

IN THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

APPELLATE PANEL

Case No. 2012-210487

Emma Hamilton

Appellant,

v.

Martin Color-Fi, Inc., Employer, and
Liberty Mutual Insurance Company, Carrier,

Respondents.

RECEIVED
NOV 01 2012
SC Court of Appeals

RECORD ON APPEAL

VOLUME I

Candy Hindersman, Esquire
Wilson, Jones, Carter and Baxley, P.A.
4500 Fort Jackson Blvd.
Columbia, SC 29209
(803) 782-2520
Attorney for Respondents

Joseph T. McElveen, Jr., Esquire
The Bryan Law Firm of S.C., L.L.P.
Bar #: 3803
17 E. Calhoun Street
P.O. Box 2038
Sumter, SC 29151-2038
(803) 775-1263
Attorney for the Appellant

INDEX

VOLUME I

I. ORDERS

Order of Single Commissioner dated February 24, 2011	1
Order of the Appellate Panel dated January 23, 2012	12

II. PLEADINGS

Defendant's APA Submissions PP. 1-72	26
Records from Tuomey Emergency Room	28
Records from Tuomey Industrial Medicine & Wellness	52
Records from Clarendon Memorial Hospital.....	87
Records from Midland's Orthopaedic	88
Records from Moore Orthopaedic	92
Claimant's APA Submissions PP. 73-250	94
Records from Tuomey Industrial Medicine & Wellness	97
Records from Cornell Therapy Associates	134
Records from Sumter Neurology & Pain Management	152
Records from Progressive Physical Therapy	154
Records from McLeod Health	178

VOLUME II

Records from Kingstree Surgical Associates	260
WCC Form 15 dated January 28, 2009	267
WCC Form 21 dated April 20, 2009	268
WCC Amended Form 21 dated April 30, 2009	270
WCC Amended Form 21 dated May 7, 2009	272
WCC Form 50 dated July 21, 2010	273
WCC Form 21 dated October 12, 2010	274

WCC Form 17 dated October 12, 2010	279
WCC Form 50 dated November 22, 2010	280
WCC Form 51 dated December 21, 2010	282
WCC Form 30 dated March 9, 2011	283
Claimant's Answer to the Employer's Request for a Hearing on a Form 21 dated May 15, 2009	288
Request for Proposed Order from the South Carolina Workers' Compensation Commission, dated January 6, 2011	293
Notice of Intent to Appeal dated February 22, 2012	295

III. TRANSCRIPTS

Transcript of deposition of Claimant dated June 5, 2009	296
Transcript of Proceedings before single Commissioner of the South Carolina Workers' Compensation Commission, dated December 15, 2010	357
Transcript of Proceedings before the South Carolina Workers' Compensation Commission Hearing Panel A, dated October 25, 2011	412

IV. CERTIFICATE OF COUNSEL

Executed Certificate of Compliance	428
--	-----

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0810330

Emma Hamilton,	)
Employee,	)
Claimant,	)
vs.	)
Martin Color-Fi, Inc.,	)
Employer,	)
and	)
Liberty Mutual Insurance Company,	)
Carrier,	)
Defendants.	)

HEARING:

Held in Camden, South Carolina on December 15, 2010.

APPEARANCES:

Claimant represented by Joseph T. McElveen, Jr., Esquire of Sumter, South Carolina.

Defendants represented by Candace G. Hindersman, Esquire of Willson Jones Carter & Baxley, P.A., Columbia, South Carolina.

PURPOSE OF HEARING:

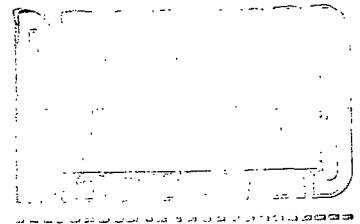
To determine the issues as set forth on the Forms 21, 50 and 51.

DECISION AND ORDER:

By G. Bryan Lyndon, Commissioner

FILED:

February 24, 2011.



I. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

Defendants' APA Submissions

- APA #1: Records of Tuomey E.R., dated 7/22/08–11/20/08, consisting of pages 1-29.
- APA #2: Records of Tuomey Industrial Medicine & Wellness, dated 7/23/08–11/23/09, consisting of pages 30-64.
- APA #3: Records of Clarendon Memorial Hospital, dated 11/26/08, consisting of pages 65-66.
- APA #4: Records of Midland's Orthopaedic, dated 2/11/09, consisting of pages 67-70.
- APA #5: Reports of Moore Orthopaedic, dated 6/30/10, consisting of pages 71-72.

Claimant's APA Submissions

- APA #6: Records of Tuomey Industrial Medicine & Wellness, dated 7/23/08-2/25/10, consisting of pages 73-109.
- APA #7: Records of Cornell Therapy Associates, dated 9/18/08-10/23/08, consisting of pages 110-130.
- APA #8: Records of Sumter Neurology and Pain Management (Dr. Marshall White), dated 11/3/08, consisting of pages 131-132.
- APA #9: Records of Progressive Physical Therapy, dated 6/19/09-10/28/09, consisting of pages 133-156.
- APA #10: Records of McLeod Health (John P. Zelenka, OTR/L), dated 12/31/09-1/26/10, consisting of pages 157-241.
- APA #11: Records of Kingstree Surgical Associates (Dr. Blake Moore), dated 6/1/09-9/4/10, consisting of pages 242-250.

Claimant's Exhibits

- Ex. A: Martin Color-Fi Accident Investigation Report
- Ex. B: Martin Color-Fi Email
- Ex. C: Martin Color-Fi Employee attendance Counselling Sheet

II. STIPULATIONS

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth in the Forms 21, 50 and 51 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on July 22, 2008;
3. The Claimant's average weekly wage was \$516.51 with a corresponding compensation rate of \$344.35;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in Camden, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether the Defendants are entitled to stop payment of temporary total compensation and the Claimant's entitlement to temporary total disability compensation, permanent partial disability compensation, total disability compensation, medical benefits and/or disfigurement, if any, and any other issues which may timely come before the Commission.

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

III. STATEMENT OF THE CASE

The Claimant sustained a work related injury to the right hand on July 22, 2008. On October 12, 2010, Defendants filed a Form 21 requesting a hearing. The Form 21 specifically requested that the Commission stop payment of temporary compensation due to the Claimant reaching maximum medical improvement, pay permanency, and request credit for overpayment of temporary compensation. On November 21, 2010, Claimant filed a Form 50 requesting additional treatment for the right wrist and hand. Defendants timely filed a Form 51 on December 21, 2010 admitting the accident, but denying the extent of the injuries as alleged by the Claimant and denying the Claimant's need for additional medical treatment. Defendants maintained that Claimant was at maximum medical improvement for all injuries, and the claim was ready for a

determination of permanency and stop payment of temporary compensation.

A hearing was held on December 15, 2010 to determine the issues set forth in the Forms 21, 50, and 51.

IV. EVIDENCE OF THE CASE

The Claimant is forty-six (46) years old and has a high school diploma. Claimant attended one and a half years of schooling to be a paralegal at Central Carolina Technical College. Claimant testified that she previously worked for the Sumter County Library, held a supervisory role at the South Carolina Vocational Rehabilitation Department and took the United States Postal exam. Claimant has also performed a variety of construction jobs and other labor intensive work in the past. Claimant began working for the Employer in 2001 as a machine operator.

On July 22, 2008, Claimant was involved in a work-related accident when she got her right hand and forearm caught in rollers. Claimant testified that she is right hand dominant. Claimant presented to Tuomey Emergency room on the day of the accident with complaints of right wrist and hand pain. (APA1, pp.1-2) The following day, July 23, 2008, Claimant was seen by an orthopaedist, Dr. James Gee. (APA 2, p. 30) Claimant began treatment with Dr. Gee on a nearly weekly basis, and on August 13, 2008, Dr. Gee noted "steady progress." (APA 2, p. 38) Dr. Gee placed the Claimant through additional physical therapy, and on October 22, 2008, Dr. Gee's records stated that "Ms. Hamilton really loves her physical therapy and is really pleased with the progress she has made." (APA 2, p.47) Due to her complaints of neurogenic type sensations, Dr. Gee recommended a nerve conduction study at that time. (APA 2, p.47) An MRI of the right wrist was also performed at Dr. Gee's request on November 26, 2008, which was essentially normal and showed no tendon or ligament injury. (APA 3, p. 65) On December 3, 2008, Dr. Gee met with the Claimant and explained that both her nerve conduction studies and MRI tests appeared to be

normal, and he felt she would have to just continue to improve with time. (APA 2, p. 54) Claimant testified that she was frustrated with the ongoing restrictions in her hand motion and became dissatisfied with the treatment she received from Dr. Gee. Claimant further testified that she felt Dr. Gee acted nasty towards her. The medicals note the Claimant was not nice or pleasant towards Dr. Gee. (APA 6, p. 105)

Claimant next saw Dr. Michael Green for an evaluation on February 11, 2009. At that time, the Claimant continued to present with complaints of numbness, tingling, pain and weakness in her hand. (APA 4, p.67) Dr. Green opined that the Claimant was at maximum medical improvement and had no work restrictions. Dr. Greene did not recommend any future treatment and assigned 1% impairment to the right hand as a result of the accident. (APA 4, pp. 69-70) Claimant testified that Dr. Green was nasty to her, much like Dr. Gee.

Following the Claimant's appointment with Dr. Green the carrier authorized Work Hardening. The Claimant voiced concerns to the provider about participating in the Work Hardening. (APA 2, p. 64) The Work Hardening provider discontinued the treatment because of Claimant's continued reports of pain. (APA 10, p. 221)

Claimant returned to see Dr. Gee again on May 27, 2009. At that time, Dr. Gee advised the Claimant that she had been evaluated by three physicians, a neurologist, an orthopaedic surgeon, and a hand specialist, she underwent both nerve conduction testing and an MRI examination, and nothing revealed any significant damage to any structures of the right wrist and arm. (APA 2, p.63) Dr. Gee stated that he agreed with Dr. Green that Claimant has some degree of impairment, but it would not be a large impairment. (APA 2, p.63) Dr. Gee stated that Claimant no longer required any medications and it was "up to her" to work on strengthening. (APA 2, p.63)

Claimant was also seen by Dr. Blake Moore on June 1, 2009, for an independent evaluation

scheduled by her attorney. Dr. Moore opined Claimant was not at maximum medical improvement and was a candidate for ongoing conservative treatment, including pharmacotherapy, orthotic bracing and possible TENS provisions. (APA 11, p.246) Dr. Moore assigned a tentative 7% impairment rating to the right upper extremity at that time. (APA 11, p.246)

Following her exam with Dr. Moore, Claimant returned to Dr. Gee on February 25, 2010. Dr. Gee recommended an evaluation with another hand specialist. (APA 6, p.108) As such, Defendants arranged for Claimant to be seen by Dr. David Fulton for an independent medical evaluation on June 30, 2010. Dr. Fulton saw no signs of ongoing swelling or loss of mobility, and he opined that any cystic changes in her lunate were chronic and unrelated to the injury. Dr. Fulton stated that all treatment to date was appropriate for her injury and placed the Claimant at maximum medical improvement as of June 30, 2010. Dr. Fulton stated that he saw no contraindication to return to work without restriction, no evidence of permanent impairment, and no need for additional future medical treatment or testing. (APA 5, p. 72)

Claimant testified she continued to work light duty in the lab for the Employer until December 2008, when she was laid off along with half of the other plant employees. Claimant testified that during the time she worked light duty, she continued to receive the same wages as prior to the accident. Outside of work, Claimant testified that she continues to be able to do her chores around the house and yard work. In response to questioning by the Commissioner, the Claimant testified that she used a posthole digger one time. Claimant further testified that she has not looked for any work because she is considering returning to school.

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and

provisions of the South Carolina Workers' Compensation Act, as amended, with Emma Hamilton as Employee-Claimant and Martin Color-Fi, Inc. as Employer and Liberty Mutual Insurance Company as Carrier, Defendants.

2. That Claimant was an employee of the above-named Employer on and prior to July 22, 2008, when Claimant injured her right hand in an ~~admitted~~ work-related accident. The injury affects the Claimant's right wrist.

3. That the average weekly wage of Employee at the time of the above-described accident was \$516.51, making a compensation rate of \$344.35 applicable in this matter.

4. That the Defendants are to pay all causally related authorized medicals.

5. That the Claimant was a machine operator for the Defendant. She has done construction work in the past and other labor intensive work.

6. That the Claimant was injured when she got her hand and forearm caught in rollers. She is right hand dominant.

7. That the Claimant was treated by Dr. Gee, but she was dissatisfied with him and eventually saw Dr. Green and Dr. Fulton. She was also dissatisfied with her treatment by them.

8. That the Claimant had an MRI, which was essentially unremarkable with no tendon or ligament injury.

9. That Claimant stated Dr. Green was nasty to her much like Dr. Gee. She then saw Dr. Fulton. The medical record notes the Claimant's attitude towards Dr. Gee was not nice or pleasant.

10. That the Claimant liked Dr. Fulton until he read her MRI. Claimant said Dr. Fulton was then also nasty to her.

11. That the Claimant had an unremarkable nerve conduction study and physical

therapy that she said did not help.

12. That the Claimant also had an FCE, which was valid and indicated that she could not return to her former duties.

13. That the Claimant testified that she previously tried to use a posthole digger and was unable to do so. The fact that she even considered this brings her credibility into question.

14. That the Claimant was placed at maximum medical improvement by Dr. Green on February 11, 2009 with a 2% impairment to the hand. Dr. Green released the Claimant to full duty and stated that she will not need future medicals.

15. That the Claimant was treated by Dr. Fulton, and on June 30, 2010, Dr. Fulton placed the Claimant at maximum medical improvement, Dr. Fulton gave the Claimant no work restrictions and stated she had no evidence of impairment to the right hand or wrist.

16. That the Claimant was also seen by Dr. Moore for the purpose of an independent medical evaluation.

17. That greater weight was given to the opinions of Dr. Green and Dr. Fulton, who are hand specialists, versus the opinion of Dr. Moore.

18. That the Claimant's testimony was evasive and confusing at times, which brought her credibility into question.

19. That the Defendants made a good faith effort to have Claimant seen by three doctors after being out for about two years.

20. That the report of Dr. Gee dated May 27, 2009 is very persuasive, and there is no mention of a follow-up MRI in this report. Dr. Gee placed the Claimant at maximum medical improvement. At the hearing, Claimant sought a second MRI.

21. That Claimant reached maximum medical improvement on June 30, 2010 for the

injuries resulting from the July 22, 2008 accident and that there is no evidence from an authorized provider that Claimant needs any additional medical treatment or imaging that would tend to lessen the period of Claimant's disability (see Form 14-Bs).

22. That Claimant has sustained 10% permanent partial disability to her right upper extremity as a result of the accidental injury on July 22, 2008.

23. That Defendants were entitled to stop payment of temporary total compensation effective June 30, 2010 and are entitled to a credit for the overpayment of temporary total compensation since June 30, 2010, against the award for permanent partial disability ordered herein.

24. That Claimant has failed to prove that she is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than the award for disability as ordered herein.

VI. CONCLUSIONS OF LAW

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

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

2. Under § 42-1-160, Claimant did sustain an injury to her right upper extremity by accident arising out of and in the course and scope of her employment on July 22, 2008.

3. Under §§ 42-9-10 and 42-1-120, Claimant was entitled to compensation for a period of temporary total disability from January 16, 2009 until June 30, 2010, the date on which Claimant reached maximum medical improvement.

4. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until June 30, 2010, the date on which Claimant reached maximum medical improvement, but not thereafter, there being no evidence that any additional medical treatment would tend to lessen the period of her disability.

5. Under § 42-9-30, Claimant has sustained 10% permanent partial disability to the right upper extremity. From such award, Defendants are entitled to a credit for the overpayment of temporary total compensation since June 30, 2010.

VII. ORDER/AWARD

IT IS HEREBY ORDERED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective June 30, 2010, the date on which Claimant reached maximum medical improvement.

IT IS FURTHER ORDERED that as a result of Claimant's accidental injury occurring on July 22, 2008, she has sustained 10% permanent partial disability to the right upper extremity, for which she is entitled to 22 weeks at the compensation rate of \$344.35 per week which represents \$7,575.70. The Defendants are entitled to a credit or offset for the overpayment of temporary total compensation from June 30, 2010. As of the February 12, 2011, the credit represents 32 weeks of overpayment in the amount of \$11,019.20

IT IS FURTHER ORDERED Claimant reached maximum medical improvement on June 30, 2010, and as such Defendants are not liable for any additional medical, surgical, hospital or other medical treatment to Claimant after said date, until and unless further ordered by this Commission.

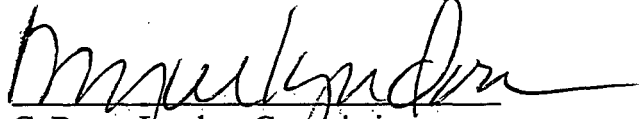
IT IS FURTHER ORDERED that Claimant has not sustained any serious and permanent

disfigurement as a result of this accident, and as such Defendants are not liable for same.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



G. Bryan Lyndon, Commissioner

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0810330**

Emma Hamilton,
Employee/Claimant,
Appellant

vs.

Martin Color-Fi, Inc.,
Employer,

and

Liberty Mutual Insurance Company,
Carrier,
Defendants,
Respondents.

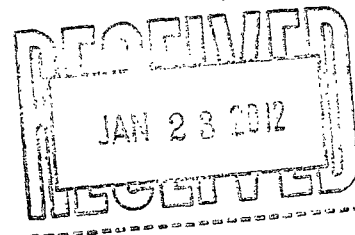
Appellate Panel Review held in Columbia, South Carolina on October 25, 2011 per
Notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed 1-23, 2012

Appearances:

Claimant/Appellant represented by Joseph T. McElveen, Jr., Esquire, of
Bryan Law Firm, 17 E. Calhoun Street, P.O. Box 2038, Sumter, SC
29151

Defendants/Respondents represented by Candace G. Hindersman, Esquire,
of Willson, Jones, Carter & Baxley, 4500 Ft. Jackson Blvd., Columbia, SC
29209.



STATEMENT OF THE CASE

The parties were heard by Commissioner G. Bryan Lyndon on December 15, 2011 in Camden, South Carolina. As a result of said hearing, Commissioner Lyndon issued an Order dated February 24, 2011 from which the Claimant appealed.

The Hearing Commissioner's Decision and Order set forth the following Findings of Fact:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Emma Hamilton as Employee-Claimant and Martin Color-Fi, Inc. as Employer and Liberty Mutual Insurance Company as Carrier, Defendants.
2. That Claimant was an employee of the above-named Employer on and prior to July 22, 2008, when Claimant injured her right hand in an admitted work-related accident. The injury affects the Claimant's right wrist.
3. That the average weekly wage of Employee at the time of the above-described accident was \$516.51, making a compensation rate of \$344.35 applicable in this matter.
4. That the Defendants are to pay all causally related authorized medicals.
5. That the Claimant was a machine operator for the Defendant. She has done construction work in the past and other labor intensive work.
6. That the Claimant was injured when she got her hand and forearm caught in rollers. She is right hand dominant.
7. ~~That the~~ Claimant was treated by Dr. Gee, but she was dissatisfied with him and eventually saw Dr. Green and Dr. Fulton. She was also dissatisfied with her treatment by them.
8. That the Claimant had an MRI, which was ~~essentially unremarkable with no tendon~~

or ligament injury.

9. That Claimant stated Dr. Green was nasty to her much like Dr. Gee. She then saw Dr. Fulton. The medical record notes the Claimant's attitude towards Dr. Gee was not nice or pleasant.

10. That the Claimant liked Dr. Fulton until he read her MRI. Claimant said Dr. Fulton was then also nasty to her.

11. That the Claimant had an unremarkable nerve conduction study and physical therapy that she said did not help.

12. That the Claimant also had an ~~FCE~~, which was valid and indicated that she could not return to her former duties.

~~13.~~ That the Claimant testified that she previously tried to use a posthole digger and was unable to do so. The fact that she even considered this brings her credibility into question.

14. That the Claimant was placed at maximum medical improvement by Dr. Green on February 11, 2009 with a 2% impairment to the hand. Dr. Green released the Claimant to full duty and stated that she will not need future medicals.

15. That the Claimant was treated by Dr. Fulton, and on June 30, 2010, Dr. Fulton placed the Claimant at maximum medical improvement, Dr. Fulton gave the Claimant no work restrictions and stated she had no evidence of impairment to the right hand or wrist.

16. That the Claimant was also seen by Dr. Moore for the purpose of an independent medical evaluation.

17. That greater weight was given to the opinions of Dr. Green and Dr. Fulton, who are hand specialists, versus the opinion of Dr. Moore.

~~18.~~ That the Claimant's testimony was evasive and confusing at times, which brought

her credibility into question.

19. That the Defendants made a good faith effort to have Claimant seen by three doctors after **being out for about two** years.

20. That the report of Dr. Gee dated May 27, 2009 is very persuasive, and there is no mention of a follow-up MRI in this report. Dr. Gee placed the Claimant at maximum medical improvement. At the hearing, Claimant sought a second MRI.

21. That Claimant reached maximum medical improvement on June 30, 2010 for the injuries resulting from the July 22, 2008 accident and that there is no evidence from an authorized provider that Claimant needs any additional medical treatment or imaging that would tend to lessen the period of Claimant's disability (see Form 14-Bs).

22. That Claimant has sustained 10% permanent partial disability to her right upper extremity as a result of the accidental injury on July 22, 2008.

23. That Defendants were entitled to stop payment of temporary total compensation effective June 30, 2010 and are entitled to a credit for the overpayment of temporary total compensation since June 30, 2010, against the award for permanent partial disability ordered herein.

24. That Claimant has failed to prove that she is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than the award for disability as ordered herein.

The Hearing Commissioner's Decision and Order also set forth the following Conclusions of Law:

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

2. Under § 42-1-160, Claimant did sustain an injury to her right upper extremity by accident arising out of and in the course and scope of her employment on July 22, 2008.

3. Under §§ 42-9-10 and 42-1-120, Claimant was entitled to compensation for a period of temporary total disability from January 16, 2009 until June 30, 2010, the date on which Claimant reached maximum medical improvement.

4. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until June 30, 2010, the date on which Claimant reached maximum medical improvement, but not thereafter, there being no evidence that any additional medical treatment would tend to lessen the period of her disability.

5. Under § 42-9-30, Claimant has sustained 10% permanent partial disability to the right upper extremity. From such award, Defendants are entitled to a credit for the overpayment of temporary total compensation since June 30, 2010.

Within the statutory period, counsel for the Claimant filed an Application for Review in the case setting forth the following assignments of error:

1. In characterizing Claimant's injury as getting "her hand and forearm caught in roller" (Order, p. 7, para. 6), when the record established she suffered a "very significant roller type (crush) injury" (Defendants' APA p. 44), the error being that a "crush injury" of the dominant hand is a very serious injury.
2. In characterizing the November 26, 2008, MRI as "essentially normal" (Order, p. 7, para. 8), when the MRI itself showed "subtle sclerosis" and "small subchondral cystic degenerative changes along the ulnar aspect of the lunate bone" (Defendants' APA p. 65), the error being that no doctor commented upon these potential problems until Dr. Moore suggested the possibility of ulnar abutment or avascular necrosis (Claimant's APA p. 248) in June, 2010.
3. In finding that Defendants made a good faith effort to get Claimant the treatment she needed (Order, p. 8, para. 19), the error being that the authorized treating physician attempted to refer Claimant to Dr. Marshall White, the neurologist who performed a nerve conduction

study/electromyography on November 3, 2008 (Defendants' APA pp. 131-132), for a follow-up appointment to determine whether or not Claimant had "true reflex dystrophy" and whether certain treatment would be helpful; but such treatment was never provided (Defendants' APA pp. 54, 56; Claimant's APA p. 83).

4. In failing to order a return appointment to a neurologist to determine whether or not Claimant has reflex sympathetic dystrophy or other undiagnosed problem and whether further specialized treatment was needed, the error being that Claimant did not receive treatment ordered by the authorized treating physician and has continued to suffer problems with her dominant right hand with no physician pin-pointing what her problem is and what can be done to improve it.
5. In finding that Defendants made a good faith effort to get Claimant the treatment she needed (Order, p. 8, para. 19), the error being that the authorized treating physician attempted to refer Claimant for a repeat MRI on February 18, 2010, and February 25, 2010, to see "if anything has changed since the previous MRI" (Defendants' APA pp. 105, 107, and 109); but such treatment was never provided.
6. In failing to order a repeat MRI to determine whether or not whether Claimant's condition had changed, the error being that Claimant has continued to suffer problems with her dominant right hand with no physician pin-pointing what her problem is and what can be done to improve it.
7. In failing to allow the referrals recommended by the authorized treating physician for a neurological referral and a repeat MRI, the error being that the Defendants unreasonably denied necessary medical treatment which might tend to lessen her disability.
8. In drawing conclusions about the credibility of the Claimant based upon her assessment that the physicians to whom the Defendants referred Claimant treated her rudely (Order, p. 7, paras. 7, 9 and 10), the error being that the Claimant's assessment of the manners or demeanor of her doctors could well be correct and that there is no way to prove that they did nor did not treat her civilly and respectfully. Comments of Dr. Gee in his prepared records referenced by the Commissioner that there was some degree of animosity between him and Claimant [support the Claimant's concerns]. Were the doctors disrespectful to Claimant before she was to them, or was it the opposite? There is no way to tell; and, anyway, such is irrelevant in deciding this claim.
9. In finding that the nerve conduction study/electromyography was "unremarkable", the error being that, for instance, the "normal Amp" is

greater than three, and Claimant's left arm "Amp (mV)" is 7.2 at the wrist, while the right arm is 3.2 at the wrist, suggesting that the situation with the injured, dominant right hand is considerably less stable than the left. Attention is invited to the fact that the authorized treating physician tried unsuccessfully to have Claimant seen again by the neurologist who performed the test.

10. In failing to give considerable weight to the "valid" functional capacity evaluation that indicated Claimant cannot return to her former duties, the error being that the report was prepared by an authorized provider, McLeod Health, which had just completed a 21-visit course of work hardening with Claimant, and showed greatly reduced capacity for work and considerable functional problems, including pain. This evaluation should have led to more treatment or greater permanent disability.
11. In finding that Claimant's attempt to use post-hole diggers "brought her credibility into question" (Order, p. 8, para. 13), the error being that Claimant only tried to use the tool because she was determined to get better and to do all that she could do, but found that she could not use the post-hole diggers. The hearing Commissioner did not determine that Claimant lied about using the tool, he said the fact that she tried to use the tool reflects on the believability of her testimony, which is not a logical sequence. Claimant's activity throughout the time since her injury shows her as determined to work and to do as much as she can.
12. In giving any weight to the opinion of Dr. Green (Order, p. 8, para. 14), because Dr. Green assessed 2% permanent impairment one day and 1% (Defendants' APA p. 70), the next, the error being that, as Dr. Moore pointed out, reducing an rating by fifty percent without giving any reason raises questions about the reliability of the impairment was determined. Attention should be given to the fact that Dr. Green, like Dr. Fulton and Dr. Moore, was not a treating physician, but an independent medical examiner who did not form a patient-physician relationship with Claimant.
13. In giving any weight to the opinion of Dr. Fulton, the error being that he gave no consideration to the functional capacity evaluation which showed Claimant is unable to return to work.
14. In finding that Claimant had reached maximum medical improvement and ordering reimbursement of temporary total disability compensation, the error being that Dr. Green and Dr. Fulton were independent medical examiners, not authorized treating physicians, and the authorized treating physician, Dr. Gee, has not made a definitive statement as to maximum medical improvement, as required by Regulations 67-505 and 596. Dr. Moore, also an independent medical examiner, concluded that Claimant was not at maximum medical improvement. Treatment requested by Dr.

Gee was not approved by the carrier, so that Claimant is not at maximum medical improvement.

15. In awarding only 10% permanent disability to the right arm, the error being that the severity of Claimant's injury and her functional loss due to the work injury require significantly greater permanent disability, especially where Claimant cannot return to the level of work she has done her entire life.
16. In questioning the credibility of Claimant, the error being that the overall tenor of the medical records shows Claimant to be an injured worker who fought unsuccessfully to save her job, tried everything she could to continue working, sought medical treatment that would allow her to get better and return to work, worked hard in physical therapy and work hardening to improve her function, understated her pain in an effort to be allowed to return to work, and gave full and valid effort on her functional capacity evaluation. If the Claimant's attitude at the hearing was troubling, it was from frustration and exasperation at being denied medical treatment ordered by the approved doctor, being told one thing only to have something else happen, and not being able to get better and return to work.
17. In finding that "Claimant's testimony was evasive and confusing at times, which brought her credibility into question" (Order, p. 8, para. 18), the error being that the Claimant's testimony was not evasive and confusing and no one can decipher how the hearing Commissioner reached this finding because no examples to back up the finding are given in the order.
18. In finding that Dr. Gee, the authorized treating physician, placed the Claimant at maximum medical improvement, the error being that Dr. Gee never concluded that the Claimant had reached maximum medical improvement. In fact, Dr. Gee ordered further treatment through work hardening in his report dated May 27, 2009.
19. In finding that the Claimant did not need a follow-up MRI and neurological appointment, the error being that the Commissioner should have at least determined why Dr. Gee asked for a second MRI more than once and a repeat neurological consult, which requests were denied, overlooked, and forgotten.
20. In finding and concluding that the Claimant's entitlement to temporary compensation ended on June 30, 2010, the error being that the Defendants did not file for stop payment until October 12, 2010, and that, if the Claimant has in fact reached maximum medical improvement, any credit for overpayment should not have been allowed prior to the date of filing of the stop payment request. The Claimant resubmits her argument that she

has not been found to be at maximum medical improvement by the authorized treating physician.

Copies of the above assignments of error were furnished to all interested parties prior to oral argument presented before the Appellate Panel on October 25, 2011.

Pursuant to S.C. Code Ann. § 42-17-50 (1985), the Appellate Panel reviewed the Award and weighed the evidence in the record as presented at the initial hearing. The Panel also considered all issues raised in the brief of the Appellant and Respondents. The Panel makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Emma Hamilton as Employee-Claimant and Martin Color-Fi, Inc. as Employer and Liberty Mutual Insurance Company as Carrier, Defendants.
2. That Claimant was an employee of the above-named Employer on and prior to July 22, 2008, when Claimant injured her right hand in an admitted work-related accident. The injury affects the Claimant's right wrist.
3. That the average weekly wage of Employee at the time of the above-described accident was \$516.51, making a compensation rate of \$344.35 applicable in this matter.
4. That the Defendants are to pay all causally related authorized medicals.
5. That the Claimant was a machine operator for the Defendant. She has done construction work in the past and other labor intensive work.
6. That the Claimant was injured when she got her hand and forearm caught in rollers. She is right hand dominant.

7. That the Claimant was treated by Dr. Gee, but she was dissatisfied with him and eventually saw Dr. Green and Dr. Fulton. She was also dissatisfied with her treatment by them.

8. That the Claimant had an MRI, which was essentially unremarkable with no tendon or ligament injury.

9. That Claimant stated Dr. Green was nasty to her much like Dr. Gee. She then saw Dr. Fulton. The medical record notes the Claimant's attitude towards Dr. Gee was not nice or pleasant.

10. That the Claimant liked Dr. Fulton until he read her MRI. Claimant said Dr. Fulton was then also nasty to her.

11. That the Claimant had an unremarkable nerve conduction study and physical therapy that she said did not help.

12. That the Claimant also had an FCE, which was valid and indicated that she could not return to her former duties.

13. That the Claimant testified that she previously tried to use a posthole digger and was unable to do so. The fact that she even considered this brings her credibility into question.

14. That the Claimant was placed at maximum medical improvement by Dr. Green on February 11, 2009 with a 2% impairment to the hand. Dr. Green released the Claimant to full duty and stated that she will not need future medicals.

15. That the Claimant was treated by Dr. Fulton, and on June 30, 2010, Dr. Fulton placed the Claimant at maximum medical improvement, Dr. Fulton gave the Claimant no work restrictions and stated she had no evidence of impairment to the right hand or wrist.

16. That the Claimant was also seen by Dr. Moore for the purpose of an independent medical evaluation.

17. That greater weight was given to the opinions of Dr. Green and Dr. Fulton, who are hand specialists, versus the opinion of Dr. Moore.

18. That the Claimant's testimony was evasive and confusing at times, which brought her credibility into question.

19. That the Defendants made a good faith effort to have Claimant seen by three doctors after **being out for about two years**.

20. That the report of Dr. Gee dated May 27, 2009 is very persuasive, and there is no mention of a follow-up MRI in this report. Dr. Gee placed the Claimant at maximum medical improvement. At the hearing, Claimant sought a second MRI.

21. That Claimant reached maximum medical improvement on June 30, 2010 for the injuries resulting from the July 22, 2008 accident and that there is no evidence from an authorized provider that Claimant needs any additional medical treatment or imaging that would tend to lessen the period of Claimant's disability (see Form 14-Bs).

22. That Claimant has sustained 10% permanent partial disability to her right upper extremity as a result of the accidental injury on July 22, 2008.

23. That Defendants were entitled to stop payment of temporary total compensation effective June 30, 2010 and are entitled to a credit for the overpayment of temporary total compensation since June 30, 2010, against the award for permanent partial disability ordered herein.

24. That Claimant has failed to prove that she is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than the award for disability as ordered herein.

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-50, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

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

2. Under § 42-1-160, Claimant did sustain an injury to her right upper extremity by accident arising out of and in the course and scope of her employment on July 22, 2008.

3. Under §§ 42-9-10 and 42-1-120, Claimant was entitled to compensation for a period of temporary total disability from January 16, 2009 until June 30, 2010, the date on which Claimant reached maximum medical improvement.

4. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until June 30, 2010, the date on which Claimant reached maximum medical improvement, but not thereafter, there being no evidence that any additional medical treatment would tend to lessen the period of her disability.

5. Under § 42-9-30, Claimant has sustained 10% permanent partial disability to the right upper extremity. From such award, Defendants are entitled to a credit for the overpayment of temporary total compensation since June 30, 2010.

After careful review in the present case, the Appellate Panel of the South Carolina Workers' Compensation Commission has determined the Order of the Hearing Commissioner is hereby **AFFIRMED IN FULL**. The Findings of Fact and Conclusions of Law found in the Hearing Commissioner's Decision and Order, and as specified above, are hereby **AFFIRMED IN FULL**.

ORDER

IT IS HEREBY ORDERED that the Order of the Single Commissioner from which this appeal has been taken is hereby **AFFIRMED IN FULL**.

IT IS AFFIRMED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective June 30, 2010, the date on which Claimant reached maximum medical improvement.

IT IS AFFIRMED that as a result of Claimant's accidental injury occurring on July 22, 2008, she has sustained 10% permanent partial disability to the right upper extremity, for which she is entitled to 22 weeks at the compensation rate of \$344.35 per week which represents \$7,575.70. The Defendants are entitled to a credit or offset for the overpayment of temporary total compensation from June 30, 2010. As of the February 12, 2011, the credit represents 32 weeks of overpayment in the amount of \$11,019.20

IT IS AFFIRMED that Claimant reached maximum medical improvement on June 30, 2010, and as such Defendants are not liable for any additional medical, surgical, hospital or other medical treatment to Claimant after said date, until and unless further ordered by this Commission.

IT IS AFFIRMED that Claimant has not sustained any serious and permanent disfigurement as a result of this accident, and as such Defendants are not liable for same.

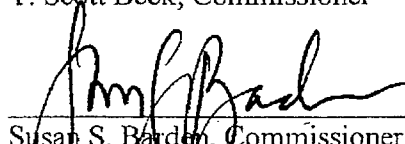
IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Andrea C. Roche, Commissioner
For the Appellate Panel

Concur:


T. Scott Beck, Commissioner


Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

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

This 23 day of January, 2012
By Valerie D. Deller

Administrative Assistant to the Commissioner

Candace G. Hendersman
Joseph T McElveen Jr

olina Workers' Compensation Commission
 715 • 1612 Marion Street
 Columbia, South Carolina 29202-1715
 803-737-5700

WCC File # 0810330
 Carrier File # WC550-614499
 Carrier Code #
 Employer FEIN

Claimant's Name	249-17-0683	SSN		Employer's Name			
227 Bobwhite Drive, Sumter, SC 29154				320 Neeley Street, Sumter, SC 29150			
Address	City	State	Zip	Address	City	State	Zip
(803) 840-5388				Liberty Mutual Insurance Company			
Home Phone	Work Phone			Insurance Carrier			
Candace G. Hindersman	4500 Fort Jackson Boulevard, Columbia, SC 29209			(803) 227-2888			
Preparer's Name	Address			Phone #			

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
 JOSEPH T. MCELVEEN, JR., ESQUIRE, ATTORNEY FOR CLAIMANT

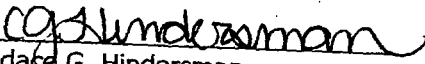
YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
APA #1: Tuomey ER	07/22/08 and 11/20/08	1 - 29
APA #2: Tuomey Industrial Medicine & Wellness	07/23/08 - 11/23/09	30 - 64
APA #3: Clarendon Memorial Hospital	11/26/08	65 - 66
APA #4: Midland's Orthopaedic	02/11/09	67 - 70
APA #5: Moore Orthopaedic	06/30/10	71 - 72

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.


 Candace G. Hindersman
 Willson Jones Carter & Baxley, P.A.
 4500 Fort Jackson Boulevard
 Columbia, SC 29209

November 29, 2010

December 15, 2010
 (hearing date)



Claimant's Name: Emma Hamilton
Address: 2227 Bobwhite Drive
City: Sumter State: SC Zip: 29154
Home Phone: (803) 840-5388 Work Phone: _____
Preparer's Name: Candace G. Hindersman, Attorney for Defendants

Employer's Name: Martin Color-Fi, Inc.
Address: 320 Neeley Street
City: Sumter State: SC Zip: 29150
Carrier: Liberty Mutual Insurance Company
Preparer's Phone #: (803) 227-2888

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$344.35 2. AWW: \$516.51 Date of Injury: July 22, 2008
3. Type of injury and body part(s): Right hand.
4. Facts in controversy: Whether Claimant is at MMI? If so, to what, if any, additional benefits is Claimant entitled? Are Defendants entitled to credit for overpayment?
5. Legal issues involved: § 42-15-60; § 42-9-30; Curiel vs. Environmental Management Services; Shealy vs. Algernon Blair, Inc. 250 S.C. 106 and other applicable statutes, regulations, and case law.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):* Employer Representative(s)
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: James Gee, M.D.; Tuomey Industrial Medical & Wellness; 250 West Wesmark Blvd., Building 2; Sumter, SC 29150; Dr. Michael Green; Midlands Orthopaedics, PA; 1910 Blanding St.; Columbia, SC 29201
11. Impairment rating(s); body part(s); physician and date of opinion: A 14B was completed by treating physician, Dr. Gee, on May 7, 2009. He asserted Dr. Green is a hand specialist and I defer to his opinion. 2%; right hand, Dr. Michael Green; Date of MMI – February 11, 2009; March 31, 2009 1%; Right hand; Dr. Michael Green; Date of MMI – February 11, 2009; April 1, 2009 No impairment; right hand; Dr. Fulton; June 30, 2010.
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:
Candace G. Hindersman, Willson Jones Carter & Baxley, P.A.

Email: cghindersman@wjlaw.net

Date of hearing: December 15, 2010

Time needed for hearing: 30 minutes

On behalf of ☐ Claimant ☒ Employer

I certify that I have served this document pursuant to R.67-212 by delivering a copy to JOSEPH T. MCELVEEN, JR., Esquire,
Name

17 E. Calhoun Street, P.O. Box 2038, Sumter, SC 29151-2038; and The Honorable G. Bryan Lyndon, SC WCC, P.O. Box 1715, Columbia, SC 29202-1715
Address

on the 29th day of November, 2010 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Ivey L. Gable, Certifier

November 29, 2010
Date

ER

ADMISSION RECORD

Patient Name / Address HAMILTON,EMMA R 2227 BOB WHITE DRIVE SUMTER,SC 29154 Phone 803-773-7879 Social Security No. 249-17-0683 Employer MARTIN COLOR-FI		Account No. 12964385	Room / Bed	Type ER	Location / Service ED	Medical Rec. No. 238287	
Guarantor / Address HAMILTON,EMMA R 2227 BOB WHITE DRIVE SUMTER,SC 29154 Phone 803-773-7879 Relationship SAME AS PATIENT Guarantor Employer MARTIN COLOR-FI		Date of Birth 12/04/84	Age 43	Sex F	MarStat D	Religion BAP	Race W
		Person to Notify / Address RUSSELL,MARY LOU LEWIS ROAD SUMTER,SC 29150 Home Phone 803-236-4449				Relationship M	
		Next of Kin / Address RUSSELL,MARY LOU LEWIS ROAD SUMTER,SC 29150 Home Phone 803-236-4449				Relationship M	
Financial Class A							
Insurance Name LIBERTY MUTUAL		Policy Number 249170683		Coverage Number		Subscriber / Insured Name HAMILTON,EMMA R	
Accident Information ACCIDENT/EMPL R		Reason for Visit HAND CRUSHED IN MACHINE					
Accident Date / Time 07/22/08		Comments				Height / Weight	
Admit Date / Time 07/22/08 1308		Admitting Physician				Attending Physician FAMILY HEALTH CENTER	
Hospital Days		Surgeon		Consult		Discharge Date / Time	
HOME OMI SNF ICF HH DIED AUTOPSY		Anesthesiologist		Consult			

Admitting Diagnosis

Diagnosis and Procedure
Code

Principal Diagnosis

Secondary Diagnosis

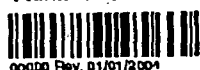
Procedure

Does pt have Advance Directive (Living Will)? No
 Does pt have Health Care Power of Attorney? No
 Does patient want info on Advance Directive? No
 Are you an organ donor? No

If yes, Living Will copy received? N
 If yes, Health Care Power of Attorney copy received?


