***

Respondents set forth alternative positions: (1) Appellant had either reached MMI, was not permanently and totally disabled, and was not entitled to further knee surgery; or, (2) Appellant had not reached MMI and was entitled to further knee surgery as recommend by the authorized treating physician.

By Decision and Order dated July 23, 2014, the Single Commissioner adopted Appellant's position that she had reached MMI. He assigned 40% permanent partial disability to her left knee, 2% permanent partial disability to her low back, and 0%

permanent partial disability to her right knee. The Single Commissioner found Appellant's psychological condition is not disabling. The Single Commissioner found Appellant is entitled to causally-related future medical treatment, and Respondents are entitled to a credit for overpayment of TTD paid beyond December 13, 2013. ***The Single Commissioner further found that Appellant is not credible.*** On July 28, 2014, Appellant filed a Form 30, Request for Commission Review, appealing the Order of the Single Commissioner to the Appellate Panel of the South Carolina Workers' Compensation Commission (hereafter, "the Appellate Panel"). Appellant unequivocally argued at the Single Commissioner hearing that she had reached MMI, despite her need for another left knee surgery. However, Appellant's Form 30 indicates the Commission erred by finding Appellant had reached MMI.

Briefs were filed by the parties, and oral arguments were held before the Appellate Panel on November 18, 2014. By Decision and Order dated March 4, 2015, the Appellate Panel affirmed the Order of the Single Commissioner in its entirety. Appellant timely filed a Notice of Appeal to this Court, and this appeal follows.

STATEMENT OF THE FACTS

Appellant first presented to Doctor's Care on February 21, 2009. The record from that date states: "Three episodes seemingly minor trauma, banged on desk, twisted and crouched for baseball practice. Now complains of left knee pain and swelling." (R. p. 519) Appellant then presented to her family physician, Dr. Faile, for evaluation on February 24, 2009. This narrative states: "Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury." (R. pp. 376, 574) Appellant did not mention the "baseball" twisting incident to Dr. Faile. Dr. Faile referred Appellant for an MRI of the left knee, which was performed on March 5, 2009. The MRI showed a flap of articular cartilage with some degeneration. (R. pp. 374, 574)

Dr. Faile referred Appellant to Dr. Vann at Piedmont Orthopaedic Associates, where she was seen on March 16, 2009. (R. pp. 374, 449, 574) Dr. Vann reviewed the MRI and opined that it showed a chondral lesion. (R. p. 449) He performed arthroscopic surgery on April 20, 2009. (R. pp. 459-460) Appellant underwent two additional surgeries, performed by Dr. Vann on October 30, 2009 and August 9, 2010. (R. pp. 455-456, 451-452) He released her at MMI on September 20, 2010 with 7% impairment to her left knee. (R. pp. 413-414) He also opined that her degenerative changes were not enough to warrant a knee replacement unless her condition changed. (*Id.*)

Respondents initially questioned whether Appellant's left knee condition was causally-related to an alleged work injury. Appellant also complained of overcompensation pain in her right knee, and low back pain, which she attributed to overuse of crutches while recovering from her left knee surgeries. However, on January 12,

2011, the parties entered into a consent order, whereby Respondents agreed to accept liability for the left knee, right knee and back conditions. (R. pp. 1-3)

Appellant later alleged an aggravation of her preexisting psychological condition, which she attributed to the 2009 accident, and Respondents denied the same. After a hearing before Commissioner Andrea C. Roche, Appellant's psychological condition was found compensable, and Respondents assumed treatment for the same. (R. pp. 7-16)

Appellant was referred to Dr. Dana Piasecki for ongoing treatment of the left knee. Appellant first presented to Dr. Piasecki on August 30, 2011 for a second opinion and consideration for additional cartilage restoration options. (R. pp. 207-208) Dr. Piasecki recommended a left knee arthroscopy with staging evaluation, debridement, plica resection, and ACI biopsy, and he performed the same on September 26, 2011. (R. pp. 201-204)

At a follow-up appointment on November 1, 2011, Dr. Piasecki noted that Appellant "feels her knee is no better than it was prior to the surgery and, at this point, is interested in additional surgical options." (R. pp. 198-199) At that time, he recommended a left knee open autologous chondrocyte implantation medical femoral condyle, a high tibial osteotomy, and an iliac crest autograft, and he performed the same on December 12, 2011. (R. pp. 192-196)

Appellant continued to follow-up with Dr. Piasecki postoperatively, and she had continued complaints with regard to weightbearing and stiffness. On April 26, 2012, the doctor noted that he would favor a second look arthroscopic procedure if Appellant's problems persisted, and at her next appointment on May 24, 2012, he recommended a second look arthroscopy, debridement, and removal of her HTO hardware, which was performed on June 15, 2012. (R. pp. 171-172, 160-162)

At a follow-up visit on August 14, 2012, Appellant noted that, overall, she felt she was progressing, and she was not eager to have any additional surgeries. (R. pp. 150-151) On November 21, 2012, Dr. Piasecki indicated that Appellant had plateaued, and he placed her at MMI with a 25% permanent impairment rating. (R. pp. 140-145) Dr. Piasecki assigned work restrictions and indicated Appellant would require no future medical care for the left knee related to the work injury. (*Id.*)

Appellant eventually requested an updated evaluation with Dr. Piasecki for her left knee, and Respondents provided the same on September 11, 2013. (R. pp. 138-139) Dr. Piasecki ordered an updated MRI, and he noted the following with respect to the MRI: "Should things look reasonable...I would favor an injection. Should she have obvious fissuring or mechanical explanations for her symptoms and/or should she not respond to the injection and still be substantially limited, we could end up discussing a 2nd look arthroscopy and possible debridement." (*Id.*)