TUOMEY
 129 North Washington Street
 Sumter, South Carolina 29150

Admission Record (ER)



0000 Rev. 01/01/2004



HAMILTON,EMMA R
 Acct: 12964385 Unit: 238287
 FAMILY HEALTH CENTER
 ER DOS: 07/22/08
 F W Age: 43 DOB: 12/04/84

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

TUOMEY HEALTHCARE
EMERGENCY RECORD

TRIAGE (13:04 SRA)

COMPLAINT: COMPLAINT: CRUSHED HAND.

ADMISSION: URGENCY: 1 - Emergent, BED: LOBBY.

PATIENT: NAME: Emma R Hamilton, AGE: 43, GENDER: female, DOB: Fri
Dec 04, 1964. Pt wants EDHIV test?: Patient does not want EDHIV test,
Fall related visit: No, New onset weakness: No, ZIP CODE: 29150, KG
WEIGHT: 81.6, PHONE: 803-316-3864, MEDICAL RECORD NUMBER: 238267,
PAYMENT: Blue Cross.

PREVIOUS VISIT ALLERGIES: Sulfur.

ASSESSMENT: .

ALERT AND ORIENTED. SKIN WARM AND DRY. RESP EVEN AND NONLABORED. C/O
PAIN TO RIGHT HAND/WRIST. PT'S HAND WAS CAUGHT IN A MACHINE. +RADIAL
PULSE AND CAP REFILL. STATES UNABLE TO MOVE FINGERS. +SENSATION. PT WAS
GIVEN 4MG OF MORPHINE PER EMS.

TREATMENTS IN PROGRESS: Site: L arm, Gauge: 20.

VITAL SIGNS: BP 132/87, Pulse 76, Resp 20, Temp 97.4, Pain 10, O2
Sat 100, on RA, Time 7/22/2008 12:57.

KNOWN ALLERGIES

Sulfur.

CURRENT MEDICATIONS: No recorded medications

HPI HAND (13:16 DRAG)

CHIEF COMPLAINT: Patient presents for the evaluation of right,
hand injury, hand swelling, hand pain, hand complications, specifically
decreased range of motion, hand weakness.

HISTORIAN: History obtained from patient.

MECHANISM: Complaint occurred by caught in machine at work.

OCCURRED: Just prior to presentation. Patient currently has
symptoms.

LOCATION: No localizing symptoms, Dominant Hand: Right.

QUALITY: Patient describes pain as throbbing.

SEVERITY: Maximum severity is severe, Currently symptoms are
severe.

RELIEVED BY: Patient's condition relieved by nothing.

EXACERBATED BY: Patient's condition exacerbated by flexion of
fingers, flexion of wrist.ASSOCIATED WITH: Patient denies clavicle pain, shoulder pain,
elbow pain. Patient states wrist pain is present, hand pain is present,
finger pain is present, Patient denies distal neuro c/o, Patient denies
proximal injury, distal injury.NOTES: pt with c/o r hand pain secondary to being caught in
machine at work. decreased rom. no numbness/tingling. no other injury.

PAST MEDICAL HISTORY

MEDICAL HISTORY: Additional history includes: History of
pulmonary disease, including asthma, with use of inhaler. . (13:04
SRA)

SURGICAL HISTORY: History of tonsillectomy. (13:04 SRA)

PSYCHIATRIC HISTORY: No previous psychiatric history. (13:04
SRA)

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 1 of 9

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 12964385
Prepared: Tue Jul 22, 2008 16:57 by Page: 1 of 5TUOMEY HEALTHCARE
EMERGENCY RECORDSOCIAL HISTORY: Denies drug abuse, Lives with others, Denies
alcohol abuse, SMOKES 1 PPD. (13:04 SRA)FAMILY HISTORY: Family history is not contributory to this case.
(13:16 DRAG)NOTES: Nursing records reviewed; Agree with nursing records,
Emergency medical services record reviewed, Medication list reviewed.
(13:16 DRAG)

ROS (13:16 DRAG)

MUSCULOSKELETAL: Historian reports arthralgias, injury. No
myalgias.

SKIN: No skin lesions.

NEUROLOGIC: No paresthesias, focal weakness, sensory changes.

HEMO/LYMPHATIC: No anemia, easy bleeding, abnormal clotting.

PSYCHIATRIC: No drug abuse, alcohol abuse.

ALL SYSTEMS NEGATIVE: All relevant systems reviewed and all
negative except for the above.

PHYSICAL EXAM (13:18 DRAG)

CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed.

Patient has normal pulse, normal blood pressure, normal respiratory
rate, Well appearing, Alert and oriented X 3. Patient appears
uncomfortable, to be in pain. Patient has moderate pain distress.

CARDIOVASCULAR: strong radial/ulnar pulse.

UPPER EXTREMITY: Hand evaluation shows, no deformity, no
erythema, radial pulse intact, ulnar pulse intact, capillary refill
less than 2 seconds, distal sensory intact. Ecchymosis noted, dorsally,
Swelling noted, dorsally, Hematoma noted, dorsally. Tenderness to
palpation, of dorsal hand, Active range of motion:, limited, causes
pain, Passive range of motion, limited, causes pain, ecchymosis dorsal
wrist. diffuse wrist/hand tenderness. no skin break. no obvious
deformity. .NEURO: GCS is 15. No focal motor deficits, focal sensory
deficits, cerebellar deficits, Speech normal, Gait normal, Memory
normal.SKIN: Skin is warm, Skin is dry, Skin is normal color, Skin exam
normal except as noted.

PSYCHIATRIC: Oriented X 3. Normal affect, insight, concentration.

VITAL SIGNS

VITAL SIGNS: BP: 132/87, Pulse: 76, Resp: 20, Temp: 97.4, Pain:
10, O2 sat: 100 on RA, Time: 7/22/2008 12:57. (13:04 SRA)
BP: 120/73, Pulse: 80, Resp: 16, O2 sat: 100% on ra, Time: 7/22/2008
14:31. (14:32 MEF)

ORDERS

Vital Signs Every 2 Hours by DRAG for DRAG on Tue Jul 22, 2008 13:10
Status: Done by MEF Tue Jul 22, 2008 13:14.

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 2 of 9

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

INT by DRAG for DRAG on Tue Jul 22, 2008 13:09 Status: Done by MEF Tue
Jul 22, 2008 13:15.XR HAND - RIGHT 3 VIEWS 1563 by DRAG for DRAG on Tue Jul 22, 2008 13:10
Status: Active.Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 12964385
Prepared: Tue Jul 22, 2008 16:57 by Page: 2 of 5TUOMEY HEALTHCARE
EMERGENCY RECORDVital Signs Every 2 Hours by DRAG for DRAG on Tue Jul 22, 2008 13:09
Status: Done by MEF Tue Jul 22, 2008 13:14.

DOCTOR NOTES (14:14 DRAG)

TEXT: pt with hand/wrist injury. compartments soft. ~~moderate~~
~~swelling~~ nv intact. neg xray for fx. pt placed in splint. d/w ortho.
will f/u with ortho for recheck as pt at risk for developing
compartment secondary to mechanism. d/w pt to return for increased
pain/swelling/numbness/decreased rom/ pt able to move all fingers at
time of dispo. d/w pt that she must keep her arm elevated above her
heart. pt voices understanding and agrees with dispo and plan.INTERVENTIONS: Pain medications administered:, HYDROMORPHONE,
KETOROLAC, Pain medications were given IV.PATIENT STATUS: Patient has stabilized since arrival to emergency
department.D/W: Discussed with appropriate consultants, Discussed this case
with Dr. Ford, Orthopedic surgery, Risk and benefits discussed. with
patient.

DATA REVIEWED: Xray data reviewed, Discussed with consultants.

LEVEL OF RISK: Minimal level of risk.

MEDICATION SERVICE

Dilaudid: Order: Dilaudid (Hydromorphone Hydrochloride) : 1
milligram(s) : Intravenous

Ordered by: Aaron Garrett

Entered by: Aaron Garrett Tue Jul 22, 2008 13:09

Acknowledged by: Marybeth Fralick Tue Jul 22, 2008 13:15

Documented as given by: Marybeth Fralick Tue Jul 22, 2008 13:26

Patient, Medication, Dose, Route and Time verified prior to
administration.Time given: 1325, Amount given: 1MG, IV site 1, Medication administered
into left AC, IVP, Initial medication, Slowly, Catheter placement
confirmed via flush prior to administration, IV site without signs or
symptoms of infiltration during medication administration, No swelling
during administration, No drainage during administration, IV flushed
after administration, Correct patient, time, route, dose and medication
confirmed prior to administration, Patient advised of actions and
side-effects prior to administration, Allergies confirmed and
medications reviewed prior to administration. (13:09 DRAG): Follow Up : Time: 1345. No change in pain, On a scale 0-10
patient rates pain as 10. (13:47 MEF)

Toradol IV/IM: Order: Toradol IV/IM (Ketorolac Tromethamine) :

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 3 of 9

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

30 milligram(s) : IVP
Ordered by: Aaron Garrett
Entered by: Aaron Garrett Tue Jul 22, 2008 14:14
Documented as given by: Marybeth Fralick Tue Jul 22, 2008 14:31
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 1425, Amount given: 30mg, IV site 1, Medication administered into left AC, IVP, Subsequent different medication, Slowly, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No
Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 12964385
Prepared: Tue Jul 22, 2008 16:57 by Page: 3 of 5

TUOMEY HEALTHCARE
EMERGENCY RECORD

swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration. (14:14 DRAG)

MEDICATION ADMINISTRATION SUMMARY (16:57)

Drug Name: Toradol IV/IM, Dose: 30 milligram(s), Route: IVP, Status: Given, Ordered: 14:31 7/22/2008,

Drug Name: Dilaudid, Dose: 1 milligram(s), Route: Intravenous, Status: Given, Ordered: 13:26 7/22/2008, Detailed record available in Medication Service section.

O2SAT INTERPRETATION (13:18 DRAG)

O2SAT: O2 saturation reading 100%, O2 AMT: R.A., O2 Sat normal, None needed.

RADIOLOGY INTERPRETATION (14:05 DRAG)

UPPER EXTREMITIES: Radiological interpretation of, the right hand shows, hand negative, no fractures, no dislocations, no foreign bodies, no bony lesions, no degenerative joint disease, no soft tissue swelling.

INTERPRETER: Preliminary review of x-rays by ED Physician.

ORTHO SPLINTING (13:55 SGO)

TIME OUT: Side/site verified. Patient identification confirmed.

ORTHO SPLINTING: Verbal consent obtained, Performed by physician extender, Indicated for pain, Thumb spica post mold applied, Applied to left hand. Post splinting neurovascular check: Capillary refill normal, Distal sensation is intact, Distal motor function is normal, Well aligned. Patient tolerated procedure well.

DIAGNOSIS (14:14 DRAG)

FINAL: PRIMARY: Crush - hand and wrist, ADDITIONAL: Wrist sprain.

PRESCRIPTION (14:15 DRAG)

Naprosyn: Tablet : 500 mg : Oral=Quantity: ***1*** Unit: tab
Route: Oral Schedule: 2 times a day Dispense: ***30***

POTENTIAL SEVERE INTERACTION: Toradol IV/IM (Ketorolac Tromethamine).
Percocet 5/325: Tablet : 325 Mg-5 Mg : Oral=Quantity: ***1***

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 4 of 9

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

Unit: tab Route: Oral Schedule: every 6 hours as needed Dispense:
15.

INSTRUCTION (14:16 DRAG)

DISCHARGE: COMPARTMENT SYNDROME, PRECAUTIONS, WRIST SPRAIN -
WITH SPLINT, CRUSH INJURY, FINGER/TOE - WITH XRAY.FOLLOWUP: DANNY H FORD 100 N. Sumter Street Suite 200 SUMTER SC
29150 803-774-7621.

SPECIAL: Take medication as prescribed

Return if worse

Follow up with your private MD in the AM. Return to ED if worse.

Ice and elevate (Keep arm elevated above your heart)

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 12964385

Prepared: Tue Jul 22, 2008 16:57 by

Page: 4 of 5

TUOMEY HEALTHCARE
EMERGENCY RECORD

Follow up with referral physician first thing in the morning.

DISPOSITION

PATIENT: Disposition: Home, Disposition Transport: Family/Friend
Drive, Condition: Stable. (14:14 DRAG)Pain Scale: 05, O2 used while in ED?: No, IV stop time docd?: NA, Remove
from ER. (14:32 MEF)

NURSING PROCEDURE: TRANSPORT TO TESTS (13:25 MEF)

TIME: Procedure was performed at 1325. Patient transported to,

X-ray, Patient transported via, cart, Patient accompanied by, ER tech.

NURSING PROCEDURE: NURSE NOTES (13:48 MEF)

TIME: Time: 1345, Pt returned from xray. Pt states pain has not

decreased since administration of pain medications. Skin w/d.

Respirations equal and unlabored bilaterally. Awaiting xray results to
post chart for MD review.

NURSING PROCEDURE: DISCHARGE NOTE (14:32 MEF)

TIME: Patient discharged at 1428, Patient discharged to, home,

Patient, ambulates without assistance, Transported via friend/family
driving, Accompanied by friend, IV discontinued with catheter intact.Dressing placed to IV site, Discharge instructions given to, patient,
Simple/moderate discharge teaching performed, Prescription given andadditional instructions on side effects of same given, Medication
reconciliation form given to patient, Above Person(s) verbalized
understanding of discharge instructions and follow-up care.VITAL SIGNS: BP: 120, / 73, Pulse: 80, Resp: 16, O2 sat: 100%,
ra.

NURSING PROCEDURE: DISCHARGE NOTE (16:56 TEF)

TIME: D/A screen completed per Sophia, EDT.

ADMIN

DIGITAL SIGNATURE: Garrett, Aaron. (15:15 DRAG)

Floyd, Tonya. (16:57 TEF)

Key:

DRAG=Garrett, Aaron MEF=Frailick, Marybeth SGO=Stevens, PA-C, Shelley

SRA=Avins, RN, Stacy TEF=Floyd, Tonya

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 5 of 9

6

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 12964385
Prepared: Tue Jul 22, 2008 16:57 by Page: 5 of 5

INSTRUCTIONS

- * The examination and treatment you received in the emergency department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic.

*

FINAL DIAGNOSIS Crush - hand and wrist

ADDITIONAL DIAGNOSIS Wrist sprain FOLLOWUP CONTACTS. DANNY H FORD 100 N. Sumter Street Suite 200 SUMTER SC 29150 Phone: 803-774-7621 SPECIAL

INSTRUCTIONS Take medication as prescribed Return if worse Follow up with your private MD in the AM. Return to ED if worse. Ice and elevate (Keep arm elevated above your heart) Follow up with referral physician first thing in the morning MEDICAL INSTRUCTIONS COMPARTMENT SYNDROME, PRECAUTIONS

You have had an injury that may put you at risk of developing COMPARTMENT SYNDROME. Your arms, legs, and even hands and feet have several compartments that separate groups of muscles and tendons. Compartments hold muscle, nerves, arteries, veins and bones. These compartments are surrounded by strong fibrous tissues that do not stretch or expand. If there is significant swelling inside the compartment, the muscles and nerves may be severely damaged because the pressure that builds up will crush the tissue and cut off its blood supply. Symptoms of compartment syndrome may include:

- Pain of the extremity. Pain is the hallmark (main symptom) of compartment syndrome and is usually constant, increasing and often severe. You may also have severe pain with movement of the fingers or toes, ankle, or wrist. You may also have severe pain if someone else moves tries to move your fingers or toes or bumps against you.
- "Pins and needles" sensation or numbness (loss of feeling) in the extremity.
- Cold, pale extremity with decreased pulse. Loss of a pulse in compartment syndrome is a very late finding, happening only after severe damage to the muscle in the extremity has already happened.
- Paralysis-Inability to move the affected area.

Use the following general instructions:

- REST: Limit the use of the injured body part.
- ICE: By applying ice to the affected area, swelling and pain can be reduced. Place some ice cubes in a re-sealable (Ziploc) bag and add some water. Put a thin washcloth between the bag and your skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. Using the ice for longer times and more frequently is OK. NEVER APPLY ICE DIRECTLY TO THE SKIN.
- ELEVATE: Elevation of the injured extremity is VERY IMPORTANT. This will help to reduce swelling and inflammation, and may also help to prevent compartment syndrome. For example, an arm can be elevated by using a sling while standing, or by propping it up on pillows while lying down. Proper elevation should raise the injured limb above the level of the heart.

WARNING: Compartment syndrome is a serious condition and may result in severe and permanent damage to the muscles, nerves and bones. In severe cases, there is the possibility of loss of the limb. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 6 of 9

**Tuomey Healthcare System
Emergency Room Record**

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - Constant, increasing, severe pain in the extremity. - Swelling associated with pain. - "Pins and needles" sensation or numbness (loss of feeling) in the extremity. - Severe pain with movement of the wrist, ankle, fingers, toes of the injured extremity. - If the injured extremity becomes pale and/or the pulse in the extremity becomes weak or disappears. **WRIST SPRAIN - WITH SPLINT**
You have been diagnosed with a sprain of the wrist. A sprain is an injury to a ligament, usually a tear or partial tear. Ligaments are the tough bands that hold the bones in your wrist together. Sprains are often as painful as fractures (broken bones). Sprains are often divided into 3 types, depending on how bad the injury is: a first-degree sprain is considered a minor tear whereas a third-degree sprain often involves a chip fracture of the bone that the ligament is attached to. The general care of a sprain includes the use of pain medicine, the use of a splint to reduce movement and Resting, Icing, Compressing and Elevating the injured area. Remember this as "RICE." - Rest: Limit the use of the injured body part. - ICE: By applying ice to the affected area, swelling and pain can be reduced. Place some ice cubes in a re-sealable (Ziploc) bag and add some water. Put a thin washcloth between the bag and your skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. Using the ice for longer times and more frequently is OK. NEVER APPLY ICE DIRECTLY TO THE SKIN. - COMPRESS: Compression means to apply pressure around the injured area such as with a splint, cast or an ace bandage. Compression decreases swelling and improves comfort. Compression should be tight enough to relieve swelling but not so tight as to decrease circulation. Increasing pain, numbness, tingling, or change in skin color, are all signs of decreased circulation. - Elevate: Elevate the injured part. For example, a sprained wrist can be placed in a sling while awake and propped up on pillows while lying down. You have been given a SPLINT for your sprain to decrease pain and help to keep the injured area from moving around. You should use the following SPLINT CARE INSTRUCTIONS and do the following things often throughout the day: - Check the capillary refill (circulation) by pressing on the nail bed and then releasing the nail bed. It should turn white when you press on it and then promptly return to pink in less than 2 seconds after you let go. - Watch for swelling of the area beyond the splint. - If the skin of the hand/foot or fingers/toes seems cold, pale or numb to the touch, the splint may be too tight. The wrap holding the splint in place can be loosened or you can return here or go to the nearest Emergency Department to have it adjusted. You should use the splint: - Until follow-up with your doctor or the referral orthopedic (bone) doctor. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - You experience a severe increase in pain in the affected area. - You develop new numbness and tingling in or below the affected area. - You develop a cold, pale hand or foot that appears to have a problem with its blood supply. **CRUSH INJURY, FINGER/TOE - WITH XRAY** After evaluation here today, you have been diagnosed with a crush injury. Crush injuries are common, painful injuries usually involving the fingers and toes. Treatment of crush injuries depends on extent of injury and associated injuries (lacerations or cuts, broken bones, nail bed

TUOMEY REGIONAL MEDICAL CTR PCI *LIVE* (PCI: OE Database TUH)

Run: 07/23/08-11:19 by MARTIN, DELCENIA S.

Page 7 of 9

**Tuomey Healthcare System
Emergency Room Record**

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

lacerations). Elevation is VERY important. Elevation (above the level of the heart) will help to reduce pain and swelling. Elevation is recommended for the first 24 hours after the injury. X-rays were obtained and do not reveal any fractures (broken bones). Keep the wound clean and dry for the next 24 hours and avoid excessive moisture. You can wash the wound gently with soap and water, and then apply a dry bandage. DO NOT allow your wound to soak in water (i.e. doing dishes or swimming). You can shower, but be careful not to be too abrasive to your stitches. Allow wound to dry before putting another bandage on. Remove old dressings daily and apply a clean dry dressing. Change the dressing if it becomes wet. - If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off more easily. - To help remove a scab, cleanse the area with a mixture of half hydrogen peroxide and half water. This will also help us to remove the sutures when they are ready to come out. - Allow the area to dry thoroughly. - Unless instructed to do otherwise, you can place a thin layer of antibiotic ointment over the wound. You can buy Polysporin (Triple Antibiotic), Bacitracin, or Neosporin over-the-counter. Neosporin can sometimes cause irritation to your skin. If this happens, stop using it and switch to another topical antibiotic. - Apply a clean, dry bandage over the wound if necessary to protect the wound. Keep the affected area elevated for the next 24 hours to decrease swelling and pain. You may also want to apply ice to the area. - By applying ice to the affected area, swelling and pain can be reduced. Place some ice cubes in a resealable (Ziploc) bag and add some water. Put a thin washcloth between the bag and your skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. Longer times and more frequently are OK. NEVER APPLY ICE DIRECTLY TO THE SKIN. You MAY have been given a local anesthetic to help with your pain. It will wear off in about 2 hours. Until that time, you must be careful not to injure yourself because of decreased feeling to the area. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS: - Unusual redness or swelling. - Red streaks starting up the arm or leg. - Foul drainage or odor from wound. - Fever, chills, increasing pain and/or swelling. - Worsening numbness and/or tingling sensation, paleness. - If the injured area becomes cold and turns blue. PRESCRIPTIONS Naprosyn : Tablet : 500 mg : Oral Dispense: 30, Quantity: 1, Schedule: 2 times a day Percocet 5/325 : Tablet : 325 Mg-5 Mg : Oral Dispense: 15, Quantity: 1, Schedule: every 6 hours as needed

* X-rays. X-rays are read initially by the emergency physician. The X-ray will be read by a radiology physician specialist within 24 hours.

If the radiologist notes any differences, you will be contacted by the emergency department. ** Lab Work. Results of lab testing done in the Emergency Department are available to your private physician. Lab results cannot be given over the Emergency Department phone.* IMPORTANT: If your condition gets worse or you have any concerns and you cannot contact your physician, return promptly to Tuomey Healthcare Systems Emergency Department. (803)774-9111**Disclaimer: Home medications and allergies listed on Patient Medication History Record are as reported by

Tuomey Healthcare System
Emergency Room Record

07/22/08

Patient: HAMILTON, EMMA R
Unit #: 238267

Account #: 12964385

patient/family to Tuomey ED staff.** DISCHARGE INSTRUCTIONS RECEIPT FINAL
DIAGNOSIS Crush - hand and wrist ADDITIONAL DIAGNOSIS Wrist sprain
FOLLOWUP CONTACTS DANNY H FORD 100 N. Sumter Street Suite 200 SUMTER SC
29150 Phone: 803-774-7621 THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Take medication as prescribed Return if worse Follow up with your private
MD in the AM. Return to ED if worse. Ice and elevate(Keep arm elevated
above your heart) Follow up with referral physician first thing in the
morning THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN COMPARTMENT
SYNDROME, PRECAUTIONS WRIST SPRAIN - WITH SPLINT CRUSH INJURY,
FINGER/TOE - WITH XRAY THE FOLLOWING PRESCRIPTIONS WERE GIVEN Naprosyn :
Tablet : 500 mg : Oral Dispense: 30, Quantity: 1, Schedule: 2 times a
day Percocet 5/325 : Tablet : 325 Mg-5 Mg : Oral Dispense: 15,
Quantity: 1, Schedule: every 6 hours as
needed _____ Patient
Signature _____ : _____ Rn/LPN Ini. TIME

082100000157

PATIENT CARE FORM

08-082-745 TRIP NO.

PATIENT IDENTIFICATION (101-110)			DISPOSITION (111-112)		TYPE OF INCIDENT		CALL TYPE		PATIENT STATUS	
LAST NAME (101-110)	FIRST NAME (101-110)	MI (101)	01 ☐ TREATING TRANS.	02 ☐ DOA AT SCENE	TRAUMA (112)	MEDICAL (113)	TO SCENE (114)	ON SCENE (115)	FROM SCENE (116)	
HAMILTON	EMMA A		03 ☐ HOSPITALER	04 ☐ HOSP. DIR. ADMIT.	1 ☐ MVA	1 ☐ ENVIRON	1 ☐ EMERGENCY	2 ☐ URGENT	1 ☐ URGENT	
STREET (111-112)	APT. (111)	ZIP CODE (113-114)	05 ☐ PATIENT'S HOME	06 ☐ NURSING HOME	2 ☐ MC	2 ☐ BEHAV	2 ☐ NONEMERGENCY	2 ☐ NON URGENT	2 ☐ NON URGENT	
227 Bob White Rd		29157	07 ☐ DR.'S OFFICE	08 ☐ OUTPATIENT	3 ☐ BIKES	3 ☐ OB/GYN	INCIDENT LOCATION			
CITY (115-116)	STATE (117-118)	ZIP CODE (119-120)	09 ☐ PT. REFUSED TREAT.	10 ☐ EMS TRANSFER	4 ☐ PED	4 ☐ RESP	ST. OR HWY. NAME OR NO. 320 Noddy St			
Sumter	SC	29157	11 ☐ OTHER		5 ☐ ASSAULT	5 ☐ CARDIAC	CITY Sumter, SC			
SEX (104)	RACE (105)	AGE (106-109)			6 ☐ FALL	6 ☐ INTERFAC	County (117-118) 43 Zip Code (119-120) 29157			
☐ Male	1 ☒ White	12 04 YRS.			7 ☐ FIRE	7 ☐ OTHER	SAFETY ECP (124)			
☒ Female	2 ☐ Black	4 YRS.			8 ☐ INTERFAC		SITE OF INCIDENT (125)			
☐ Undetermined	3 ☐ Am. Indian	4 YRS.			9 ☐ OTHER		1 ☐ Seabeds 4 ☐ Child Seat			
	4 ☐ Hispanic	4 YRS.					2 ☐ Highway 5 ☐ None			
	5 ☐ Asian	4 YRS.					3 ☐ Airports 6 ☐ Urban			
	6 ☐ Other	4 YRS.					1 ☐ ROADWAY 4 ☐ RECREATIONAL			
		4 YRS.					2 ☐ RESIDENCE 5 ☐ AGRICULTURAL			
		4 YRS.					3 ☐ INDUSTRIAL 6 ☐ OTHER			
PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)					PRIMARY IMPRESSION (138-140)		TREATMENT PROCEDURES (141-147)			
01 ☐ Seizure					01 ☐ Dressing Applied		01 ☐ Oxygen Given			
02 ☐ Diabetic					02 ☒ Limb Splinted		02 ☐ Suction Used			
03 ☐ Abrasion/Contusions					03 ☐ Spine Immobilized		03 ☐ Antishock Trousers			
04 ☐ Laceration					04 ☐ Neck Immobilized		04 ☐ Airway Maintained			
05 ☐ Fracture					05 ☐ OB Assistance		05 ☐ Antishock Treatment			
06 ☐ Head Injury					06 ☐ Oral Airway Used		06 ☐ Cardiac Massage			
07 ☐ Spinal Injury					07 ☐ Other		07 ☐ Bleeding Controlled			
08 ☐ Stroke					08 ☐ Other		08 ☐ Cold Application			
09 ☐ G.I. Problems					09 ☐ Other		09 ☐ Patient Restrained			
10 ☐ Other					10 ☐ Other		10 ☐ Other (Use Comments)			
11 ☐ Other					11 ☐ Other		11 ☐ Ventilator			
12 ☐ Other					12 ☐ Other		12 ☐ Other			
13 ☐ Other					13 ☐ Other		13 ☐ Other			
14 ☐ Other					14 ☐ Other		14 ☐ Other			
15 ☐ Other					15 ☐ Other		15 ☐ Other			
16 ☐ Other					16 ☐ Other		16 ☐ Other			
17 ☐ Other					17 ☐ Other		17 ☐ Other			
18 ☐ Other					18 ☐ Other		18 ☐ Other			
19 ☐ Other					19 ☐ Other		19 ☐ Other			
20 ☐ Other					20 ☐ Other		20 ☐ Other			
21 ☐ Other					21 ☐ Other		21 ☐ Other			
22 ☐ Other					22 ☐ Other		22 ☐ Other			
23 ☐ Other					23 ☐ Other		23 ☐ Other			
24 ☐ Other					24 ☐ Other		24 ☐ Other			
25 ☐ Other					25 ☐ Other		25 ☐ Other			
26 ☐ Other					26 ☐ Other		26 ☐ Other			
27 ☐ Other					27 ☐ Other		27 ☐ Other			
28 ☐ Other					28 ☐ Other		28 ☐ Other			
29 ☐ Other					29 ☐ Other		29 ☐ Other			
30 ☐ Other					30 ☐ Other		30 ☐ Other			
31 ☐ Other					31 ☐ Other		31 ☐ Other			
32 ☐ Other					32 ☐ Other		32 ☐ Other			
33 ☐ Other					33 ☐ Other		33 ☐ Other			
34 ☐ Other					34 ☐ Other		34 ☐ Other			
35 ☐ Other					35 ☐ Other		35 ☐ Other			
36 ☐ Other					36 ☐ Other		36 ☐ Other			
37 ☐ Other					37 ☐ Other		37 ☐ Other			
38 ☐ Other					38 ☐ Other		38 ☐ Other			
39 ☐ Other					39 ☐ Other		39 ☐ Other			
40 ☐ Other					40 ☐ Other		40 ☐ Other			
41 ☐ Other					41 ☐ Other		41 ☐ Other			
42 ☐ Other					42 ☐ Other		42 ☐ Other			
43 ☐ Other					43 ☐ Other		43 ☐ Other			
44 ☐ Other					44 ☐ Other		44 ☐ Other			
45 ☐ Other					45 ☐ Other		45 ☐ Other			
46 ☐ Other					46 ☐ Other		46 ☐ Other			
47 ☐ Other					47 ☐ Other		47 ☐ Other			
48 ☐ Other					48 ☐ Other		48 ☐ Other			
49 ☐ Other					49 ☐ Other		49 ☐ Other			
50 ☐ Other					50 ☐ Other		50 ☐ Other			
51 ☐ Other					51 ☐ Other		51 ☐ Other			
52 ☐ Other					52 ☐ Other		52 ☐ Other			
53 ☐ Other					53 ☐ Other		53 ☐ Other			
54 ☐ Other					54 ☐ Other		54 ☐ Other			
55 ☐ Other					55 ☐ Other		55 ☐ Other			
56 ☐ Other					56 ☐ Other		56 ☐ Other			
57 ☐ Other					57 ☐ Other		57 ☐ Other			
58 ☐ Other					58 ☐ Other		58 ☐ Other			
59 ☐ Other					59 ☐ Other		59 ☐ Other			
60 ☐ Other					60 ☐ Other		60 ☐ Other			
61 ☐ Other					61 ☐ Other		61 ☐ Other			
62 ☐ Other					62 ☐ Other		62 ☐ Other			
63 ☐ Other					63 ☐ Other		63 ☐ Other			
64 ☐ Other					64 ☐ Other		64 ☐ Other			
65 ☐ Other					65 ☐ Other		65 ☐ Other			
66 ☐ Other					66 ☐ Other		66 ☐ Other			
67 ☐ Other					67 ☐ Other		67 ☐ Other			
68 ☐ Other					68 ☐ Other		68 ☐ Other			
69 ☐ Other					69 ☐ Other		69 ☐ Other			
70 ☐ Other					70 ☐ Other		70 ☐ Other			
71 ☐ Other					71 ☐ Other		71 ☐ Other			
72 ☐ Other					72 ☐ Other		72 ☐ Other			
73 ☐ Other					73 ☐ Other		73 ☐ Other			
74 ☐ Other					74 ☐ Other		74 ☐ Other			
75 ☐ Other					75 ☐ Other		75 ☐ Other			
76 ☐ Other					76 ☐ Other		76 ☐ Other			
77 ☐ Other					77 ☐ Other		77 ☐ Other			
78 ☐ Other					78 ☐ Other		78 ☐ Other			
79 ☐ Other					79 ☐ Other		79 ☐ Other			
80 ☐ Other					80 ☐ Other		80 ☐ Other			
81 ☐ Other					81 ☐ Other		81 ☐ Other			
82 ☐ Other					82 ☐ Other		82 ☐ Other			
83 ☐ Other					83 ☐ Other		83 ☐ Other			
84 ☐ Other					84 ☐ Other		84 ☐ Other			
85 ☐ Other					85 ☐ Other		85 ☐ Other			
86 ☐ Other					86 ☐ Other		86 ☐ Other			
87 ☐ Other					87 ☐ Other		87 ☐ Other			
88 ☐ Other					88 ☐ Other		88 ☐ Other			
89 ☐ Other					89 ☐ Other		89 ☐ Other			
90 ☐ Other					90 ☐ Other		90 ☐ Other			
91 ☐ Other					91 ☐ Other		91 ☐ Other			
92 ☐ Other					92 ☐ Other		92 ☐ Other			
93 ☐ Other					93 ☐ Other		93 ☐ Other			
94 ☐ Other					94 ☐ Other		94 ☐ Other			
95 ☐ Other					95 ☐ Other		95 ☐ Other			
96 ☐ Other					96 ☐ Other		96 ☐ Other			
97 ☐ Other					97 ☐ Other		97 ☐ Other			
98 ☐ Other					98 ☐ Other		98 ☐ Other			
99 ☐ Other					99 ☐ Other		99 ☐ Other			
100 ☐ Other					100 ☐ Other		100 ☐ Other			
101 ☐ Other					101 ☐ Other		101 ☐ Other			
102 ☐ Other					102 ☐ Other		102 ☐ Other			
103 ☐ Other					103 ☐ Other		103 ☐ Other			
104 ☐ Other					104 ☐ Other		104 ☐ Other			
105 ☐ Other					105 ☐ Other		105 ☐ Other			
106 ☐ Other					106 ☐ Other		106 ☐ Other			
107 ☐ Other					107 ☐ Other		107 ☐ Other			
108 ☐ Other					108 ☐ Other		108 ☐ Other			
109 ☐ Other					109 ☐ Other		109 ☐ Other			
110 ☐ Other					110 ☐ Other		110 ☐ Other			
111 ☐ Other					111 ☐ Other		111 ☐ Other			
112 ☐ Other					112 ☐ Other		112 ☐ Other			
113 ☐ Other					113 ☐ Other		113 ☐ Other			
114 ☐ Other					114 ☐ Other		114 ☐ Other			
115 ☐ Other					115 ☐ Other		115 ☐ Other			
116 ☐ Other					116 ☐ Other		116 ☐ Other			
117 ☐ Other					117 ☐ Other		117 ☐ Other			
118 ☐ Other					118 ☐ Other		118 ☐ Other			
119 ☐ Other					119 ☐ Other		119 ☐ Other			
120 ☐ Other					120 ☐ Other		120 ☐ Other			
121 ☐ Other					121 ☐ Other		121 ☐ Other			
122 ☐ Other					122 ☐ Other		122 ☐ Other			
123 ☐ Other					123 ☐ Other		123 ☐ Other			
124 ☐ Other					124 ☐ Other		124 ☐ Other			
125 ☐ Other					125 ☐ Other		125 ☐ Other			
126 ☐ Other					126 ☐ Other		126 ☐ Other			
127 ☐ Other					127 ☐ Other		127 ☐ Other			
128 ☐ Other					128 ☐ Other		128 ☐ Other			
129 ☐ Other					129 ☐ Other		129 ☐ Other			
130 ☐ Other					130 ☐ Other		130 ☐ Other			
131 ☐ Other					131 ☐ Other		131 ☐ Other			
132 ☐ Other					132 ☐ Other		132 ☐ Other			
133 ☐ Other					133 ☐ Other		133 ☐ Other			
134 ☐ Other					134 ☐ Other		134 ☐ Other			
135 ☐ Other					135 ☐ Other		135 ☐ Other			
136 ☐ Other					136 ☐ Other		136 ☐ Other			
137 ☐ Other					137 ☐ Other		137 ☐ Other			
138 ☐ Other					138 ☐ Other		138 ☐ Other			
139 ☐ Other					139 ☐ Other		139 ☐ Other			
140 ☐ Other					140 ☐ Other		140 ☐ Other			
141 ☐ Other					141 ☐ Other		141 ☐ Other			
142 ☐ Other					142 ☐ Other		142 ☐ Other			
143 ☐ Other					143 ☐ Other		143 ☐ Other			
144 ☐ Other					144 ☐ Other		144 ☐ Other			
145 ☐ Other					145 ☐ Other		145 ☐ Other			
146 ☐ Other					146 ☐ Other		146 ☐ Other			
147 ☐ Other					147 ☐ Other		147 ☐ Other			
148 ☐ Other					148 ☐ Other		148 ☐ Other			
149 ☐ Other					149 ☐ Other		149 ☐ Other			
150 ☐ Other					150 ☐ Other		150 ☐ Other			
151 ☐ Other					151 ☐ Other		151 ☐ Other			
152 ☐ Other					152 ☐ Other		152 ☐ Other			
153 ☐ Other					153 ☐ Other		153 ☐ Other			
154 ☐ Other					154 ☐ Other		154 ☐ Other			
155 ☐ Other					155 ☐ Other		155 ☐ Other			
156 ☐ Other					156 ☐ Other		156 ☐ Other			
157 ☐ Other					157 ☐ Other		157 ☐ Other			
158 ☐ Other					158 ☐ Other		158 ☐ Other			
159 ☐ Other					159 ☐ Other		159 ☐ Other			
160 ☐ Other					160 ☐ Other		160 ☐ Other			
161 ☐ Other					161 ☐ Other		161 ☐ Other			
162 ☐ Other					162 ☐ Other		162 ☐ Other			
163 ☐ Other					163 ☐ Other		163 ☐ Other			
164 ☐ Other					164 ☐ Other		164 ☐ Other			
165 ☐ Other					165 ☐ Other		165 ☐ Other			
166 ☐ Other					166 ☐ Other		166 ☐ Other			
167 ☐ Other					167 ☐ Other</					



HAMILTON, EMMA R
Acct: 12964385 Unit: 238267

ED DOS: 07/22/08
F W Age: 43 OOB: 12/04/64

WORKERS'
COMPENSATION

TUOMEY HEALTHCARE SYSTEM
(N. Washington St., • Sumter, SC 29150 • (803) 778 - 9000)
EMERGENCY DEPARTMENT WORK STATUS REPORT

D/A Required

PATIENT INFORMATION

Today's Date 7/22/08 Time _____ am / pm

Patient Name Hamilton, Emma R Account # 12964385

Employer _____ Employer's Fax _____

DIAGNOSIS

Treating Physician (Print) Aaron Garrett MD

Description of Injury Crush injury R hand / wrist sprain

X-Ray & Lab X-ray Hand/wrist - Negative

Diagnosis: 1. Crush injury
2. Wrist sprain

TREATMENT

☐ Minor first aid ☒ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☒ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other _____

WORK STATUS Check only the restriction that apply.

☐ No restrictions ☐ May work with restrictions ☒ Unable to work - until seen by orthopedic surgery

Back and Lower Extremity	None	Rarely	Moderate	Constant
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend / squat / twist / crawl	☐	☐	☐	☐
Climb / work on heights	☐	☐	☐	☐
Upper Extremity	None	Rarely	Moderate	Constant
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	☐ Left Arm	☐ Right Arm	☐ Both	

Work level: Lifting / Pushing / Pulling
Sedentary ☐ Negligible - 10 lbs. max.
Light ☐ 10 lbs. freq. - 20 lbs. max.
Medium ☐ 25 lbs. freq. - 50 lbs. max.
Heavy ☐ 50 lbs. freq. - 100 lbs. max.
Very Heavy ☐ over 100 lbs.
Activity and hour restrictions (if applicable)
☐ Not to operate hazardous machinery
☐ Not to drive car / truck / forklift
☐ Not to _____

Other restrictions or clarifications _____

FOLLOW UP INSTRUCTIONS

Patient referred to: ☐ Industrial Medicine and Wellness Call 778-8842 to make
250 W. Wesmark Blvd. • Sumter, SC 29150 next day
☒ Other Referral Dr Ford - Orthopedic

General Instructions
☐ Tylenol / Motrin / Aleve
☒ Take meds as directed
☐ Stop smoking
☐ Re-check BP
☐ Other Instructions: Arm elevation

Wound care instructions
☐ Keep wounds clean and dry
☐ Watch for infection
☐ Wash, dress daily
☐ Sutures out in _____ days

☒ Ice / Heat / Massage
☐ Stretch / Exercise / Walk
☐ Maintain activity with care and caution

Physician Signature Aaron Garrett

INFORMATION RELEASE and ACKNOWLEDGEMENT

- 1) By signing, I authorize attending physician and/or the Tuomey Healthcare System to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above.

Patient Signature _____

TUOMEY HEALTHCARE SYSTEM
 129 N. Washington St., • Sumter, SC 29150 • (803) 778 - 9000
EMERGENCY DEPARTMENT WORK STATUS REPORT

D/A Required

PATIENT INFORMATION

Today's Date 7/22/08 Time _____ am / pm
 Patient Name Hamilton, Emma R Account # 12964385
 Employer _____ Employer's Fax _____

DIAGNOSIS

Treating Physician (Print) Aaron Garrett
 Description of Injury [Redacted]
 X-Ray & Lab X-ray hand/wrist Negative
[Redacted]
[Redacted]

TREATMENT

☐ Minor first aid ☒ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☒ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other _____

WORK STATUS

Check only the restriction that apply.

☐ No restrictions ☐ May work with restrictions ☒ Unable to work - *until seen by orthopedic surgeon*

Back and Lower Extremity	None	Rarely	Moderate	Constant
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend / squat / twist / crawl	☐	☐	☐	☐
Climb / work on heights	☐	☐	☐	☐
Upper Extremity				
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	☐ Left Arm	☐ Right Arm	☐ Both	

Work level: **Lifting / Pushing / Pulling**
 Sedentary ☐ Negligible - 10 lbs. max.
 Light ☐ 10 lbs. freq. - 20 lbs. max.
 Medium ☐ 25 lbs. freq. - 50 lbs. max.
 Heavy ☐ 50 lbs. freq. - 100 lbs. max.
 Very Heavy ☐ over 100 lbs
Activity and hour restrictions (if applicable)
☐ Not to operate hazardous machinery
☐ Not to drive car / truck / forklift
☐ Not to work no more than _____ hrs. per day

Other restrictions or clarifications _____

FOLLOW UP INSTRUCTIONS

Patient referred to: ☐ Industrial Medicine and Wellness ☒ Call 778-8842 to make appointment.
 250 W. Wesmark Blvd. • Sumter, SC 29150 next day - 2 days
☒ Other Referral Dr. Ford Orthopedic Surgeon

General Instructions	Wound care instructions	Muscle and skeletal injury instructions
☐ Tylenol / Motrin / Aleve	☐ Keep wounds clean and dry	☒ Gentle range of motion exercise daily
☒ Take meds as directed	☐ Watch for infection	☐ Ice / Heat / Massage
☐ Stop smoking	☐ Wash, dress daily	☐ Stretch / Exercise / Walk
☐ Re-check BP	☐ Sutures out in _____ days	☐ Maintain activity with care and caution
Other Instructions: <u>Arm & torso pain</u>		

Physician Signature Aaron Garrett

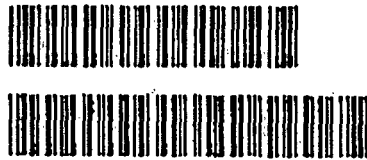
INFORMATION RELEASE and ACKNOWLEDGEMENT

- 1) By signing, I authorize attending physician and/or the Tuomey Healthcare System to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above.

Patient Signature _____



3A214880241



70

Name: Hamilton, Emma R
Age: 43Y DOB: Dec 04, 1964
Gender: F Wt: 81.6 Kg
MedRec: 238267
AcctNum: 12964385
Attending: DRAG
Primary RN: MEF
Bed: ED 2-ER 11

TUOMEY HEALTHCARE DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS

Crush - hand and wrist

ADDITIONAL DIAGNOSIS

Wrist sprain

FOLLOWUP CONTACTS

DANNY H FORD
100 N. Sumter Street
Suite 200
SUMTER SC 29150
Phone: 803-774-7621

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Take medication as prescribed

Return if worse

Follow up with your private MD in the AM. Return to ED if worse.

Ice and elevate (Keep arm elevated above your heart)

Follow up with referral physician first thing in the morning

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN

COMPARTMENT SYNDROME, PRECAUTIONS

WRIST SPRAIN - WITH SPLINT

CRUSH INJURY, FINGER/TOE - WITH XRAY

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Naprosyn : Tablet : 500 mg : Oral

Dispense: 30, Quantity: 1, Schedule: 2 times a day

Percocet 5/325 : Tablet : 325 Mg-5 Mg : Oral

Dispense: 15, Quantity: 1, Schedule: every 6 hours as needed

Emma Hamilton
Patient Signature

Rn/LPN Ini.

TIME

Prepared: Tue Jul 22, 2008 14:16 by DRAG 1 of 1
Copyright 2006. Picis.

Patient Name: HAMILTON, EMMA R
Unit No: 238267
Exam Date: 07/22/2008

REASON: CRUSH INJURY

Three views are negative for any significant radiographic abnormality.

IMPRESSION: NORMAL STUDY.

CC: AARON GARRETT

Technologist: ANGELA A MCCORD, RT(R)

ACR Code:

Transcribed Date/Time: 07/22/2008 (1452)

Transcriptionist: INPHACT

Printed Date/Time: 07/23/2008 (1119)

PATRICK JR, RICHARD

PAGE 1

Signed Report Printed From PCI

XR HAND - RIGHT 3 VIEWS 1563

Name: HAMILTON, EMMA R

Phys: GARRETT, AARON

DOB: 12/04/1964 AGE: 43 SEX: F

Acct No: 12964385 LOCATION: ED

Exam Date: 07/22/2008 Status: DEP ER

Unit No: 238267

ER

ADMISSION RECORD

Patient Name / Address HAMILTON, EMMA R 2227 BOB WHITE DRIVE SUMTER, SC 29154 Phone 803-481-9425 Social Security No. 249-17-0683 Employer MARTIN COLOR-FI		Account No. 13024100	Room / Bed	Type ER	Location / Service ED		Medical Rec. No. 238287	
Date of Birth 12/04/64		Age 43	Sex F	MarStat D	Religion BAP	Race W	Smoker N	
Guarantor / Address HAMILTON, EMMA R 2227 BOB WHITE DRIVE SUMTER, SC 29154 Phone 803-481-9425 Relationship SAME AS PATIENT Guarantor Employer MARTIN COLOR-FI		Person to Notify / Address RUSSELL, MARY LOU LEWIS ROAD SUMTER, SC 29150 Home Phone 803-236-4449			Relationship M			
Financial Class A		Next of Kin / Address RUSSELL, MARY LOU LEWIS ROAD SUMTER, SC 29150 Home Phone 803-236-4449			Relationship M			
Insurance Name LIBERTY MUTUAL INSURAN		Policy Number 249170683		Coverage Number	Subscriber / Insured Name HAMILTON, EMMA R			
Accident Information ACCIDENT/EMPL R		Reason for Visit ALLERGIC RX TO STEROIDS						
Accident Date / Time 11/20/08		Comments			Height / Weight	Arrival Mode		
Admit Date / Time 11/20/08 0922		Admitting Physician			Attending Physician FAMILY HEALTH CENTER		User ADDHG	
Hospital Days		Surgeon		Consult		Discharge Date / Time		
HOME ☐ OMI ☐ SNF ☐ ICF ☐ HH ☐ DIED AUTOPSY ☐		Anesthesiologist		Consult		Discharge Code		

Admitting Diagnosis

Principal Diagnosis

Secondary Diagnosis

Procedure

Does pt have Advance Directive (Living Will)? No

Does pt have Health Care Power of Attorney? No

Does patient want info on Advance Directive? No

Are you an organ donor? No

If yes, Living Will copy received? N

If yes, Health Care Power of Attorney copy received?



TUOMEY
HOSPITAL
129 North Washington Street
Sumter, South Carolina 29150

Admission Record (ER)



00000 Rev 01/01/2004



HAMILTON, EMMA R
Acct: 13024100 Unit: 238287
FAMILY HEALTH CENTER
ER
F W Age: 43
DOB: 12/04/64
DOS: 11/20/08

20

TUOMEY HEALTHCARE
EMERGENCY RECORD

TRIAGE (Thu Nov 20, 2008 09:39 MAL)

COMPLAINT: COMPLAINT: ? Allergic Reaction.

ADMISSION: URGENCY: 2 - Urgent, ADMISSION SOURCE: Home,

TRANSPORT: Walked, BED: LOBBY.

PATIENT: NAME: Emma R Hamilton, AGE: 43, GENDER: female, DOB: Fri
Dec 04, 1964, TIME OF GREET: Thu Nov 20, 2008 09:23. Pt wants EDHIV
test?: Patient wants EDHIV test, Fall related visit: No, New onset
weakness: No, ZIP CODE: 29154, KG WEIGHT: 86.6, PHONE: 803-481-9425,
MEDICAL RECORD NUMBER: 238267, ACCOUNT NUMBER: 13024100, PAYMENT:
Workmen's compensation. ATTENDING: No Doctor.

PREVIOUS VISIT ALLERGIES: Sulfur.

ASSESSMENT:

Started taking Prednisone on Friday the 14th for a hand injury. Since
she has started taking she has the following c/o: weakness, feeling
like she has pressure/swelling to upper body/neck and face. States her
face is red and swollen. Sore/achy feeling all over. Denies itching.
Lungs CTA. No resp distress. No rash. Keeps saying "too much
pressure."

LMP: Last menstrual period: 11-5-2008, Pt not on birth control.

VITAL SIGNS: BP 144/92, Pulse 92, Resp 20, Temp 97.3, Pain 10, O2

Sat 97, on RA, Time 11/20/2008 09:34.

KNOWN ALLERGIES

Sulfa drugs, Sulfur.

CURRENT MEDICATIONS (09:40 MAL)

PrednisONE: Dose Pack As Directed.

PAST MEDICAL HISTORY (Thu Nov 20, 2008 09:39 MAL)

MEDICAL HISTORY: Childhood asthma.

SURGICAL HISTORY: History of tonsillectomy.

PSYCHIATRIC HISTORY: No previous psychiatric history.

SOCIAL HISTORY: Denies drug abuse, Lives with others, Denies
alcohol abuse, SMOKES 1 PPD.

FAMILY HISTORY: Family history is not contributory to this case.

VITAL SIGNS (Thu Nov 20, 2008 09:39 MAL)

VITAL SIGNS: BP: 144/92, Pulse: 92, Resp: 20, Temp: 97.3, Pain:
10, O2 sat: 97 on RA, Time: 11/20/2008 09:34.

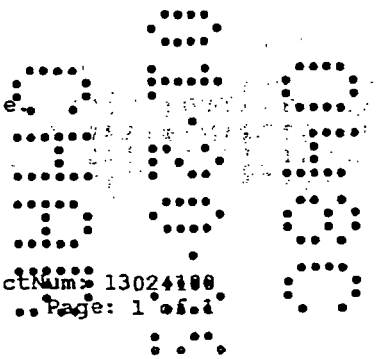
PRESCRIPTION: No recorded prescriptions

Key:

MAL=Lambert, Melissa

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100

Prepared: Thu Nov 20, 2008 09:59 by



TUOMEY HEALTHCARE
EMERGENCY RECORD

TRIAGE (Thu Nov 20, 2008 09:39 MAL)

COMPLAINT: COMPLAINT: ? Allergic Reaction.

ADMISSION: URGENCY: 2 - Urgent, ADMISSION SOURCE: Home,
TRANSPORT: Walked, BED: LOBBY.

PATIENT: NAME: Emma R Hamilton, AGE: 43, GENDER: female, DOB: Fri
Dec 04, 1964, TIME OF GREET: Thu Nov 20, 2008 09:23. Pt wants EDHIV
test?: Patient wants EDHIV test, Fall related visit: No, New onset
weakness: No, ZIP CODE: 29154, KG WEIGHT: 86.6, PHONE: 803-481-9425,
MEDICAL RECORD NUMBER: 238267, ACCOUNT NUMBER: 13024100, PAYMENT:
Workmen's compensation. ATTENDING: No Doctor.

PREVIOUS VISIT ALLERGIES: Sulfur.

ASSESSMENT: .

Started taking Prednisone on Friday the 14th for a hand injury. Since
she has started taking she has the following c/o: weakness, feeling
like she has pressure/swelling to upper body/neck and face. States her
face is red and swollen. Sore/achy feeling all over. Denies itching.
Lungs CTA. No resp distress. No rash. Keeps saying "too much
pressure."

LMP: Last menstrual period: 11-5-2008, Pt not on birth control.

VITAL SIGNS: BP 144/92, Pulse 92, Resp 20, Temp 97.3, Pain 10, O2
Sat 97, on RA, Time 11/20/2008 09:34.

KNOWN ALLERGIES

Sulfa drugs, Sulfur.

CURRENT MEDICATIONS (09:40 MAL)

Prednisone: Dose Pack As Directed.

HPI BLANK (10:42 ESW)

CHIEF COMPLAINT: Patient states that ever since starting on
steroids for a hand injury she has been having episodes of flushing and
fullness. Patient states that when this happens she gets red all over
and then gets a pressure to her head, neck and upper chest. No lower
chest pain, dyspnea, abdominal pain, urinary problems. Patient does
relate that the pressure is increased with palpation and she stopped
the steroids yesterday after calling her doctor. No n,v,d,c, fevers
chills.

HISTORIAN: History obtained from patient.

TIME COURSE: Onset of symptoms reported as gradual, Onset was 6
days prior to arrival. Patient currently has symptoms. Complaint is
persistent, intermittent.

SEVERITY: Maximum severity is moderate, Currently symptoms are
moderate.

PAST MEDICAL HISTORY

MEDICAL HISTORY: Childhood asthma. (Thu Nov 20, 2008 09:39
MAL)

SURGICAL HISTORY: History of tonsillectomy. (Thu Nov 20, 2008
09:39 MAL)

PSYCHIATRIC HISTORY: No previous psychiatric history. (Thu Nov
20, 2008 09:39 MAL)

SOCIAL HISTORY: Denies drug abuse, Lives with others, Denies

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100

Prepared: Thu Nov 20, 2008 19:07 by

Page: 1 of 6

TUOMEY HEALTHCARE

EMERGENCY RECORD

alcohol abuse, SMOKES 1 PPD. (Thu Nov 20, 2008 09:39 MAL)
FAMILY HISTORY: Family history is not contributory to this case.
(Thu Nov 20, 2008 09:39 MAL)
NOTES: Nursing records reviewed, Agree with nursing records.
(10:43 ESW)
ROS (10:43 ESW)
CONSTITUTIONAL: No fever, chills.
CARDIOVASCULAR: Historian reports chest pain. Chest pain on the
upper chest, Radiation to jaw. No diaphoresis, palpitations, edema.
RESPIRATORY: No SOB.
GI: No abdominal pain, nausea, diarrhea, vomiting, constipation.
NEUROLOGIC: No dizziness, headache, speech changes.
NOTES: All systems were reviewed and are negative except as
described above.
PHYSICAL EXAM (10:46 ESW)
CONSTITUTIONAL: Patient is afebrile. Vital signs reviewed.
Patient has normal pulse, normal blood pressure, normal respiratory
rate, Well appearing. Patient appears comfortable, Alert and oriented X
3.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and
reactive to light. No discharge from eyes, Extraocular muscles intact.
Sclera are normal. Conjunctiva are normal.
ENT: Ears normal to inspection, Nose examination normal,
Posterior pharynx normal, Mouth normal to inspection.
NECK: Normal ROM. No jugular venous distention, meningeal signs,
Cervical spine nontender.
RESPIRATORY CHEST: Chest is nontender. Breath sounds normal. No
respiratory distress.
CARDIOVASCULAR: RRR. No murmurs. Normal S1 S2, No rub, No gallop,
ABDOMEN: Abdomen is nontender. No masses, Bowel sounds normal, No
distension, peritoneal signs.
BACK: There is no CVA Tenderness, There is no tenderness to
palpation. Normal inspection.
UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema.
Normal range of motion.
LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema.
Normal range of motion, No calf tenderness.
NEURO: GCS is 15. No focal motor deficits, focal sensory
deficits, cerebellar deficits, Speech normal, Gait normal, Memory
normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
VITAL SIGNS
VITAL SIGNS: BP: 144/92, Pulse: 92, Resp: 20, Temp: 97.3, Pain:
10, O2 sat: 97 on RA, Time: 11/20/2008 09:34. (Thu Nov 20, 2008 09:39
MAL)
BP: 110/81, Pulse: 80, Resp: 24, Pain: 6, O2 sat: 100 on ra, Time:
11/20/2008 11:56. (11:58 CMS1)
Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100
Prepared: Thu Nov 20, 2008 19:07 by Page: 2 of 6

TUOMEY HEALTHCARE
EMERGENCY RECORD

ORDERS

EDHIV by CMS1 for EDDR on Thu Nov 20, 2008 10:00 Status: Done by System
Thu Nov 20, 2008 11:02.
INT by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Done by CMS1 Thu Nov
20, 2008 10:21.
PROTHROMBIN TIME by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Done by
System Thu Nov 20, 2008 10:59.
EKG by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Active.
CBC (WITH DIFF) by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Done by
System Thu Nov 20, 2008 11:06.
PTT by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Active.
D-DIMER QUANT by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Active.
COMPREHENSIVE METABOLIC PANEL by ESW for ESW on Thu Nov 20, 2008 10:15
Status: Done by System Thu Nov 20, 2008 11:03.
XR CHEST PORTABLE 1 VIEW 0608 by ESW for ESW on Thu Nov 20, 2008 10:15
Status: Active.
Vital Signs Every 2 Hours by ESW for ESW on Thu Nov 20, 2008 10:15
Status: Done by CMS1 Thu Nov 20, 2008 10:21.
URINALYSIS -COMPLETE by ESW for ESW on Thu Nov 20, 2008 10:15 Status:
Done by System Thu Nov 20, 2008 11:24.
TROPONIN- I by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Done by
System Thu Nov 20, 2008 11:52.
CKMB +TOTAL CK by ESW for ESW on Thu Nov 20, 2008 10:15 Status: Active.

DOCTOR NOTES (13:11 ESW)

INTERVENTIONS: Diphenhydramine, IV. Patient received IV fluids,
O2 Sat normal.

PATIENT STATUS: Patient has improved since arrival to emergency
department, stabilized since arrival to emergency department.

PATIENT PLAN: The patient will be discharged, The patient will
follow up with primary care physician.

DATA REVIEWED: Lab data reviewed, Xray data reviewed, Reviewed
EKG, Discussed with family.

MEDICATION SERVICE (10:15 ESW)

Benadryl: Order: Benadryl (Diphenhydramine Hydrochloride) : 25
milligram(s) : IVP

Ordered by: Eric Wernsman

Entered by: Eric Wernsman Thu Nov 20, 2008 10:15

Acknowledged by: Kelbe Miles Thu Nov 20, 2008 10:20

Documented as given by: Mel Spring Thu Nov 20, 2008 11:04

Patient, Medication, Dose, Route and Time verified prior to
administration.

Time given: 1038, Amount given: 25mg, IV site 1, Medication administered
into left AC, Concentration confirmed prior to administration, IVP,
Initial medication, Slowly, Catheter placement confirmed via flush
prior to administration, IV site without signs or symptoms of
infiltration during medication administration, No swelling during
administration, No drainage during administration, IV flushed after
administration, Correct patient, time, route, dose and medication
confirmed prior to administration, Patient advised of actions and
side-effects prior to administration, Allergies confirmed and

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100

Prepared: Thu Nov 20, 2008 19:07 by

Page: 3 of 6

TUOMEY HEALTHCARE

EMERGENCY RECORD

medications reviewed prior to administration.

Pepcid: Order: Pepcid (Famotidine) : 20 milligram(s) : IVP
 Ordered by: Eric Wernsman
 Entered by: Eric Wernsman Thu Nov 20, 2008 10:15
 Acknowledged by: Kelbe Miles Thu Nov 20, 2008 10:20
 Documented as given by: Mel Spring Thu Nov 20, 2008 11:05
 Patient, Medication, Dose, Route and Time verified prior to
 administration.

Time given: 1039, Amount given: 20mg, IV site 1, Medication administered
 into left AC, Catheter placement confirmed via flush prior to
 administration, IV site without signs or symptoms of infiltration
 during medication administration, No swelling during administration, No
 drainage during administration, IV flushed after administration,
 Correct patient, time, route, dose and medication confirmed prior to
 administration, Patient advised of actions and side-effects prior to
 administration, Allergies confirmed and medications reviewed prior to
 administration.

MEDICATION ADMINISTRATION SUMMARY (19:07)

Drug Name: Pepcid, Dose: 20 milligram(s), Route: IVP, Status: Given,
 Ordered: 11:05 11/20/2008,
 Drug Name: Benadryl, Dose: 25 milligram(s), Route: IVP, Status: Given,
 Ordered: 11:04 11/20/2008, Detailed record available in Medication
 Service section.

O2SAT INTERPRETATION (13:11 ESW)

O2SAT: O2 saturation reading 97%, O2 AMT: R.A., O2 Sat normal,
 None needed.

EKG INTERPRETATION (10:34 ESW)

12 LEAD EKG INTERPRETATION: 12 lead EKG interpreted by ED
 Physician, Compared with previous EKG, from 12/20/2002. 12 Lead EKG
 Interpretation shows rhythm is Normal Sinus, Rate is normal, Conduction
 is normal. No acute ST changes, acute T wave changes, non-specific EKG.

LAB INTERPRETATION (13:10 ESW)

INTERPRETATION: Elevated WBC, CBC otherwise normal, Decreased
 Glucose. Normal Cardiac enzymes, Normal liver functions, PT/PTT.
 Urinalysis is normal, Normal D-dimer level.

RADIOLOGY INTERPRETATION (13:11 ESW)

INTERPRETER: Preliminary review of x-rays by Radiologist.

CHEST: Interpretation of chest X-ray shows, chest x-ray negative,
 no infiltrates, no pneumothorax, no hemothorax, no masses, no
 cardiomegaly, no CHF, no effusion, no free air.

DIAGNOSIS (13:12 ESW)

FINAL: PRIMARY: Medication Reaction - Resolving, ADDITIONAL:
 Musculoskeletal Chest Pain.

PRESCRIPTION (13:12 ESW)

Zantac 150: Tablet : 150 mg : Oral-Quantity: ***1*** Unit: tab

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100

Prepared: Thu Nov 20, 2008 19:07 by Page: 4 of 6

TUOMEY HEALTHCARE EMERGENCY RECORD

Route: Oral Schedule: 2 times a day Dispense: ***28***.

INSTRUCTION (13:13 ESW)

DISCHARGE: MEDICATION REACTION - NON-ALLERGIC.

FOLLOWUP: Center Family Health 1278 N. Lafayette Dr. Sumter SC
29150 774-4500.

SPECIAL: Take medication as prescribed

Follow up with your private MD in the AM. Return to ED if worse.

Tylenol or Advil for Pain

Encourage fluids.

DISPOSITION

PATIENT: Disposition: Home, Disposition Transport: Ambulatory,

Condition: Stable. (13:13 ESW)

Pain Scale: 04, O2 used while in ED?: No, IV stop time docd?: NA, Remove
from ER. (13:29 CMS1)

NURSING PROCEDURE: IV (10:00 CMS1)

SITE 1: Patient's identity verified by. patient stating name,
stating birth date, hospital ID bracelet, Other indication lab
collection, Procedure performed at 0950, IV established for venous
access, 20 gauge catheter inserted, into left antecubital. in 1
attempt, Saline lock established, flushed with normal saline, amount
10, ml, Labs drawn at time of placement, Specimen labeled in the
presence of the patient and sent to lab, After procedure, no swelling
noted at site, After procedure, no drainage noted at site, After
procedure, no redness, Sterile dressing applied.

NURSING PROCEDURE: EKG CHART (10:32 SDA1)

TIME: Patient's identity verified by. patient stating name,
hospital ID bracelet, EKG was performed at 1030, 12 lead EKG
Performed-left chest, After procedure, EKG for interpretation given to
Dr. Wernsman. Patient tolerated procedure well.

SAFETY: Side rails up, Cart in lowest position, Family at
bedside, Call light within reach.

NURSING PROCEDURE: URINE COLLECTION (10:46 SDA1)

URINE COLLECTION FEMALE: Patient's identity verified by. patient
stating name, hospital ID bracelet, Procedure performed at 1040,
Voided/clean catch. in 1 attempt, Amount 100, ml, Color: Yellow.
Patient tolerated procedure well.

SAFETY: Side rails up, Cart in lowest position, Family at
bedside, Call light within reach.

NURSING PROCEDURE: NURSE NOTES (11:58 CMS1)

TIME: Time: 1145, pt asleep in bed, nadn, resp even and
nonlabored, easily aroused, no needs or complaints voiced.

VITAL SIGNS: BP: 110, / 81, Pulse: 80, Resp: 24, Pain: 6, O2 sat:
100, on: ra, Time: 1124.

NURSING PROCEDURE: DISCHARGE NOTE (13:29 CMS1)

TIME: Patient discharged at 1328, Patient discharged to, home,
Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100
Prepared: Thu Nov 20, 2008 19:07 by

Page: 5 of 6

TUOMEY HEALTHCARE
EMERGENCY RECORD

Patient, ambulates without assistance, Transported via patient driving,
Patient unaccompanied, IV discontinued with catheter intact. Dressing
placed to IV site, Discharge instructions given to, patient,
Simple/moderate discharge teaching performed, Name of prescription(s)
given: Zantac, Prescription given and additional instructions on side
effects of same given, Medication reconciliation form given to patient,
Above Person(s) verbalized understanding of discharge instructions and

follow-up care, Patient treated and evaluated by physician.

ADMIN (19:03 ESW)

DIGITAL SIGNATURE: Wernsman, Eric.

Key:

CMS1=Spring, Mel ESW=Wernsman, Eric MAL=Lambert, Melissa

SDA1=Dozier-Allen, Sharon

Name: Hamilton, Emma R DOB: 12/4/1964 F43 MedRec: 238267 AcctNum: 13024100

Prepared: Thu Nov 20, 2008 19:07 by

Page: 6 of 6

INSTRUCTIONS

- * The examination and treatment you received in the emergency department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic.

* 21021000254
FINAL DIAGNOSIS Medication Reaction - Resolving

ADDITIONAL DIAGNOSIS Musculoskeletal Chest Pain FOLLOWUP CONTACTS Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 Phone: 774-4500 SPECIAL INSTRUCTIONS Take medication as prescribed Follow up with your private MD in the AM. Return to ED if worse. Tylenol or Advil for Pain Encourage

fluids MEDICAL INSTRUCTIONS MEDICATION REACTION - NON-ALLERGIC You have been seen for an unusual reaction to a medication. Your symptoms are probably due to a reaction to one of the medications that you used. Because the effects of the medication are minor or almost gone now, it is safe for you to be discharged at this time. Bad or unexpected reactions to drugs are not uncommon. Almost every medication has POSSIBLE side-effects. Most of these are minor, but occasionally the effects can be more severe. When many medications are taken at the same time, there is the additional possibility that some of the medications can react badly with one another.

Medications are usually safe when taken as prescribed, but it may be dangerous to take even one more pill than you are supposed to. This is why it is VERY IMPORTANT to follow the instructions on your medication bottles.

Use the following general instructions: - ALWAYS take your medications as prescribed. - If you forget to take a medication or miss a pill, ask your physician or pharmacist for advice before taking an extra pill to make up for the missed dose. - NEVER take someone else's medication that was not prescribed to you. - If you are having symptoms that may be caused by medication, tell your physician before taking more of the medicine. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

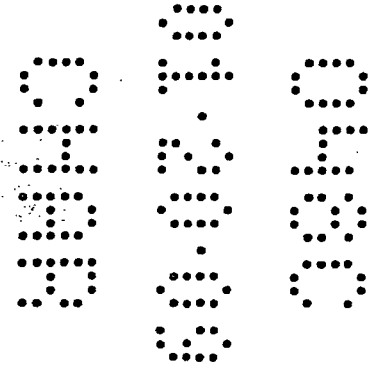
- Signs of an allergic reaction: Rash, shortness of breath, swelling of the lips or tongue. - You become lightheaded, dizzy or confused, or pass out after taking a medication. - You feel like you might harm yourself or anyone else or you have frequent thoughts of suicide. - Vomiting or severe headache. - You develop any symptoms that you think are severe or possibly dangerous. PRESCRIPTIONS Zantac 150 : Tablet : 150 mg : Oral

Dispense: 28, Quantity: 1, Schedule: 2 times a day

* X-rays. X-rays are read initially by the emergency physician. The X-ray will be read by a radiology physician specialist within 24 hours. If the radiologist notes any differences, you will be contacted by the emergency department. ** Lab Work. Results of lab testing done in the Emergency Department are available to your private physician. Lab results cannot be given over the Emergency Department phone.* IMPORTANT: If your

condition gets worse or you have any concerns and you cannot contact your physician, return promptly to Tuomey Healthcare Systems Emergency Department. (803)774-9111**Disclaimer: Home medications and allergies listed on Patient Medication History Record are as reported by patient/family to Tuomey ED staff.** DISCHARGE INSTRUCTIONS RECEIPT FINAL DIAGNOSIS Medication Reaction - Resolving ADDITIONAL DIAGNOSIS Musculoskeletal Chest Pain FOLLOWUP CONTACTS Center Family Health 1278 N. Lafayette Dr. Sumter SC 29150 Phone: 774-4500 THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN Take medication as prescribed Follow up with your private MD in the AM. Return to ED if worse. Tylenol or Advil for Pain Encourage fluids THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN MEDICATION REACTION - NON-ALLERGIC THE FOLLOWING PRESCRIPTIONS WERE GIVEN Zantac 150 : Tablet : 150 mg : Oral Dispense: 28, Quantity: 1, Schedule: 2 times a day _____ Patient Signature _____ : _____ Rn/LPN Ini. TIME

21021090354



28

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: 7/23/08

Ms. Hamilton had a roller type injury to her right hand yesterday while at work. She was seen in the emergency room and treated appropriately with physical evaluation, x-rays, medications, splinting and advised. She is seen here today in follow-up.

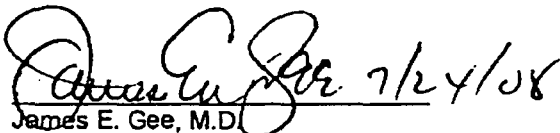
It is quite obvious that this patient has had the "crush type" injury that we see with the roller injury. There is some discoloration and soft tissue injury primarily over the dorsal aspect of her right hand and wrist. It seems to be more in the radial side. There are some early ecchymotic areas also. Circulation is good and all motions (tendons) are intact, although motions are limited because of pain. Again, the thumb is the most tender area but function is intact.

X-rays taken at Tuomey Emergency Room last evening are normal.

IMPRESSION: Roller type crush injury, right hand and wrist without evidence of circulatory embarrassment, neurological deficit or compartment syndrome.

The patient has had difficulty with the medications that she was given and we are going to make some changes. After a long discussion, we advised her to take 600 to 800 mg of Ibuprofen after every meal and discussed side effects. We gave her 800 mg in the office today because she was painful. She will continue elevation higher than the heart for another 24 hours or until I see her again tomorrow. She will continue the splint and we will make adjustments when we see her tomorrow. She will not go to work today and I will make further disposition when she returns. She is aware that she needs to call or return to the emergency room if she has increased pain, paresthesias, or other problems which we discussed.

Addendum Note: I did give her a prescription for Darvocet and advised her to take the Ibuprofen, the Darvocet or Tylenol rather than medicine she was given in the emergency room.


James E. Gee, M.D.

JEG/mlm

DWR



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wasmark Blvd., Sumter, SC 29150
Phone: (803) 774-8842 FAX: (803) 774-5283

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-9425
249-17-0683 07/23/08

WORK STATUS REPORT

INITIAL VISIT ☒
FOLLOW UP ☐

PATIENT INFORMATION

Time in: 11:20 Time out: 12:10 Date of Injury: 7-22-08 Today's Date: 7-23-08
Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

[Redacted] cpt _____
[Redacted] cpt _____
3. [Redacted] cpt 6/11/08

TREATMENT

☐ Minor first aid ☒ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☒ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☒ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☒ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

Sitting
Walking or standing
Bend/squat/twist/crawl
Climb/work on heights

Upper Extremity

Grasp/pinch
Reach above shoulder
Reach beyond forearm
Restrictions apply to

DO WR
THING T AS
W/ NO
MARK OUTS?

Work level: Lifting/Pushing/Pulling

Sedentary ☐ Negligible - 10 lbs. max
Light ☐ 10 lbs. freq - 20 lbs. max
Medium ☐ 25 lbs. freq - 50 lbs. max
Heavy ☐ 50 lbs. freq - 100 lbs. max
Very Heavy ☐ over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

no work until I see agent

FOLLOW UP

Return Appointment: ☐ No ☒ Yes Thursday Date 07-24 Time 3:30pm

Patient Referred to: [Signature] Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: [Signature] James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma R Hamilton

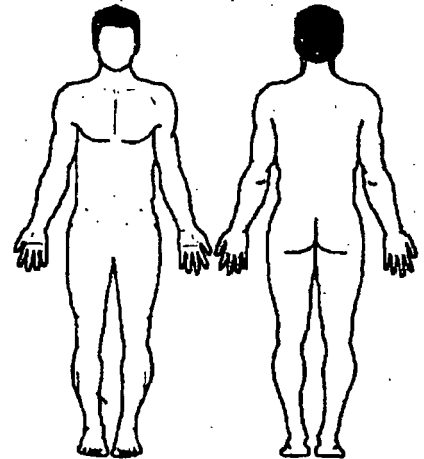
TUOMEY
 MEDICAL PROFESSIONALS, INC.
 INDUSTRIAL MEDICINE AND WELLNESS
 250 W. Weasmark Blvd., Sumter, SC 29150
 Phone: (803) 774-8842 FAX: (803) 774-5283

IM0175676 F 12/04/64 43281
 HAMILTON, EMMA 803-481-9425
 249-17-0683 07/23/08

MEDICAL ASSESSMENT**ASSESSMENT**Date of Injury: 7-22-08BP / / T P RR 18Vision R 20/ L 20/ Corr. UnCorr. Improvement: Same Worse Better MEDICATIONS: ALLERGIES: Sulfa**NURSING ASSESSMENT:**

Pt present herself w/ injury to
 (R) hand. States yesterday afternoon hand
 got caught in fibers rollers. Went to ER yesterday.
 No slight pain (esp inside hand)

MEDICAL EVALUATION: Above Noted History reviewed and noted

INITIAL: Am7-23-08

rule
split

Lbp. (Admit @ home) 600-800 p ear
 Dariusz 2100 # 36

Tomorrowdetached m linePHYSICIAN'S SIGNATURE:

36444 Rev: 04/17/2008

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

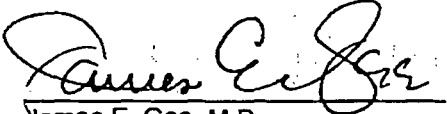
Emma Hamilton

Date: July 24, 2008

She is improved. The hand looks better. The circulation is good. Motion is a little better.

I placed her in a thumb spica (soft). She will return to this office next week. She may perform very light work using only the left hand next Monday but she can't work until then.

Addendum Note: I asked her to work on range of motion and discussed this in detail with her.

 7/30/08
James E. Gee, M.D.

JEG/mlm

TUOMEY
 MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
 250 W. Westmark Blvd., Sumter, SC 29150
 Phone: (803) 774-8842 FAX: (803) 774-5283

IM0175676 F 12/04/64 43281
 HAMILTON, EMMA 803-481-9425
 249-17-0683 07/24/08
 PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP ☒

PATIENT INFORMATION

Time in: 1511 Time out: 1600 Date of Injury: 07-22-08 Today's Date: 07-24-08
 Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
 2. Spine cpt _____
 3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☒ No work see below Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity	None	Occ.	Often	Regularly	Work level: Lifting/Pushing/Pulling
Sitting	☐	☐	☐	☐	Sedentary ☐ Negligible - 10 lbs. max
Walking or standing	☐	☐	☐	☐	Light ☐ 10 lbs. freq - 20 lbs. max
Bend/squat/twist/crawl	☐	☐	☐	☐	Medium ☐ 25 lbs. freq - 50 lbs. max
Climb/work on heights	☐	☐	☐	☐	Heavy ☐ 50 lbs. freq - 100 lbs. max
Upper Extremity					Very Heavy ☐ over 100 lbs.
Grasp/pinch	☐	☐	☐	☐	Activity and hour restrictions (if applicable)
Reach above shoulder	☐	☐	☐	☐	☐ Not to operate hazardous machinery
Reach beyond forearm limits	☐	☐	☐	☐	☐ Not to drive car/truck/forklift
Restrictions apply to _____ L Arm _____ R Arm _____ Both					To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

no work until Monday 7/28/08
then can use L arm & hand only

FOLLOW UP

Return Appointment: ☐ No ☒ Yes Wed Date July 30 Time 3:15pm
 Patient Referred to: [Signature] Phone _____ Date _____ Time _____
 PHYSICIAN'S SIGNATURE: [Signature] James Gap, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma R. Hamilton



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150

Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

 IM0175676 F 12/04/64 43281
 HAMILTON, EMMA
 249-17-0683
 803-481-9425
 07/24/08

MEDICAL ASSESSMENT

ASSESSMENT

Date of Injury: 7/22BP / / T P RR 18Vision R 20/ L 20/ Corr. UnCorr. Improvement: Same Worse Better

MEDICATIONS:

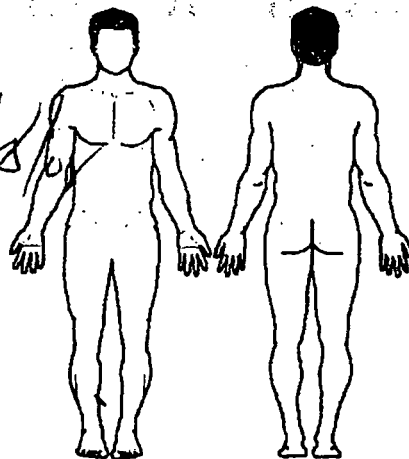
Sawcoet, Advil

ALLERGIES:

Sulfa

NURSING ASSESSMENT:

F/u (P) hand crush injury.
States at present she feels sharp,
stabbing pains

MEDICAL EVALUATION: Above Noted History reviewed and noted INITIAL: DM

much better
soft thumb spica
nut well in
LH - changed - work

initiated in lab
[Signature]

PHYSICIAN'S SIGNATURE:

36444 Rev: 04/17/2008

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton

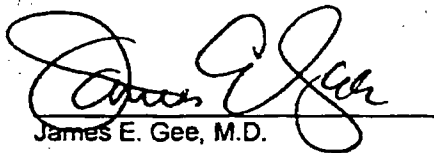
Date: July 30, 2008

She is making steady progress. She still has some discomfort but she is improving very nicely. I am really rather amazed at how quickly she has improved her motion in view of a very significant crush-type injury.

Exam today is about the same but improved.

I advised her it is just going to take some time now. She will continue to use the splint when she is out of the house but she can discontinue it for in-house activities as we discussed. She will continue her medications. She will return in two weeks.

Addendum Note: I will consider repeating an x-ray of her wrist and obtaining a navicular view if she continues to have pain on the radial aspect of her wrist.

 7/31/08
James E. Gee, M.D.

JEG/mlm



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Weamark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-9425
249-17-0683 07/30/08

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP ☒

PATIENT INFORMATION

Time in: 1500 Time out: 3:22 Date of Injury: 7-22-08 Today's Date: 7-30-08
Employer: Color Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm _____ R Arm _____ Both			

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 2 weeks Date 8-13 Time 4:00

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma Hamilton

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

43281

PROGRESS NOTE

Emma Hamilton
Date: August 13, 2008

She is making steady progress. All function is intact but she still has some difficulty with discomfort and certainly she has weakness. She keeps her wrist somewhat flexed. It almost looked as though she had a degree of "wrist drop" but that is not the case. She can dorsiflex against gravity. She can extend her fingers and she makes a reasonably good fist.

It is just a matter of favoring this hand and gradually increasing strength and motion.

I fitted her with a new splint. A small one fits better. I also advised her to take medicines as needed rather than routine. She will return in three weeks.

Addendum Note: I would like for her to continue the job of shredding and sorting or whatever it is she is doing because that works very well for her recovery.

 8/14/08

James E. Gee, M.D.

JEG/mlm

BMR

38

mlm

WORK STATUS REPORT

INITIAL VISIT _____
FOLLOW UP ☒

PATIENT INFORMATION

Time in: 1547 Time out: 1630 Date of Injury: 7-22-08 Today's Date: 8-13-08
Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Sam cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐

Restrictions apply to _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☒ over 100 lbs.	

Activity and hour restrictions (if applicable)
☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

please continue same work

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 3 weeks Date: Sept. 3 Time: 4:30

Patient Referred to: _____ Phone: _____ Date: _____ Time: _____

PHYSICIAN'S SIGNATURE: [Signature] James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma Hamilton

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton

Date: September 3, 2008

She is making steady progress. I am concerned about the strength that she demonstrates with dorsiflexion of the wrist. I examined closely some of the dorsal tendons. I think all is intact but there is one concern.

She needs to work on strengthening and I advised her of that. She will continue to wear the splint at work and I will see her next week.

I am seeing her a little earlier than I normally would see her but she is apparently having some situational work problems that are forcing her to do more than I want her to do. I don't know how else to limit her activities but I am going to try to do that and follow her more closely to make sure all is well.

I may send her to therapy according to the progress she makes in the next week.

 9-4-08
James E. Gee, M.D.