On September 26, 2013, Appellant underwent an updated MRI of the left knee, which revealed "mild degenerative changes." (R. p. 332) Appellant returned to Dr. Piasecki on October 2, 2013. (R. pp. 135-136) At that time, Appellant indicated she would prefer a seventh arthroscopic surgery over an injection, which Dr. Piasecki opined was "not unreasonable." (*Id.*)

On January 13, 2014, ***prior to performing the recommended seventh surgery***, Dr. Piasecki completed a questionnaire ***sent to him by Appellant's attorney***, whereby the doctor opined the following: (1) ***Appellant remains at MMI for the left knee***; (2) Appellant's 25% rating remains the same; (3) ***Appellant will require additional medical***

treatment for the left knee; and (4) the restrictions provided in Appellant's October 25, 2012, FCE remain an accurate description of her physical limitations. (R. p. 134)

Regarding Appellant's low back condition, Appellant treated with Dr. Jyoti Math at Upstate Medical Rehabilitation after she was determined not to be a surgical candidate by Dr. Philip Hodge, a neurosurgeon. On March 4, 2013, Dr. Math placed Appellant at MMI for the low back and assigned Appellant a 1% permanent impairment rating. (R. pp. 303-307)

Respondents authorized an IME for Appellant's low back and right knee with Dr. John Evans of Foothills Orthopaedics and Sports Medicine, and the same was performed on March 13, 2013. (R. pp. 523-530) Dr. Evans assigned Appellant 0% permanent impairment ratings for the back and right knee, and he opined that Appellant would require no additional medical treatment and no permanent work restrictions with regard to the low back and right knee. (*Id.*)

Respondents authorized Appellant's psychological treatment with Dr. David Tollison. On December 16, 2013, Dr. Tollison completed a questionnaire, placing Appellant at MMI with a 10% whole person impairment rating. (R. p. 210)

STANDARD OF REVIEW

In workers' compensation cases, the South Carolina Workers' Compensation Commission is the trier of fact. Hunter v. Patrick Construction Co., 289 S.C. 46, 344 S.E.2d 613 (1986). The appellate court's review of these findings of fact is limited to determining whether the findings are clearly unsupported by substantial evidence in the record. Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981); Howell v. Pacific Columbia Mills, 291 S.C. 469, 354 S.E.2d 384 (1987). The appellate court is not permitted to re-weigh the evidence and to substitute its own findings of fact for those of the Commission. Brown v. Jordan Oil Co., 291 S.C. 272, 353 S.E.2d 280 (1987). The Court of Appeals cannot substitute its judgment for that of the Appellate Panel as to the weight of the evidence on questions of fact. Shealy v. Aiken Cty., 341 S.C. 448, 535 S.E.2d at 438 (2000). The extent of an injured worker's disability is a question of fact for determination by the Commission. Colvin v. E.I Du Pont De Nemours Co., 227 S.C. 465 (1955).

The final determination of witness credibility and the weight to be accorded evidence is reserved to the Appellate Panel. Shealy, 341 S.C. 448, 535 S.E.2d 438 (2000); Parsons v. Georgetown Steel, 318 S.C. 63, 456 S.E.2d 366 (1995). The possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (1999). Where there are conflicts in the evidence over a factual issue, the findings of the Appellate Panel are conclusive. Etheredge v. Monsanto Co., 349 S.C. at 455, 562 S.E.2d at 681 (Ct.App.2002). Thus, "review is limited to deciding whether the Commission's decision is unsupported by substantial evidence or is controlled by some error of law." Rodriguez v. Romero, 363 S.C. 80, 84, 610 S.E.2d

488, 490 (2005)(citing Hendricks v. Pickens County, 335 S.C. 405, 411, 517 S.E.2d 698, 701 (Ct. App. 1999)).

ARGUMENTS

I.

SUBSTANTIAL EVIDENCE SUPPORTS THE APPELLATE PANEL'S FINDING THAT APPELLANT IS NOT PERMANENTLY AND TOTALLY DISABLED.

There is substantial evidence in the record to support the Appellate Panel's finding that Appellant is not permanently and totally disabled. Summarily, the evidence in the record leads to the following conclusions: (a) Appellant is not credible; (b) the medical reports, FCE, and opinions of Appellant's doctors are based, at least in part, on Appellant's subjective complaints and testing results, which are unreliable; (c) the Appellate Panel properly found Appellant is not permanently and totally disabled based on the vocational opinion of Jan Westmoreland, *in addition to* the medical records, Appellant's education, and the evidence in the record as a whole; and (d) the vocational opinion of Jan Westmoreland alone represents substantial evidence to support the finding that Appellant is not permanently and totally disabled.

a) Appellant is not credible.

Appellant's credibility is the most important issue in this claim. The Appellate Panel properly found Appellant is not credible, as Appellant was not forthright during her testimony, and her appearance during the hearing was inconsistent with the reports of her providers. The Appellate Panel specifically noted the following:

> When we consider the record as whole, reviewing [Appellant's] responses and comments throughout the record and in her testimony at the hearing, we find her subjective complaints to be inconsistent with the medical evidence and her actions at the hearing as observed by the Single Commissioner. ***As such, we find that [Appellant] is not credible.***

(R. p. 76, emphasis added)

In the Appellate Panel's 75 Findings of Fact, the Appellate Panel explicitly noted the following discrepancies and inaccuracies, all of which portray Appellant's lack of credibility and obvious desire to embellish her workers' compensation claim for the purpose of secondary gain:

- In Appellant's Pain Patient Profile Report dated October 8, 2013, there is this statement: "The P-3 Validity Index is designed to assess the probability of random responding, poor reading skills, and the excessive use of magnification in describing psychological and physical symptoms. This patient's extreme score (12) on the Validity index is higher than the scores of 95% of the pain patients in the normative sample. Because of this extreme score, ***the report is invalid.***" The report further notes: "The clinician should consider investigating the possibility of random responding or poor reading skills. The P-3 is written at approximately an ***8th grade reading level.*** If the patient's response pattern and reading comprehension are acceptable, her Validity index score ***may suggest response magnification.***" (R. pp. 68, 223-226, all emphasis added) ***Appellant has a Master's degree, despite testing at an 8th grade reading level.***
- In the medical notes from Dr. David C. Jacobs of the South Carolina Research Group, on a scale of "0" for no impairment, "1" very mild impairment, "3" moderate impairment, "4" severe impairment, "5" very severe impairment, Dr. Jacobs rarely rates Appellant above a "3" in any category, and in his last note included in the APAs (dated November 18, 2013), under "Interval History Change," he rates Appellant a "2" in four categories, a "1" in only one category, and a "0" in five categories. She received no ratings higher than a "2." Under "Examination," he rates her a "2" in only two of the fifteen categories, a "1" in only one category, and a "0" - no impairment - in twelve of the fifteen categories. The examination section concludes with these words, "Mood down some. No eye contact. ***Somewhat manipulative.***" (R. pp. 68-69, 253-254, emphasis added)
- When questioned, Appellant provided detailed and complete answers to questions that could be perceived to be helpful to her case. However, when the question could have been perceived to not be helpful, her responses were labored and she often said she could not remember. (R. p. 71)
- An example of Appellant's opportunistic answers to questions during the hearing pertains to her prior medical treatment. (R. p. 71)
- Appellant presented to her family physician on January 14, 2004, where the physician noted Appellant "has got some arthritic tests pending" and she was referred to an orthopedist for questionable arthritis. When asked about this visit at the hearing, Appellant testified she did not remember the visit. (R. pp. 71, 586, and p. 819, lines 14-23)
- Appellant presented to her family physician on May 18, 2004, where she

complained of swelling in her legs, left worse than right, and the doctor noted Appellant's "left leg measures 44cm 10cm below the inferior patella and the right measures 42.75cm." The note also indicates Appellant complained of discomfort in her left knee, calf and thigh. When asked about this visit at the hearing, Appellant testified she did not recall having issues with her left knee in May of 2004. (R. pp. 73, 585, and p. 819 line 25 – p. 820, line 13)

- Appellant presented to her family physician on January 25, 2006, with complaints of bilateral knee and leg pain. When asked about this visit at the hearing, Appellant testified she did not recall having bilateral knee and leg pain in January 2006. (R. pp. 72, 580, and p. 820, lines 14-19)
- Appellant presented to Doctors Care on December 31, 2007, less than 14 months before he accident, and she complained of left knee pain. When asked about this visit at the hearing, Appellant testified she did not recall the visit. (R. pp. 72, 566, and p. 820, line 20 – p. 821, line 14)
- Appellant presented to Dr. Brian Burnikel on January 20, 2011, in relation to her work-related left knee injury. Dr. Burnikel's note states: "Gait: Normal ... Range of Motion: full AROM." At the hearing, Appellant reviewed the report of Dr. Burnikel indicating Appellant's gait was normal, and she testified, "It's not true." When asked about Dr. Burnikel's report that she had full active range of motion, Appellant also said this report was not true. (R. pp. 72, 406-407, and p. 828, line 18 – p. 829, line 20)
- Dr. Piasecki's November 21, 2012 report indicates Appellant was having "no back pain." When asked about this report during the hearing, Appellant testified Dr. Piasecki did not ask her whether she was having back pain at that time. (R. pp. 72, 142, and p. 840, lines 8-13)
- At the hearing, Appellant testified she tells the doctor her medications make her sleepy and drowsy at every visit. (R. p. 72, and p. 843, line 21 – p. 844, line 5)
- However, Dr. Math's record from July 21, 2011 indicates Appellant responded, "No," to the following questions: (1) "Does your current medication impair your judgment, coordination or your ability to drive?" (2) "Are you experiencing any side effects from the medications prescribed by your physician at UMR?" When asked about Dr. Math's July 21, 2011, report during the hearing, Appellant testified Dr. Math has never asked her whether her medications impair her judgment, coordination or ability to drive. (R. pp. 73, 321, and p. 843, line 10 – p. 844, line 1)
- Dr. Math's October 8, 2012, record again indicates Appellant answered, "No," to the two questions above regarding her medications. (R. pp. 73, 311)
- Dr. Math's October 8, 2012, record also indicates Appellant "is able to transfer independently. Her gait is normal." Appellant was shown the October 8, 2012 record from Dr. Math, indicating her gait was normal, and Appellant testified: "I will say this, all these doctors that are saying my gait is normal, I limp wherever I go. There are some days I limp more than others. But she – when I see her, I'm in the room. She leaves. I leave. I don't know if they're watching me when I walk in

or out, but my gait has not been normal for a long time." (R. pp. 73, 311, and p. 844, lines 6-17)

- Appellant was shown the record from Dr. Sanchez indicating a score of "0" for concentration, meaning there was no impairment, and she testified: "I see that, but he never talked to me about any of that." (R. pp. 73, 263, and p. 847, lines 18-23)
- Appellant was shown the record from Dr. Jacobs indicating a "0" for concentration, meaning there was no impairment, and she testified: "I didn't know that. I didn't know that. He didn't ask and I didn't know." (R. pp. 73, 257, and p. 848, line 22 – p. 849, line 6)
- Appellant was asked about the patient pain profile and validity test referenced above, and she testified: "I took the test. I answered the questions the way I felt at that moment." (R. pp. 73, 223-226, and p. 849, line 7 – p. 850, line 14)
- On May 10, 2009, Appellant was involved in an incident at Copper River Grill Restaurant when she apparently slipped on water on the floor and fell down. Appellant initially testified she received no money in settlement from that incident. However, she then testified, "they might have sent a check for $1,000.00." Appellant testified she may have received a small settlement from Copper River Grill, but she could not recall. (R. pp. 74, 689, and p. 825, line 16 – p. 827, line 9)
- Appellant was involved in a motor vehicle accident on March 18, 2011, when she was rear-ended and injured her neck. Appellant was diagnosed with cervicalgia, chest pain and pain in her right elbow and wrist, and she underwent physical therapy. Although Appellant testified she only wanted medical treatment, on September 13, 2011, Appellant sent a letter to State Farm Insurance demanding $15,000 to settle her case because she had experienced "tremendous pain and suffering." Appellant received a settlement from State Farm Insurance in the amount of $7,791. (R. pp. 74, 621-673)
- Appellant was involved in another motor vehicle accident on August 15, 2013, when she was rear-ended and injured her neck and experienced tingling down her right arm. Appellant received a settlement in the amount of $7,200 from State Farm Insurance in relation to the accident. (R. pp. 74, 606-620)
- Appellant filed a claim with the Equal Employment Opportunity Commission (EEOC) in May of 2013, and at that time, she believed she could work within her restrictions. (R. pp. 74, 674-688, and p. 855, line 11 – p. 858, line 17)
- Despite Appellant's filing a claim with the EEOC in May of 2013, and admitting at the hearing that she believed she could work as of May 2013, Appellant now asserts she is permanently and totally disabled from ever working again. The Commission indicated they found much of Appellant's testimony and actions to be self-serving and opportunity-based. (R. p. 74)