JEG/mlm

TUOMEY
 MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
 250 W. Weasmark Blvd., Sumter, SC 29150
 Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

IM0175676 F 12/04/64 43281
 HAMILTON, EMMA
 249-17-0683 803-481-942
 09/03/08

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT

FOLLOW UP ☒**PATIENT INFORMATION**

Time in: 10:25 Time out: 4:50 Date of Injury: 7-22-08 Today's Date: 9-3-08
 Employer: Color. Fi. Employer's Phone: _____ Employer's Fax: 775-5454

Frank M. 603-334-8090

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
 2. Same cpt _____
 3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

None Occ. Often Regularly
 Sitting ☐ ☐ ☐ ☐
 Walking or standing ☐ ☐ ☐ ☐
 Bend/squat/twist/crawl ☐ ☐ ☐ ☐
 Climb/work on heights ☐ ☐ ☐ ☐

Upper Extremity

Grasp/pinch ☐ ☐ ☒ ☐
 Reach above shoulder ☐ ☐ ☒ ☐
 Reach beyond forearm limits ☐ ☐ ☒ ☐
 Restrictions apply to _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling

Sedentary ☒ Negligible - 10 lbs. max
 Light ☐ 10 lbs. freq - 20 lbs. max
 Medium ☐ 25 lbs. freq - 50 lbs. max
 Heavy ☐ 50 lbs. freq - 100 lbs. max
 Very Heavy ☐ over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

to @ wrist. No heavy lifting, or strain
wear splint at all times
Do not perform jobs if can not
be done with splint

FOLLOW UP

Return Appointment: ☐ No ☒ Yes one week Date 9-10 Time 4:30

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Gao, MD

Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: _____

43281

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

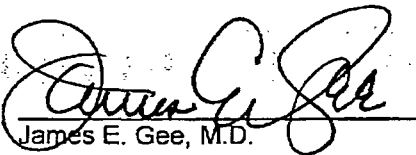
Emma Hamilton

Date: September 10, 2008

This patient is doing extremely well and has recovered really nicely from a very significant roller type injury but she is very frustrated and very concerned and anxious about the long time that it is taking to regain full use of this hand.

I have advised her in the past that it is going to be a very long, long course and I am not sure that she is going to feel as though she has complete function of this hand. There is a possibility that there is a minor tendon injury. There are other possibilities also.

At this time, there is nothing more to do than to rehabilitate this hand and wrist. I am going to see if occupational therapy will help her and maybe speed up her recovery. She will return here in three weeks.

 9/11/08
James E. Gee, M.D.

JEG/mlm

42

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP ☒

PATIENT INFORMATION

Time in: 1620 Time out: 4:48 Date of Injury: 7-22-08 Today's Date: 9-10-08
Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	____ L Arm	____ R Arm	____ Both	

Work level: Lifting/Pushing/Pulling

Sedentary	☐	Negligible	- 10 lbs. max
Light	☐	10 lbs. freq	- 20 lbs. max
Medium	☐	25 lbs. freq	- 50 lbs. max
Heavy	☐	50 lbs. freq	- 100 lbs. max
Very Heavy	☐	over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 3 weeks Date 10-1 Time 3:45

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma R. Hamilton



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

REHABILITATION PRESCRIPTION

NAME: Emma Hamilton

DATE: 9-10-08

DIAGNOSIS: _____

PROCEDURES

☐ Evaluate and Treat	☐ Pre-Placement Eval	☐ Complete FCE	☐ Limited FCE
☐ Wound Care	☐ Whirlpool	☐ Debridement	☐ Dressing Changes
☐ Home Program	☐ Patient Education	☐ Joint Mobilization	☐ Gait Training
☐ Splint Fabrication	☐ Strengthening	☐ CV-Conditioning	☐ Work Hardening
☐ Other: _____			

MODALITIES

☐ May substitute other appropriate modalities

☐ Moist Heat	☐ Traction	☐ Ultrasound	☐ Fluidotherapy
☐ Cryotherapy	☐ TENS Unit	☐ Phonophoresis	☐ Cerv. Traction Unit
☐ Electric Stim	☐ Whirlpool	☐ Iontophoresis with: _____	
☐ Aquatic Therapy	☐ Other: _____		

GOALS

☐ Decrease Pain	☐ Independent Exercise Program	☐ Return to Normal Function
☐ Increase ROM	☐ Increase Strength and Endurance	
☐ Other: _____		

COMMENTS

Patent has a very significant ~~trauma~~ roller type (crush) injury on 7-22-08. She's done great with Rom & recovery but she's concerned & wants some help & assistance with Rom. Use all modalities.

Frequency: 3x weekly Duration: for 6 weeks Physician Signature: as you see fit

SCHEDULING

(TO BE COMPLETED BY PHYSICAL THERAPY DEPARTMENT)

Appointment Date: _____ Time: _____

Patient Signature (acknowledging appointment): _____

Once appointment scheduled and acknowledged, fax to Tuomey Industrial Medicine 803.774.5283

WHITE COPY - PHYSICAL THERAPY

YELLOW COPY - PATIENT

PINK COPY - PHYSICIAN

36764 Rev. 06/30/2008

NOTE - may have minor injury to tendons but needs help
p. 3 8037745282 66 Tuomey IM Aug 15 08 10:49a

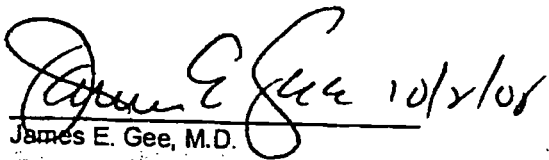
43281

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: October 1, 2008

She is very pleased with her progress and I think therapy was very worthwhile. We will continue the same approach and I will see her in three weeks.

 10/2/08

James E. Gee, M.D.

JEG/mlm

21-0080377



MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
250 W. Westmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-942
249-17-0683 10/01/08

WORK STATUS REPORT

INITIAL VISIT _____
FOLLOW UP ☒

PATIENT INFORMATION

Time in: 1450 Time out: 1535 Date of Injury: 07-22-08 Today's Date: 10-01-08
Employer: Colon Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt
2. Compression injury R hand cpt
3. 9 wires cpt

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☒	☒	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐

Restrictions apply to L Arm R Arm Both

Work level: Lifting/Pushing/Pulling

Sedentary	☒	Negligible	- 10 lbs. max
Light	☐	10 lbs. freq	- 20 lbs. max
Medium	☐	25 lbs. freq	- 50 lbs. max
Heavy	☐	50 lbs. freq	- 100 lbs. max
Very Heavy	☐	over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

use splint at all times

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 3 weeks Date: Oct-22 Time: 10:45 AM

Patient Referred to: Dr. [Signature] Phone: _____ Date: _____ Time: _____

PHYSICIAN'S SIGNATURE: [Signature] James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma R. Hamilton

FAKED
10/01/08

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

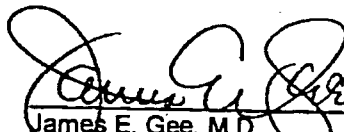
Emma Hamilton
Date: October 22, 2008

Ms. Hamilton really loves her physical therapy and is really pleased with the progress she has made. She never seemed to quite have the confidence that she could make this improvement "on her own" and so therapy has really been a positive thing for her. The therapist apparently has suggested a work hardening program to get her back to her job. He indicates that this is done in Florence.

I really think that her strength will come with time. She is beginning to get some neurogenic type sensation and I feel the nerve regeneration is well on its way or maybe even near completion.

I am going to get nerve conduction studies just to see the status of the nerves (it has been three months to the day).

I suggested that she go to therapy here in Sumter for a home program to help strengthen. That along with time will get her back into her regular job. I will see her in follow-up and review the nerve conduction studies when they are available.


James E. Gee, M.D. 10/23/08
JEG/mlm DVR



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Westmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

2600 80968

IM0175676 F 12/04/64 43281
HAMILTON, EMMA
249-17-0683
803-481-9425
10/22/08

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT

FOLLOW UP ☒

PATIENT INFORMATION

Time in: 1033 Time out: 1125 Date of Injury: 07-22-08 Today's Date: 10-22-08
Employer: Coker-Ti Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Same diagnosis cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

None Occ. Often Regularly
Sitting ☐ ☐ ☐ ☐
Walking or standing ☐ ☐ ☐ ☐
Bend/squat/twist/crawl ☐ ☐ ☐ ☐
Climb/work on heights ☐ ☐ ☐ ☐

Upper Extremity

Grasp/pinch ☐ ☐ ☐ ☐
Reach above shoulder ☐ ☐ ☐ ☐
Reach beyond forearm limits ☐ ☐ ☐ ☐
Restrictions apply to _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling

Sedentary ☐ Negligible - 10 lbs. max
Light ☐ 10 lbs. freq - 20 lbs. max
Medium ☐ 25 lbs. freq - 50 lbs. max
Heavy ☐ 50 lbs. freq - 100 lbs. max
Very Heavy ☐ over 100 lbs.

Activity and hour restrictions (If applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

Continue same work

NCS are requested

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 3 week Date 11-12 Time 10:00

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: James Geo, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma Hamilton

REHABILITATION PRESCRIPTION

NAME: E Hamilton DATE: 10/22/08

DIAGNOSIS: roller type injury @ hand on 7/22/08

PROCEDURES

☐ Evaluate and Treat	☐ Pre-Placement Eval	☐ Complete FCE	☐ Limited FCE
☐ Wound Care	☐ Whirlpool	☐ Debridement	☐ Dressing Changes
☐ Home Program	☐ Patient Education	☐ Joint Mobilization	☐ Gait Training
☐ Splint Fabrication	☐ Strengthening	☐ CV-Conditioning	☐ Work Hardening
☐ Other: _____			

MODALITIES

☐ May substitute other appropriate modalities

☐ Moist Heat	☐ Traction	☐ Ultrasound	☐ Fluidotherapy
☐ Cryotherapy	☐ TENS Unit	☐ Phonophoresis	☐ Cerv. Traction Unit
☐ Electric Stim	☐ Whirlpool	☐ Iontophoresis with: _____	
☐ Aquatic Therapy	☐ Other: _____		

GOALS

☐ Decrease Pain	☐ Independent Exercise Program	☐ Return to Normal Function
☐ Increase ROM	☐ Increase Strength and Endurance	
☐ Other: _____		

COMMENTS

Please set up home program. She
does not want to go to Home.
She can & will be a good worker
at home. Thanks for good job with her

Frequency: _____ Duration: _____ Physician Signature: [Signature]

SCHEDULING

(TO BE COMPLETED BY PHYSICAL THERAPY DEPARTMENT)

Appointment Date: _____ Time: _____

Patient Signature (acknowledging appointment): _____

Once appointment scheduled and acknowledged, fax to Tuomey Industrial Medicine 803.774.5283

WHITE COPY - PHYSICAL THERAPY

YELLOW COPY - PATIENT

PINK COPY - PHYSICIAN



TUOMEY
MEDICAL PROFESSIONALS

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Mark Blvd., Building #2
Sumter, South Carolina 29150

TEL: (803) 774-8642 • FAX: (803) 774-5282

REFERRAL NOTE

DATE: 10.22.08

PATIENT NAME: E. Hamlet SSN 249-17-0683 DOB 12-4-64

REFERRAL TO: Dr. M. White - Sumter neurology & pain management
312 Broad St
Sumter, SC 29150 PHONE: 803 774-7246

DATE/TIME: _____

REFERRAL TYPE
☐ CONSULT
☒ EVALUATION

☒ PROCEDURE NCS
☐ OTHER

DIAGNOSIS Roller type injury (R) - 7-22-08

REASON FOR REFERRAL

☐ FAILURE TO RESPOND TO CONSERVATIVE TREATMENT
☐ REQUIRES ONGOING CARE AND MANAGEMENT
☐ REQUIRES SPECIALIZED SERVICES OR PROCEDURES

nerves are improving -

NOTES _____

Eric Byrd, MD

James Gee, MD

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: November 12, 2008

The patient is extremely anxious and seems to be ~~getting worse and worse~~ with regards to wanting something done more quickly.

I tried to discuss the situation with her, advising her that she has done well with regards to this significant injury and it is just going to take time, that she doesn't need any surgical procedure even if it is a small tear of the radial tendon. I don't believe she needs a shot of steroids right now.

After a very, very long discussion, I suggested that we try Sterapred DS for 12 days, ~~get an MRI~~ (she wants an MRI anyway) and just give it more time. Her splint will be optional at work.

I did ask her if she considered getting an independent medical evaluation. She does not seem to be interested in that, possibly because she doesn't want to pay but I am not sure exactly the reason.

I will see her again in three weeks.

James E. Gee, M.D.

JEG/mlm

*unsigned
copy
see*

2E3290 80889

2E3290 80489



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wasmark Blvd., Sumter, SC 29150

Phone: (803) 774-8842 FAX: (803) 774-5283

 IM8175676 F 12/04/64 43281
 HAMILTON, EMMA 803-481-9421
 249-17-8683 11/12/08

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP ☒

PATIENT INFORMATION

 Time in: 0950 Time out: 10:20 Date of Injury: 7-22-08 Today's Date: 11-12-08

 Employer: Coler Ai Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

 Diagnoses: 1. _____ cpt _____
 2. same diagnosis cpt _____
 3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐

Restrictions apply to _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling

Sedentary	☐	Negligible - 10 lbs. max
Light	☐	10 lbs. freq - 20 lbs. max
Medium	☐	25 lbs. freq - 50 lbs. max
Heavy	☐	50 lbs. freq - 100 lbs. max
Very Heavy	☐	over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

Continue same workSplint is optionalMRI requested

FOLLOW UP

Return Appointment: ☐ No ☒ Yes3 weeksDate 12-3 Time 10:30

Patient Referred to: _____ Phone: _____

Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma R. Hamilton

MRI OUTPATIENT ORDER REQUEST

Date: 11/15/08

Patient Name: Emma Danielson

DOB: 12/04/64

Age: _____

Sex: M ☐ F ☒

Weight: _____

Reason for Exam: _____

MRI Head

- ☐ Brain
- ☐ IAC
- ☐ Orbits
- ☐ Pituitary
- ☐ MRA Circle of Willis
- ☐ MRA Carotid arteries/Vertebral

MRI Hips

- ☐ Left
- ☐ Right

MRI Shoulder

- ☐ Left
- ☐ Right
- ☐ With Saline Injection

MRI Spine

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar/ Sacral Spine

MRI Elbow

- ☐ Left
- ☐ Right

MRI Neck

- ☐ Soft Tissue

MRI Wrist

- ☐ Left
- ☒ Right

MRI Abdomen

- ☐ General
- ☐ MRCP/Pancreas
- ☐ Liver
- ☐ Renal/Adrenal
- ☐ MRA Renal Arteries

MRI Hand

- ☐ Left
- ☐ Right

MRI Knee

- ☐ Left
- ☐ Right

MRI Pelvis

- ☐ General
- ☐ Prostate (endorectal)

MRI Foot

- ☐ Left
- ☐ Right

MRI Ankle

- ☐ Left
- ☐ Right

Other: Compartment injury

① wrist 3 1/2 months ago
still painful
possible tear of tendon

Bring this form with you to your appointment.

Without it, there could be a delay or cancellation of your exam.

Physician Signature: _____

41126 Rev. 11/16/2002

43281

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: December 3, 2008

We had another very, very long discussion. Much of it was the same.

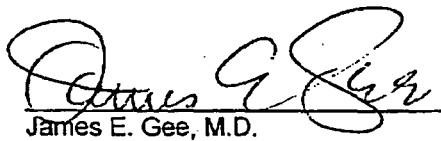
I reiterated with her that the nerve conduction studies seem to be normal and the MRI seems to be normal except for the fact that she has had some trauma.

I advised her that I feel she will improve with time and I do not feel there is a "quick fix." I discussed reflex dystrophy with her and suggested that she be seen again by the neurologist just to see if he thinks that this could possibly be part of the problem. She certainly doesn't have the classical presentation.

I do not believe that she needs to see another specialist at this time to consider any type of aggressive therapy. I think she just needs time.

Apparently one of the problems that she is facing is a limit on how long they will keep her job available for her. She states until January. We will just do the best we can.

Addendum Note: I am again, as mentioned above, requesting authorization for follow-up neurological evaluation.

 12/4/08
James E. Gee, M.D.

JEG/mlm

12/4/08 Called Ms. Mohl Re: work restrictions and
left a message. 

300... 0438

IM0173676 F 12/04/04 43281
HAMILTON, EMMA 803-481-9425
249-17-0683 12/03/08

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 1025 Time out: 11:09 Date of Injury: 7-22-08 Today's Date: 12-3-08
Employer: Color-It Employer's Phone: _____ Employer's Fax: _____

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity	None	Occ.	Often	Regularly	Work level: Lifting/Pushing/Pulling
Sitting	☐	☐	☐	☐	Sedentary ☐ Negligible - 10 lbs. max
Walking or standing	☐	☐	☐	☐	Light ☐ 10 lbs. freq - 20 lbs. max
Bend/squat/twist/crawl	☐	☐	☐	☐	Medium ☐ 25 lbs. freq - 50 lbs. max
Climb/work on heights	☐	☐	☐	☐	Heavy ☐ 50 lbs. freq - 100 lbs. max
Upper Extremity					Very Heavy ☐ over 100 lbs.
Grasp/pinch	☐	☐	☐	☐	Activity and hour restrictions (if applicable)
Reach above shoulder	☐	☐	☐	☐	☐ Not to operate hazardous machinery
Reach beyond forearm limits	☐	☐	☐	☐	☐ Not to drive car/truck/forklift
Restrictions apply to _____ L Arm _____ R Arm _____ Both					To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

use splint for 2 weeks

Please, please, have her write us
- she will get better, but time is
only way. There is no "quick fix".
Please understand

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 3 weeks Date 12-24 Time 11:00

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE Emma R. Hamilton 55

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: December 24, 2008

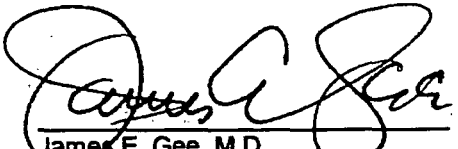
Ms. Hamilton has "made my day" by telling me that she is doing better and using her arm more.

The examination is about the same. All function is intact but certainly not back to normal as we have mentioned many times.

I want to continue to simply follow her and have her gradually increase her activities. I prescribed a 2 pound barbell so that she can perform strengthening exercises at home and not have to go to physical therapy. I have asked her to be patient and she seems to be much less anxious today. All of that is very good and encouraging.

There is a note in the chart that an independent medical examination is going to be established. That note was 12/10. I do not know why that has not been accomplished but I did advise the patient. In view of that, we are not pursuing (it has not been authorized because of the pending independent medical evaluation) the follow-up with the neurologist at this point.

In anticipation that the patient will see someone in the next several weeks, I am establishing her an appointment for four weeks. I advised her I really don't need to see her again until she has had the independent medical evaluation.

 12/31/08
James E. Gee, M.D.
JEG/mlm DNR



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774-8842 FAX: (803) 774-5283

28000

73

IM0175676 F 12/04/64 43281

HAMILTON, EMMA

803-481-9425

249-17-0683

12/24/08

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 9:47 Time out: 11:35 Date of Injury: 7-22-08 Today's Date: 12-24-08
Employer: Color Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm	_____ R Arm	_____ Both	

Work level: Lifting/Pushing/Pulling

	Frequency	Weight
Sedentary	☐	Negligible - 10 lbs. max
Light	☐	10 lbs. freq - 20 lbs. max
Medium	☐	25 lbs. freq - 50 lbs. max
Heavy	☐	50 lbs. freq - 100 lbs. max
Very Heavy	☐	over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

Continue same. Thanks for your
cooperation

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 4 weeks Date 1-28 Time 2:00

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: _____

2A036090357

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: January 28, 2009

She is about the same. She has not had the independent medical examination. Everything with this office is more or less on hold until we get that opinion to see if workman's comp is going to go in another direction, etc., etc.

I explained this to the patient. We will call and see if we can get an update. The patient states she does not know of an appointment.

Addendum Note: We did call. Apparently, the patient has an appointment for February 11th. We will see her in follow-up in four weeks if she is still being treated in this clinic.

 1/29/09
James E. Gee, M.D.

JEG/mlm

36090357

IM0175676 F 12/04/64 43281
HAMILTON, EMMA
249-17-0683 803-481-9425
01/28/09

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP ✓

PATIENT INFORMATION

Time In: 1346 Time out: 2:51 Date of Injury: 7-22-08 Today's Date: 1-28-09
Employer: Colo-Ji Employer's Phone: _____ Employer's Fax: 775-5254

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Strain cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐
Upper Extremity				
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm	_____ R Arm	_____ Both	

Work level: Lifting/Pushing/Pulling
Sedentary ☐ Negligible - 10 lbs. max
Light ☐ 10 lbs. freq - 20 lbs. max
Medium ☐ 25 lbs. freq - 50 lbs. max
Heavy ☐ 50 lbs. freq - 100 lbs. max
Very Heavy ☐ over 100 lbs.

Activity and hour restrictions (if applicable)
☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 4 weeks Date _____ Time _____
Patient Referred to: _____ Phone _____ Date 1-25 Time 12:30
PHYSICIAN'S SIGNATURE: James Gee MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: Emma Hamilton

21063090750

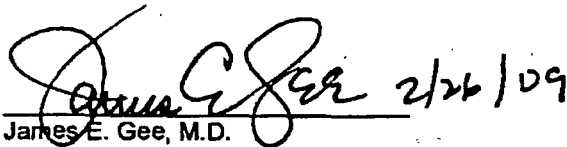
Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: February 25, 2009

Ms. Hamilton is doing fairly well. She has good days and bad days. She has seen Dr. Green but we don't have a record. He sent her to physical therapy (that has been tried previously for about six weeks).

She is "laid off" so work is not an important issue at this time so we will just give her time, let her start her therapy, and have her return here in four weeks. I hope I will have a note from Dr. Green by that time.

 2/26/09
James E. Gee, M.D.

JEG/mlm



TUOMEY

21003090750

MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-9425
249-17-0687 02/25/09

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 1214 Time out: 1235 Date of Injury: 7-22-08 Today's Date: 2-25-09
Employer: Colo. J. Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity None Occ. Often Regularly
Sitting ☐ ☐ ☐ ☐
Walking or standing ☐ ☐ ☐ ☐
Bend/squat/twist/crawl ☐ ☐ ☐ ☐
Climb/work on heights ☐ ☐ ☐ ☐
Upper Extremity
Grasp/pinch ☐ ☐ ☐ ☐
Reach above shoulder ☐ ☐ ☐ ☐
Reach beyond forearm limits ☐ ☐ ☐ ☐
Restrictions apply to _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling
Sedentary ☐ Negligible - 10 lbs. max
Light ☐ 10 lbs. freq - 20 lbs. max
Medium ☐ 25 lbs. freq - 50 lbs. max
Heavy ☐ 50 lbs. freq - 100 lbs. max
Very Heavy ☐ over 100 lbs.

Activity and hour restrictions (if applicable)
☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 4 weeks Date 03-25-09 Time 1pm

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Geb, MD

Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: _____

Emma R. Hamilton

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Emma Hamilton

Employer's Name: Martin Color-Fi, Inc.

Physician's Name: James Gee

Insurance Carrier: Liberty Mutual Insurance Company

Practice/Clinic: _____

SCWCC File No: 0810330

Preparer's Name: _____

Phone: () _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 7/22/2008

Date of first office visit: 7-23-08 Date of last visit: 3-25-09

Diagnosis or nature of Injury or illness: Roller injury - compression - (P) hand

Body part(s) injured: _____ Body part(s) affected: _____

Date of Maximum Medical Improvement: to be determined - 2/25/09

Based on the AMA Guidelines, the claimant has sustained a _____ % medical impairment to _____ injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

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

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

PIP not performed by me. Dr. Green is a "hand specialist" and I defer to his examination.

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

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

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

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

Restricted work through Feb - plant "laid off"
Pt. scheduled to be seen 5-26-09.

James Gee
Treating Physician, James Gee, M.D.

5/7/09
Date

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton

Date: May 27, 2009

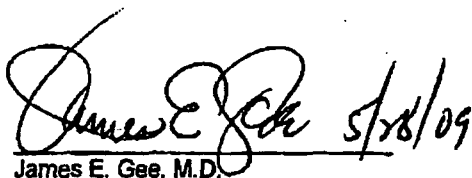
Her chief complaint continues to be weakness. The examination is the same.

She and I had a very, very long discussion. I advised her as follows:

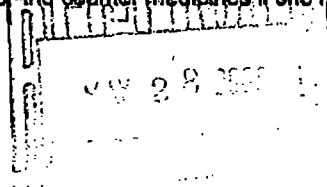
1. She has been evaluated by three physicians, a neurologist, an orthopedic surgeon, and a hand specialist. She has had nerve conduction studies, x-rays, and an MRI. None of these studies show significant damage to any structures of the wrist and arm.
2. Despite the above studies, the patient had a very significant crush-type injury to the right hand and wrist. As I told her from the initial visit, it takes a long time for this problem to improve and then to regain function and normal strength.
3. At some point between February 25, 2009 and March 25, 2009, I felt she reached maximum medical benefits as far as active orthopedic care was concerned. It was difficult to state an exact date since the patient was not working at that time and I had to review these records and make determination from retrospective point of view. I did feel and still feel that this type of problem can improve for up to one year so I have recommended that permanent impairment rating be done at that point in time (July 2009). I did, however, feel that a period of observation was necessary to see if the patient was able to strengthen the hand and arm. She had received physical therapy and I outlined a program with her to strengthen the arm. I thought she could do this without further formal therapy.
4. On today's visit, I find that the patient has not strengthened the arm as much as I would like and therefore I am suggesting as Dr. Green did previously that the patient enter the work hardening program prior to the final examination (PIR).
5. I advised the patient that I agree with Dr. Green that she does have a degree of permanent impairment. I agree with Dr. Green that it will not be a large impairment but she should have that examination prior to her complete discharge.

SUMMARY: I advised the patient it is "up to you," and if you work hard, you will do well; therefore, I have made referral and asked the patient to return to see me in about four weeks to monitor her progress.

Addendum Note: The patient does not need any other medications at this time. We have tried all appropriate medications and I have suggested that she use over-the-counter medicines if she has discomfort.

 5/28/09
James E. Gee, M.D.

JEG/mlm
c: Mr. McElveen



Dr. Gee 96

63

TUOMEY MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 West Wesmark Boulevard, Sumter, South Carolina 29150

FACSIMILE TRANSMITTAL SHEET

TO: <u>Rasha</u>	FROM: <u>Marilyn</u>
COMPANY: <u>Liberty Mutual</u>	DATE: <u>11/23/09</u>
FAX NUMBER: <u>1-603-422-6896</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>1</u>
PHONE NUMBER: <u>1-800-532-7706</u>	SENDER'S PHONE NUMBER: <u>(803) 774 - 8842</u>
RE: <u>Emma Hamilton</u>	SENDER'S FAX NUMBER: <u>(803) 774 - 5283</u>

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

11/10/09 Spoke with Rasha and she states could not find a place that does work hardening program.

11/12/09 10:40 am Left a message on Emma's cell phone about Work Hardening Program.

11/18/09 3:15 pm Left a message on voicemail of her cell phone about Work Hardening Program, and asked to return my call. Also spoke with Tony and asked him to have Emma to call the office in reference to work hardening program.

11/23/09 9:30 AM Left message on home number and cell phone number to return my call. Emma called the office today, and told her that a work hardening program is located at McLeod Hospital in Florence. Emma has personal concerns that my husband from making these appointments. Emma states she will call me on tomorrow morning.

CONFIDENTIALITY NOTICE

The information contained in the facsimile transmission cover sheet, and/or any documents which accompany it, is intended only for the personal and confidential use of the recipient named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this communication is strictly prohibited. The facsimile transmission, and accompany documents, may contain information that is privileged, confidential, and/or otherwise exempt from disclosure under applicable law. This information may be protected by Federal Law relating to confidentiality prohibiting any further disclosure. (42 CFR Part 2)

If you have received the communication in error, please call us at (803) 398-2633 to arrange for the destruction or return of the communication at our expense.

Receipt by anyone other than the intended recipient is not a waiver of client or work product privilege.

IF YOU DO NOT RECEIVE ALL OF THE PAGES PLEASE CALL BACK AT 803-774-5281

CLARENDON MEMORIAL HOSPITAL
10 HOSPITAL STREET
MANNING, SC 29102

RADIOLOGY REPORT

Patient name:	HAMILTON EMMA R		Acct #:	1043841	
Age:	43	Sex:	F	Admit Phy:	GEE JAMES E MD
Birthday:	12/04/1964	Stay type:	O/P	Ordering Phy:	GEE JAMES E MD
Admit date:	11/26/08	Room:		Med Rec #:	186564
Disch date:	11/26/08	Phone:	803/481/9425	X-Ray #:	

Unsigned transcriptions are preliminary reports and do not represent a medical or legal document

MRI UPR JOINT RT WO CON 73221RT COMPLETE:11/26/08 14:12 RTH 5024

(B)BACKGROUND: COMPRESSION INJURY

HISTORY: right wrist pain/swelling

MRI OF THE RIGHT WRIST:

MRI of the right wrist was performed with multiple sagittal, axial, and coronal images using the standard pulse sequences.

MRI demonstrates increased signal and subtle sclerosis along the ulnar aspect of the lunate bone. The finding could reflect changes related to previous direct trauma with healing versus ulnar abutment syndrome. There are small subchondral cystic degenerative changes along the lunate.

Otherwise, the remainder of the carpal bones appear grossly intact. The flexor and extensor tendons appear intact. Mild degenerative changes along the triangular fibrocartilage are noted, with no discrete tear demonstrated.

The intrinsic ligaments appear intact. There is no evidence of carpal row offset. Minimal degenerative changes at the dorsal aspect of the scapholunate ligament are noted.

IMPRESSION: MRI of the right wrist demonstrates subtle sclerosis with increased signal and small subchondral cystic degenerative changes along the ulnar aspect of the lunate bone as discussed above.

No evidence of retracted tendon or ligament injury at the right wrist.

Dictated by: MEF

Transcribed by: KJM

Date: 11/26/08 19:05

Signed: 11/26/08 19:33

Electronically Reviewed and signed by: MICHAEL E. FAULSTICH, MD, Ph.D.

Diplomate ACR

Reports and Images can be viewed on the internet at <https://pacs.clarendonhealth.com> Please call 803-435-3121 to gain access.

Copy for: GEE JAMES E MD via fax

Copy for: 048 MEDICAL RECORDS (HIM)

MIDLANDS**orthopaedics, p.a.**

Robert M. Peele, Jr, MD*J. Talley Parron, MD*Robert M. DaSilva, MD
 James A. O'Leary, MD*Michael R. Ugino, MD*Michael S. Green, MD
 M. David Redmond, MD*William C. James, MD*Robert D. Santrock, MD

Frederick C. Piehl, MD*Thomas P. Gross, MD*Coleman D. Fowble, MD*Thomas A. Arnsey, MD

1910 Blanding Street * Columbia, SC 29201 * 1013 Lake Murray Boulevard * Irmo, SC 29063
 (803)256.4107 * www.midlandsortho.com

Initial Exam**NAME:** Hamilton, Emma**DATE:** 02/11/09**EMPLOYER:****ACCOUNT:** 2028160**DOB:** 12/04/1964 **AGE:** 44 years old**OCCUPATION:** No data for occupation**CC:** Rt hand and wrist pain**DATE OF INJURY/ONSET/SURGERY:** 7/22/08

HPI: Pt wrist and hand was caught in rollers in a machine at work. Pt was in a splint. Pt went to phy. therapy for 18 visits. Pt still has numbness, tingling and pain as well a decrease in strength. Apparently the patient has wanted to go back to work full duty prior to this time for her prior physician said that she wasn't ready. She states that she still feels weakness and feels that therapy would be helpful. She says her hand feels light in that she has some decreased strength.

PAST MED HX: 01. Acid Reflux
 03. Asthma

SURGICAL HISTORY: No Surgery Reported**FAMILY HISTORY:** Family History Reviewed

SOCIAL HISTORY: 04. Alcohol-Occasional
 06. Children-Yes
 07. Marital Status-Divorced
 17. Tobacco-cigarettes >1 PPD
 25. Work History-Unemployed
 26. Right-Hand Dominance

ALLERGIES: STEROIDS
 Sulfa

MEDICATION(s): Darvocet-N
 Ibuprofen

REVIEW OF SYSTEMS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine are normal except for what is noted: Height

Weight

01. Any significant weight change

05. Frequent hay fever symptoms

06. Seasonal/year round allergies

20. Eczema

21. Frequent heartburn or indigestion

43. Anesthesia -- no previous problems

PHYSICAL EXAM:**Vital Signs:** No data for Vitals**Appearance:** no acute distress**Psychiatric:** awake, alert, and oriented x3 Mood and affect were appropriate**Skin:** warm and dry, no new lesions or rashes Clean, dry, no lesions, no rashes**Neuro:** alert & oriented x3

Report Date: February 24. 2009 Patient: Hamilton, Emma DOS: 02/11/09

FOCUSED EXAM: Patient ambulated without difficulties. The skin is intact. She does have some soft tissue thickening and slight swelling of the dorsal aspect of her hand. Range of motion of her wrist at greater than 60° the volar flexion, greater than 60° of dorsi flexion, ulnar deviation 35°, radial deviation 25 to 30°, full supination and full pronation. She has full flexion and extension of her fingers. However up on being asked to flex her fingers she went through some non-physiologic contortions. Her flexion cascade was voluntarily altered in her attempts to show an inability to do so. However she is normal flexion and extension increases of her digits. They are not swollen. They are not stiff. Hand intrinsic are normal in function. We did not do grip strength or pinch strength today. Neurologic status and circulatory status are both normal. She essentially has a normal hand exam. Two-point discrimination is 5 mm throughout. A negative Phalen's test and a negative Tinel's are present.

RADIOGRAPHS:**PROCEDURE:**

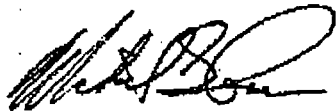
ASSESSMENT: -Status post roller injury right hand
-Resolved peri-tendonous and peri-articular fibrosis

PLAN: Of the patient's exam today is essentially normal. She may have some strength issues that may respond to a supervised work hardening/BTE rehabilitation program. She can work unrestricted activities at this time. She has reached maximal medical benefits with regards to motion but may need some strengthening. She is discharged from the office.

PRESCRIPTIONS: No data for Prescription

PRE-EXAMINATION:**WORK STATUS:**

() Full Time () Part Time () Restrictions () Out of Work () Non-Applicable



Michael S. Green, M.D.

South Carolina Workers' Compensation Commission
1612 Marion Street P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement

Claimant's Name:

Anna Hamilton

Employer's Name:

Fanned Fiber Tech, Inc.

Physician's Name:

Dr. Michael Allen

Insurance Carrier:

Liberty Mutual

Practice/Clinic:

Midland Orthopedics, PA

SCWCC File No:

Preparer's Name:

Phone: ()

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness:

07-22-08

Date of first office visit:

02-11-09

Date of last visit:

02-11-09

Diagnosis or nature of injury or illness:

T19.44 pain in foot, hand

Body part(s) injured:

Right Hand, wrist

Body part(s) affected:

Date of Maximum Medical Improvement:

02-11-09

Based on the AMA Guidelines, the claimant has sustained a

2

% medical impairment to

Hand

Injured body

part(s) and a % medical impairment to

other affected body part(s).

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

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

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

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

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

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

Treating Physician

3/2/07

Date

2028160

South Carolina Workers' Compensation Commission
1612 Marion Street P.O. Box 171F
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Emma Hamilton
Physician's Name: _____
Practice/Clinic: _____
Preparer's Name: _____
Phone: () _____

Employer's Name: _____
Insurance Carrier: _____
SCWC File No: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 7/2/08

Date of first office visit: 2/11/09 Date of last visit: 2/11/09

Diagnosis or nature of injury or illness: 3/4 protractor injury Rt. hand/resolved peritendinous

Body part(s) injured: Rt. hand Body part(s) affected: periarticular fibrosis

Date of Maximum Medical Improvement: 2/11/09

Based on the AMA Guidelines, the claimant has sustained a 1 % medical impairment to Rt. Hand injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

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

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

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

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

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

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

[Signature]
Treating Physician

4/11/09
Date

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8124 Phone / (803) 227-8224 Fax

06/30/2010

EMMA HAMILTON 256804

Lexington Office

HISTORY:

Emma Hamilton is a 45-year-old right hand dominant female here for an independent evaluation of her right hand. The patient previously worked as a color specialist at Color-Fi Corporation and sustained an on the job injury on July 22, 2008, when she reportedly caught her hand in a roller at work. She reported the immediate onset of sharp pain in the hand, which she did not have previously. She initially went to the emergency department where she was splinted and given pain medication and x-rays were taken. She then presented the following day to Dr. Gee who found the patient to have a roller type crush injury to the hand with no signs of compartment syndrome or vascular compromise. She was treated with analgesics and later with therapy. The patient has not yet returned to work since the time of her injury. She states that her hand continues to hurt and is made better with heat and rubbing it out and made worse with using it too much. She did undergo an extensive course of therapy including work hardening, which she states she felt was helpful in her recovery. She states that she was interested in working light-duties while she was recovering, but that no light-duties were available to her. She initially complained of some new onset tingling in her hand after the crush injury and this was evaluated with a nerve conduction study by Dr. Marshall White on November 3, 2008, which showed no signs of abnormalities in the right upper extremity. She also underwent imaging of her right hand with an MRI scan on November 26, 2008, which showed no signs of fracture in the hand or wrist. She did have some subchondral cystic degenerative changes in the ulnar aspect of the lunate bone.

PAST MEDICAL HISTORY:

The patient information sheet was reviewed and signed. She has a history of depression and asthma. She does smoke. She denies alcohol use. She is divorced.

PHYSICAL EXAMINATION:

She is in minimal distress. There are no signs of bruising or swelling noted about the right hand compared to the left. There is full range of motion of her fingers and wrist. There is no carpal instability. She is nontender over the lunate and nontender over the ulna. There is a negative Finkelstein's test. There is variable strength testing measurements with static and dynamic testing. There is a normal objective sensory examination of the median and ulnar nerve distributions. There is negative Tinel's at the elbow, negative Tinel's at the wrist. There are no signs of crepitus or carpal instability with wrist range of motion.

IMPRESSION:

STATUS-POST ROLLER INJURY TO RIGHT HAND
WHICH APPEARS TO BE RESOLVED FROM AN
OBJECTIVE STANDPOINT

Continued

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8124 Phone / (803) 227-8224 Fax

06/30/2010

EMMA HAMILTON 256804

Lexington Office

Continued**PLAN:**

I see no signs of ongoing swelling or loss of mobility. Her nerve studies were normal. I do not believe the cystic changes in her lunate were likely related to the injury, but rather represent likely pre-existing chronic changes, as she is not clinically painful in this area of her wrist. At this point in time, I see no contraindication to return to work without restriction. I see no evidence of permanent partial impairment to the right hand or wrist. I believe her treatment to date has been appropriate for her work related crush injury. I do not believe any further treatment or testing is medically necessary. Follow up with me is p.r.n.

David B. Fulton, M.D.

CC List:

DBF:ats47

DD: 06/30/2010 DT: 07/01/2010 09:38:18

47903

This document was electronically authenticated by David B. Fulton, M.D. on 07/08/2010
10:22:43.

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0810330

Emma Hamilton, Employee,

Claimant,

vs.

Martin Color-Fi, Inc., Employer,

Liberty Insurance Corporation, Carrier,

Defendants.

APA SUBMISSIONS

HEARING BEFORE THE HONORABLE G. BRYAN LYNDON
December 15, 2010 at 1:30 P.M.

Tab 6	Tuomey Industrial Medicine & Wellness Dr. James Gee	7/23/08-2/25/10	Pages 73-109
Tab 7	Cornell Therapy Associates	9/18/08-10/23/08	Pages 110-130
Tab 8	Sumter Neurology and Pain Management Dr. Marshall White	11/03/08	Pages 131-132
Tab 9	Progressive Physical Therapy	6/19/09-10/28/09	Pages 133-156
Tab 10	McLeod Health John P. Zelenka, OTR/L	12/31/09-1/26/10	Pages 157- 241
Tab 11	Kingstree Surgical Associates Dr. Blake Moore	6/01/09-9/04/10	Pages 242-250
Tab 12	Exhibits: A) Martin Color-Fi Accident Investigation Report; B) Martin Color-Fi E-mail; C) Martin Color-Fi Employee Attendance Councelling Sheet.		A1 B1 C1

South Carolina Workers' Compensation Commission

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

WCC File # 0810330
Carrier File # WC550-614499
Carrier Code #
Employer FEIN

Emma Hamilton
Claimant's Name

Martin Color-Fi, Inc.
Employer's Name

2227 Bobwhite Drive Sumter, SC 29154
Address City, State Zip

320 Neeley Street Sumter, SC 29150
Address City, State Zip

(803) 481-9425

Home Phone #

Work Phone #

Liberty Insurance Corporation
Insurance Carrier

Joseph T. McElveen, Jr.