Based on all of the above, the Appellate Panel properly found Appellant is not credible, and this lack of credibility forms the framework for the Appellate Panel's finding

that Appellant is not permanently and totally disabled.

b) <u>The medical reports, FCE, and opinions of Appellant's doctors are based, at least in part, on Appellant's subjective complaints and testing results, which are unreliable.</u>

Because Appellant is not credible, the opinions of Appellant's doctors and the results of her subjective tests are not reliable, as they are based largely on Appellant's subjective complaints and effort. Of key importance in this case is the FCE report *obtained by Appellant*, which subsequently became part of the basis for work restrictions assigned by Appellant's physicians. (R. pp. 340-351) This report is unreliable for a multitude of reasons.

Firstly, the FCE was completed prior to Appellant reaching MMI, and it was obtained with the obvious motive of creating a permanent and total disability claim. The FCE report was destined to be unreliable before it was even completed. Appellant submits in her Brief that (1) "the FCE had been recommended by Dr. Piasecki on September 18, 2012," and (2) "[Respondents]...refused to pay for the FCE." Therefore, Appellant contends that she "paid for the FCE herself." (Appellant's Brief, p. 8, FN#2) ***This statement is untrue, it misstates Dr. Piasecki's September 28,2012 record, and it mischaracterizes the appropriate inaction of Respondents as a refusal to pay for a recommended evaluation***. When Appellant saw Dr. Piasecki on September 18, 2012, Dr. Piasecki noted the following:

> ***...she is comfortable with proceeding with therapy and I have given her a prescription for this. I have asked her to see me back in another 3 months*** for recheck essentially six months out from her chondroplasty, removal of hardware, and proximal tibial bone grafting in what I believe would be maximum medical improvement for her recent surgery. ***Should she be substantially limited at that point with, again, localizing mechanical complaints medially. We could potentially discuss revision of her ACI to an osteochondral allograft though if her symptoms are***

more diffuse and/or similarly or less limiting, I would favor a probable functional capacity evaluation. Follow up as noted.

(R. pp. 147-148, all emphasis added)

Appellant's assertion that an FCE had been recommended by Dr. Piasecki on September 18, 2012, and that Respondents refused to authorize an FCE, is simply not true. What ***actually occurred***, is that Appellant's attorney went ahead and referred Appellant for an FCE ***prior to Appellant reaching MMI***, and ***prior to an FCE being recommended by Dr. Piasecki***, in an obvious attempt to improperly direct Appellant's treatment and create a claim for permanent and total disability. On the FCE report, the "Referral Source" is listed as "Martin & Martin Attorneys, P.A.;" not Dr. Piasecki. (R. p. 344) Furthermore, at the Single Commissioner Hearing, Appellant specifically testified that she was referred for the FCE by her attorney, that she attended the FCE prior to reaching MMI, and that she was simply doing what she was instructed to do by her attorney.[1] (R. p. 834, line 23 – p. 835, line 17) The FCE report, obtained prior to Appellant reaching MMI (i.e., before her condition had stopped improving), and obtained by Appellant's attorney with the obvious motive of inflating Appellant's disability, cannot be relied upon as an accurate gauge of Appellant's restrictions.

Secondly, the FCE was based largely on Appellant's subjective effort and complaints, and because Appellant is not credible, the FCE is even more unreliable. Jan Westmoreland, a vocational expert, testified during her deposition that FCEs are based in large part on the subjective complaints of a patient, and if those subjective complaints are inaccurate, that would also make the assigned work restrictions inaccurate. (R. p. 759, line

[1] Appellant also testified that she was referred for a vocational evaluation by her attorney *prior* to reaching MMI, and when asked why she was seeking a vocational opinion prior to reaching MMI, she again testified she was "following instructions." (R. p. 838, line 15 – p. 839, line 9)

22 – p. 760, line 3) Similarly, the Appellate Panel properly noted the following with respect to the FCE in the record:

> This evaluation was conducted at the request of [Appellant's] counsel. This evaluation and the evaluator's conclusions are especially important in this case given that subsequent medical opinions offered by two of the authorized treating physicians in this case are based, at least in part, on this evaluation. (R. pp. 69-70)
>
> The use of an FCE as a reliable measure of an individual's functional abilities is dependent on the effort put forth by the individual. (R. p. 70)

The Appellate Panel noted that the Single Commissioner found inconsistencies with what the FCE evaluator observed during the FCE and what the Single Commissioner witnessed at the hearing, and the Appellate Panel found no reason to disturb this finding, as the Single Commissioner was in the best position to witness Appellant's behavior at the March 12, 2014 hearing. (R. p. 70) The Appellate Panel found Appellant's actions and demeanor to be inconsistent with the FCE report, and accordingly, the Panel afforded the report less weight.

The Appellate Panel also cited specific "notations in the FCE report which lead us to question the validity of [Appellant's] effort during the testing." (R. p. 70) The Appellate Panel noted the following discrepancies in the FCE report itself:

- In Table I of the FCE report, outlining Appellant's testing on carrying, pushing and pulling, Appellant's scoring was "***Incomplete***" on all seven tests. (R. pp. 70, 347, emphasis added)
- In Table II of the report, as to sitting, Appellant's tested ability is "occasional." (R. p. 347) In her summary, the evaluator notes, "Sitting was performed but the evaluee had to perform intermittent weight shifting during seated tasks." (R. pp. 70, 351)
- During the two hour and forty-two minute hearing, the Single Commissioner observed that Appellant was engaged and participated in the entire hearing. He found she did not appear to be in a great deal of physical distress. According to the Single Commissioner, Appellant only stood three times during the hearing and for less than one minute each time. In her

Initial Brief, Appellant erroneously refers to this as "sit and squirm" jurisprudence, but in reality, it is merely the Single Commissioner observing discrepancies between Appellant's alleged disability and performance during her FCE, and the Single Commissioner's own observations of the Appellant. (R. p. 70)

- In Table III of the report, testing rapid exchange, reach, overhead reach, and stair climbing, ***Appellant's testing was noted to be unreliable on all five tests***. (R. pp. 71, 348)
- In Table IV of the report, testing stooping, kneeling, squatting and climbing stairs, Appellant's scoring was "***Incomplete***" on all four tests. (R. pp. 71, 348, emphasis added)
- In Table VI of the report, testing Appellant's hands on a pegboard, Appellant tested in the 1st percentile in four of five tests, and she tested in the 5th percentile in the other test. The pegboard test measures an individual's hand, finger and arm dexterity. (R. pp. 71, 349) ***Notably, Appellant's hands, fingers, and arms were not affected by her work accident, so it is evident that the FCE was not only influenced by Appellant's poor effort, but it was also influenced by problems / body parts which are unrelated to the workers' compensation claim.***
- In Table VIII of the report, comparing rapid exchange force with standard position force, Appellant's rapid exchange force was greater than her standard position force bilaterally. The evaluator's report notes: "This table contains information that demonstrates the reliability of effort in the standard grip test. If [rapid exchange grip] strength exceeds standard grip strength it denotes ***probable unreliable or sub maximal effort*** in the standard test, which is indicated here..." (R. pp. 71, 349, emphasis added)

When the inconsistencies and discrepancies of the FCE report are viewed in conjunction with the additional credibility evidence outlined in section "a" above, it is clear that the FCE is not reliable, and that the work restrictions assigned by the doctors relying on that FCE are unreliable as well. Accordingly, the Appellate Panel properly noted:

> When we look at the opinions formed by the evaluators - vocational and functional - their conclusions, in part, rest on the effort and subjective complaints of [Appellant]. Likewise, the authorized treating physicians in this case base their opinions, at least in part, on the subjective complaints of [Appellant]. (R. p. 75)

> With such a [credibility] finding, given that many of the medical opinions are dependent on the subjective complaints of [Appellant], those conclusions must be viewed in a questionable light as well. (R. p. 76)

The outcome of this case rests on Appellant's lack of credibility, and on the lack of reliability of much of the evidence in the record resulting from Appellant's lack of credibility.

"No fact finding body is compelled to blindly accept an expert's opinion. While there may be circumstances where medical testimony is conclusive, ordinarily such opinions, although uncontradicted, are not conclusive in the sense that they must be accepted as true. They may be rejected if found inconsistent with the facts or otherwise unreasonable." Wyndham v. City of Florence, 221 S.C. 350, 359, 70 S.E.2d 553, 556 (1952); citing Anderson v. Campbell Tile Co., 202 S.C. 54, 24 S.E.2d 104; In re Crawford, 205 S.C. 72, 30 S.E.2d 841; Poston v. Southeastern Construction Co., 208 S.C. 35, 36 S.E.2d 858; Kilpatrick v. Brotherhood of Railroad Trainmen Insurance Department, 210 S.C. 379, 42 S.E.2d 891. Similarly, the Commission determines the weight and credit to be given to the expert testimony. Tiller v. Nat'l Health Care Ctr. of Sumter, 334 S.C. at 340, 513 S.E.2d at 846 (1999). Once admitted, expert testimony is to be considered just like any other testimony. Tiller, 334 S.C. at 340, 513 S.E.2d at 846. Although medical testimony is entitled to great respect, the fact finder may disregard it if there is other competent evidence in the record. Hargrove v. Titan Textile Co., 360 S.C. at 294, 599 S.E.2d at 613; *see* Tiller, 334 S.C. at 340, 513 S.E.2d at 846 (confirming that medical testimony should not be held conclusive irrespective of other evidence). Appellant demands that the conclusion of the FCE be blindly accepted without analyzing the evidence which led to that conclusion. If this standard were employed, there would be no need for a court system.

Once it was determined by the Appellate Panel that Appellant is not credible, the Appellate Panel properly reviewed the medical opinions in the record and determined the weight and credit to be given to each expert's opinion, arriving at the conclusion that the opinion of Jan Westmoreland should be afforded greater weight in light of the evidence in the record as a whole. There is no legal error in this analysis, and instead, there is substantial evidence to support the Appellate Panel's findings.

c) **The Appellate Panel properly found Appellant is not permanently and totally disabled based on the vocational opinion of Jan Westmoreland, *in addition to* the medical records, Appellant's education, and the evidence in the record as a whole.**