P.O. Box 2038, Sumter, SC 29151-2038

(803) 775-1263

Preparer's Name

Address

Phone #

A claim for workers' compensation benefits is made based on the following grounds: ☒ Injury ☐ Illness ☐ Repetitive Trauma

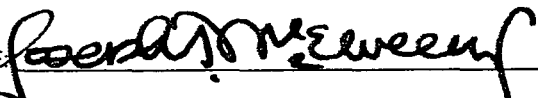
1. Compensation Rate: \$344.35
2. AWW \$516.51
- Date of Injury: July 22, 2008
3. Type of injury and body part(s): Crush injury to right arm (hand and wrist).
4. Facts in Controversy: Admitted claim.
5. Legal issues involved: (a) Has Claimant reached maximum medical improvement?
(b) If not, what further medical treatment should she receive?
(c) If so, what is the level of her permanent impairment?
(d) What future medical treatment should be ordered?
(e) Should payment of any disability award be made in a lump sum and alternatively stated in terms of Claimant's life expectancy to reflect the permanent nature of her disability?
6. Unusual problems: (a) Claimant feels that she essentially has received no real treatment for her problems. Dr. Blake Moore was concerned that Claimant's MRI was generally ignored. He saw this MRI as showing the possibility of "ulnar abutment syndrome" or "avascular necrosis". The MRI mentions "subchondral cystic degeneration along the lunate bone", which is consistent with the diagnoses Dr. Moore mentions. Yet, neither the treating doctor, nor the independent medical examination (IME) doctors chosen by the Defendants mention any of these problems. See Dr. Moore's reports, Claimant's APA, pp. 242. Claimant does not believe that she is at MMI and that she needs more treatment as mentioned by Dr. Moore.
(b) One IME doctor, Dr. Green, submitted two Forms 14B, without explanation. One said the right hand had a 2% impairment rating. The one dated the next day said 1%. This occurrence emphasizes the point that Dr. Green, as an IME doctor, did not consider Claimant to be a patient, as does the fact that he found Claimant at MMI and released her to full duty, despite the fact that he said Claimant needed "strengthening". Dr. Green makes no mention of the MRI. (The functional capacity evaluation (FCE) had not been done at the time of the Green appointment.) Claimant submits that the Green impairment rating should be disregarded.
(c) Another IME doctor, Dr. Fulton, opined that Claimant has no impairment of her injured right arm. Dr. Fulton, who, like Dr. Green, did not form a patient-physician relationship with Claimant, dismissed the problems found on the MRI and did not mention the FCE, completed five months before his examination.
(d) The report of Dr. Blake Moore is by far the most thorough and calls for additional testing and treatment.
(e) The FCE from McLeod Work Recovery Center documents that Claimant can no longer perform her former job. That job required the medium-to-heavy physical demand category, but she can now perform only at the light strength level. Her limitations result primarily from limitations on the use of her right hand (page 5). Note that grip strength of her dominant hand was almost one-third less than in her non-dominant hand. She also showed right arm fatigue on the Repetitive Movement Screening Test (page 10). She showed pain behaviors related to her right arm on lifting (pages 10-11). The examiner said that Claimant applied "full physical effort". He also noted that Claimant appeared to under report her discomfort on the FCE and during work hardening. He felt she was motivated to return to work. The FCE was ignored by the IME doctors and the authorized treating doctor, who deferred the impairment rating to Dr. Green, the IME doctor.
(f) Claimant submits that the most reasonable information for a disability determination is found in Dr. Moore's reports, if the Commissioner finds Claimant to be at MMI. Dr. Moore explains that the AMA Guides, 6th Ed. do not allow consideration of all impairment in giving a rating. For instance, he assesses a DRE rating of 7% to the upper extremity due to the abnormal bone architecture of the lunate. He also finds a 5% upper extremity impairment due to loss of range of motion and a 20% upper extremity impairment as a result of strength loss. The fifth edition of the Guides would have considered the strength loss; the sixth edition does not. Claimant submits that the loss of range of motion and the loss of strength must be considered in assessing permanent disability under the Workers' Compensation Act.

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.

7. Witnesses (designate if expert): *Claimant, Emma Hamilton
8. Exhibits: A) Martin Color-Fi Accident Investigation Report; B) Martin Color-Fi E-mail; C) Martin Color-Fi Employee Attendance Councelling Sheet.
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance): See Notice of Witnesses and Written Documents.
10. Name, address, and specialty, if any, of the treating physician: Dr. James Gee, Tuomey Industrial Medicine and Wellness, 250 W. Wesmark Blvd., Building 2, Sumter, SC 29150.
11. Impairment rating(s); body part(s); physician and date of opinion: (a) 7% upper extremity based upon DRE (diagnosis-related estimate); 20% upper extremity due to loss of strength; and 5% due to loss of range of motion, Dr. Blake H. Moore 6/01/09; b) 2% right hand 3/31/09, 1% right hand 4/01/09, Dr. Michael Green (Per IME Visit); c) 0% impairment Dr. David Fulton 6/30/10.
12. I am amending my Form 50/51 in the following manner: N/A

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

SIGNATURE



Email: jmcelveen@bryanlaw.com

DATE OF HEARING: December 15, 2010

TIME OF HEARING: 1:30 P.M.

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.

WORK STATUS REPORT

INITIAL VISIT ☒
FOLLOW UP ☐

PATIENT INFORMATION

Time in: 11:20 Time out: 12:10 Date of Injury: 7-22-08 Today's Date: 7-23-08
Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. trallett cruste cpt _____
2. _____ cpt _____
3. to @ hand & wrist cpt _____

TREATMENT

☐ Minor first aid ☒ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☒ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☒ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	☐ L Arm	☐ R Arm	☐ Both	

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

no work until I see a doctor

FOLLOW UP

Return Appointment: ☐ No ☒ Yes Thursday Date: 07-24 Time: 3:30pm

Patient Referred to: _____ Phone: _____ Date: _____ Time: _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Eric Byrd, MD

73

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

97

PATIENT SIGNATURE: _____

Emma R. Hamilton

**TUOMEY**

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150

Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

 IM0175676 F 12/04/64 43281
 HAMILTON, EMMA
 249-17-0683
 803-481-5425
 07/30/08

PATIENT LABEL

MEDICAL ASSESSMENT**ASSESSMENT**

Date of Injury: _____

BP ____ / ____ / ____ T ____ P ____ RR ____

Vision R 20/ ____ L 20/ ____ Corr. ____ UnCorr. ____

Improvement: Same ____ Worse ____ Better ____

MEDICATIONS: _____**ALLERGIES:** _____**NURSING ASSESSMENT:** _____

better -

MEDICAL EVALUATION: Above Noted ____ History reviewed and noted ____**INITIAL:** _____

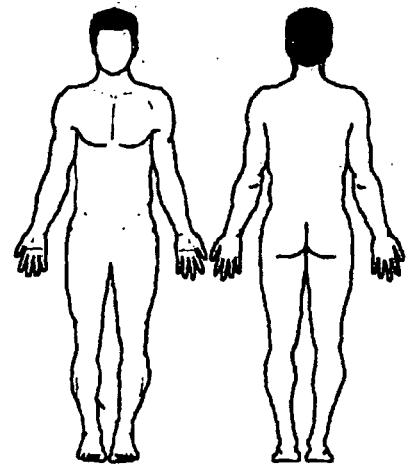
7-30-08

Good progress

same

inside vs out

Imed



dictated to [signature]

[signature]

PHYSICIAN'S SIGNATURE: _____

36444 Rev: 04/17/2008



TUOMEY
 MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
 250 W. Westmark Blvd., Sumter, SC 29150
 Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

IM0175676 F 12/04/64 43281
 HAMILTON, EMMA 803-481-9425
 249-17-0603 08/13/08

PATIENT LABEL

MEDICAL ASSESSMENT

ASSESSMENT

Date of Injury: 7-22-08

BP / / T P RR

Vision R 20/ L 20/ Corr. UnCorr.

Improvement: Same ☒ Worse Better

but better than original injury

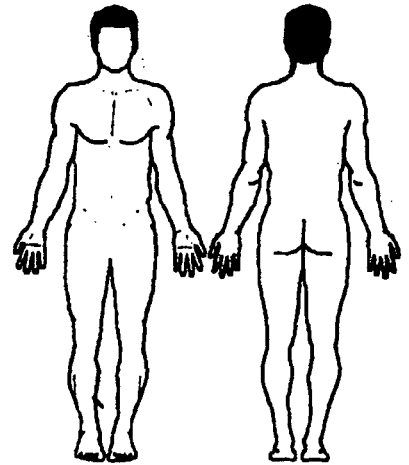
MEDICATIONS: Dawocet, Ibuprofen

ALLERGIES: Sulfa

NURSING ASSESSMENT: Fla (D) hand injury. States today, pinky
stiff, outer hand feels like a burning. Top of hand has
Knott. palm discolored & painful on thumb joint.

MEDICAL EVALUATION: Above Noted History reviewed and noted

INITIAL: DM



8/13/08

9
13
22

*new splint
 Zuccer*

dictated w/ leew

PHYSICIAN'S SIGNATURE:

36444 Rev: 04/17/2008

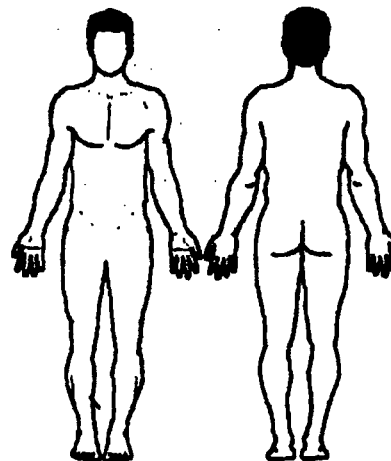
TUOMEY
 MEDICAL PROFESSIONALS, INC.
 INDUSTRIAL MEDICINE AND WELLNESS
 250 W. Westmark Blvd., Sumter, SC 29150
 Phone: (803) 774-8842 FAX: (803) 774-5283

IM0175676 F 12/04/64 43281
 HAMILTON, EMMA 803-481-9425
 243-17-0683 09/03/08

PATIENT LABEL

MEDICAL ASSESSMENT**ASSESSMENT**Date of Injury: 7-22-08BP 1 / 1 / 1 T 1 P 18 RR 18Vision R 20/ 1 L 20/ 1 Corr. 1 UnCorr. 1Improvement: Same 1 Worse 1 Better 1MEDICATIONS: IbuprofenALLERGIES: Sulfa

NURSING ASSESSMENT: Flu (R) hand injury, states hand
has weakness, pain, slight swelling, feeling cold
& feels like tight glove.

MEDICAL EVALUATION: Above Noted 1 History reviewed and noted 1INITIAL: Em

9-2-08
work on me?
exercise - 0.5? - radial
for me:
work doing
"chief"
as the

dictated in lieu
[Signature]

PHYSICIAN'S SIGNATURE: [Signature]

36444 Rev: 04/17/2008

**TUOMEY**

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Westmark Blvd., Sumter, SC 29150

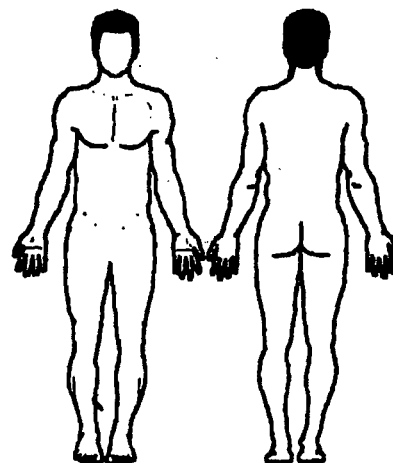
Phone: (803) 774-8842 FAX: (803) 774-5283

 IM0175676 F 12/04/84 43281
 HAMILTON, EMMA 803-481-9425
 249-17-0663 05/10/08

PATIENT LABE

MEDICAL ASSESSMENT**ASSESSMENT**Date of Injury: 7-22-08BP 1 / 1 T 1 P 1 RR 18Vision R 20/ L 20/ Corr. UnCorr. Improvement: Same Worse Better ✓**MEDICATIONS:**Ibuprofen**ALLERGIES:**Seizure**NURSING ASSESSMENT:**

Flu (R) hand injury. % hand weakness
using 3lb wt. but hand feel tight & %
thumb pain & in palm

Cell # 803-795-8269INITIAL: DM**MEDICAL EVALUATION:** Above Noted History reviewed and noted O.T.

PHYSICIAN'S SIGNATURE: _____

36444 Rev: 04/17/2008



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wasmark Blvd., Sumter, SC 29150

Phone: (803) 774-8842 FAX: (803) 774-8843

PATIENT LABEL

000175676 F 12/04/64 43281

HAMILTON, EMMA

305-451-24

247-17-0637

2,021,000

MEDICAL ASSESSMENT

ASSESSMENT:

Date of Injury:

BP 100, 80 T 88 RR

Vision R 20/____ L 20/____ Corr. ____ UnCorr. ____

Improvement: Same Worse Better /

MEDICATIONS:

MEDICATIONS: TB4, Darvocet - PRN

ALLERGIES:

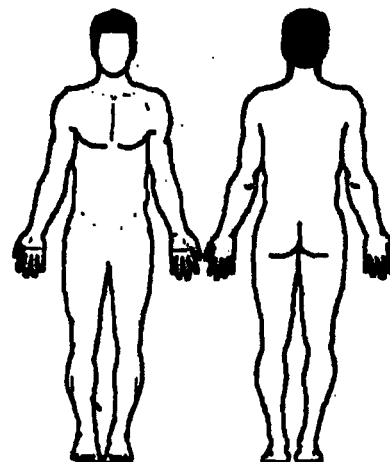
ALLERGIES: Sulf

NURSING ASSESSMENT: 3:07pm Follow Up on (Rt) hand injury. Pt states hand is getting stronger, but c/o pain in the joint of thumb and wrist, index finger knuckle. c/o swelling and hand aches at night.

INITIAL:

my

MEDICAL EVALUATION: Above Noted_____ History reviewed and noted _____



PHYSICIAN'S SIGNATURE:

36444 Rev: 04/17/2008

TUOMEY
MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
 880 W. Westmark Blvd., Dunbar, SC 29540
 Phone: (803) 774-8842 FAX: (803) 774-8823

INCL 1756/16 P 12 24/09 43261
 HAMILTON, ENHA 803-481-9421
 249-17-0683 10/22/70

PATIENT LABEL

MEDICAL ASSESSMENT

ASSESSMENT

Date of Injury: 7-22-08

BP 1 / 1 T 1 P 18

Vision R 20/ L 20/ Corr. UnCorr.

Improvement: Same Worse Better

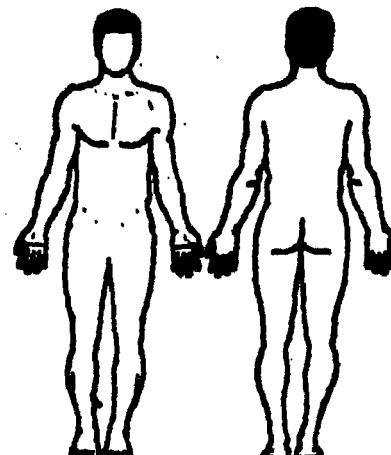
MEDICATIONS: Thyroxine, Lanoxin, EPR

ALLERGIES: Sulfa

NURSING ASSESSMENT: Flu @ hand injury, pt states OT
has helped a lot & therapy rehab is ending
states her hand feels better & therapy

MEDICAL EVALUATION: Above Noted History reviewed and noted

INITIAL: DM



10-22-08

NCS

dictated by her

PHYSICIAN'S SIGNATURE: _____

38444 Rev. 04/17/2008

43281

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: November 12, 2008

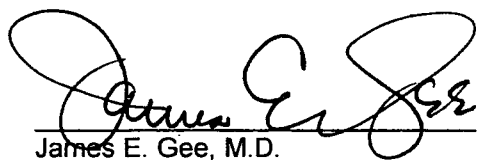
The patient is extremely anxious and seems to be getting worse and worse with regards to wanting something done more quickly.

I tried to discuss the situation with her, advising her that she has done well with regards to this significant injury and it is just going to take time, that she doesn't need any surgical procedure even if it is a small tear of the radial tendon. I don't believe she needs a shot of steroids right now.

After a very, very long discussion, I suggested that we try Sterapred DS for 12 days, get an MRI (she wants an MRI anyway) and just give it more time. Her splint will be optional at work.

I did ask her if she considered getting an independent medical evaluation. She does not seem to be interested in that, possibly because she doesn't want to pay but I am not sure exactly the reason.

I will see her again in three weeks.

 11/19/08
James E. Gee, M.D.

JEG/mlm

pm



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150

Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

 IM0175676 F 12/04/64 43281
 HAMILTON, EMMA
 249-17-0583
 803-481-94
 11/12/08

PATIENT LABEL

MEDICAL ASSESSMENT

ASSESSMENT

Date of Injury: 7.22.08

BP 118/90 T P RR

Vision R 20/ L 20/ Corr. UnCorr.

Improvement: Same Worse Better

MEDICATIONS:

Advil 800

~~Tace 800~~

ALLERGIES:

Sulfa

 NURSING ASSESSMENT: 9:50 AM Follow Up on R hand. H states hand
 hurts and water pain 7/10.

MEDICAL EVALUATION: Above Noted History reviewed and noted

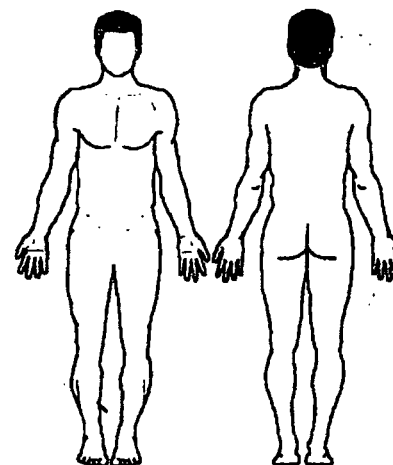
INITIAL: MA

7-22-08

111

 9
 31
 30
 31
 104

32 mmHg



[Handwritten signature/initials]

PHYSICIAN'S SIGNATURE:

36444 Rev: 04/17/2008

 dictated m'leu
 [Handwritten signature]



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Westmark Blvd., Sumter, SC 29150

Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-94
249-17-0683 12/03/06

PATIENT LABEL

MEDICAL ASSESSMENT

ASSESSMENT

Date of Injury: 7/22/08

BP 130/80 T 96 RR

Vision R 20/ L 20/ Corr. UnCorr.

Improvement: Same Worse Better

MEDICATIONS:

ERASMA

Paracetamol PRN

ALLERGIES:

NURSING ASSESSMENT: 10:30 A.M. Follow Up on R hand / MRI Results.
Pt state hand hurts, arm hurts. Rates pain 3/10

MEDICAL EVALUATION: Above Noted History reviewed and noted

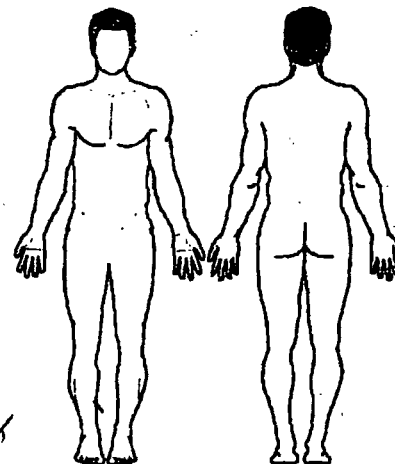
INITIAL:

MA

7/3/08
Hand

not on
med on

6 months



Staged
5 day

ER - Paralytic
Xanthine

Skipped DS

not on 800

Doc

Neurologist

Reflex dystrophy

distal in line

PHYSICIAN'S SIGNATURE:

36444 Rev: 04/17/2008

REFERRAL NOTE

DATE: 12-3-08

PATIENT NAME: E Hamilton SSN 249-17-0683 DOB 12-4-64

REFERRAL TO: Dr Marshall White
Sumter Neurology & Pain Management
312 Broad St Sumter, SC PHONE: 803-774-7246

DATE/TIME: _____

REFERRAL TYPE

☒ CONSULT ☐ PROCEDURE
☐ EVALUATION ☐ OTHER

DIAGNOSIS _____

REASON FOR REFERRAL

☐ FAILURE TO RESPOND TO CONSERVATIVE TREATMENT
☐ REQUIRES ONGOING CARE AND MANAGEMENT
☐ REQUIRES SPECIALIZED SERVICES OR PROCEDURES

NOTES Follow up - Roller type injury -

You performed MCS - etc

Still painful, etc. Don't believe there
is true s. reflex dystrophy but would like your
opinion. Would Neurotoxin or similar be
of any value? Thanks


Eric Byrd, MD

James Gee, MD

12/4/08 Called and left a message 9:05
(434-4000)

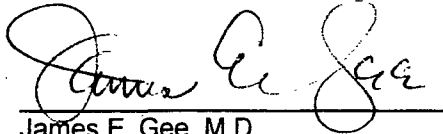

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

43281

PROGRESS NOTE

Emma Hamilton
Date: March 25, 2009

Everything is about the same. She really indicates that she is slowly but surely improving and that's about all I can really hope for right now. I will continue to follow her and see her again in a couple of months.

 3/26/09
James E. Gee, M.D.

JEG/mlm



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

IM0175676 F 12/04/64 43281
HAMILTON, EMMA
249-17-0683
803-481-9...
03/25/08

WORK STATUS REPORT

INITIAL VISIT _____
FOLLOW UP _____

PATIENT INFORMATION

Time in: 1248 Time out: 1310 Date of Injury: 7-22-08 Today's Date: 3-25-09
Employer: Cole J. Employer's Phone: _____ Employer's Fax: 775-5653

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm	_____ R Arm	_____ Both	

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 2 months Date May 27th Time 2:30pm

Patient Referred to: _____ Phone: _____ Date: _____ Time: _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Eric Byrd, MD

85

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

109

PATIENT SIGNATURE: _____

Emma R. Hamilton



TUOMOY
MEDICAL PROFESSIONALS

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Westmark Blvd., Building #2
Sumter, South Carolina 29150

TEL: (803)774-8842 • FAX: (803)774-5282

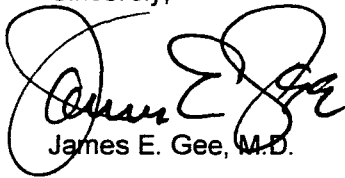
May 27, 2009

RE: Emma Hamilton

Dear Mr. McElveen:

Enclosed is a copy of my impressions after visiting with Ms. Hamilton on May 27, 2009. I hope this answers your questions. Please let me know if there are any questions not answered by this report.

Sincerely,



James E. Gee, M.D.

JEG/mlm
Enclosure

413481

PAT: _____

WORK STATUS REPORT

FOLLOW UP _____

PATIENT INFORMATION

Time in: 11:07 Time out: 11:55 Date of Injury: 7-22-08 Today's Date: 5-27-09
Employer: Color Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Adm cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm _____ R Arm _____ Both			

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

FOLLOW UP

Return Appointment: ☐ No ☒ Yes one month Date 6-24 Time 2:30

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Gae, MD

Eric Byrd, MD

87

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

111

PATIENT SIGNATURE: _____

43281

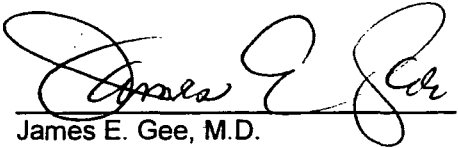
Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton
Date: July 1, 2009

I think she is making progress. Apparently, therapy felt they should "work-up to" the work hardening program and so she has had more physical therapy. She seems to be more confident than I have seen her in some time and I think she is making progress.

I am requesting that she indeed be in the therapy program and that she "work-up to" and complete the work hardening program. She will return to see me in several weeks.

 7/2/09
James E. Gee, M.D.

JEG/mlm



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-9425
249-17-0683 07/01/09

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 1510 Time out: 1550 Date of Injury: 7-22-08 Today's Date: 7-1-09
Employer: Colo. Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Sam cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐

Restrictions apply to _____ L Arm _____ R Arm _____ Both

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

no change

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 4-6 weeks Date Aug 12 Time 3:00pm

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Eric Byrd, MD

89

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

113

PATIENT SIGNATURE: _____

Emma R. Hamilton



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

REHABILITATION PRESCRIPTION

NAME: Emma Hunter

DATE: 7/1/09

DIAGNOSIS: _____

PROCEDURES

☐ Evaluate and Treat	☐ Pre-Placement Eval	☐ Complete FCE	☐ Limited FCE
☐ Wound Care	☐ Whirlpool	☐ Debridement	☐ Dressing Changes
☐ Home Program	☐ Patient Education	☐ Joint Mobilization	☐ Gait Training
☐ Splint Fabrication	☐ Strengthening	☐ CV-Conditioning	☐ Work Hardening
☐ Other: _____			

MODALITIES

☐ May substitute other appropriate modalities

☐ Moist Heat	☐ Traction	☐ Ultrasound	☐ Fluidotherapy
☐ Cryotherapy	☐ TENS Unit	☐ Phonophoresis	☐ Cerv. Traction Unit
☐ Electric Stim	☐ Whirlpool	☐ Iontophoresis with: _____	
☐ Aquatic Therapy	☐ Other: _____		

GOALS

☐ Decrease Pain	☐ Independent Exercise Program	☐ Return to Normal Function
☐ Increase ROM	☐ Increase Strength and Endurance	
☐ Other: _____		

COMMENTS

Please "work up" to full
work hardening program & complete same

Frequency: _____ Duration: _____ Physician Signature: Charles J. [Signature]

SCHEDULING

(TO BE COMPLETED BY PHYSICAL THERAPY DEPARTMENT)

Appointment Date: _____ Time: _____

Patient Signature (acknowledging appointment): _____

Once appointment scheduled and acknowledged, fax to Tuomey Industrial Medicine 803.774.5283

WHITE COPY - PHYSICAL THERAPY

YELLOW COPY - PATIENT

PINK COPY - PHYSICIAN

43281

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

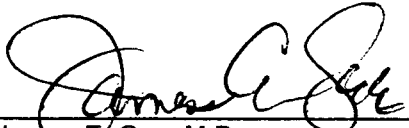
Emma Hamilton

Date: August 12, 2009

She is making steady progress. I think for the most part it is just because of time and use since she apparently has not had recent therapy.

It appears that the request of July 1st was not authorized for a fairly long period of time and because of that when she returned to therapy they could not see her because 30 days had elapsed and she needed a new prescription.

At any rate, I would like for her to complete the work hardening programs. I am returning her to physical therapy (if authorized) for six weeks and she will work toward the work hardening program. I will see her again in follow-up.

 8/13/09
James E. Gee, M.D.

JEG/mlm

WORK STATUS REPORT

INITIAL VISIT _____
FOLLOW UP _____

PATIENT INFORMATION

Time in: 3:00 Time out: 3:20 Date of Injury: 7-22-08 Today's Date: 8-12-09
Employer: Color Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm	_____ R Arm	_____ Both	

Work level: Lifting/Pushing/Pulling

	Sedentary	Negligible	10 lbs. max
Light	☐	☐	10 lbs. freq - 20 lbs. max
Medium	☐	☐	25 lbs. freq - 50 lbs. max
Heavy	☐	☐	50 lbs. freq - 100 lbs. max
Very Heavy	☐	☐	over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

no change

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 8 weeks Date 10-14 Time 10:00

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____ James Gee, MD _____ Eric Byrd, MD

92

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

116

PATIENT SIGNATURE: Emma R. Hamilton



TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

PATIENT LABEL

REHABILITATION PRESCRIPTION

NAME:

E. Hamilton

DATE:

8/12/09

DIAGNOSIS:

PROCEDURES

☐ Evaluate and Treat	☐ Pre-Placement Eval	☐ Complete FCE	☐ Limited FCE
☐ Wound Care	☐ Whirlpool	☐ Debridement	☐ Dressing Changes
☐ Home Program	☐ Patient Education	☐ Joint Mobilization	☐ Gait Training
☐ Splint Fabrication	☐ Strengthening	☐ CV-Conditioning	☐ Work Hardening
☐ Other: _____			

MODALITIES

☐ May substitute other appropriate modalities

☐ Moist Heat	☐ Traction	☐ Ultrasound	☐ Fluidotherapy
☐ Cryotherapy	☐ TENS Unit	☐ Phonophoresis	☐ Cerv. Traction Unit
☐ Electric Stim	☐ Whirlpool	☐ Iontophoresis with: _____	
☐ Aquatic Therapy	☐ Other: _____		

GOALS

☐ Decrease Pain	☐ Independent Exercise Program	☐ Return to Normal Function
☐ Increase ROM	☐ Increase Strength and Endurance	
☐ Other: _____		

COMMENTS

Work Hardening

I requested July 1st for extended D.T. but not authorized for awhile - 30 day limit requires new prescription - This is it. Thanks

Frequency: _____

Duration: *black*

Physician Signature: *[Signature]*

SCHEDULING

(TO BE COMPLETED BY PHYSICAL THERAPY DEPARTMENT)

Appointment Date: _____ Time: _____

Patient Signature (acknowledging appointment): _____

Once appointment scheduled and acknowledged, fax to Tuomey Industrial Medicine 803.774.5283

WHITE COPY - PHYSICAL THERAPY

YELLOW COPY - PATIENT

PINK COPY - PHYSICIAN

REHABILITATION PRESCRIPTION

NAME: E. Hamilton

DATE: 9-17-09

DIAGNOSIS: _____

PROCEDURES

☐ Evaluate and Treat	☐ Pre-Placement Eval	☐ Complete FCE	☐ Limited FCE
☐ Wound Care	☐ Whirlpool	☐ Debridement	☐ Dressing Changes
☐ Home Program	☐ Patient Education	☐ Joint Mobilization	☐ Gait Training
☐ Splint Fabrication	☐ Strengthening	☐ CV-Conditioning	☐ Work Hardening
Other: _____			

MODALITIES

☐ May substitute other appropriate modalities

☐ Moist Heat	☐ Traction	☐ Ultrasound	☐ Fluidotherapy
☐ Cryotherapy	☐ TENS Unit	☐ Phonophoresis	☐ Cerv. Traction Unit
☐ Electric Stim	☐ Whirlpool	☐ Iontophoresis with: _____	
☐ Aquatic Therapy	Other: _____		

GOALS

☐ Decrease Pain	☐ Independent Exercise Program	☐ Return to Normal Function
☐ Increase ROM	☐ Increase Strength and Endurance	
Other: _____		

COMMENTS

Work hardening program as requested

Thanks

Frequency: _____

Duration: up to 6 weeks

Physician Signature: [Signature]

SCHEDULING

(TO BE COMPLETED BY PHYSICAL THERAPY DEPARTMENT)

Appointment Date: _____ Time: _____

Patient Signature (acknowledging appointment): _____

Once appointment scheduled and acknowledged, fax to Tuomey Industrial Medicine 803.774.5283

Dear Dr. Gee,

We are unable to find a facility that can set up work hardening Ms. Hamilton. Can you make any suggestions? We also need an updated script if you still continue to recommend work hardening.

We appreciate if you would complete the attached form 14b and return it to me.

Thank you for your assistance,

Rasha Youssef | Liberty Mutual Middle Market WC Claims | Technical Claims Specialist

Box 49000 Charlotte, NC 28277

800.532.7706 x 24398 | 603-422-6896

817324398

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton

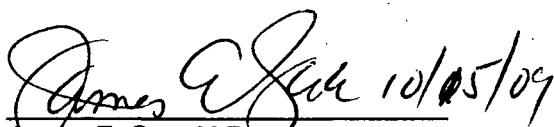
Date: October 14, 2009

She is continuing with therapy but there continues to be some confusion on the direction. She apparently has not progressed or been sent to work hardening yet. It may have to do with the number of visits that she has completed.

I advised her that I think she should try to return to some type of work at this point.

She has seen Dr. Green and he didn't offer any other treatment and I don't have any other treatment other than physical therapy and just trying to "work through" this problem as best she can. At the same time, I realize she has not worked in about 15 months and certainly she can't be as productive as she was immediately. Therefore, I have some restrictions on her work and I hope that the workplace will work with her as she tries to get back into her routine.

In summary, we will continue therapy and try to get her through the work hardening program. We will try to return to work and progress at the workplace and I will see her again in about six weeks or she will call if she has problems.


James E. Gee, M.D.

JEG/mlm





TUOMEY

MEDICAL PROFESSIONALS, INC.

INDUSTRIAL MEDICINE AND WELLNESS

250 W. Wesmark Blvd., Sumter, SC 29150
Phone: (803) 774 - 8842 FAX: (803) 774 - 5283

IM0175676 F 12/04/64 43281
HAMILTON, EMMA
249-17-0683
803-481-9425
10/14/09

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 0953 Time out: 10:45 Date of Injury: 7-22-08 Today's Date: 10-14-09
Employer: Color J. Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Same cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☒ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☒
Walking or standing	☐	☐	☐	☒
Bend/squat/twist/crawl	☐	☐	☒	☐
Climb/work on heights	☐	☐	☒	☐

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☒ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☒	☐
Reach above shoulder	☐	☐	☒	☐
Reach beyond forearm limits	☐	☐	☒	☐

Restrictions apply to _____ L Arm ☒ R Arm _____ Both _____

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

Continue P.T. & work
hardening program while she tries
to work

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 6 week Date 11-25 Time 9:30

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Erie Byrd, MD

97

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

121

PATIENT SIGNATURE

Emma R. Hamilton

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Emma Hamilton
Physician's Name: Dr. James Gree
Practice/Clinic: Imw
Preparer's Name: _____
Phone: (803) 773 - 8842

Employer's Name: Color Fi
Insurance Carrier: Liberty Mutual
SCWCC File No: WC550-614499

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 7/22/08

Date of first office visit: 7/23/09

Date of last visit: 10/14/09

Diagnosis or nature of injury or illness: Compression injury @ hand/wrist

Body part(s) injured: _____ Body part(s) affected: _____

Date of Maximum Medical Improvement: No

Based on the **AMA Guidelines**, the claimant has sustained a _____ % medical impairment to _____ injured body part(s) and a _____ % medical impairment to not one yet other affected body part(s)

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

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

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

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

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

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

Is going to work Handing Program

[Signature]
Treating Physician

Nov 11, 2009
Date

98

Rescheduled
Rescheduled
h

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: _____ Time out: _____ Date of Injury: 7-22-08 Today's Date: 11-25-09
Employer: Coler Ji Employer's Phone: _____ Employer's Fax: 775-5054

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. _____ cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: NO SHOW

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm	_____ R Arm	_____ Both	

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

FOLLOW UP

Return Appointment: ☐ No ☐ Yes _____ Date _____ Time _____

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____
James Gee, MD Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

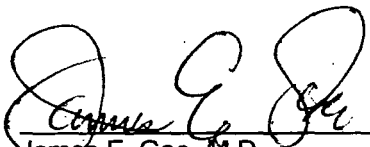
PROGRESS NOTE

Emma Hamilton

Date: December 2, 2009

She is being followed for a compression type injury to the right hand, forearm and wrist.

She seems to have the best attitude that I have seen in quite some time. She seems to be pleased that she has now begun the work hardening program. I asked her about the course and the outline. As is usually the case, they will increase her activities and probably have her up to 4 hours fairly soon. The target date for her return to work is January 14th. She advises me that the workplace has told her that she needs to be "100%" to return. I will see her in five weeks.


James E. Gee, M.D. 12/3/09

JEG/mlm

PATIENT LABEL

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-
249-17-0683 12/02/1

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 0950 Time out: 1030 Date of Injury: 7-22-08 Today's Date: 12-2-09
Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Sam cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☒	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	___ L Arm	___ R Arm	___ Both	

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible - 10 lbs. max
Light	☐ 10 lbs. freq - 20 lbs. max
Medium	☐ 25 lbs. freq - 50 lbs. max
Heavy	☐ 50 lbs. freq - 100 lbs. max
Very Heavy	☐ over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift

To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

Plan: return to Regular work
Jan 14.

FOLLOW UP

Return Appointment: ☐ No ☒ Yes 5 weeks Date: Jan 6, 2010 Time: 10:00 AM

Patient Referred to: _____ Phone: _____ Date: _____ Time: _____

PHYSICIAN'S SIGNATURE: _____

James Gee, MD

Eric Byrd, MD

101

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

125

PATIENT SIGNATURE: _____

Emma R. Hamilton

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

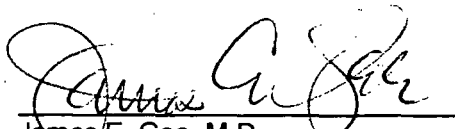
Emma Hamilton

Date: December 23, 2009

The patient is seen today because she is having some difficulty with the work hardening program. I have talked with John Zelinka. Our conversation prompted me to review the MRI and some of the past records.

I think the main point at this time is the patient is 18 months post-injury. She is really interested in continuing the work hardening program and she needs to work through the fatigue and some discomfort that she has to see if she can complete the program. I don't believe January 14th is going to be a realistic time for her to return to work but we will continue to work with her in every way that we can. There is some indication that the job may not be available anyway.

The plan as follows would be continue the work hardening program, and if she cannot complete the program or if she becomes too painful, she will have to return to see Dr. Moore to see if he wants to be more aggressive. I absolutely recommend a continued nonsurgical approach at this time. I think that's her best choice to improve. I will see her as we discussed prior to her tentative return to work date.

 12/30/09
James E. Gee, M.D.
JEG/mlm DNR

PATIENT LABEL

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-942
249-17-0683 12/23/09

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 1455 Time out: 3124 Date of Injury: 7-22-08 Today's Date: 12-23-09
Employer: Color-Fi Employer's Phone: _____ Employer's Fax: 775-5454

DIAGNOSIS

Diagnoses: 1. same cpt _____
2. _____ cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

None Occ. Often Regularly

Sitting ☐ ☐ ☐ ☐
Walking or standing ☐ ☐ ☐ ☐
Bend/squat/twist/crawl ☐ ☐ ☐ ☐
Climb/work on heights ☐ ☐ ☐ ☐

Upper Extremity

Grasp/pinch ☐ ☐ ☐ ☐
Reach above shoulder ☐ ☐ ☐ ☐
Reach beyond forearm limits ☐ ☐ ☐ ☐
Restrictions apply to _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling

Sedentary ☐ Negligible - 10 lbs. max
Light ☐ 10 lbs. freq - 20 lbs. max
Medium ☐ 25 lbs. freq - 50 lbs. max
Heavy ☐ 50 lbs. freq - 100 lbs. max
Very Heavy ☐ over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

FOLLOW UP

Return Appointment: ☐ No ☒ Yes Keep same Date _____ Time _____

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____ James Gee, MD _____ Eric Byrd, MD

103

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

127

PATIENT SIGNATURE: Emma R. Hamilton

PATIENT LABEL

IM0175676 F 12/04/64 43281
HAMILTON, EMMA 803-481-94
249-17-0683 01/06/10

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: _____ Time out: _____ Date of Injury: 7-22-08 Today's Date: 1-6-10
Employer: Color-J Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. _____ cpt _____
3. _____ cpt _____

No Show

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐
Restrictions apply to	_____ L Arm	_____ R Arm	_____ Both	

Work level: Lifting/Pushing/Pulling

Sedentary	☐ Negligible	- 10 lbs. max
Light	☐ 10 lbs. freq	- 20 lbs. max
Medium	☐ 25 lbs. freq	- 50 lbs. max
Heavy	☐ 50 lbs. freq	- 100 lbs. max
Very Heavy	☐ over 100 lbs.	

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

1, no - 10
Apparently missed this app.
work had day stopped

FOLLOW UP

Return Appointment: ☐ No ☐ Yes _____ Date 1-6-10 Time _____
Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____ James Gee, MD _____ Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Emma Hamilton /8

Date: February 18, 2010

I am not exactly sure what has really transpired with this patient. I have been in a secondary role recently.

In quick summary, this patient was referred to Dr. Green, a hand specialist, who indicated that she had reached maximum medical benefits and eventually Dr. Green gave her an impairment rating. I believe, but I am not sure, that the patient was then referred to another physician (Dr. Moore) by her attorney.

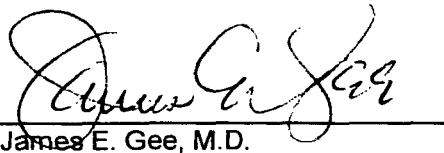
Subsequently, I have referred the patient to the work hardening program which I believe was initially suggested by Dr. Green, the specialist. The patient has been discharged from the work hardening program for apparent fear on the therapist's part that the program was not in her best interest. I have read the records and this is my interpretation of the notes.

I know nothing to do at this time but to refer the patient back to the specialist. I spoke with her and suggested that she be returned to see Dr. Green. Later in the conversation, I think it became clear that she would prefer to be seen by Dr. Moore.

I have asked the patient to bring the copy of Dr. Moore's note and records for my review so I can include those in the information that I have prior to this referral.

I have stated on many occasions that there is nothing that we can offer at this point in time and it has to be in the hands of a specialist. She, of course, can come to this clinic on a p.r.n. basis but I am not establishing a follow-up appointment.

This patient is very aggravated today and her attitude is not nice or pleasant. I have not seen this attitude in this patient in quite some time. I realize her frustration but we are just going to have to do the best we can with getting her motivated and in the right direction. I have advised her to be very, very cautious in making future decisions about aggressive treatment for her wrist. It is my opinion that she needs to be very thoroughly reevaluated before further aggressive treatment is initiated. I think the first thing that needs to be done is get another MRI of her wrist and maybe get more than one opinion as well as seeing if anything has changed since the previous MRI.

 2/24/10
James E. Gee, M.D.

JEG/mlm

PATIENT LABEL

MEDICAL ASSESSMENT

ASSESSMENT

Date of Injury: 7/22/09

BP 124/88 / T P RR

Vision R 20/ L 20/ Corr. UnCorr.

Improvement: Same Worse Better

MEDICATIONS: Tylenol 800mg

ALLERGIES: Wife, Steroids

NURSING ASSESSMENT: 3p Follow-up (R) hand/arm. Pt. states she was told in work hardening, that she was doing more damage than good. Pt. states she feels that her (R) hand/arm is stronger. Still does have occasional discomfort. Pt. rates current discomfort level a 1/5.

MEDICAL EVALUATION: Above Noted History reviewed and noted

INITIAL: PJ

2/8/12

~~Dr. Moore~~
 Dr. Moore

I did not examine

Patient today just tried to make decision

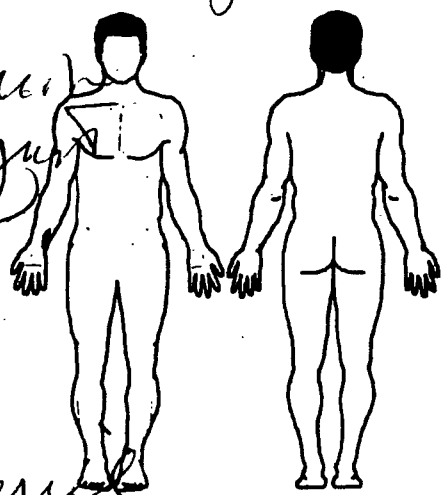
Patient's attitude

is bad today -

I think lawyer referral

has caused some confusion for everyone - if indeed that is the case -

Michael W. Liba



PHYSICIAN'S SIGNATURE: _____

PATIENT LABEL

WORK STATUS REPORT

INITIAL VISIT _____

FOLLOW UP _____

PATIENT INFORMATION

Time in: 1452 Time out: 1540 Date of Injury: 7-22-08 Today's Date: 2-18-10
Employer: Color-It Employer's Phone: _____ Employer's Fax: 775-5654

DIAGNOSIS

Diagnoses: 1. _____ cpt _____
2. Spine cpt _____
3. _____ cpt _____

TREATMENT

☐ Minor first aid ☐ Anti-inflammatory meds ☐ Physical Therapy ☐ Antibiotics
☐ Over the counter meds ☐ Muscle relaxants ☐ Sutures/Wound care ☐ Bloodborne pathogen protocol
☐ Tetanus ☐ Scheduled pain meds ☐ Splint/Cast/Boot/Sling/Crutches ☐ Other: _____

WORK STATUS

☐ No restrictions ☐ Restriction ☐ No work Restrictions Effective: ☐ Today ☐ Next Shift: _____

Back and Lower Extremity

	None	Occ.	Often	Regularly
Sitting	☐	☐	☐	☐
Walking or standing	☐	☐	☐	☐
Bend/squat/twist/crawl	☐	☐	☐	☐
Climb/work on heights	☐	☐	☐	☐

Upper Extremity

	None	Occ.	Often	Regularly
Grasp/pinch	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Reach beyond forearm limits	☐	☐	☐	☐

Restrictions apply to: _____ L Arm _____ R Arm _____ Both

Work level: Lifting/Pushing/Pulling

	Sedentary	Negligible	10 lbs. max
Light	☐	☐	10 lbs. freq - 20 lbs. max
Medium	☐	☐	25 lbs. freq - 50 lbs. max
Heavy	☐	☐	50 lbs. freq - 100 lbs. max
Very Heavy	☐	☐	over 100 lbs.

Activity and hour restrictions (if applicable)

☐ Not to operate hazardous machinery
☐ Not to drive car/truck/forklift
To work no more than _____ hrs. per day

Other Restrictions or Clarifications: _____

Referral

FOLLOW UP

Return Appointment: ☒ No ☐ Yes pm Date _____ Time _____

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: _____
James Gee, MD Eric Byrd, MD

107

INFORMATION RELEASE & ACKNOWLEDGEMENT

- 1.) By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- 2.) I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

131

PATIENT SIGNATURE: Emma R. Hamilton

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

CHART NOTE

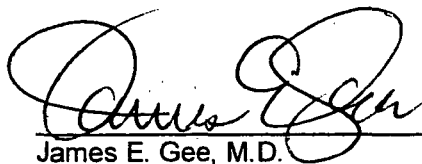
Emma R. Hamilton

Date: February 25, 2010

I have reviewed the record from Blake H. Moore of the Kingstree Surgical Associates. Ms. Hamilton had mentioned to me that she saw him in consultation. I did not have records. My assumption that this referral was by the attorney seems to be correct. It also seems to be that the patient was seen by Dr. Moore for an "independent medical review" and I don't really believe that Dr. Moore is a hand specialist and I do not see that he made definite recommendations as to how this patient should be further treated. It seems that his primary emphasis was offering a second opinion (Dr. Michael Green offered the first) concerning this patient's impairment.

If I have completely understood the nature, purpose, and conclusions of the patient's one time visit to Dr. Moore, it would appear to me that this patient needs to see a hand specialist rather than Dr. Moore for further treatment. If, however, Dr. Moore does special work with wrist type injuries or if he agrees to further treat this patient, then referral back to Dr. Moore is certainly an option. EVALUATION 8

If, however, Dr. Moore does not further treat the patient, I would again recommend that the patient be seen by a hand specialist. If she chooses not to return to Dr. Green, then another hand specialist certainly could be chosen. I believe that the insurance carrier will make that referral and so I have tried to make this point clear on my referral note.

 3/3/10
James E. Gee, M.D.

JEG/mlm

H3281

REFERRAL NOTE

DATE: Feb. 25, 2010

PATIENT NAME: Carmen Hamilton SSN _____ DOB _____

REFERRAL TO: Hank Specialist - Patient has seen
Dr. Green but wants to see Dr. Blake Moore -
I don't believe he is a ~~hand~~ specialist

DATE/TIME: _____

REFERRAL TYPE

☒ CONSULT _____ PROCEDURE _____
☐ EVALUATION _____ OTHER _____

DIAGNOSIS Compression injury wrist

REASON FOR REFERRAL

☐ FAILURE TO RESPOND TO CONSERVATIVE TREATMENT
☐ • REQUIRES ONGOING CARE AND MANAGEMENT
☐ REQUIRES SPECIALIZED SERVICES OR PROCEDURES

NOTES Patient continues to have sx which
seem to be unusual and not totally
explained by stroke, course, etc. May
need another MRI, etc

Eric Byrd, MD

James Gee
James Gee, MD

Clinical NotesPatient Name Summa Hamilton

Pain 0 1 2 3 4 5 6 7 8 9 10

Description map @ hand

Evaluation <u>1</u>	Ultrasound <u> </u>	Self-care/ADL Tng <u> </u>
Re-evaluation <u> </u>	E-stim <u> </u>	Physical test/report <u> </u>
Therapeutic Exercise <u>1</u>	Phonophoresis <u> </u>	Strapping: shld <u> </u>
Manual/Myofascial Therapy <u>1</u>	Paraffin bath <u>1</u>	elbow/wrist <u> </u>
Moist Heat/Ice <u> </u>	Contrast bath <u> </u>	hand/finger <u> </u>
Massage Therapy <u> </u>	Neuromuscular re-ed <u> </u>	Other: <u> </u>
Orthotic fit and training <u> </u>	Iontophoresis <u> </u>	
Orthotic adjustment <u> </u>	Therapeutic activity <u> </u>	

Therapeutic Exercise:Passive: Active assisted: Active: See belowResistive: Stretching: Patient Education: Barriers to education: NoneHome exercises: Type: Tendon gliding exercisesChanges/updates: (none)Patient response: PT demo @Comments: OT assessed pt for OT tx.See eval for details and goals fortx. OT provided paraffin bath to @ hand/forearm.OT instructed pt on AEP tendon glidingexercises and pt demo @. OT provided manualstretching @ hand. Pt will benefit from OT to learn andrestore @ hand functionTherapist Signature: Edward C. [Signature] Date: 9-18-08

CORNELL THERAPY ASSOCIATE (Independent Contractor)

Initial Evaluation ☒ (2 IDs ☐) Re-Evaluation ☐

Patient's Name: Emma Hamilton

Referring Physician: Dr Gee

Date of Birth/Age: 12/4/64

Today's Date: 8-18-08

Diagnosis: (R) hand crush injury,
pain

Date of Injury: 7-22-08

PAST MEDICAL HISTORY:

Nothing remarkable

ALLERGY: YES NO

LATEX ALLERGY: YES NO

sulfate

LIVING SITUATION/OCCUPATION:

Lives w/ family / color specialist

CHIEF COMPLAINT:

Pain, loss of function (R) hand

COGNITIVE SKILLS

Alert / Oriented
Attention Span
Memory
Problem Solving
Safety Awareness
Follow Directions

Intact

VISUAL/PERCEPTUAL SKILLS

Depth Perception
Visual Tracking
Unilateral Neglect
Visual Field Cut
Dysmetria

Intact

SENSORY AWARENESS

Light/ Deep Pressure
Sharp/Dull
Hot/Cold
Stereognosis

generally intact however extreme sensitivity is apparent over dorsolateral (R) thumb

EDEMA

None Moderate
Minimal Severe

(R) CMC /
dorsal hand

Pt reports edema was much worse until last week.

PAIN

Pt reports various types (0-10 scale) and levels of pain: shooting, aching, sharp, dull, sensitivity,

Name: Emma Hamilton / from 3-9 of 10

Emma Hamilton
9-18-08

	RIGHT			LEFT		
	PROM	AROM	STRNGTH	PROM	AROM	STRNGTH
SHOULDERS						
Flex (0-180)	WNL	WNL	WNL			
Ext (0-60)						
Abd (0-180)						
Int. Rot (0-70)						
Ext. Rot (0-90)						
ELBOWS						
Flex (0-150)						
Ext (0-0)						
Supin (0-80)						
Pron (0-80)						
WRISTS						
Flex (0-80)	WNL	WNL				
Ext (0-70)	0-53°	0-43°				
RadDev (0-25)	0-18°	0-18°				
Uln Dev (0-35)	0-10°	0-10°				
HANDS						
	MP	PIP	DIP	MP	PIP	DIP
Index	0-77°	WNL	WNL			
Middle	0-75					
Ring	0-77					
Small	0-83					
	MP	IP		MP	IP	
Thumb	WNL	WNL				

Emma Hamilton
9-18-08

GRIP STRENGTH

	R. Hand	L. Hand
First Trial	45#	75#
Second Trial		
Third Trial		
Average		

PINCH STRENGTH

	R. Hand	L. Hand
Tip-to tip	4#	12#
Lateral	10#	15#
3 jaw chuck	13#	15#

HAND DOMINANCE: R or L

COORDINATION

Gross Motor Intact

Fine Motor Degraded (R) Intact (L)

FUNCTIONAL TRANSFERS

Supine to sit
Sit to stand
In/out of tub
In/out of shower
On/off toilet

(I)

ADL'S

UE Dressing
LE Dressing
Grooming
Home Mgmt

(A) as needed 2nd to (R) hand injury.

COMMENT SECTION:

Pt stated her injury to (R) hand occurred at work when her hand was caught in machinery and "folded" longitudinally severely compromising carpal/radial wrist

TREATMENT PLAN

1. Ther ex
2. Paraffin bath
3. RICE
4. Phonophoresis/US
5. Therapeutic taping

6. Manual tx
7. E-stim
8. Splinting as needed
9. Splinting as needed
- 10.

function, and IF/thumb joints.

9-18-08

Name: Summa Han / Tan

LONG TERM GOAL(S) weeks

- ① AROM @ wrist extension will ↑ to 60°
- ② Pain @ hand will ↓ to 3/10 or less @ exercise
- ③ R hand grip strength will ↑ to 60#
- ④ R hand tip-to-tip pinch strength will ↑ to 10#

SHORT TERM GOALS: 3 weeks

- ① AROM @ wrist extension will ↑ to 50°
- ② Pain @ hand will ↓ to 5/10 or less @ exercise
- ③ R hand grip strength will ↑ to 50#
- ④ R hand tip-to-tip pinch strength will ↑ to 6#

Frequency/ Duration

3 weeks 6 weeks per MD

Occupational Therapist's Signature: Echamuel Anell MTR

I certify that I have examined the above named patient. Occupational Therapy is necessary and service will be furnished while under my care. The treatment plan has been established and will be reviewed every 30 days, or more often, if the patient's condition warrants it.

ATTENDING PHYSICIAN: _____

DATE:

Dr Gee

Clinical NotesPatient Name Emma Hamilton

Pain 0 1 2 3 4 5 6 7 8 9 10

Description pt reports chronic hurt in tx.

Evaluation <u> </u>	Ultrasound <u> </u>	Self-care/ADL Tng <u> </u>
Re-evaluation <u> </u>	E-stim <u> </u>	Physical test/report <u> </u>
Therapeutic Exercise <u>2</u>	Phonophoresis <u>1</u>	Strapping: shld <u> </u>
Manual/Myofascial Therapy <u>1</u>	Paraffin bath <u>1</u>	elbow/wrist <u> </u>
Moist Heat/Ice <u>1</u>	Contrast bath <u> </u>	hand/finger <u> </u>
Massage Therapy <u> </u>	Neuromuscular re-ed <u> </u>	Other: <u> </u>
Orthotic fit and training <u> </u>	Iontophoresis <u> </u>	
Orthotic adjustment <u> </u>	Therapeutic activity <u> </u>	

Therapeutic Exercise:

Passive: Active assisted:

Active: Exer = AROM flexion/extension; ulnar/radial deviation
Full ROM exer = power web (R) hand flexion/extension
exer = yellow therapy = small hand gripping

Resistive: and reverseStretching: Patient Education: Barriers to education: NoneHome exercises: Type: Add AROM exer, power web, exerChanges/updates: AddPatient response: PT deny

Comments: OT provided paraffin to (R) hand x 10 mins.
Phonophoresis to dorsal/lateral wrist joint 10.
Ther ex as listed above. Tied to (R) wrist/hand
x 8 mins. PT tolerated tx better today = ↓
anxiety

Therapist Signature: Shawn Cline CST Date: 9-19-08

Clinical NotesPatient Name Emma Hamilton

Pain 0 1 2 3 4 5 6 7 8 9 10

Description pt reported pain exacerbated, "claylike" lower limb.Evaluation Ultrasound Self-care/ADL Tng Re-evaluation E-stim Physical test/report Therapeutic Exercise 1 Phonophoresis 1 Strapping: shld Manual/Myofascial Therapy 1 Paraffin bath elbow/wrist 1Moist Heat/Ice 1 Contrast bath hand/finger Massage Therapy Neuromuscular re-ed Other: Orthotic fit and training Iontophoresis Orthotic adjustment Therapeutic activity Therapeutic Exercise:Passive: Active assisted: Active: ② hand digits / wrist extension exer, FMS exer& playing cards x 8 minResistive: Stretching: Patient Education: Barriers to education: NoneHome exercises: Type: Continue 2-3 timesChanges/updates: nonePatient response: pt compliant

Comments: PT provided phonophoresis to R. hand wrist
at 1.0 dorsal wrist, summit 1.0 volar wrist. Manual finger
and stocking and soft tissue mobilization R hand
& wrist. Ther exer as listed above. Ice to R hand/wrist
x 10 min. Therapeutic taping R wrist to & provide use.

Therapist Signature: Edw Giveth Date: 9-23-08

Clinical NotesPatient Name Emma Hamilton

Pain 0-1-2-3-4-5-6-7-8-9-10

Description Pain

Evaluation	Ultrasound	Self-care/ADL Tng
Re-evaluation	E-stim	Physical test/report
Therapeutic Exercise <u>2</u>	Phonophoresis <u>1</u>	Strapping: shld
Manual/Myofascial Therapy <u>1</u>	Paraffin bath <u>1</u>	elbow/wrist
Moist Heat/Ice	Contrast bath	hand/finger
Massage Therapy	Neuromuscular re-ed	Other:
Orthotic fit and training	Iontophoresis	
Orthotic adjustment	Therapeutic activity	
<u>Therapeutic Exercise:</u>		

Passive: _____

Active assisted: _____

Active: flex/extend wrist, ulnar/radial deviation;gripping, exerted webbed tool, digit extensionResistive: rubber band resistance, exercise yellow therapyStretching: exert hammer @ wrist extensionPatient Education: Barriers to education: NoneHome exercises: Type: ContinueChanges/updates: NonePatient response: Compliant

Comments: OT provided phonophoresis to (R) lateral wrist/
lateral wrist pain at 1-2. Manual stretching/soft tissue
mobilization @ wrist/hand region. Ther ex as listed
above. Pt progressing slowly to strength building
using (R) hand. (R) wrist paraffin bath x 10 min

Therapist Signature: Emma Hamilton Date: 9-25-08

Clinical NotesPatient Name Sanna HamiltonDescription Pain 0 1 2 3 4 5 6 7 8 9 10

Evaluation	Ultrasound	Self-care/ADL Tng
Re-evaluation	E-stim	Physical test/report
Therapeutic Exercise <u>1</u>	Phonophoresis <u>1</u>	Strapping: shld
Manual/Myofascial Therapy	Paraffin bath	elbow/wrist
Moist Heat/Ice <u>1</u>	Contrast bath	hand/finger
Massage Therapy	Neuromuscular re-ed	Other:
Orthotic fit and training	Iontophoresis	
Orthotic adjustment	Therapeutic activity	

Therapeutic Exercise:

Passive: _____

Active assisted: _____

Active: Wrist extension c 3 lbs x 25; flexion c 3 lbsResistive: x 25; Ext x 10 min c therapy.

Stretching: _____

Patient Education: Barriers to education: NoneHome exercises: Type: EnduraChanges/updates: NonePatient response: Compliant

Comments: 2 grip measured at 55#, 2 tip to tip pinch
measured at 10#. Treated pt and provided
a written report for MD. Phonophoresis to volar
Wrist/hand 10 min at 1.0. Ther ex as listed above.
Pt is seeing volantes modest but clear
progress c to. Tice to Wrist/hand x 10 min

Therapist Signature: Sharon Keworth Date: 10-1-08

PROGRESS NOTE

Name: Emma Hamilton Client #: _____

Date	
10-1-08	OT has seen pt 6x including eval on 9-18-08. Pt's pain remains an issue localized over first dorsal compartment, volar wrist, and IF MP mainly. Pain remains variable w/ pt stating it is @ 2 of 10 w/ use, but is higher at times, and aches. Strength has increased w/ R grip increasing from 45# to 55#, and R tip-to-tip pinch increasing from 14# to 10#. Endurance has improved from poor to fair w/ extended uses, though pt displays discomfort as activity proceeds. AROM R wrist extension has ↑ from 43° to 51°; Flexion AROM has been wNL. Radial deviation AROM has improved from 18° to wNL. Recommend continue OT to ↓ pain, restore strength and endurance w/ R hand use. Edward Camello, OT Thank you for this referral Continue please Dr Gee 10-1-08 Nice job Thanks

Clinical NotesPatient Name Emma HamiltonPain 0 1 2 3 4 5 6 7 8 9 10

Description R hand
 Evaluation _____ Ultrasound _____ Self-care/ADL Tng _____
 Re-evaluation _____ E-stim 1 _____ Physical test/report _____
 Therapeutic Exercise 2 _____ Phonophoresis 1 _____ Strapping: shld _____
 Manual/Myofascial Therapy _____ Paraffin bath 1 _____ elbow/wrist _____
 Moist Heat/Ice _____ Contrast bath _____ hand/finger _____
 Massage Therapy _____ Neuromuscular re-ed _____ Other: _____
 Orthotic fit and training _____ Iontophoresis _____
 Orthotic adjustment _____ Therapeutic activity _____

Therapeutic Exercise:

Passive: _____

Active assisted: _____

Active: Tendons being exercised; R wrist + flexion/extension
exer; squeezing soft + ball; pronation/supination
 Resistive: 3 lbs/2 lbs. FMS lower = quarter; pinch
over c clothes pin.
 Stretching: _____

Patient Education: Barriers to education: None

Home exercises: Type: Add clothes pin pinch, FMS exer
 Changes/updates: Add
 Patient response: Compliant

Comments: OT provided a paraffin bath to R hand/wrist
 x 10 min. E-stim x 15 min as stretching and exercises
 R wrist/hand as listed above. PT provided up
 dated HEP. Slow but steady progress.

Therapist Signature: Edmund Connel DTR Date: 10-3-08

Clinical NotesPatient Name Emma Hamilton

Pain 0 1 2 3 4 5 6 7 8 9 10
 Description pt stated she feels "cramping" but no pain
 Evaluation Ultrasound Self-care/ADL Tng
 Re-evaluation E-stim Physical test/report
 Therapeutic Exercise 2 Phonophoresis Strapping: shld
 Manual/Myofascial Therapy 1 Paraffin bath elbow/wrist
 Moist Heat/Ice 1 Contrast bath hand/finger
 Massage Therapy Neuromuscular re-ed Other:
 Orthotic fit and training Iontophoresis
 Orthotic adjustment Therapeutic activity
Therapeutic Exercise: E-stim unattended 1

Passive: _____

Active assisted: _____

Active: Exer = yellow Theraputty x 10 min exer = green
 Resistive: putty, exer = gripper x 25; exer = digi-extnd,
exer = red Theraputty wrist x 10 min.

Stretching: _____

Patient Education: Barriers to education: NoneHome exercises: Type: Exer now = green TheraputtyChanges/updates: AddPatient response: improved

Comments: OT provided paraffin bath to (R) hand/wrist
x 8 min. Manual stretching (R) wrist. Phonophoresis
to dorsal/lateral (R) wrist x 8 min at 1.0. Ther ex
as listed above. E-stim = 12e x 10 min.
(R) hand/wrist.

Therapist Signature: Shun Kuro OTR Date: 10-7-08

Clinical NotesPatient Name Emma Hamilton

Pain 0 1 2 3 4 5 6 7 8 9 10

Description "just a little nerve type pain"

Evaluation Ultrasound Self-care/ADL Tng

Re-evaluation E-stim Physical test/report

Therapeutic Exercise 2 Phonophoresis 1 Strapping: shld

Manual/Myofascial Therapy 1 Paraffin bath 1 elbow/wrist

Moist Heat/Ice Contrast bath hand/finger

Massage Therapy Neuromuscular re-ed Other:

Orthotic fit and training Iontophoresis

Orthotic adjustment Therapeutic activity

Therapeutic Exercise: E-stim method 1

Passive: Active assisted:

Active: RTS exer c 10-20 lbs rowing; FR/ER of shld x several

Resistive: legs working weight bearing of wrist. Exer c 3 lbs (R)

wrist extension x 9, Flexion x 2, exer c gripper (2B, 1R) x 30;

Stretching: exer c 10-12, @ wrist ulnar/radial deviation c 2 lbs x 21

Patient Education: Barriers to education: NoneHome exercises: Type: ContinueChanges/updates: NonePatient response: Complained

Comments: OT provided paraffin bath to (R) hand/wrist

x 8 min. Manual stretching (R) hand/wrist. Phonophoresis

to dorso lateral (R) wrist/hand 5 min at 1.0. Then exer

tested above. E-stim to (R) wrist c 10 x 10 min.

pt tolerating exercise

Therapist Signature: Edwin Cornell OR Date: 10-9-08

Clinical NotesPatient Name Emma Hamilton

Pain 0 1 2 3 4 5 6 7 8 9 10
 Description Right hand
 Evaluation _____ Ultrasound 1 Self-care/ADL Tng _____
 Re-evaluation _____ E-stim 1 Physical test/report _____
 Therapeutic Exercise 2 Phonophoresis _____ Strapping: shld _____
 Manual/Myofascial Therapy 1 Paraffin bath 1 elbow/wrist _____
 Moist Heat/Ice 1 Contrast bath _____ hand/finger _____
 Massage Therapy _____ Neuromuscular re-ed _____ Other: _____
 Orthotic fit and training _____ Iontophoresis _____
 Orthotic adjustment _____ Therapeutic activity _____

Therapeutic Exercise:

Passive: _____

Active assisted: Right hand, wristActive: Exer AROM wrist flex/ext; exer 2 flex bng
gripper, digi extensor, weight bearing onResistive: Right hand

Stretching: _____

Patient Education: Barriers to education: NoneHome exercises: Type: Add flexor exer and weight bearing
 Changes/updates: AddPatient response: Comp hands

Comments: OT provided paraffin bath to Right hand
x 8 min Manual stretching Right hand. Then
ex listed above. Phonophoresis to dorsal hand (R)
wrist/hand x 8 min at 1.0 E-stim 2 Right exer
x 15 min Ice to Right hand/wrist x 8 min.

Therapist Signature: Splendore C. M. D. PT Date: 10-10-21

Clinical NotesPatient Name Emma Hamilton

Pain 0-1-2-3-4-5-6-7-8-9-10

Description R hand

Evaluation	Ultrasound	Self-care/ADL Tng
Re-evaluation	E-stim <u>1</u>	Physical test/report
Therapeutic Exercise <u>2</u>	Phonophoresis <u>1</u>	Strapping: shld
Manual/Myofascial Therapy	Paraffin bath	elbow/wrist
Moist Heat/Ice <u>1</u>	Contrast bath	hand/finger
Massage Therapy	Neuromuscular re-ed	Other:
Orthotic fit and training	Iontophoresis	
Orthotic adjustment	Therapeutic activity	

Therapeutic Exercise:

Passive: _____

Active assisted: _____

Active: Exer @ wrist - e gripper, drop - extend, etc.Resistive: wrist extension e 5 lbs x 15; wrist flexion e 5 lbs x 15, open e gripper then a pretty x 10 min e e-stim.

Stretching: _____

Patient Education: Barriers to education: NoneHome exercises: Type: CatnineChanges/updates: NonePatient response: CompliantComments: OT provided phonophoresis to dorsal/helareswrist x 2 min at 1.0. Ther ex as listed above.Ice R hand x 2 min.Therapist Signature: Sharon Newton Date: 10-14-08

Clinical NotesPatient Name Emma Hamilton

Pain 0—1—2—3—4—5—6—7—8—9—10

Description this A.M. @ hand

Evaluation	Ultrasound	Self-care/ADL Tng
Re-evaluation	E-stim	Physical test/report
Therapeutic Exercise <u>2</u>	Phonophoresis <u>1</u>	Strapping: shld
Manual/Myofascial Therapy <u>1</u>	Paraffin bath <u>1</u>	elbow/wrist
Moist Heat/Ice	Contrast bath	hand/finger
Massage Therapy	Neuromuscular re-ed	Other:
Orthotic fit and training	Iontophoresis	
Orthotic adjustment	Therapeutic activity	

Therapeutic Exercise:

Passive: _____

Active assisted: _____

Active: During extension x 15 reps;
over R hand & gripper, also & dig: extended exercises,Resistive: 2nd & thumbbar

Stretching: _____

Patient Education: Barriers to education: NoneHome exercises: Type: Continue after tomorrow's tx, rest today,Changes/updates: NonePatient response: Pt compliant

Comments: Pt over R hand on scapula, biceps curl
30 lbs x 7; rowing = 30 lbs x 15; hand TR/ER 20 lbs
x 15. Please please to R elbow & wrist / R shoulder pain
at 1.0. Ther use as listed above Paraffin bath
to R hand x 8 min. Pt frustrated because pain
continues even though progress in strength is evident.

Therapist Signature: Steve Condit Date: 10/16/08

Clinical NotesPatient Name Emma HamiltonPain 0 1 2 3 4 5 6 7 8 9 10

Description base of R thumb
 Evaluation _____ Ultrasound _____ Self-care/ADL Tng _____
 Re-evaluation _____ E-stim 1 _____ Physical test/report _____
 Therapeutic Exercise 1 _____ Phonophoresis 1 _____ Strapping: shld _____
 Manual/Myofascial Therapy 1 _____ Paraffin bath 1 _____ elbow/wrist _____
 Moist Heat/Ice 1 _____ Contrast bath _____ hand/finger _____
 Massage Therapy _____ Neuromuscular re-ed _____ Other: _____
 Orthotic fit and training _____ Iontophoresis _____
 Orthotic adjustment _____ Therapeutic activity _____
Therapeutic Exercise:

Passive: _____

Active assisted: _____

Active: Rowing @ 150 lbs x 25; home PR @ 20 lbs x 15;Resistive: horiz PR @ 10 lbs x 15; biceps curl @ 30 lbs x 20;Stretching: Exer @ gym therapeuticallyPatient Education: Barriers to education: NoneHome exercises: Type: Continue w/ weight bearingChanges/updates: NonePatient response: CompliantComments: Paraffin bath to R hand/wrist x 8 min.

OT provided phono waves to dorsal/lateral R wrist/hand
8 min at 1.2 c Manual stretching, soft tissue mobili-
zation x 10 min. Ther ex as listed above @ 150 lbs
and 20 lbs. Ice to R wrist/hand x 8 min.
Pt still limited by weakness/pain.

Therapist Signature: Edward Cull OTR Date: 10/17/08

Clinical NotesPatient Name Simone Hamilton

Pain 0-1-2-3-4-5-6-7-8-9-10

Description Exercise (R hand)
 Evaluation _____ Ultrasound _____ Self-care/ADL Tng _____
 Re-evaluation 1 E-stim _____ Physical test/report _____
 Therapeutic Exercise 1 Phonophoresis _____ Strapping: shld _____
 Manual/Myofascial Therapy 1 Paraffin bath 1 elbow/wrist _____
 Moist Heat/Ice _____ Contrast bath _____ hand/finger _____
 Massage Therapy _____ Neuromuscular re-ed _____ Other: _____
 Orthotic fit and training _____ Iontophoresis _____
 Orthotic adjustment _____ Therapeutic activity _____

Therapeutic Exercise:

Passive: _____

Active assisted: _____

Active: Exer @ Buret flexor pollicis longus 2-3 lbs.Resistive: Exer @ Buret suppr, digital extensor

Stretching: _____

Patient Education: Barriers to education: NoneHome exercises: Type: ContinueChanges/updates: NonePatient response: Compliant

Comments: OT reevaluated pt for progress & tx.
See reeval for details. OT provided paraffin
bath to @ R hand. OT provided manual tx to @
hand & wrist. Ther ex @ hand as listed
above.

Therapist Signature: Shirley Gullack Date: 10/24/08

**Sumter Neurology
and Pain Management
312 Broad Street
803-774-7246**

Patient: Hamilton, Emma
Sex: Female
Age: 43
Weight: lbs
I.D.#: 5597
Ref. M.D.: Gee, MD

Physician: Marshall A. White, MD
Test Date: 11/03/08

History/Comments:

43 y.o. female patient with an injury sustained to the right hand July 22, 2008 while at work. This accident involving a roller/crush injury. The patient states that she was placed in a splint. She works for Color Fi, Inc as a color specialist. The workers compensation insurance would like to have a NCS/EMG performed on both hands to rule out other potential contributing factors to her symptoms, i.e. peripheral neuropathy, etc. Medical Hx is otherwise negative.

Motor Nerve Study

Left Median Nerve

Rec Site: APB	Lat (ms)	Norm Lat	Amp (mV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site						
Wrist	3.2	<4.5	7.2	>3	45.1	>48
Elbow	6.9		7.3		45.1	OK

Right Median Nerve

Rec Site: APB	Lat (ms)	Norm Lat	Amp (mV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site						
Wrist	3.5	<4.5	3.2	>3	45.3	>48
Elbow	7.5		3.1		45.3	OK

Left Ulnar Nerve

Rec Site: ADM	Lat (ms)	Norm Lat	Amp (mV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site						
Wrist	3.2	<3.6	10.5	>5	72.0	>48
B.Elbow	5.7		9.6		72.0	
A.Elbow	6.8		8.8		77.1	

Right Ulnar Nerve

Rec Site: ADM	Lat (ms)	Norm Lat	Amp (mV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site						
Wrist	3.3	<3.6	8.1	>5	65.8	>48
B.Elbow	6.1		8.7		65.8	
A.Elbow	7.2		9.0		92.3	

page 2

Patient: Hamilton, Emma
I.D.#: 5597

Test Date: 11/03/08

Sensory Nerve Study**Left Median Nerve**

Rec Site: Wrist	Lat (ms)	Norm Lat	Amp (uV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site Wrist	1.1	<2.3	46.3	>40		

Right Median Nerve

Rec Site: Wrist	Lat (ms)	Norm Lat	Amp (uV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site Wrist	1.5	<2.3	43.7	>40		

Left Ulnar Nerve

Rec Site: Wrist	Lat (ms)	Norm Lat	Amp (uV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site Wrist	1.2	<2.2	33.3	>11		

Right Ulnar Nerve

Rec Site: Wrist	Lat (ms)	Norm Lat	Amp (uV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site Wrist	1.4	<2.2	21.7	>11		

Left Radial Nerve

Rec Site: Wrist	Lat (ms)	Norm Lat	Amp (uV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site Index	1.6		33.3			

Right Radial Nerve

Rec Site: Wrist	Lat (ms)	Norm Lat	Amp (uV)	Norm Amp	C.V. (m/s)	Norm C.V.
Stim Site Index	1.8		26.3			

Imp: essentially Normal b. l. hand
upper extremity NCS.

Waukegan, IL

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
ACCOUNT NUMBER	DATE	TIME		
** NEW ** 25245	06/19/09	11:00am	PT SUMTER, 10455322	45430
NAME & ADDRESS EMMA HAMILTON			INSURANCE BALANCE	
DOB:			ACCOUNT BALANCE	
GENDER:			CURRENT CHARGES 240-	
IBG:			AMOUNT PAID	
FCL:			NEW BALANCE 240-	
CELL:			CASH CHECK M.O. C.C.	
WRK:				
INSURED: EMMA HAMILTON			RELATION:	
INS:				
REASON: NEW PATIENT/EVAL				

PROCEDURES	CPT	FEE	
☒ Evaluation	97001	91-	S = please see eval form for details.
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins.	97110	76-	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		A = HEP in full injury to shoulder 7/24 has had no Rx of therapy since 10/08. P = possible per PDC.
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☒ Self Care Training, 15 mins.	97535	43-	
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Visit Number: _____ of _____

Staff: _____

Therapist's Signature: William E. G...

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

3 / 4

0002/0003

☐ Exposed
☐ Mailed
☐ Given to Patient
☐ Filed in DOCE chart

PMID:[illegible]

Cervical Spine Provoking Moments:

Grip Strength: 10.83 L 36.79 R
Pinch Strength: 18.16 L 10.8 R
L: 11.4 R: 1.9

Upper Limb Tension Tests:

Palpation: Hard to Dent, more chalky @ apical & facial sul

Swelling: ~~may be~~

ADVANTAGE:

Other Finding: 1 Antique 2-3 med shell abrupt end rip

[PPT - F008 - (02-09)]

8037745283

Industrial Medicine

00393454

Progressive Physical

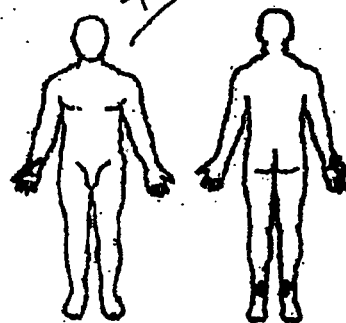
26:48

07-17-2009

2/4

0003/0003

Occupation / Work Status: not working
 Demands of Job / Lifestyle: active life and things
 Meds: NA
 X-Ray / MRI: all in 11/08
 When Worse: PP + one of @ back/neck
 When Better: rest, manual therapy



Pain Rating: Current Worse Constant / Periodic Dull / Sharp

Summary of Significant Findings:

1. ROM: to wrist act @
2. Strength: to back/neck
3. Posture: DM
4. Radicular Symptoms: umbilical pain @ back/neck
5. Special Tests: 0
6. Tenderness: to back/neck
7. Swelling / Appearance: none / white
8. Joint Play: to back/neck
9. Gait: DM
10. Other: 0

Assessment:

Pt is unable to perform a single leg stand w/ a single foot on the ground in a single leg stand. Pt is unable to perform a single leg stand w/ a single foot on the ground in a single leg stand. Pt is unable to perform a single leg stand w/ a single foot on the ground in a single leg stand.

Goals:

- ☒ Decrease pain to: Current 1/10 Worse 1/10 to allow greater functional mobility
- ☒ Increase Strength of to back/neck to improve function / ADLs
- ☒ Increase ROM of to back/neck to improve function / ADLs
- ☒ Pt will be independent & compliant with HEP
- ☒ Pt will demonstrate / understand correct posture & body mechanics to promote healing & function, and prevent re-injury
- ☒ Pt will demonstrate proper technique and posture w/ the following activities: Pt will be able to use single leg stand

Plan of Care:

- Modalities may include: ☒ MENS / IFC / HVPC w/ moist heat/ice ☐ Iontophoresis ☒ US ☐ Phonophoresis
- ☐ Soft Tissue Massage
 - ☒ Manual Therapy to back/neck
 - ☒ Therapeutic Exercise to back/neck
 - ☐ Education
 - ☐ Posture awareness / correction
 - ☒ Functional Activities to back/neck
 - ☐ Other

Frequency & Duration 5 / week for 4 weeks

Rehab Potential: Poor Fair Good

Patient understands & agrees with the plan of care: Yes ☒ No ☐

Vocational Readjustment: social / vocational services needed? Yes ☐ No ☒ If Yes, please comment:

Additional Comments:

Please Sign and date below

Physician/Nurse Practitioner

Date

Therapist

Date

FAXED

JUL 01 2009

JUL 17 2009
FAXED

[PPT - F013 - (02-09)]

Time In: / Time Out:

FROM ROOM TIME	ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
	25247	06/22/09	12:30pm	PT SUMTER, 1C455803	45494

NAME & ADDRESS	MONDAY	DOB: 12/04/1964 (44 years)	INSURANCE BALANCE \$0.00
HAMILTON, EMMA		GENDER: F	ACCOUNT BALANCE \$0.00
2227 BOBWHITE DR		IBG:	CURRENT CHARGES 135-
SUMTER, SC 29154		FCL: 6	AMOUNT PAID
803-481-9425		CELL:	NEW BALANCE 375-
WRK:		RELATION: OTHER	CASH CHECK M.O. C.C.
INSURED: HAMILTON, EMMA		COPAY:	
INS: WC/MEDRISK			
REASON: FOLLOW UP			
NICKNAME:			

PROCEDURES	CPT	FEE	Subjective:
☐ Evaluation	97001		Pain Level (0-10) <u>2</u>
☐ OT Evaluation	97002		☐ Increased ☐ Decreased ☐ No Change
☐ Functional Capacity Evaluation	97750		<i>Pt stated severe pain after Eval</i>
☐ Physical Performance Test	97750.1		Objective:
☐ Work Hardening, 2 hours	97545		☒ IFC ☐ HI-Volt ☐ Micro ☐ NMES
☐ Work Hardening, add'l 1 hour	97546		☐ Ultrasound 1/3 Mhz <u> </u> W/cm ² <u> </u> min.
☐ Acc. Sports Ach. Program	ASAP		☒ Moist Heat Pack ☐ Ice Pack
☐ Length	STRENGTH		☒ Therapeutic Exercise per Flow Sheet
☐ SFCP	SFCP		☒ Manual Therapy <u>Ther-X Demo</u>
☐ Paraffin Bath	97018		☐ Functional Activities
☐ Whirlpool	97022		Assessment:
☐ Ultrasound, 15 mins.	97035		Tolerance ☐ Good ☒ Fair ☐ Poor
☐ Iontophoresis, 15 mins.	97033		Plan:
☐ Infrared / LLLT, 15 mins.	97026		☒ Continue Plan of Care
☒ Therapeutic Exercise, 15 mins. <u>2</u>	97110	<u>76-</u>	Visit Number: <u> </u> of <u> </u>
☐ Functional Activities, 15 mins.	97530		Staff: <u> </u>
☒ Electrical Stim. (manual), 15 mins.	97032	<u>24-</u>	Therapist's Signature: <u>William E. G...</u>
☐ Massage, 15 mins.	97124		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
☒ Manual Therapy	97140	<u>35-</u>	I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
☐ Mechanical Traction	97012		Patient or Authorized Person's Signature
☐ Neuromuscular Re-Educ., 15 mins.	97112		Date
☐ Gait Training, 15 mins.	97116		136
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
COUNT NUMBER	DATE	TIME		
25247	06/23/09	12:00pm	PT SUMTER,	1C45563
NAME & ADDRESS			TUESDAY	
HAMILTON, EMMA			DOB: 12/04/1964 (44 years)	
2227 BOBWHITE DR			GENDER: F	
SUMTER, SC 29154			IBG:	
803-481-9425			FCL: 6	
WRK:			CELL:	
INSURED: HAMILTON, EMMA			RELATION: OTHER	
INS: WC/MEDRISK				
REASON: FOLLOW UP RIGHT HAND / FINGERS				
NICKNAME:			COPAY:	
			INSURANCE BALANCE \$240.00	
			ACCOUNT BALANCE \$240.00	
			CURRENT CHARGES 173-	
			AMOUNT PAID	
			NEW BALANCE 548-	
			CASH	CHECK
			NO	C.C.

PROCEDURES	CPT	FEE	
Evaluation	97001		
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins. 3	97110	114-	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☒ Manual Therapy	97140	35-	
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Subjective:
Pain Level (0-10) 1
☐ Increased ☒ Decreased ☐ No Change

Objective:
☒ SFC ☐ Hi-Volt ☐ Micro ☐ NMES
☐ Ultrasound 1/3 Mhz W/cm² min.
☐ Moist Heat Pack ☐ Ice Pack
☒ Therapeutic Exercise per Flow Sheet
☒ Manual Therapy ST Massage
☐ Functional Activities

Assessment:
Tolerance ☒ Good ☐ Fair ☐ Poor

Plan:
☒ Continue Plan of Care

Visit Number: 0 of PTA

Staff: William E. G...