After determining that Appellant is not credible, the Appellate Panel properly weighed *all of the evidence* in the record and determined that Appellant is not permanently and totally disabled. Appellant argues that the FCE and work restrictions assigned by Drs. Math and Piasecki would not allow Appellant to return to work. However, the Appellate Panel is not bound by the opinion of medical experts and "may find a degree of disability different from that suggested by expert testimony." Lyles v. Quantum Chem. Co., 315 at 445, 434 S.E.2d at 295. Expert medical testimony is merely intended to aid the Appellate Panel in coming to the correct conclusion. Corbin v. Kohler Co., 351 S.C. 613, 624, 571 S.E.2d 92, 98 (Ct.App.2002) (citing Tiller v. Nat'l Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999)). As to the extent of disability, "it is not for this court to balance objective against subjective findings of medical witnesses, or to weigh the testimony of one witness against that of another. That is the function of the Commission alone." Long v. Atlantic Homes, 311 S.C. 237, 428 S.E.2d 711 (1993). The Court of Appeals may not substitute its judgment for that of the Appellate Panel as to the weight of the evidence on questions of fact. Shealy, 341 S.C. at 455, 535 S.E.2d at 442.

As outlined above, the FCE and restrictions assigned by the doctors were found to be questionable by the Appellate Panel in light of Appellant's obvious lack of credibility, and the Appellate Panel was not bound by those medical opinions or reports, as there was substantial evidence in the record to support the conclusion that Appellant is not permanently and totally disabled.

Specifically, (1) the expert vocational opinion of Jan Westmoreland supports the Appellate Panel's finding (see detailed discussion in Section "d" below); (2) Appellant has a high school diploma, a bachelor's degree, and a master's degree, and the Appellate Panel specifically noted that Appellant's education formed part of the basis for their finding that Appellant is not permanently and totally disabled; (3) Dr. Math, in reference to the FCE, specifically noted: "spoke with therapist performing test who felt as though the pt. ... would likely be able to do more if she went through a formal work hardening program," (R. p. 294); and (4) Appellant filed a claim with the EEOC in May of 2013, and she testified at the hearing before the Single Commissioner that she believed she could work at the time she filed her EEOC claim. There is substantial evidence in the record to support the Appellate Panel's finding that Appellant is not permanently and totally disabled, including the deposition testimony of Jan Westmoreland, which Appellant has misclassified in her Initial Brief.

d) <u>The vocational opinion of Jan Westmoreland alone represents substantial evidence to support the finding that Appellant is not permanently and totally disabled.</u>

Appellant asserts it was erroneous for the Commission to rely on the opinion of Jan Westmoreland, citing a brief excerpt from Ms. Westmoreland's deposition testimony. However, Appellant's Initial Brief does not accurately or completely portray Ms.

Westmoreland's testimony and opinions. Ms. Westmoreland performed a vocational evaluation of Appellant on February 4, 2014, and she was deposed by Counsel for the respective parties on February 10, 2014. (R. pp. 732-743, 744-786)

Upon initial questioning by Appellant's Counsel during her deposition, Ms. Westmoreland testified that *if* the restrictions placed by the treating physicians were followed explicitly, there would be no jobs available for Appellant. However, further reading of Ms. Westmoreland's deposition testimony makes clear that the Commission properly relied on Ms. Westmoreland's opinion, in addition to the remainder of the evidence in the record, in finding Appellant is not permanently and totally disabled.

Ms. Westmoreland testified that, in evaluating an individual and forming a vocational opinion, she does not simply look at the restrictions from doctors, but she also bases her opinion on her interaction with the individual. (R. p. 750, lines 11-20) Ms. Westmoreland testified that she found that Appellant is capable of sedentary work. (R. p. 749, lines 15-18) Ms. Westmoreland testified that the FCE relied on by Dr. Piasecki and Dr. Math as a basis for the assigned work restrictions was completed nearly a year and a half before Ms. Westmoreland's deposition, and the FCE was obtained at the referral of Appellant's lawyer, rather than the referral of any of Appellant's doctors. (R. p. 755, line 21 – p. 757, line 16) Ms. Westmoreland testified that, if the results of Appellant's FCE are inaccurate, that would make the opinions of Dr. Piasecki and Dr. Math inaccurate as well. (R. p. 757, line 17 – p. 758, line 3)

Ms. Westmoreland testified that she is familiar with FCEs and reviews them often in her role as a vocational evaluator, and there are portions of FCEs which are subjective rather than objective. (R. p. 758, line 4 – p. 759, line 15) Ms. Westmoreland testified that

FCEs are based in large part on subjective complaints of a patient, and if those subjective complaints are inaccurate, that would also make the assigned work restrictions inaccurate. (R. p. 759, line 22 – p. 760, line 3)

Ms. Westmoreland testified she would expect someone with sub-sedentary capability (the capability level found by Appellant's FCE) to basically sit in a recliner or lay down most of the day. (R. p. 760, line 4 – p. 761, line 12) She testified that, if a person can do more than sit in a recliner and lay down most of the day, her opinion would be that the individual's functional abilities exceed sub-sedentary capability. (*Id.*)

Ms. Westmoreland testified that, when she completed her vocational report of Appellant, Ms. Westmoreland was operating under the assumption that the sub-sedentary classification assigned by the October 2012 FCE represented ***a floor*** for Appellant's capabilities, ***not a ceiling***. (R. p. 761, lines 13-17) Ms. Westmoreland testified that Appellant was forty-five (45) years old at the time of her vocational evaluation, and that age is not an impediment to Appellant returning to work. (R. p. 762, lines 19-24) Ms. Westmoreland testified that Appellant reported to her that she supervised eighteen (18) other employees in her job for the Respondent-Employer, which represents a reasonably high level of executive function, requires some degree of intelligence, and requires some degree of skill. (R. p. 768, line 25 – p. 769, line 20)

Ms. Westmoreland testified she has encountered other individuals with greater restrictions than those assigned by the October 2012 FCE who are able to work and who *are* working, and she testified a lot of that depends on the given patient's motivation to work. (R. p. 771, lines 7-18) Ms. Westmoreland further testified: "In my opinion, [Appellant] is content with what she's doing right now," which consists of "staying home,

going to the gym," and collecting a temporary disability check. (R. p. 771, line 19 – p. 772, line 9)

Ms. Westmoreland testified to a reasonable degree of vocational certainty (most probably true) that she believes Appellant can perform the jobs listed in her vocational report, as Appellant has the education, the work experience, the intellect, the functioning, and the physical ability to perform those jobs. (R. p. 773, line 18 – p. 774, line 11) Ms. Westmoreland further testified that she stands by her opinion that Appellant remains employable to a reasonable degree of vocational certainty. (R. p. 774, line 12 – p. 775, line 2)

The expert report of Jan Westmoreland finding that Appellant remains employable represents substantial evidence to support the Appellate Panel's finding that Appellant is not permanently and totally disabled, especially when viewed in conjunction with the obvious credibility issues in the claim. It is the job of the Appellate Panel to determine the weight to be afforded to each expert's opinion, and the Appellate Panel properly weighed the evidence and found Appellant is not permanently and totally disabled. The vocational evaluation obtained by Appellant's attorney and completed by Rock Weldon was completed ***prior to Appellant reaching MMI*** in an obvious attempt to prematurely posture the claim for a finding of permanent and total disability, and the Appellate Panel properly reviewed the opinions of both vocational experts and afforded greater weight to the opinion of Jan Westmoreland.

II.

THE APPELLATE PANEL PROPERLY LIMITED APPELLANT'S FUTURE MEDICAL TREATMENT AND FOUND THAT FUTURE SURGERY WOULD NOT AFFECT APPELLANT'S MMI STATUS.

At the hearing before the Single Commissioner, Appellant specifically argued that she was at MMI and that future surgery would not affect her MMI status. Leading up to the hearing, Appellant argued, either expressly or impliedly, that she had reached MMI:

1. Appellant's Form 50, Request for Hearing, specifically alleged she was permanently and totally disabled (which must follow a finding of MMI). (R. p. 107)

2. Appellant's Form 58, Pre-hearing Brief, specifically alleged she was permanently and totally disabled, "per 42-9-10." (Again, permanent disability follows MMI) (R. pp. 121-124)

3. Appellant's Pre-hearing Brief further stated: "She has been placed at MMI by the authorized treating knee surgeon, authorized treating pain management doctor treating her back, and authorized treating psychologist...[Appellant] seeks an award of Permanent and Total Disability." (R. p. 123)

4. Appellant's Pre-hearing brief further stated: "The authorized knee surgeon has recommended another arthroscopic procedure. ***However, it is that same doctor's opinion that [Appellant] remains at MMI. [Appellant] will most likely need treatment and possible arthroscopic procedures to her left knee for the remainder of her life...Moreover, [Respondents']authorized surgeon has stated to a reasonable degree of medical certainty that despite her need for the left knee procedure, she remains at MMI.***" (R. p. 123, emphasis added)

Similarly, in Appellant's attorney's opening statements at the Single Commissioner hearing, he stated: "**It's our position that she is at maximum medical improvement**, and that she is totally and permanently disabled, and we would like an award for that today." (R. p. 792, lines 19-22, emphasis added)

Just as she had argued in her Form 50, in her Pre-hearing Brief, and in her attorney's opening statement, Appellant testified during direct examination at the Single

Commissioner hearing that she understood the additional surgery being recommended to be maintenance treatment:

> Q: Is it your understanding that you've been placed at maximum medical improvement by Dr. Piasecki?
>
> A: Yes. (R. p. 802, lines 6-8)
>
> Q: Is it your understanding that another surgery will improve your knee and help you get better?
>
> A: No.
>
> Q: What's your understanding?
>
> (Objection to question overruled)
>
> A: It's not going to get better. But the surgeries that I need is going to help it – help me maintain the level of pain that I'm now so that it won't get any worse. It won't digress. But – but healing is not an option. Just to keep me functional, I guess is a good way to put it. I don't know.
>
> Q: Is it your understanding or what do you know about whether or not you will need any more surgeries?
>
> A: It's my understanding I will need surgery for the rest of my life.
>
> Q: So this number seven that's being recommended won't be the last one?
>
> A: No. (R. p. 809, line 18 – p. 810, line 18)

At the hearing before the Single Commissioner, Appellant's testimony was tailored to support her contention that she had reached MMI, and that any future surgeries she required, *specifically including the seventh surgery being recommended by Dr. Piasecki*, would merely be maintenance treatment and would not affect her MMI status. In fact, she even testified she would likely require additional surgeries for the rest of her life, and she submitted a questionnaire into evidence signed by Dr. Piasecki specifically opining that Appellant remained at MMI, despite the ongoing surgical recommendation.

After Appellant was not found permanently and totally disabled by the Single Commissioner, Appellant reversed course on her arguments. On appeal to the Appellate Panel, Appellant alleged "it is impossible to find [Appellant's] MMI status will not be affected by surgery before the surgery occurs...Until the [Appellant] has reached maximum healing following surgery, she will not be at MMI." (R. p. 706) This argument, and Appellant's current argument that the future surgery must affect her MMI status, are in direct contravention with her argument to the Single Commissioner, whereby Appellant insisted she was at MMI and the seventh surgery being recommended was merely future/maintenance treatment.

It was certainly not error for the Appellate Panel to find that Appellant had reached MMI, and that the surgery recommended by Dr. Piasecki was maintenance treatment which would not affect her MMI status, the very findings Appellant argued in favor of to the Single Commissioner.