Therapist's Signature: William E. G...

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
COUNT NUMBER	DATE	TIME		
25247	06/24/09	01:00pm	PT SUMTER,	1045630
NAME & ADDRESS			WEDNESDAY	
HAMILTON, EMMA			DOB: 12/04/1964 (44 years)	
2227 BOBWHITE DR			GENDER: F	
SUMTER, SC 29154			IBG:	
803-481-9425			FCL: 6	
WRK:			CELL:	
INSURED: HAMILTON, EMMA			RELATION: OTHER	
INS: WC/MEDRISK				
REASON: FOLLOW UP RIGHT HAND / FINGERS				
NICKNAME:			COPAY:	
			INSURANCE BALANCE \$375.00	
			ACCOUNT BALANCE \$375.00	
			CURRENT CHARGES 154-	
			AMOUNT PAID	
			NEW BALANCE 702-	
			CASH	CHECK
			M.O.	C.C.

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		Subjective: Pain Level (0-10) <u>3</u> ☒ Increased ☐ Decreased ☐ No Change
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		Objective: ☒ EEC ☐ Hi-Volt ☐ Micro ☐ NMES ☒ Ultrasound <u>1.3</u> Mhz <u>1.3</u> W/cm ² <u>1</u> min. ☒ Moist Heat Pack ☐ Ice Pack ☒ Therapeutic Exercise per Flow Sheet ☐ Manual Therapy ☐ Functional Activities
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		Assessment: Tolerance ☒ Good ☐ Fair ☐ Poor
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		Plan: ☒ Continue Plan of Care
☐ Whirlpool	97022		
☒ Ultrasound, 15 mins.	97035	16-	
☐ Iontophoresis, 15 mins.	97033		Visit Number: <u>0</u> of <u>PTA</u> Staff: <u>William E. G...</u> Therapist's Signature: <u>William E. G...</u>
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins. <u>3</u>	97110	114-	
☐ Functional Activities, 15 mins.	97530		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Time In: / Time Out:

COUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
25247	06/25/09	03:05pm	PT SUMTER, 10457750	45703

NAME & ADDRESS: HAMILTON, EMMA
2227 BOBWHITE DR
SUMTER, SC 29154
803-481-9425
WRK:
INSURED: HAMILTON, EMMA
INS: WC/MEDRISK
REASON: *DEMAND*
NICKNAME:

THURSDAY

DOB: 12/04/1964 (44 years)
GENDER: F
IBG:
FCL: 6
CELL:
RELATION: OTHER
COPAY:

INSURANCE BALANCE	\$548.00
ACCOUNT BALANCE	\$548.00
CURRENT CHARGES	211-
AMOUNT PAID	
NEW BALANCE	913-
CASH	CHECK
M.O.	C.C.

PROCEDURES	CPT	FEE
☒ Evaluation	97001	
☐ OT Evaluation	97002	
☐ Functional Capacity Evaluation	97750	
☐ Physical Performance Test	97750.1	
☐ Work Hardening, 2 hours	97545	
☐ Work Hardening, add'l 1 hour	97546	
☐ Acc. Sports Ach. Program	ASAP	
☐ Length	STRENGTH	
☐ SFCP	SFCP	
☐ Paraffin Bath	97018	
☐ Whirlpool	97022	
☐ Ultrasound, 15 mins.	97035	
☐ Iontophoresis, 15 mins.	97033	
☐ Infrared / LLLT, 15 mins.	97026	
☒ Therapeutic Exercise, 15 mins.	97110	152-
☐ Functional Activities, 15 mins.	97530	
☒ Electrical Stim. (manual), 15 mins.	97032	24-
☐ Massage, 15 mins.	97124	
☒ Manual Therapy	97140	35-
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins.	97112	
☐ Gait Training, 15 mins.	97116	
☐ Self Care Training, 15 mins.	97535	
☐ TENS Set Up	64550	
☐ ROM Measure & Report	95851	
☐ Other / Supplies	99070	

Subjective:
Pain Level (0-10) 3
☐ Increased ☐ Decreased ☒ No Change

Objective:
☒ NIFC ☐ Hi-Volt ☐ Micro ☐ NMES
☒ Ultrasound 1.5 Mhz 1.4 W/cm² 6 min.
☒ Moist Heat Pack ☐ Ice Pack
☒ Therapeutic Exercise per Flow Sheet
☒ Manual Therapy *Hand/Ankle/Wrist*
☒ Functional Activities *Walking/standing*
☒ *Walking* *1 x 25 min* *1 x 10 to 15 min*
☒ *Walking* *1 x 10 to 15 min*
Assessment:
Tolerance ☒ Good ☐ Fair ☐ Poor
Hand/Ankle/Wrist *1 x 25 min* *1 x 10 to 15 min*
Plan:
☒ Continue Plan of Care *↑ functional status*

Visit Number: _____ of _____

Staff: _____

Therapist's Signature: *William F. G...*

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature _____

Date _____

Time In: / Time Out:

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
25247	06/26/09	02:30pm	PT SUMTER, 10458214	1045765

NAME & ADDRESS		DOB: 12/04/1964 (44 years)	INSURANCE BALANCE \$702.00
HAMILTON, EMMA		GENDER: F	ACCOUNT BALANCE \$702.00
2227 BOBWHITE DR		IBG:	CURRENT CHARGES 249-
SUMTER, SC 29154		FCL: 6	AMOUNT PAID
803-481-9425		CELL:	NEW BALANCE 1162-
WRK:		RELATION: OTHER	CASH
INSURED: HAMILTON, EMMA			CHECK
INS: WC/MEDRISK			N.O.
REASON: FOLLOW UP RIGHT HAND / FINGERS			C.C.
NICKNAME:		COPAY:	

PROCEDURES	CPT	FEE	Subjective:
☐ Evaluation	97001		Pain Level (0-10) <u>3</u>
☐ OT Evaluation	97002		☐ Increased ☐ Decreased ☒ No Change
☐ Functional Capacity Evaluation	97750		<i>pt sore but feels progress</i>
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins.	97110	90-	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☒ Manual Therapy	97140	35-	
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Objective:	☒ TENS ☐ HI-Volt ☐ Micro ☐ NMES
Ultrasound	1.5 Mhz, 1.4 W/cm ² , 6 min.
Moist Heat Pack	☐ Ice Pack
Therapeutic Exercise	per Flow Sheet
Manual Therapy	thumbs to wrist
Functional Activities	
Assessment:	
Tolerance	☒ Good ☐ Fair ☐ Poor
Plan:	
Continue Plan of Care	↑ make
Visit Number:	_____ of _____
Staff:	_____
Therapist's Signature:	<i>William E. G...</i>
RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS	
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.	
Patient or Authorized Person's Signature	
Date	

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
COUNT NUMBER	DATE	TIME		
25247	06/29/09	02:00pm	PT SUMTER,	1C45816
NAME & ADDRESS			MONDAY	
HAMILTON, EMMA			DOB: 12/04/1964 (44 years)	
2227 BOBWHITE DR			GENDER: F	
SUMTER, SC 29154			IBG:	
803-481-9425			FCL: 6	
WRK:			CELL:	
INSURED: HAMILTON, EMMA			RELATION: OTHER	
INS: WC/MEDRISK				
REASON: FOLLOW UP RIGHT HAND / FINGERS				
NICKNAME:			COPAY:	
			INSURANCE BALANCE \$913.00	
			ACCOUNT BALANCE \$913.00	
			CURRENT CHARGES 239	
			AMOUNT PAID	
			NEW BALANCE 1401-	
			CASH CHECK I.D. C.C.	

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		Subjective: Pain Level (0-10) <u>3</u> ☐ Increased ☐ Decreased ☒ No Change <i>pt states she is making progress</i>
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☒ Ultrasound, 15 mins.	97035	16-	
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins. <u>4</u>	97110	152-	
☒ Functional Activities, 15 mins.	97530	47-	
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		Assessment: Tolerance ☒ Good ☐ Fair ☐ Poor Plan: ☒ Continue Plan of Care
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		
			Visit Number: <u>6</u> of <u> </u> Staff: <u>PTA</u> Therapist's Signature: <u>William E. G...</u>
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
COUNT NUMBER	DATE	TIME		
25247	06/30/09	11:30am	PT SUMTER, 1C459421	1C45859

NAME & ADDRESS TUESDAY

HAMILTON, EMMA
2227 BOBWHITE DR

DOB: 12/04/1964 (44 years)

GENDER: F

IBG:

FCL: 6

CELL:

SUMTER, SC 29154
803-481-9425

WRK:

INSURED: HAMILTON, EMMA

RELATION: OTHER

INS: WC/MEDRISK

REASON: FOLLOW UP RIGHT HAND / FINGERS

NICKNAME:

COPAY:

INSURANCE
BALANCE 1,162.00ACCOUNT
BALANCE 1,162.00CURRENT
CHARGES 176-AMOUNT
PAIDNEW
BALANCE 1577-

CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		Subjective: Pain Level (0-10) <u>3</u> ☐ Increased ☐ Decreased ☐ No Change
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		Objective: ☒ FC ☐ HI-Volt ☐ Micro ☐ NMES ☐ Ultrasound 1/3 Mhz <u> </u> W/cm ² <u> </u> min. ☐ Moist Heat Pack ☐ Ice Pack ☒ Therapeutic Exercise per Flow Sheet ☐ Manual Therapy <u> </u> ☐ Functional Activities <u> </u>
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Length	STRENGTH		
☐ SFCP	SFCP		Assessment: Tolerance ☒ Good ☐ Fair ☐ Poor Plan: ☒ Continue Plan of Care
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		Visit Number: <u> </u> of <u> </u> Staff: <u> </u> Therapist's Signature: <u>William E. G...</u>
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins. <u>4</u>	97110	152-	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	24-	RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature <u> </u> Date <u> </u>
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
COUNT NUMBER	DATE	TIME		
25247	07/01/09	11:30am	PT SUMTER,	1C45926

NAME & ADDRESS WEDNESDAY

HAMILTON, EMMA
2227 BOBWHITE DRSUMTER, SC 29154
803-481-9425

WRK:

INSURED: HAMILTON, EMMA

INS: WC/MEDRISK

REASON: FOLLOW UP RIGHT HAND / FINGERS

NICKNAME:

DOB: 12/04/1964 (44 years)

GENDER: F

IBG:

FCL: 6

CELL:

RELATION: OTHER

COPAY:

INSURANCE 1,401.00

BALANCE

ACCOUNT 1,401.00

BALANCE

CURRENT

CHARGES

192-

AMOUNT

PAID

NEW

BALANCE

1769-

CASH

CHECK

M.O.

C.C.

PROCEDURES	CPT	FEE
☐ Evaluation	97001	
☐ OT Evaluation	97002	
☐ Functional Capacity Evaluation	97750	
☐ Physical Performance Test	97750.1	
☐ Work Hardening, 2 hours	97545	
☐ Work Hardening, add'l 1 hour	97546	
☐ Acc. Sports Ach. Program	ASAP	
☐ Strength	STRENGTH	
☐ SFCP	SFCP	
☐ Paraffin Bath	97018	
☐ Whirlpool	97022	
☒ Ultrasound, 15 mins.	97035	16-
☐ Iontophoresis, 15 mins.	97033	
☐ Infrared / LLLT, 15 mins.	97026	
☒ Therapeutic Exercise, 15 mins.	97110	152-
☐ Functional Activities, 15 mins.	97530	
☒ Electrical Stim. (manual), 15 mins.	97032	24-
☐ Massage, 15 mins.	97124	
☐ Manual Therapy	97140	
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins.	97112	
☐ Gait Training, 15 mins.	97116	
☐ Self Care Training, 15 mins.	97535	
☐ TENS Set Up	64550	
☐ ROM Measure & Report	95851	
☐ Other / Supplies	99070	

Subjective:
Pain Level (0-10) 3
☐ Increased ☐ Decreased ☒ No Change

Objective:
☒ SFC ☐ Hi-Volt ☐ Micro ☐ NMES
☒ Ultrasound 1/3 Mhz W/cm² min.
☒ Moist Heat Pack ☐ Ice Pack
☒ Therapeutic Exercise per Flow Sheet
☐ Manual Therapy
☐ Functional Activities

Assessment:
Tolerance ☒ Good ☐ Fair ☐ Poor
Steady Progress

Plan:
☒ Continue Plan of Care

Visit Number of

Staff:

Therapist's Signature: William E. G...

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature _____

Date _____

Time In: / Time Out

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
COUNT NUMBER	DATE	TIME		
25247	07/03/09	11:30am	PT SUMTER,	1C46050
NAME & ADDRESS				
FRIDAY				
HAMILTON, EMMA			DOB: 12/04/1964 (44 years)	
2227 BOBWHITE DR			GENDER: F	
SUMTER, SC 29154			IBG:	
803-481-9425			FCL: 6	
WRK:			CELL:	
INSURED: HAMILTON, EMMA			RELATION: OTHER	
INS: WC/MEDRISK				
REASON: FOLLOW UP RIGHT HAND / FINGERS				
NICKNAME:			COPAY:	
			INSURANCE BALANCE 1,769.00	
			ACCOUNT BALANCE 1,769.00	
			CURRENT CHARGES 227-	
			AMOUNT PAID	
			NEW BALANCE 1996-	
			CASH	CHECK
			M.O.	C.C.

PROCEDURES	CPT	FEE	
Evaluation	97001		
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Length	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☒ Ultrasound, 15 mins.	97035	16-	
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins.	97110	152-	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☒ Manual Therapy	97140	36-	
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Subjective:
Pain Level (0-10)
☐ Increased ☒ Decreased ☐ No Change
*I pleased to get results, + no altered back
of back with.*

Objective:
☒ IFC ☐ Hi-Volt ☐ Micro ☐ NMES
☒ Ultrasound 10Mhz 6.5 W/cm² 5 min.
☒ Moist Heat Pack ☐ Ice Pack
☒ Therapeutic Exercise per Flow Sheet
☒ Manual Therapy *Hand left hand*
☐ Functional Activities

Assessment:
Tolerance ☒ Good ☐ Fair ☐ Poor

Plan:
☒ Continue Plan of Care *Parale*

Visit Number: _____ of _____

Staff: _____

Therapist's Signature: *William E. G...*

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature _____

Date _____

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME		TICKET NO.
ACCOUNT NUMBER	DATE	TIME			
25247	07/07/09	03:00pm	PT SUMTER,		1C46398
NAME & ADDRESS			TUESDAY		
HAMILTON, EMMA 2227 BOBWHITE DR SUMTER, SC 29154 803-481-9425 WRK: INSURED: HAMILTON, EMMA INS: WC/MEDRISK REASON: FOLLOW UP RIGHT HAND / FINGERS NICKNAME:			DOB: 12/04/1964 (44 years) GENDER: F IBG: FCL: 6 CELL: RELATION: OTHER COPAY:		INSURANCE BALANCE 1,996.00 ACCOUNT BALANCE 1,996.00 CURRENT CHARGES 192- AMOUNT PAID NEW BALANCE 2188- CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		Subjective: Pain Level (0-10) ☐ Increased ☒ Decreased ☐ No Change <i>note no numbness/tingle now.</i>
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ .rength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☒ Ultrasound, 15 mins.	97035	16-	
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins.	97110	152-	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	24-	
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		Assessment: Tolerance ☒ Good ☐ Fair ☐ Poor <i>It notes some @ 15 fatigue & 40 being at risk is good ind. with of muscle work.</i> Plan: ☒ Continue Plan of Care <i>1 week</i>
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Visit Number: _____ of _____

Staff: _____

Therapist's Signature: *William E. G...*

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

145

Case Manager: _____

Claim Number: _____

Current Level: _____



Faxed

Mailed

Given to Patient

2475 Broad St
Sumter, SC 29150
Ph: (803) 934-8470
Fax: (803) 934-8457

PHYSICAL THERAPY SUMMARY - UPPER EXTREMITY

Patient: Earna Hamilton
DX/ICD9: Hand/wrist pain/crush
DOB: 12/4/1964 SS#: _____

Date: 7/2/09
Therapist: Bill Cooper PT
Physician: Dr. Gier

Treatment(s)/Intervention(s):

- | | | |
|--|--|--|
| ☐ Shoulder Progression | ☐ Postural Correction | ☐ Scapulothoracic Stabilization |
| ☐ Elbow Progression | ☒ Stretching Program | ☒ Home Exercise Program |
| ☒ Wrist / Hand Progression | ☒ Self-Care Training | ☒ Modalities / Physical Agents |
| ☒ PROM / AROM / AROM | ☒ Open-Chain Progression | ☐ Other: _____ |

Date of initial evaluation: 6/1/09 of last Rx: 7/3/09 No. of treatments attended: 11 No. of treatments missed: 0
Impression of patient attitude towards regaining function: Good X Fair _____ Poor _____
Impression of patient compliance with Home Exercise Program: Good X Fair _____ Poor _____

Current Status: She is currently unable to function w/ hand/wrist, but is easy to fatigue + feels burning + numbness.

AROM: Wrist to all wrist + hand motions

Strength: It has 40% grip strength to move, + do individual finger/thumb work a each quadrant. It has

Objective Findings: It is no edema noted, there is tenderness to palpation in AROM / ROM

Progress Toward Work Related Goals: It shows improvement in all areas, but still is weakness + imbalance / tremor.

Program being made toward all work related goals

Established Goals Include:

- ☒ Increase functional capacity
- ☒ Education
- ☒ Decrease signs / symptoms
- ☒ Increase strength / ROM

- ☒ Increase / Decrease joint mobility
- ☐ Improve movement quality
- ☐ Independent with Clinical Ex. Prescription
- Other: _____

Increase functional capacity in:

- ☐ Leisure Activities
- ☒ ADL's
- ☒ Work Activities
- ☐ Sport Activities

Recommendations: It needs 3-4 months of daily work handling to improve specific job tasks

Comments: _____

****Please direct physical therapist as indicated below if different from the above recommendations ****

I have read the above progress report and would request that:

146

_____ the patient be discharged at this time

_____ present treatment is continued for _____ times/week for _____ weeks

_____ therapist calls me concerning this patient

****Please sign below and return to therapist as soon as possible ****

****Physician/NP/PAC

Date

167

Therapist

Date

7/2/09

Time In: / Time Out:

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
25247	07/08/09	04:03pm	PT SUMTER, 10405328	46481

NAME & ADDRESS: HAMILTON, EMMA
2227 BOBWHITE DR
SUMTER, SC 29154
803-481-9425
WRK:
INSURED: HAMILTON, EMMA
INS: WC/MEDRISK
REASON: *DEMAND*
NICKNAME:

WEDNESDAY

DOB: 12/04/1964 (44 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	1,996.00
ACCOUNT BALANCE	1,996.00
CURRENT CHARGES	176-
AMOUNT PAID	
NEW BALANCE	2364-
CASH	CHECK
M.O.	C.C.

PROCEDURES	CPT	FEE
☐ Evaluation	97001	
☐ OT Evaluation	97002	
☐ Functional Capacity Evaluation	97750	
☐ Physical Performance Test	97750.1	
☐ Work Hardening, 2 hours	97545	
☐ Work Hardening, add'l 1 hour	97546	
☐ Acc. Sports Ach. Program	ASAP	
☐ Strength	STRENGTH	
☐ SFCP	SFCP	
☐ Paraffin Bath	97018	
☐ Whirlpool	97022	
☐ Ultrasound, 15 mins.	97035	
☐ Iontophoresis, 15 mins.	97033	
☐ Infrared / LLLT, 15 mins.	97026	
☒ Therapeutic Exercise, 15 mins. 4	97110	152-
☐ Functional Activities, 15 mins.	97530	
☒ Electrical Stim. (manual), 15 mins.	97032	24-
☐ Massage, 15 mins.	97124	
☐ Manual Therapy	97140	
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins.	97112	
☐ Gait Training, 15 mins.	97116	
☐ Self Care Training, 15 mins.	97535	
☐ TENS Set Up	64550	
☐ ROM Measure & Report	95851	
☐ Other / Supplies	99070	

Subjective:
Pain Level (0-10) 0
☐ Increased ☐ Decreased ☒ No Change
No pain today

Objective:
☒ MFC ☐ Hi-Volt ☐ Micro ☐ NMES
☐ Ultrasound 1/3 Mhz W/cm² min.
☐ Moist Heat Pack ☐ Ice Pack
☒ Therapeutic Exercise per Flow Sheet
☐ Manual Therapy
☐ Functional Activities

Assessment:
Tolerance ☒ Good ☐ Fair ☐ Poor

Plan:
☒ Continue Plan of Care

Visit Number: of

Staff: PTA

Therapist's Signature: William E. [Signature]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date 147

Time In: / Time Out:

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
25247	07/09/09	02:37pm	PT SUMTER, 10466015	46525

NAME & ADDRESS

THURSDAY

HAMILTON, EMMA
2227 BOBWHITE DRSUMTER, SC 29154
803-481-9425

WRK:

INSURED: HAMILTON, EMMA

INS: WC/MEDRISK

REASON: *DEMAND*

NICKNAME:

DOB: 12/04/1964 (44 years)

GENDER: F

IBG:

FCL: 6

CELL:

RELATION: OTHER

COPAY:

INSURANCE
BALANCE 2,188.00ACCOUNT
BALANCE 2,188.00CURRENT
CHARGES 176AMOUNT
PAIDNEW
BALANCE 2540-

CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		Subjective: Pain Level (0-10) <u>1-2</u> ☒ Increased ☐ Decreased ☐ No Change <u>Sore from new exercise</u> Objective: ☒ NUC ☐ Hi-Volt ☐ Micro ☐ NMES ☐ Ultrasound 1/3 Mhz <u>W/cm²</u> <u>min.</u> ☒ Moist Heat Pack ☐ Ice Pack ☒ Therapeutic Exercise per Flow Sheet ☐ Manual Therapy ☐ Functional Activities
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Length	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins. <u>4</u>	97110	<u>152-</u>	Assessment: Tolerance ☒ Good ☐ Fair ☐ Poor Plan: ☒ Continue Plan of Care Visit Number <u>0</u> of <u>1</u> Staff: <u>PJA</u> Therapist's Signature: <u>William E. G...</u> RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	<u>24-</u>	
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

8037745283

Industrial Medicine

Progressive Physical

08:18:59

09-03-2009

2/2

0002/0092

To M.D.:

☐ Read☐ Initialed☐ Given to Patient☐ Filed in DCCE chart

Progressive Physical Therapy

SUMTER

2475 BROAD ST

SUMTER SC 29150

803-934-8470 ph * 803-934-8457 fx

PATIENT CARE DISCHARGE SUMMARY

Patient Name: EMMS HamiltonDOB: 12/04/1964Physician: Dr GeeFax # 774-5283Initial Evaluation Date: 6/19/09Treatments Attended: 13Treatments Missed: 0Treatments Cancelled: 0Last Treatment Date: 7/9/09

It is our understanding that:

☐ Patient returned full time to position held prior to injury.☐ Patient returned full time to different position.☐ Patient is working part-time or light duty.☐ Therapy interrupted due to☒ Patient has been non-compliant with follow up visits.☐ Patient states s/he is feeling better, and wishes to continue their HEP at home.☐ Other:SEP 03 2009
FAXED

Additional Comments:

Thank you for the consult☒ We will resume this patient's Physical therapy should they call back to schedule within their authorized time period (for Tricare patients).

Gu We are working to provide the best service and follow up possible. If you have any questions or concerns regarding this patient, please do not hesitate to call us at 803-788-995.

Thank you for your interest and assistance.

Physician Signature: [Signature]Date: 9-3-09Therapist/Staff Signature: [Signature]Date: 9/01/09Thanks for your efforts

Time In: / Time Out:

EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

COUNT NUMBER	DATE	TIME	PT SUMTER,	TICKET NO.
2 ** NEW **	09/22/09	11:00am	PT SUMTER,	49593

NAME & ADDRESS
EMMA HAMILTON

TUESDAY

DOB:
GENDER:
IBG:
FCL:
CELL:

WRK:

INSURED: EMMA HAMILTON

INS:

REASON: NEW PATIENT/EVAL

RELATION:

INSURANCE
BALANCEACCOUNT
BALANCECURRENT
CHARGES

367.50

AMOUNT
PAIDNEW
BALANCE

367.50

CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	
✓ Evaluation	97001	121.25	
OT Evaluation	97002		
Functional Capacity Evaluation	97750		
Physical Performance Test	97750.1		
Work Hardening, 2 hours	97545		
Work Hardening, add'l 1 hour	97546		
Acc. Sports Ach. Program	ASAP		
Length	STRENGTH		
SFCP	SFCP		
Paraffin Bath	97018		
Whirlpool	97022		
✓ Ultrasound, 15 mins.	97035	20-	
Iontophoresis, 15 mins.	97033		
Infrared / LLLT, 15 mins.	97026		
Therapeutic Exercise, 15 mins.	97110	142.50	
Functional Activities, 15 mins.	97530		
✓ Electrical Stim. (manual), 15 mins.	97032	30-	
Massage, 15 mins.	97124		
Manual Therapy	97140		
Mechanical Traction	97012		
Neuromuscular Re-Educ., 15 mins.	97112		
Gait Training, 15 mins.	97116		
✓ Self Care Training, 15 mins.	97535	53.75	
TENS Set Up	64550		
ROM Measure & Report	95851		
Other / Supplies	99070		

S = please see and for details.

COPY:

O = HTP performed 2x10 reps to all
ROM + amount of @ hand/wrist as in
started.US 01.64 x 8 in 10% to @ wrist/hand.
with TENS K5 into same.A = Self care to pain/inflammation just
A = @ returns to pain to @ hand/wrist, but
thickens has better function in all areas.

P = as above for the POC

Visit Number:

of

Staff:

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITSI hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature

Date

150

8037745283

Industrial Medicine

11:16:57

10-07-2009

2/3

Progressive Physical Therapy

2475 Broad Street

Sumter, SC 29160

Ph: 803-934-8470 Fax 803-934-8457

Physical Therapy Evaluation Work Hardening Axial Skeleton

Next MD Appt. _____

Patient: Emma HamiltonSSN: 249-17-0683Date: 9-22-09

Diagnosis: _____

Physician/NP/PAC: James Gee, MDDOB: 12-4-1964 Date of Onset: _____Therapist: Bill GentrySubjective/History/Mechanism of Injury: Sp fusion neck

PMH: _____

Range of Motion

Cervical Spine				Dorsal-Lumbar Spine			
	Norm.	Exam	Pain		Norm.	Exam	Pain
a. Flexion	60°	45°	90°	a. Flexion	60°	NT	NT
b. Extension	75°	↓	↓	b. Extension	25°	↓	↓
c. Lateral to right	45°	↓	↓	c. Lateral to right	25°	↓	↓
d. Lateral to left	45°	↓	↓	d. Lateral to left	25°	↓	↓
e. Rotation to right	80°	↓	↓	e. Rotation to right	30°	↓	↓
f. Rotation to left	80°	↓	↓	f. Rotation to left	30°	↓	↓
g. Circumduction				g. Difficulty Straightening Up			

Vital Signs:

Blood Pressure: _____ Heart Rate: _____

min: _____ /10 @ present Pain: _____ /10 @ worst

Special Test:

Slump: _____ SLR/Distracted: _____ Faber: _____ Hoover: _____ SI loading: _____ ; Cervical Distract: _____

Spurling's _____ ; Waddell's Signs: 1. Tenderness: _____ 2. Simulation: _____ 3. Distraction: _____ 4. Overex: _____

5. Regional Disturbances _____ ; Other: _____

Other ROM/ Strength Findings: _____

Posture:

Sitting: Pelvis/L5 - _____ lordosis, Scapulothoracic - _____ kyphosis,

Cervical - Forward head _____, Standing: _____

Muscle Test

	Left	Right
Cerv. Rot. C1	4/5	4/5
Shrug C2-4	↓	↓
Shld abd C5-6	↓	↓
Elbow flex C5-6	↓	↓
Wrist ext. C6	↓	↓
Elbow ext. C7	↓	↓
Thumb ext. C7-8	↓	↓
Hand intrinsic C8-T1	↓	↓
Hip Flex L2-L3		
Knee ext. L2, L3, L4		
Knee flex L5, S1, S2		
Ankle dors. L5, S1		
Ankle plantar S1, S2		

Functional Test

Lifting	
Level lift	NT
Floor-to-waist	↓
Knee-to-waist	↓
Waist-to-overhead	↓
100 lb weight carry	↓
Pushing	↓
Pulling	↓
Sustained	
Repeat Bending	↓
Sustained overhead	↓
Cardiovascular	
Bike	↓
Treadmill	↓

FAX TO CASE MANAGER

1

Case Manager Name: _____ Fax #: () _____ Date Faxed: ____/____/____

8037745283

Industrial Medicine

11:17:51

10-07-2009

3/3

Progressive Physical Therapy

2475 Broad Street

Sumner, SC 29146

Ph: 803-934-8470 Fax 803-934-8457

Patient Name Emma Hamilton

Occupation: _____

Work Status _____

Physical Demands of Job or please see attached Job Analysis: _____

Length of Time with Employer/Job _____

Meds: _____

X-ray/MRI: _____

When Worse: at useWhen Better: at rest

Summary of Significant Findings:

- 1) Pain & tenderness locations: radial D wrist
 - a) Subjective pain rating: 9/10 currently/at rest; 6 /10 at worst.
- 2) ROM: Wrist to D wrist
- 3) Strength, Function: 1 lb by 10-15 to 20 lb
- 4) BP/HR: AM
- 5) Lifting: 1
- 6) Sustained: 1
- 7) Cardiovascular: 1
- 8) Special Tests: Small
- 9) Other: 0

Goals LTG (/ /) 4-6 weeks

- 1.) Patient able to lift 30 lbs from floor to waist 2 x 5 reps.
- 2.) Patient able to push/pull _____ lbs on sled 70ft x 5 reps.

- 3.) Patient able to perform repeat bending (at waist level) continuously for 5 min.

- 4.) will control 10 lb D wrist KLF
- 5.) patient will use 10 lb D wrist KLF
- 6.) Patient to attend Back School/Neck School (mandatory).

Recommended Plan of Care:

Work Hardening Program 3 times /week for 4 weeks (2-4 hours per session) to include progression of functional activities as pertinent to work /ADL's, lifting, pushing, pulling, sustained/repetitive activities; 20-30 minutes of general strength and conditioning, and 20-30 minutes of aerobic activities.

Rehab Potential: excellent/good/fair/guarded

***Patient understands and is in agreement with plan of care, as well as importance of attendance YES/ NO.

***Overall, patient's attitude appears good.

Thank you for this referral.

Please sign and return the original to the therapist as soon as possible. Thank You!

Physician/NP/PAC

Date

Therapist

Date

FAX

OCT 07 2009

FAX TO CASE MANAGER

2

Case Manager Name: _____

Fax #: () _____

Date Faxed: ____/____/____

Time In: / Time Out:

EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

COUNT NUMBER	DATE	TIME	PT SUMTER,	10499110	1C49764
25247	09/25/09	04:30pm			
NAME & ADDRESS			INSURANCE		
HAMILTON, EMMA			BALANCE 1,138.50		
2227 BOBWHITE DR			ACCOUNT BALANCE 1,138.50		
SUMTER, SC 29154			CURRENT CHARGES 172.50		
803-481-9425			AMOUNT PAID		
WRK:			NEW BALANCE 540-		
INSURED: HAMILTON, EMMA			CASH		
INS: WC/MEDRISK			CHECK		
REASON: FOLLOW UP RIGHT HAND / FINGERS			N.O.		
NICKNAME:			C.C.		
DOB: 12/04/1964 (44 years)					
GENDER: F					
IBG:					
FCL: 6					
CELL: 803-795-8269					
RELATION: OTHER					
COPAY:					

PROCEDURES	CPT	FEE	Subjective:
Evaluation	97001		Pain Level (0-10)
☐ OT Evaluation	97002		☐ Increased ☒ Decreased ☐ No Change
☐ Functional Capacity Evaluation	97750		<i>Some Driven</i>
☐ Physical Performance Test	97750.1		Objective:
☐ Work Hardening, 2 hours	97545		☒ SFC ☐ HI-Volt ☐ Micro ☐ NMES
☐ Work Hardening, add'l 1 hour	97546		☒ Ultrasound 1/3 Mhz ☐ W/cm ² ☐ min.
☐ Acc. Sports Ach. Program	ASAP		☒ Moist Heat Pack ☐ Ice Pack
☐ Length	STRENGTH		☒ Therapeutic Exercise per Flow Sheet
☐ SFCP	SFCP		☐ Manual Therapy
☐ Paraffin Bath	97018		☐ Functional Activities
☐ Whirlpool	97022		Assessment:
☐ Ultrasound, 15 mins.	97035		Tolerance ☒ Good ☐ Fair ☐ Poor
☐ Iontophoresis, 15 mins.	97033		<i>diff. in the ex after the 1st fatigue</i>
☐ Infrared / LLLT, 15 mins.	97026		Plan:
☒ Therapeutic Exercise, 15 mins. 3	97110	142.50	☒ Continue Plan of Care <i>1st</i>
☐ Functional Activities, 15 mins.	97530		Visit Number: _____ of _____
☒ Electrical Stim. (manual), 15 mins.	97032	30-	Staff: _____
☐ Massage, 15 mins.	97124		Therapist's Signature: <i>William E. G...</i>
☐ Manual Therapy	97140		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
☐ Mechanical Traction	97012		I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
☐ Neuromuscular Re-Educ., 15 mins.	97112		Patient or Authorized Person's Signature _____
☐ Gait Training, 15 mins.	97116		Date _____
☐ Self Care Training, 15 mins.	97535		153
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		

Time In: / Time Out:

TICKET NO.

5	COUNT NUMBER 25247	DATE 09/28/09	TIME 03:00pm	PT SUMTER, 1C499081	1C49848
---	-----------------------	------------------	-----------------	------------------------	---------

CASH	CHECK	M.O.	C.C.
------	-------	------	------

COPAY:

PROCEDURES	CPT	FEE	
Evaluation	97001	_____	Subjective: Pain Level (0-10) _____ ☐ Increased ☐ Decreased ☐ No Change <i>Feels sore around the wrist</i>
OT Evaluation	97002	_____	
Functional Capacity Evaluation	97750	_____	
Physical Performance Test	97750.1	_____	
Work Hardening, 2 hours	97545	<i>135-</i>	Objective: ☐ IFC ☐ Hi-Volt ☐ Micro ☐ NMES ☐ Ultrasound 1/3 Mhz _____ W/cm ² _____ min. ☐ Moist Heat Pack ☐ Ice Pack ☐ Therapeutic Exercise per Flow Sheet ☐ Manual Therapy _____ ☐ Functional Activities _____ <i>Work Conditioning program per flow sheets</i>
Work Hardening, add'l 1 hour	97546	_____	
Acc. Sports Ach. Program	ASAP	_____	
_____ length	STRENGTH	_____	
SFCP	SFCP	_____	Assessment: Tolerance ☐ Good ☐ Fair ☐ Poor <i>No Adverse Rxx to Rxx</i>
Paraffin Bath	97018	_____	
Whirlpool	97022	_____	
Ultrasound, 15 mins.	97035	_____	
Iontophoresis, 15 mins.	97033	_____	Plan: ☒ Continue Plan of Care <i>cont. poc</i>
Infrared / LLLT, 15 mins.	97026	_____	
Therapeutic Exercise, 15 mins.	97110	_____	
Functional Activities, 15 mins.	97530	_____	
Electrical Stim. (manual), 15 mins.	97032	_____	Visit Number: _____ of _____ Staff: <i>La [Signature] PTA</i> Therapist's Signature: <i>William E. [Signature]</i>
Massage, 15 mins.	97124	_____	
Manual Therapy	97140	_____	
Mechanical Traction	97012	_____	
Neuromuscular Re-Educ., 15 mins.	97112	_____	RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. _____ Patient or Authorized Person's Signature _____ Date
Gait Training, 15 mins.	97116	_____	
Self Care Training, 15 mins.	97535	_____	
TENS Set Up	64550	_____	
ROM Measure & Report	95851	_____	
Other / Supplies	99070	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Time In: / Time Out:

EXAM ROOM TIME			CHECKOUT TIME	TICKET NO.
ACCOUNT NUMBER	DATE	TIME		
25247	10/06/09	04:00pm	PT SUMTER,	1C50165
NAME & ADDRESS			TUESDAY	
HAMILTON, EMMA			DOB: 12/04/1964 (44 years)	
2227 BOBWHITE DR			GENDER: F	
SUMTER, SC 29154			IBG:	
803-481-9425			FCL: 6	
WRK:			CELL: 803-795-8269	
INSURED: HAMILTON, EMMA			RELATION: OTHER	
INS: WC/MEDRISK				
REASON: FOLLOW UP RIGHT HAND / FINGERS				
NICKNAME:			COPAY:	
			INSURANCE BALANCE 1,446.00	
			ACCOUNT BALANCE 1,446.00	
			CURRENT CHARGES 135-	
			AMOUNT PAID	
			NEW BALANCE 810-	
			CASH	CHECK
			M.O.	C.C.

PROCEDURES	CPT	FEE	
✓ Evaluation	97001		Subjective: Pain Level (0-10) _____ ☐ Increased ☐ Decreased ☒ No Change <i>PT 5 new cl to the left.</i>
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☒ Work Hardening, 2 hours	97545	135-	
☐ Work Hardening, add'l 1 hour	97546		
☐ Ass. Sports Ach. Program	ASAP		
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins.	97110		
☒ Functional Activities, 15 mins.	97530		
☐ Electrical Stim. (manual), 15 mins.	97032		
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		Assessment: Tolerance ☒ Good ☐ Fair ☐ Poor <i>PT fatigued to the max. on performance, showing good work.</i>
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
☐ TENS Set Up	64550		
☐ ROM Measure & Report	95851		
☐ Other / Supplies	99070		
			Plan: ☒ Continue Plan of Care <i>PT stable.</i>
			Visit Number: _____ of _____
			Staff: _____
			Therapist's Signature: <i>William E. G...</i>
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature _____
			Date _____

8037745283

Industrial Medicine

10:12:02

10-28-2009

2/2

To M.D.:

☐ Faxed☒ Mailed☐ Given to Patient☐ Filed in DCCS chart

Progressive Physical Therapy

SUMTER

2475 BROAD ST

SUMTER SC 29150

803-934-8470 ph * 803-934-8457 fax

43281

PATIENT CARE DISCHARGE SUMMARY

Patient Name:

Emma Hamilton

DOB:

12/4/1964

Physician:

Dr. James Gee

Fax #

803-774-5283

Initial Evaluation Date: 9/2/09

Treatments Attended: 4

Treatments Missed: 0

Treatments Cancelled: 0

Last Treatment Date: 10/6/09

It is our understanding that:

☐ Patient returned full time to position held prior to injury.☐ Patient returned full time to different position.☐ Patient is working part-time or light duty.☒ Therapy interrupted due to medical interest - staff + pt.☐ Patient has been non-compliant with follow up visits.☐ Patient states s/he is feeling better, and wishes to continue their HEP at home.☒ Other: He called & interest in outside work

Additional Comments:

Called pt + left message to her to call for us (James P.D.) and call her one message to request referral to alternate service provider.☐ We will resume this patient's Physical therapy should they call back to schedule within their authorized time period (for Tricare patients).

We are working to provide the best service and follow up possible. If you have any questions or concerns regarding this patient, please do not hesitate to call us at 803-934-8470.

Thank you for your interest and assistance.

Physician Signature:

Date:

10/28/09

Therapist/Staff Signature:

Date:

10/28/09

FAXED
OCT 28 2009

FUNCTIONAL CAPACITY EVALUATION SUMMARY REPORT

Client: Ms. Emma R. Hamilton
Date of service: 01/26/2010
Diagnosis: Crush injury to right wrist; hand and lower arm caught between machine rollers.
Job at time of injury: Color technician
Date of injury: 07/22/2008
Worked Since: 10/12/2001
Work Status: No
Position: Color Specialist
Referred by: Dr. James Gee

Physical Effort Findings

Overall test findings, in combination with clinical observations, suggest the presence of full physical effort on Ms. Hamilton's behalf.

Reliability of Pain and Disability Reports Findings

Overall test findings, in combination with clinical observations, suggest client continued to display what appeared to be ~~under-reporting of her discomfort~~, similar to her pain reporting during her work hardening program. ~~Client appeared and she reported feeling motivated to return to work.~~

Summary of Findings

Ms. Hamilton appeared to put forth a valid effort and I feel the ratings listing in this report are accurate. ~~Ms. Hamilton's overall work rated at a LIGHT strength level.~~

Ms. Hamilton demonstrated a cardiovascular ability of 4.3 METs (comparable to a LIGHT-TO-MEDIUM cardiovascular fitness level).

Ms. Hamilton's physical abilities ~~did not match the demands of the target job.~~ The client did not demonstrate the ability to perform the necessary lifting, pushing, pulling, or carrying at the MEDIUM-TO-HEAVY physical demand level on the Occasional basis as required by the target job.

Preliminary results of this evaluation were reviewed with Ms. Hamilton at the conclusion of the evaluation.

Thank you for your referral of Ms. Hamilton.