In support of her current argument, Appellant argues she cannot be at MMI *and* entitled to the seventh surgery because she would be entitled to temporary disability benefits for times she is written out of work following future surgeries. However, it is elementary that Appellant is no longer entitled to *temporary* disability benefits after she has reached MMI. After MMI, Appellant is *permanently* disabled, and her entitlement to temporary disability benefits ceases. Smith v. S.C. Dept. of Mental Health, 335 S.C. 396, 517 S.E.2d 694, rehearing denied (1999). The Appellate Panel may order future treatment after the date of MMI to maintain a claimant's degree of physical impairment, and that is what the Appellate Panel has done in this case. Hall v. United Rentals, Inc., 371 S.C. 69, 636 S.E.2d 876 (Ct.App.2006). Appellant wants to "have her cake, and eat

it, too." She vehemently argued that she was at MMI and that any future surgeries would not affect her MMI status to the Single Commissioner. Now that she is unhappy with the extent of permanent disability awarded to her, she has entirely reversed course.

The Appellate Panel properly found that the future surgery would not affect Appellant's MMI status. However, even if Appellant had a valid argument to the contrary, Appellant is estopped from taking this position under the doctrine of Judicial Estoppel. The doctrine of Judicial Estoppel was adopted by the South Carolina courts in the case of Hayne Federal Credit Union v. Bailey, 327 S.C. 242, 489 S.E.2d 472 (S.C., 1997), and it bars Appellant from arguing that the Appellate Panel erred in finding that future surgery would not affect Appellant's MMI status. In that case, the Supreme Court of South Carolina stated the following:

> Judicial estoppel precludes a party from adopting a position in conflict with one earlier taken in the same or related litigation. *See* Colleton Reg. Hosp. v. MRS Med. Rev. Systs., 866 F.Supp. 896 (D.S.C.1994). The purpose or function of the doctrine is to protect the integrity of the judicial process or the integrity of courts rather than to protect litigants from allegedly improper or deceitful conduct by their adversaries. 31 C.J.S. Estoppel & Waiver § 139, at 593 (1996). Judicial estoppel generally applies only to inconsistent statements of fact. Cannon v. H.K. Porter Co., 705 F.Supp. 288 (E.D.Va.1989).
>
> Our research of South Carolina case law has not revealed an explicit discussion of judicial estoppel; however, there are opinions alluding to the doctrine. For example ... Zimmerman v. Central Union Bank, 194 S.C. 518, 532, 8 S.E.2d 359, 365 (1940)("[W]here a party assumes a certain position in a legal proceeding, and succeeds in maintaining that position, he may not thereafter, simply because his interests have changed, assume a contrary position.").
>
> ***We now explicitly adopt the doctrine of judicial estoppel as it relates to matters of fact (not law).*** In order for the judicial process to function properly, litigants must approach it in a truthful manner. Although parties may vigorously assert their version of the facts, they may not misrepresent those facts in order to gain advantage in

> the process. The doctrine thus punishes those who take the truth-seeking function of the system lightly. ***When a party has formally asserted a certain version of the facts in litigation, he cannot later change those facts when the initial version no longer suits him.*** It is certainly conceivable that parties may want to present novel legal theories, which may require changing one's previous legal theory. However, the truth-seeking function of the judicial process is undermined if parties are allowed to change positions as to the facts of the case, unless compelled by newly-discovered evidence.

Hayne, 489 S.E.2d at 477 (all emphasis added).

"MMI is a factual determination left to the discretion of the [Commission]." Gadson v. Mikasa Corp., 368 S.C. 214, 224, 628 S.E.2d 262, 268 (Ct.App.2006). Accordingly, Appellant is barred by the doctrine of Judicial Estoppel from arguing that she is not at MMI by reason of the future surgery recommended by Dr. Piasecki. Appellant argued at the hearing, unequivocally, that she had reached MMI, and that the future surgery recommended by Dr. Piasecki was merely maintenance care and would not affect Appellant's MMI status. The Single Commissioner made the findings Appellant requested (i.e., that she had reached MMI and the future surgery was maintenance care). She cannot now change her position because she is unhappy with the amount of her permanent disability award.

Appellant also argues it was error for the Appellate Panel to specifically detail the award of future medical treatment, and to preclude any additional invasive procedures from the future medical treatment. In cases of permanent partial disability (such as this case), the Commission is *required* to detail an award of future causally-related medical treatment with as much specificity as possible. The applicable statute is S.C. Code Ann. Section 42-15-60, which states the following:

> (B)(2) Each award of permanency as ordered by the single commissioner or by the commission must contain a finding as to

> whether or not further medical treatment or modalities must be provided to the employee. If the employee is entitled to receive such benefits, ***the medical treatment or modalities to be provided must be set forth with as much specificity as possible in the single commissioner's order or the commission's order***. (emphasis added)

The Appellate Panel appropriately reviewed the evidence in the claim (including the opinion of Dr. Piasecki that Appellant would remain at MMI regardless of surgery) and set forth the causally-related future medical treatment with as much specificity as possible. The Appellate Panel found the following:

> [Appellant] is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though [Appellant] testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013. (R. p. 77)
>
> The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning. (R. p. 77)
>
> [Appellant] is also entitled to a work-hardening program of [Respondents'] choosing, should an authorized treating physician order it. (R. p. 77)

The Appellate Panel reviewed the medical evidence, including the recommendations of Dr. Piasecki, and appropriately delineated the future medical treatment. There being no opinion or recommendation for any additional or future invasive procedures beyond the seventh surgery being recommended by Dr. Piasecki, and in light of the fact that Dr. Piasecki and the other doctors had all indicated Appellant had reached MMI, the Appellate Panel appropriately found no basis for inclusion of any additional invasive procedures in Appellant's future medical treatment. In fact, to have ordered any additional invasive procedures would have been purely speculative. The

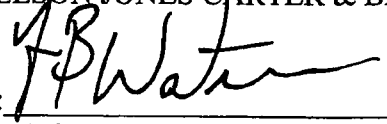
Appellate Panel's findings are "text book;" there is no error in the award of future medical.

CONCLUSION

Based on the foregoing, Respondents Sunbelt Human Advancement and State Accident Fund respectfully request that the South Carolina Court of Appeals affirm the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission.

Respectfully submitted,

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January 15, 2016