Signed,

Ms. Emma Hamilton
DOB: 12/4/1964

A handwritten signature in black ink, reading "John P. Zelenka". The signature is fluid and cursive, with the first name "John" and last name "Zelenka" clearly legible.

John P. Zelenka, OTR/L
McLeod Work Recovery Center
Florence, SC 29501

Ms. Emma Hamilton
DOB: 12/4/1964

Physical Abilities and Job Match

The following table compares the client's demonstrated physical abilities to the critical physical demands of the job in question.

Ms. Hamilton's target job is Color technician. The typical work day is 720 minutes long with 60 minutes of lunch and other breaks resulting in a net time worked of 660 minutes.

The physical demands of the target job were determined by an interview with Ms. Hamilton and The Dictionary of Occupational Titles.

	Job Demand	Demonstrated Ability	Match?
Strength			
Lifting	Heavy. 70 lbs. from 0 to 60 inches. Occasional (Up to 1/3 Day). Pigment.	10 pounds. Occasional (Up to 1/3 Day).	No
Carrying	Heavy. 70 lbs. for 10 feet. Occasional (Up to 1/3 Day). Pigment.	10 pounds. Occasional (Up to 1/3 Day).	No
*Pushing	Medium. 50 lbs. for 300 feet. Occasional (Up to 1/3 Day). Palet jack	25 pounds. Occasional (Up to 1/3 Day).	No
*Pulling	Medium. 50 lbs. for 300 feet. Occasional (Up to 1/3 Day).	13 pounds. Occasional (Up to 1/3 Day).	No
Mobility			
Sitting	60 minutes longest duration, 60 minutes per shift. Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day).	Yes
Static Standing	Rarely.	Occasional (Up to 1/3 Day).	Yes
Dynamic Standing	300 minutes longest duration, 300 minutes per shift. Frequent (1/3 to 2/3 Day).	Frequent (1/3 to 2/3 Day).	Yes
Walking	300 minutes longest duration, 300 minutes per shift. Frequent (1/3 to 2/3 Day).	Frequent (1/3 to 2/3 Day).	Yes
Agility			
Stairs/Ladders	200 steps. Occasional (Up to 1/3 Day).	Restricted. 10 steps per occasion. 10 occasions per day. Total 100 steps.	No
Balancing	200 feet with narrow conditions. Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day).	Yes
Bending/Stooping	Frequent (1/3 to 2/3 Day).	Occasional (Up to 1/3 Day).	No
Crouching/Squatting	Occasional (Up to 1/3 Day).	Restricted. 15 seconds per occasion. 15 occasions per day. Total: 225 seconds.	Yes
Crawling	3 feet. Rarely.	Never.	No
Twisting/Spinal Rotation	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day).	Yes
Above-Shoulder Work	To 72 inches. Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day) left arm only; Right arm-Never.	Limited
Low-Level Work	Frequent (1/3 to 2/3 Day).	Occasional (Up to 1/3 Day).	No
Prolonged Neck Positioning	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day).	Yes
Impact/Jarring	Rarely.	Occasional (Up to 1/3 Day).	Yes
Dexterity			
Fine Finger	Frequent (1/3 to 2/3 Day).	Occasional (Up to 1/3 Day)	Yes
Grasping - Light	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day) left arm only; Right arm-Never.	Limited

Ms. Emma Hamilton
DOB: 12/4/1964

Grasping - Firm	Frequent (1/3 to 2/3 Day).	Occasional (Up to 1/3 Day) left arm only; ~~Right arm-Never.~~	~~No~~
Pinching	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day) left arm only; ~~Right arm-Never.~~	~~Limited~~
Reaching Forward	Frequent (1/3 to 2/3 Day).	Occasional (Up to 1/3 Day) left arm only; ~~Right arm-Never.~~	~~No~~
Writing	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day).	Limited
Coordination			
Eye - Hand	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day) left arm only; ~~Right arm-Never.~~	Limited
Eye - Hand - Foot	Occasional (Up to 1/3 Day).	Occasional (Up to 1/3 Day) left arm only; ~~Right arm-Never.~~	Limited
Driving	Occasional (Up to 1/3 Day). Forklift.	Occasional (Up to 1/3 Day) left arm only; ~~Right arm-Never.~~	Limited
Vision/Hearing			
Near Acuity (<20 in.)	Frequent (1/3 to 2/3 Day).	Frequent (1/3 to 2/3 Day).	Yes
Far Acuity (>20 ft.)	Occasional (Up to 1/3 Day).	Frequent (1/3 to 2/3 Day).	Yes
Color Vision	Occasional (Up to 1/3 Day).	Frequent (1/3 to 2/3 Day).	Yes
Depth Perception	Occasional (Up to 1/3 Day).	Frequent (1/3 to 2/3 Day).	Yes
Hearing	Occasional (Up to 1/3 Day).	Frequent (1/3 to 2/3 Day).	Yes

*Pushing and pulling values are measured as pounds of force.

CLIENT PROFILE

The following information was obtained during the interview:

Previous Problems	MI at 37 years old. Asthma.
Precautions/Contradictions	Twenty pound restriction.
Hand Dominance	Right
Date of Birth	12/04/1964
Height	63 Inches
Weight	200 Pounds

Additional Comments: Initial Blood Pressure: 118/80 mmHg.

Ms. Hamilton's resting heart rate was 84 beats per minute.

Previous Treatment

Ms. Hamilton reports having attended the following treatments in an attempt to rehabilitate her condition:

Treatment	Results/Comments
Physical Therapy	Helped.
Occupational Therapy	Treatment; Did not progress because of right wrist and forearm pain.

Medical History

Ms. Hamilton indicates the following medical history:

Medical History Checklist
Recent Weight Gain
Memory Loss
Numbness/Tingling
Headaches
Balance Problems
Sinus Problems
Heart Problems
Chest Pain
Rheumatic Fever
Irregular Heart Beat
Ulcers
Back Injury
Joint Injury/Pain
Arthritis
Anemia
Trouble Sleeping
Stress
Depression
Shortness Of Breath
Hayfever
Asthma
Bronchitis
Pneumonia
Smoked For 10 Years
Smoke 1 Packs of Cigarettes Per Day
Exposed To Second-Hand Smoke

02/05/10

Ms. Emma R Hamilton

Page 2

Ms. Hamilton also provides the following medical history and medication information:

Area	Description
Surgeries	Tonsilectomy - OK. Left great toe laceration sutured-OK.
Prescription Medications	IBU-800mg.
Non-Prescription Medications	Tylenol Cold and Sinus.
Medication Allergies	Sulfa, Prednisone.
Medical Devices	Right thumb spica splint
Additional Medical History	MI at 37 years old, Asthma.

Ms. Hamilton reports the following family illnesses:

Family Illness
Diabetes
Stroke
Seizures/Convulsions
Cancer
Heart Disease
High Blood Pressure

Ms. Hamilton reports the following about members of her immediate family:

Member	Age(s)	Cause of Death (If Deceased)	Other Major Health Problems	Work Related
Father	62	Heart embolism.	None.	

Ms. Hamilton provides the following work history:

Area	Comments/Specifics
Work Environment	Fiber Mill/Foundry Lifting/carrying.
Chemical Exposure	Extreme Changes In Temperature Chromates Large Amounts Of Dust Lead Loud Noises Spray Paints Pesticides Plastics Repetitive Motion/Vibration Solvents /Degreasers Welding/Soldering

Ms. Hamilton reports the following job injuries:

Description	Approx. Date	Results
Back and neck injury-did not report this incident	2/2007?	Resolved with chiropractor.

Ms. Hamilton also provides the following job history:

From	To	Position/Job Duties	Company
10/12/2001	Present ?	Color Technician	Color-FL, Sumter, SC

Ms. Hamilton's home environment is as follows:

Resides With	Family of 2 children
--------------	----------------------

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 4

Vision/Hearing	
Near Acuity (<20 in.)	Slightly blurred, otherwise normal.
Far Acuity (>20 ft.)	Slightly blurred, otherwise normal.
Color Vision	No limitation reported.
Depth Perception	No limitation reported.
Hearing	No limitation reported.

Client's Work-Related Goals

Ms. Hamilton states that her current vocational goals are: To return to work.

JOB DEMANDS

The table below reflects the job demands considered in this functional capacity evaluation.

These values were determined by reference to an interview with Ms. Hamilton and The Dictionary of Occupational Titles.

Ms. Hamilton's target job is Color-Shop Helper (DOT Code 550.687-018) in the "Any" industry classification (Industry Code 1566).

The DOT describes the target job as:

Assists DYE WEIGHER (any industry) in mixing dyes and chemicals for use in dyeing textile yarns and fabrics: Opens steam valve to heat dye solution. Stirs solution with paddle to dissolve dye. Dumps contents of mixing pails into or turns valve to transfer dye solution to supply tanks in dyeing department in response to light signal or to request over speaker system. Moves barrels of dye and chemicals to dye room, using handtruck. Cleans mixing tanks and work area, using waterhose. Performs other duties as described under HELPER (any industry) Master Title.

The Industry Description is:

This designation includes occupations that are not allocated to other classifications. The principal groups of jobs included under this designation are: (1) occupations that characteristically occur in practically all industries; (2) occupations that occur in a number of industries (which number is not exactly determinable) but that do not characteristically occur in most industries; and (3) occupations that are not considered to have any particular industrial attachment. The occupations included under this designation are considered to be essentially the same wherever they occur, in that they involve the same fundamental functions, and are performed for the same general purpose wherever they exist. Familiarity with a given job in one industry, however, may not permit a worker to transfer to the same job in another industry without some training period to acquaint the worker with the processes, terminology, hazards, or other factors in the industry to which he or she is being transferred that would affect the occupation in question in that industry. Many occupations that occur in various industries, and could logically fall within this group as defined above, are allocated to such classifications as

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 5

CLERICAL AND KINDRED OCCUPATIONS (clerical); FOUNDRY (foundry); MACHINE SHOP (machine shop); PROFESSIONAL AND KINDRED OCCUPATIONS (profess. & kin.); and WOODWORKING (woodworking); all of which embrace occupations that cut across industry lines.

The typical work day is 720 minutes long with 60 minutes of lunch and other breaks resulting in a net time worked of 660 minutes.

	Job Demand	Client Concerns
Strength		
Lifting	Heavy. 70 lbs. from 0 to 60 inches. Occasional (Up to 1/3 Day). Pigment.	Unable.
Carrying	Heavy. 70 lbs. for 10 feet. Occasional (Up to 1/3 Day). Pigment.	Unable.
*Pushing	Medium. 50 lbs. for 300 feet. Occasional (Up to 1/3 Day). Palet jack	Unknown.
*Pulling	Medium. 50 lbs. for 300 feet. Occasional (Up to 1/3 Day).	Unknown.
Mobility		
Sitting	60 minutes longest duration, 60 minutes per shift. Occasional (Up to 1/3 Day).	
Static Standing	Rarely.	
Dynamic Standing	300 minutes longest duration, 300 minutes per shift. Frequent (1/3 to 2/3 Day).	Able.
Walking	300 minutes longest duration, 300 minutes per shift. Frequent (1/3 to 2/3 Day).	Able.
Agility		
Stairs/Ladders	200 steps/feet. Occasional (Up to 1/3 Day).	Steps; Unknown ability.
Balancing	200 feet with narrow conditions. Occasional (Up to 1/3 Day).	Limited by knee pain.
Bending/Stooping	Frequent (1/3 to 2/3 Day).	Able.
Crouching/Squatting	Occasional (Up to 1/3 Day).	Able.
Crawling	3 feet. Rarely.	Able.
Twisting/Spinal Rotation	Occasional (Up to 1/3 Day).	Able.
Above-Shoulder Work	To 72 inches. Occasional (Up to 1/3 Day).	Unknown.
Low-Level Work	Frequent (1/3 to 2/3 Day).	Able.
Prolonged Neck Positioning	Occasional (Up to 1/3 Day).	Able.
Impact/Jarring	Rarely.	Bumping by other workers who are not careful.
Dexterity		
Fine Finger	Frequent (1/3 to 2/3 Day).	Limited right hand.
Grasping - Light	Occasional (Up to 1/3 Day).	Limited right hand.
Grasping - Firm	Frequent (1/3 to 2/3 Day).	Limited right hand.
Pinching	Occasional (Up to 1/3 Day).	Limited right hand.
Reaching Forward	Frequent (1/3 to 2/3 Day).	Limited right hand.
Writing	Occasional (Up to 1/3 Day).	Limited right hand.
Coordination		
Eye - Hand	Occasional (Up to 1/3 Day).	Limited right hand.
Eye - Hand - Foot	Occasional (Up to 1/3 Day).	Limited right hand.

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 6

Driving	Occasional (Up to 1/3 Day). Fork lift truck.	Limited right hand. Felt safe in fork lift truck operation.
Vision/Hearing		
Near Acuity (<20 in.)	Frequent (1/3 to 2/3 Day).	Able.
Far Acuity (>20 ft.)	Occasional (Up to 1/3 Day).	Able.
Color Vision	Occasional (Up to 1/3 Day).	Able.
Depth Perception	Occasional (Up to 1/3 Day).	Able.
Hearing	Occasional (Up to 1/3 Day).	Able.

*Pushing and pulling values are measured as pounds of force.

DEXTERITY

Purdue Pegboard Test

The Purdue Pegboard Test was used to assess Ms. Hamilton's ability to use her hands in a coordinated and efficient manner. The following results were found:

	Score	Percentile
Right Hand	14	3.2
Left Hand	16	40
Both Hands	11	3.2
Assembly	40	66.4

- The client exhibited no signs of physical discomfort during the Purdue Pegboard Test.
- Ms. Hamilton demonstrated the following signs of competitive test performance during the Purdue Pegboard Test: quick correction following error and voiced exasperation.
- The Purdue Pegboard Test was terminated as it was successfully completed.
- No pain behaviors in sitting or with right hand and forearm.

Complete Minnesota Dexterity Test

The Complete Minnesota Dexterity Test was used to assess Ms. Hamilton's ability to use her hands in a coordinated and efficient manner and to assess medium arm and hand dexterity. The following results were found:

	Score	Percentile
Placing	248	31-40
Turning	207	15-20
Displacing	192	40-50
One Hand Turning and Placing	171	10-15

- Ms. Hamilton was noted to stoop/bend at approximately <30 - 45° (mild - moderate) during the test. She exhibited compensatory postural habits producing slowed performance at approximately the 12 minute mark.
- ~~2-minute interval: briefly rubbed right wrist.~~
- ~~12-minute interval: briefly rubbed right wrist after 7 trials. During 8th trial, client briefly stopped, for about 1-second, to rest her right wrist. Right wrist discomfort-level 2 reported.~~

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 7

- 25-minute interval. Stopped testing. Client reported right hand fatigue. She showed several, brief, 1-second, self-rest periods during last trial. She rubbed right trapezius muscle area, right lower arm and right wrist.
- The client exhibited the following signs of physical discomfort during the Complete Minnesota Dexterity Test: increased lean on table, shaking out right hand, and holding/massaging right forearm and hand.
- Ms. Hamilton demonstrated the following sign of competitive test performance during the Complete Minnesota Dexterity Test: quick correction following error.
- Standing information: No limitations noted.

Pinch Gauge

A pinch gauge was used to screen for bilateral pinch strengths. Ms. Hamilton's performance for pinch strength (in pounds) is presented as follows:

Pinch		Mean	Norm.	Standard Deviation	Result	Comments
3 Point	Dom	14	17.9	3	Below Average	Rubbed right wrist. Supported with left hand.
	Non	18	17.5	2.8	Average	
Fingertip	Dom	11	13.2	3	Average	
	Non	11	12.1	2.7	Average	
Lateral Pinch	Dom	17	17.6	3.2	Average	Rubbed right wrist. Rubbed right forearm after this test.
	Non	14	16.6	2.9	Average	

GRIP STRENGTH

As a function of hand dynamometer testing, information about the client's grip strength was collected. Using the five scores from her strongest grip span, she compares to a normative group using a five-position grip test as:

Dominant (Right) Hand Grip Strength		Non-Dominant (Left) Hand Grip Strength	
Client	Norm Group	Client	Norm Group
54.67	62.2	82	56

- Results are in pounds. As can be seen from this table, the client demonstrates the dominant hand as being weaker than the normative group. Her non-dominant hand demonstrates as being stronger than the normative group. Hand dynamometer serial number 006392 was used for this portion of the test.
- During the grip strength test, the client was noted to show no signs of physical discomfort.
- Ms. Hamilton was observed to demonstrate no signs of competitive test performance during grip strength testing.

The Canadian Standardized Test of Fitness (CSTF)

Intake Screening

Prior to any testing being performed, the client was screened for suitability to cardiovascular testing. The PAR-Q Questionnaire was used and the results of the questionnaire were as follows:

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 8

	Yes	No
History of heart problems?	X	
Frequent pain in heart or chest?		X
Often feel faint or have severe dizziness?		X
History of high blood pressure?		X
Bone or joint problems, physician advised against exercise?	X	
Any reason not to partake in exercise?		X
Over age 65 and not accustomed to exercise?		X
Signed consent/release form?		X
Pregnant?		X
Difficulty breathing at rest?	X	
Persistent cough?		X
Lower extremity swelling?		X
Currently on medication?	X	
Followed preliminary instructions?		X

Walking

Ms. Hamilton was observed to walk over a primarily level terrain a distance of approximately 550 feet. This activity took place over a 2 minute period. Her heart rate prior to testing was 89 beats per minute, at the end was 96 beats per minute, and the maximum was 120 beats per minute.

- Ms. Hamilton was noted to demonstrate no signs of physical discomfort.
- The client demonstrated no signs of competitive test performance during the cardiovascular tests.
- Gait information: Normal.
- Self-paced walking; brisk pace.

Cardiovascular Testing

Ms. Hamilton was tested for cardiovascular status during the functional capacity evaluation. Prior to this testing, she was screened for suitability as follows:

	Yes	No
High blood pressure?		X
Client over 45 years of age?		X
Smoker?	X	
Family history of heart disease?	X	
Resting heart rate > 100 bpm?		X
Client on beta-blocker medication?		X
Insulin dependant diabetic?		X

- The client's blood pressure prior to the test was 118/80 mm Hg and her heart rate was 89 beats per minute.
- The client demonstrated no signs of physical discomfort during the cardiovascular tests.
- The client demonstrated no signs of competitive test performance during the cardiovascular tests.
- Cardiovascular testing was terminated as it was successfully completed.

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 9

- Treadmill walking test: attained 2.5 mph @ 4.0% grade ~ 4.3 METs (equivalent to a LIGHT-TO-MEDIUM cardiovascular fitness level). HR=122 bpm. No pain behaviors.
- Post exercise heart rate (2-minutes): 102 bpm.

MOBILITY

Trunk Flexibility

The National Back Fitness Test was used to evaluate Trunk Flexibility. Forward bending was completed 3 out of 3 times to 0 inches from the floor. Right side bending was completed 3 out of 3 times to 19 inches from the floor. Left side bending was completed 3 of 3 times 19 inches from the floor.

- Ms. Hamilton demonstrated no signs of physical discomfort during this test.
- She demonstrated no signs of competitive test performance.
- Excellent lumbar flexibility. HR: 105 bpm.(60% AAMHR).

Balance

- Ms. Hamilton was observed to partake in both upper- and lower-level balance testing using a 10-foot-long, 3.5-inch-wide beam.
- The client passed the basic balance test, but failed the upper level balance test: she should therefore avoid work on slippery, wet, narrow, elevated or erratically moving surfaces.
- Ms. Hamilton demonstrated the following sign of competitive test performance: voiced frustration at poor performance.
- Needs visual component for safe balance.

Crouching

- Ms. Hamilton was observed to assume a position of sustained crouching for 15 seconds. Repetitive crouching was completed for 5 out of five trials. Crouching was completed slowly with no support required to rise.
- She demonstrated no signs of competitive test performance.
- Showed stiffness and guarding during 3 to 5th trials. HR: 120 bpm (68% AAMHR). Increased respiratory volume and rate after testing. Restricted ability. Worked into pain barriers; reported able to safely continue to complete testing.

Squatting

- The client was observed to squat (i.e., with a straight back) for 15 seconds in succession. Squatting was completed slowly with support required to rise.
- Ms. Hamilton demonstrated the following sign of competitive test performance: compensatory body postures.
- Squat depth: 100%; Pushed off legs to rise. HR: 115 bpm (66% AAMHR).

02/05/10

Ms. Emma R Hamilton

Page 12

	Handle Height (Inches)	Distance (Feet)	Weight (Pounds)	Percentile	Rating
Trial 1	41	14	10	<10	Below Average
Trial 2	41	14	10	<10	Below Average

- The client's post-test heart rate was 96 beats per minute.
- The client's maximum heart rate was 110 beats per minute.
- The client demonstrated the following signs of physical discomfort: pausing intermittently, holding/massaging right arm and hand, and facial grimace.
- The client exhibited no signs of competitive test performance during the test.

PUSHING

Ms. Hamilton was observed to push a sled over a level terrain. The results are presented below:

	Handle Height (Inches)	Distance (Feet)	Force (Pounds)
Initial	41	25	25
Sustained	41	25	13

- The client's maximum heart rate was 104 beats per minute.
- The client was noted to show no signs of physical discomfort.
- The client exhibited no signs of competitive test performance during the test.
- The test was terminated due to limped, favored right knee. Reported fatigue..
- Sled + 60 pounds. Increased respiratory rate and volume.

PULLING

Ms. Hamilton was observed to pull a sled over a level terrain. The results are presented below:

	Handle Height (Inches)	Distance (Feet)	Force (Pounds)
Initial	41	25	13
Sustained	41	25	7

- The client's maximum heart rate was 104 beats per minute.
- The client was noted to show no signs of physical discomfort.
- The client exhibited no signs of competitive test performance during the test.
- The test was terminated due to other.
- Sled + 10 pounds. Increased respiratory rate and volume.

MUSCULOSKELETAL EVALUATION – UPPER EXTREMITIES

Shoulder Movement	Active Range		Muscle Power	
	Right	Left	Right	Left
Flexion	180°	180°	5/5	5/5
Abduction	180°	180°	5/5	5/5
Medial Rotation	80°	80°	5/5	5/5
Lateral Rotation	80°	80°	5/5	5/5
Horizontal Flexion	45°	45°		

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 13

Horizontal Extension	90°	90°		
----------------------	-----	-----	--	--

Elbow Movement	Active Range		Muscle Power	
	Right	Left	Right	Left
Flexion	150°	150°	5/5	5/5
Extension	0°	0°	5/5	5/5
Pronation	80°	80°		
Supination	80°	80°		

Wrist Movement	Active Range	
	Right	Left
Flexion	60°	60°
Extension	60°	60°
Radial Deviation	20°	20°
Ulna Deviation	30°	30°

Assessment

Hand motion: Full

MUSCULOSKELETAL EVALUATION – LOWER EXTREMITIES

Hip Movement	Active Range	
	Right	Left
Flexion	120°	120°
Extension	30°	30°
Abduction	45°	45°
Adduction	30°	30°
Medial Rotation	45°	45°
Lateral Rotation	45°	45°

Knee Movement	Active Range		Muscle Power	
	Right	Left	Right	Left
Flexion	135°	135°	5/5	5/5
Extension	0°	0°	5/5	5/5

Ankle Movement	Active Range		Muscle Power	
	Right	Left	Right	Left
Dorsi-Flexion	20°	20°	5/5	5/5
Plantar-Flexion	50°	50°	5/5	5/5
Inversion	35°	35°		
Eversion	15°	15°		

Assessment

No observable lower extremity limitations. Fair hamstring flexibility.

MUSCULOSKELETAL EVALUATION – CERVICAL SPINE

Movement	Range
Flexion	45°

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 14

Extension	45°
Side Flexion Right	30°
Side Flexion Left	30°
Rotation Right	30°
Rotation Left	30°
Upper Cervical Flexion	0°
Upper Cervical Extension	0°

Assessment

No observable cervical limitations.

MUSCULOSKELETAL EVALUATION – LUMBAR SPINE

Movement	Range
Flexion	80°
Extension	25°
Side Flexion Right	25°
Side Flexion Left	25°
Rotation Right	45°
Rotation Left	45°

Assessment

Excellent lumbar flexibility.

PHYSICAL EFFORT FINDINGS

Physical Effort testing is used to evaluate whether or not attained physical data truly represents a client's physical maximums. If a client does not partake in her testing day with full physical effort, an evaluator cannot be certain that observed performances truly represent maximal abilities.

Maximum Voluntary Effort (MVE) Testing**Five-Position Grip**

Ms. Hamilton underwent a formal screening procedure to query maximum voluntary effort during testing. This test uses the hand dynamometer (serial number 006392) to measure isometric force generated by the hand. The hand dynamometer is used to present ten maximum gripping measurements, each repeated three times. Studies indicate that out of 10 coefficients of variation calculated, no more than two will exceed experimentally derived "cut-points" if the individual is demonstrating maximum voluntary effort.

The results (in pounds) of Ms. Hamilton's testing are presented below:

Grip Span	Test 1		Test 2		Test 3	
	Dom	Non	Dom	Non	Dom	Non
1 1/4"	24	77	22	73	40	77
1 3/4"	58	86	47	82	47	78
2 1/4"	57	73	52	70	55	67
2 3/4"	50	62	45	62	48	62
3 1/4"	45	61	39	61	42	60

Ms. Emma Hamilton
DOB: 12/4/1964

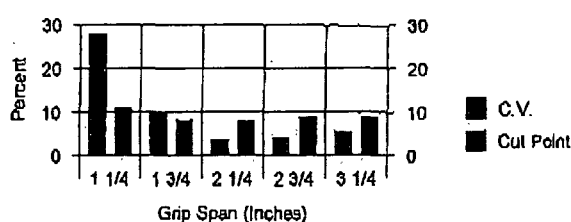
02/05/10

Ms. Emma R Hamilton

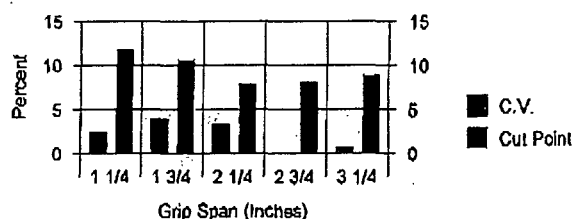
Page 15

Grip Span	Coefficient of Variation		Exceed Cut Point?	
	Dom	Non	Dom	Non
1 1/4"	28.1	2.49	Yes	No
1 3/4"	10.23	3.98	Yes	No
2 1/4"	3.76	3.5	No	No
2 3/4"	4.31	0	No	No
3 1/4"	5.83	.78	No	No

Un-Impaired Dominant Upper Extremity



Un-Impaired Non-Dominant Upper Extremity



Analysis of the client's scores demonstrates 2 coefficients of variation above the permissible cut-points. As a total of two scores are allowed above the cut-points, this is suggestive of maximum voluntary effort during testing.

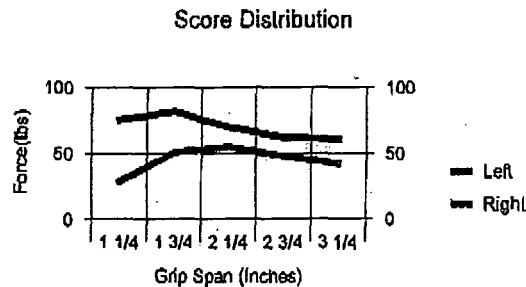
Grip Curve Analysis

A second method of screening for the presence of maximal voluntary effort relates to the analysis of score distribution. If an evaluatee is providing maximum effort on the hand dynamometer, a bell curve pattern of score distribution is expected.

02/05/10

Ms. Emma R Hamilton

Page 16



Such a bell curve pattern was observed in Ms. Hamilton's case for her right hand and was present for her left hand, suggestive of maximum voluntary effort on the right and of maximum voluntary effort on the left. Hand dynamometer serial number 006392 was used for this portion of the test.

A second method of using bell curve analysis to gauge a client's level of physical effort relates to analysis of standard deviation. Clinical studies indicate that if a person is partaking in testing with full physical effort, a specific pattern of score distribution is expected.

Right Upper Extremity: Ms. Hamilton's right hand grip scores, produced a well distributed bell curve (S.D. = 9.03). Clinical studies suggest this standard deviation to be indicative of a high level of effort.

Left Upper Extremity: Ms. Hamilton's left hand grip scores, produced a well distributed bell curve (S.D. = 8.09). Clinical studies suggest this standard deviation to be indicative of a high level of effort.

RELIABILITY OF PAIN AND DISABILITY REPORTS

Reliability of Pain and Disability Report testing is comprised of a battery of tests designed to better assess the dependability and accuracy of the client's subjective reports of pain and/or disability. The battery includes tests which evaluate the presence or absence of non-organic findings (findings that have more to do with illness behavior than underlying physical disease) as well as tests which compare a client's subjective reports to what she is actually capable of doing through the use of distraction based testing and observations of ability/disability.

Areas of testing, which fall under the Reliability of Pain and Disability Reports umbrella, include: symptom magnification, inappropriate illness behavior, somatic amplification, and non-organic signs.

Pain Scales

Various pain scales were implemented with Ms. Hamilton to evaluate both the consistency and reliability of her subjective (verbal) reports. Visual Analog Pain Scale ratings correlated well with Functional Pain Scale ratings. Subjective ratings of pain

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 17

matched well with distraction-based clinical observations. Repetitive movement reports matched well with clinical observations.

Subjective Pain Levels

Ms. Hamilton states that she is experiencing pain in the areas indicated in the following table (these are based on the 0-10+ Functional Pain Rating Scale where 0 represents no pain and 10+ represents emergency pain warranting immediate emergency department care or hospitalization):

	Pre-Test Pain	Post-Test Pain
Right hand	1/10	3/10
Right wrist	1/10	2/10
Right arm	3/10	3/10

Ms. Hamilton reported the following additional pain rating data:

	Functional Pain Rating
Present Rating	1/10
Best Rating Over Past 30 Days	1/10
Worst Rating Over Past 30 Days	8/10

The Visual Analog Pain Scale (Huskisson, 1974) was also used to evaluate the client's pain before and after the evaluation. The client's score at the beginning of the evaluation was 0.1 and the score at the end of the evaluation was 1.2. This indicates a difference of 1.1 points. These scores and their trend should be compared with the functional pain ratings recorded at the same time.

Pain Assessment/Questionnaires

Ms. Hamilton completed a number of standard assessment questionnaires to assess the presence and impact of Chronic Pain Syndrome. These questionnaires have been published in peer-reviewed journals and are widely used in the industrial rehabilitation field.

Questionnaire/Assessment	Score	Interpretation
The Visual Analog Scale (Today)	0.2 cm	Positive correlation with The Pain Rating Scale
The Pain Rating Scale	1 /10	Positive correlation with The Visual Analog Scale
Oswestry Low Back Disability Questionnaire	42 %	Severe disability

Comments

- During the intake interview process, the client was noted to show no signs of physical discomfort.
- Sitting behaviors: (Duration: 60 minutes). No sitting limitations but rubbed right arm during session. Client stood between events-moved because of her usual activeness.

Static testing:

01/26/2010			
BTE Strength-	Right	Left	% difference

Ms. Emma Hamilton
DOB: 12/4/1964

02/05/10

Ms. Emma R Hamilton

Page 18

Wrist flexion (lbs.)	6.4	25.6	25%
Wrist extension (lbs.)	2.4	8.2	29%
Elbow flexion (lbs.)	15.8	43.8	36%
Elbow extension (lbs.)	22.6	33	68%

01/26/2010

BTE: Act.\ Date	Right	Left	Both
Bench Lift	29.5	60.2	50.5
Cart: Push	21.4	41.7	40.5
Cart: Pull	29.9	49.8	42.4

End of Functional Capacity Evaluation Report for Ms. Emma R Hamilton

Ms. Emma Hamilton

DOB: 12/4/1964

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Date/Time: 12/1/09 8:14 am

Start Time: 7:45 **End Time:** 9:45
Session Duration: 120

OP OT Evaluation - Work Hardening
Occupational Therapy
Outpatient Work Hardening/Work Conditioning Evaluation

Provider #420051

HCIN: 249170683

Medical Diagnosis: HAND/WRIST CRUSH INJURY

Date of Injury: 7/22/2008

Employer: Color Fi Inc.

Job Title: Color specialist

Demographics:

Age: 44

Gender: Female

Primary Language: English

Referring Physician: Dr. James E. Gee

Past Medical History: Asthma - intermittent problems. Allergic to steroids and sulfa drugs.

Medications and Allergies: Ibuprofen on occasion.

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No rehabilitation precautions. None.

SUBJECTIVE

Premorbid Functional Level: The patient reported the premorbid level of function was Very active.

Patient Report: Needs to return to work by January 14, 2010

Patient Goals: Patient's functional goals: To return to work at 100% as required by employer.

Client reported an active job; frequent to constant walking lifting, and carrying. She needed to carry 30 to 70 pound buckets of dye with a shoulder carry. She must also maneuver a 130-pound barrel of dye.

Additionally frequent bending, scooping, and dumping is required.

Pain: Patient reports pain.

Location: Right hand cramping feeling but no pain.

Quality: Cramping.

Patient's reported level of pain is 0 out of 10.

Pain Interventions: No pain intervention was facilitated because denies pain/discomfort at this time.

Workers Comp Claim Number: W/C 550-614499

Case Manager: Rasha

Working: Not working 1/15/2009

Mechanism of Injury: Hand caught in machine rollers.

179

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Follow-up Appt with MD: 12/2/2009

Pre-injury Status Job Demands: A job description was not provided to therapist.

Dictionary of Occupational Titles Physical Demand Level: Heavy (Lift and carry up to 70 pounds)

OBJECTIVE

General Observation: The patient ambulated to the clinic, was not using oxygen, and was accompanied by no one. In no apparent distress.

Hand Dominance: Right.

Range of Motion: Within Normal Limits throughout both UEs.

Strength:

Sensation: Grossly intact.

Edema: No edema present.

Palpation: No significant tenderness right hand and wrist.

Gait: Walking

Level of Assistance: Independent

Pinch Summary

	Right	Left	
Palmar	13.00	23	57%
Key	16.00	20.00	80%
Tip	11.00	12.00	92%

Grip

Trial	Right	Left
1	72.00	85.00
2	60.00	76.00
3	52.00	84.00
Mean	61.33	81.67
Std.Dev.	8.22	4.03
CV	13.40%	4.93%

Norm-mean	Norm-SD	Patient-Mean	Patient-SD
73	16	61.33	-0.73
66	14	81.67	1.12

BTE Static Strength Testing

Activity	Actual Strength	Occ.	Freq.	Const.	Rating
Push @ cart height	34.5	17	9	3	LIGHT
Pull @ cart height	41.3	21	10	4	LIGHT
Lift @ bench height	59	30	15	6	LIGHT

BTE Strength-
Wrist flexion Right Left
 9.8 18.6 lbs.

180

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Wrist extension	15.8	54.5	lbs.
Pronation	47	72.5	in-lb
Supination	40.3	53.3	in-lb
Elbow flexion	31.6	32.4	lbs.
Elbow extension	31.5	57.4	lbs.

Materials Handling:

Carrying: 10 pounds-waist height carry position

Lifting: 5-pounds; 6-72 inch range-limited squatting endurance.

10-pounds; 42-72 inch range; Reported right arm fatigue; favored right arm; shook arm.

Height: 63"

Weight: 201

BP: 120/76 mmHg.

Endurance-Treadmill walk: 4.3 METs (LIGHT-TO-MEDIUM).

Interventions: None provided today.

Pain Reassessment: Patient currently has pain.

Reported pain level: Patient reports a pain level of 0 out of 10; "just fatigue".

Education: Education not assessed/provided this session.

ASSESSMENT

Problem List: Impaired functional mobility. Decreased strength. Limited activity tolerance.

Equipment Needed:

Rehabilitation Potential: Excellent

Motivation/Commitment to Therapy: Good.

Support Structure: Support structure is good. Family willing to assist patient.

Response to Evaluation: The session was tolerated well, as evidenced by: -

LTG: To return to work without restrictions (8 weeks)

STGs:

1. Increase strength:

Carrying:

50 pounds; 50 feet, waist height carry.

25 pounds; 50 feet. shoulder carry.

Lift: Floor to bench: 50 pounds; 6-48" range; power lift position with excellent body mechanics.

Lift: Bench to overhead; 25 pounds; 48-60" range; power lift position with excellent body mechanics.

Leg strength:

Crouch position: 5 reps of 15 seconds position hold.

Endurance: 6.3 METS for 5 minutes at 70% AAMHR.

181

PLAN

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treatment Frequency, Duration, and Interventions: Continued occupational therapy recommendations: 5 times/week x 4 weeks

Procedures: - WORK HARDENING

Recommended Discharge Plan:

The patient has been instructed to contact the clinic if any questions or problems should arise.

Visit Number: Today's visit is number 1

Treatment Rendered:

Physician Certification: This is to certify that the above named patient, who is under my care, requires skilled Occupational Therapy services as described in the above treatment plan. I further certify that the services outlined in this plan are skilled and medically necessary. I have reviewed this plan for rehabilitation services, and I recommend that these services continue from 12/1/2009 to 1/1/2010 to meet the goals stated above. **Treatment Diagnosis:** HAND/WRIST CRUSH INJURY

Physician signature: _____ **Date:** _____ **Time:** _____

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/1/09 5:00 pm

Start Time: 7:45 **End Time:** 9:45
Session Duration: 120

WORK RECOVERY EVALUATION - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWREVL	OTWR - EVALUATION	1.00

TREATMENT RENDERED:

Work Hardening Eval: 120 minutes

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/3/09 9:16 am

Start Time: 10:00 **End Time:** 13:05
Session Duration: 185

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

182

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 1000 hours **Time Out:** 1305 hours

SUBJECTIVE

Patient Report: "I want to hurry up and get back to work by January 14th."
Pain: Right hand
Pain Prior to Session: 0/10
Pain After Session: 1/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Orientation to the Work Hardening Clinic. safety and program outline.

Treadmill: 2.5mph 15 minutes.

1:1 Instruction in Back Flexibility exercises: 3 reps each, 15 second hold.

1:1 Instruction in Back Strengthening exercises: 5 reps each, 2 second hold.

UBE: 6 minutes @ 60 rpm, 3 minutes each direction.

Body Mechanics Education video. 20 minutes seated.

Body Mechanics Instruction: She showed good carryover of knowledge gained from video.

Lifting floor to 42" shelf: 10 reps using good lifting techniques with 10 pounds.

Cybex workout: 2 sets of 10 reps completed of the following:

Arm Curls: 1 plate
Triceps: 3 plates
Shoulder shrugs: 3 plates
Lats: 3 plates
Knee extension: 3 plates
Knee flexion: 4 plates

Bike : 15 minutes

183

Working overhead on 72" shelf with a 4" step installing nuts and bolts into the Roylan Workstation, 10 minutes. She could work for approximately 2 minutes and then she would have to walk to give her UE's a

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

rest.

ASSESSMENT

She required cues for pacing. She wants to work full speed which is good, however due to her inactivity, she needs to gradually increase her work pace. RUE weakness demonstrated in work task requiring gripping.

PLAN

Increase work/exercise activity as tolerated.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 2

Treatment Rendered: Work Hardening I, Work Hardening II

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/3/09 9:17 am

Start Time: 10:00 **End Time:** 13:05
Session Duration: 185

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening I, Work Hardening II

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/3/09 9:18 am

Start Time: 0:00 **End Time:** 0:00
Session Duration: 0

This record has been deleted, please disregard
Deleted by: NOBLES, SANDRA
CHARTED ON WRONG PATIENT.

OP OT Evaluation - Office Ergonomic
Occupational Therapy
Office Ergonomic Evaluation

Signed by: SANDRA NOBLES - COTA/L

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Date/Time: 12/4/09 10:03 am

Start Time: 8:00 **End Time:** 12:05
Session Duration: 245

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0800 hours **Time Out:** 1205 hours

SUBJECTIVE

Patient Report: She reported soreness from her initial full day workout. Soreness in her UB and shoulders.
Pain: Right hand
Pain Prior to Session: Right hand, 0/10; UB, Shoulders, 3/10
Pain After Session: Right hand, 1/10; UB and shoulders, 1/10

OBJECTIVE

Ms. Hamilton completed/received the following:
Hot packs to both shoulders: For post-exercise pain.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 2.5mph 15 minutes.

Cybox workout: 2 sets of 10 reps completed of the following:

Arm Curls: 1 plate
Triceps: 3 plates
Shoulder shrugs: 3 plates
Lats: 3 plates
Knee extension: 3 plates
Knee flexion: 4 plates
Rowing: 1 plate
Chest Fly: 1 plate

185

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Military Press: 1 plate

Bike : 10 minutes

Lifting floor to 42" shelf: 10 reps using good lifting techniques with 12 pounds.

Stair climber: 2 minutes.

R hand strengthening: moving 2.5 pound weights from shelf to overhead shelf, 10 reps.

Carrying 12 pound box both hands 25' from table to table. 10 reps.

Push/Pull sled: 10 reps, 30 pounds, 100'.

Right hand prehension board: 10 minutes with stretch breaks.

Right hand work at WEST using hammer and 2.5 pounds. 10 minutes from 42" to 84".

ASSESSMENT

Hand fatigued easily during strengthening exercises. She continues to work at a fast pace.

PLAN

Increase work/exercise activity as tolerated.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 3

Treatment Rendered: Work Hardening I, Work Hardening II

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/4/09 10:20 am

Start Time: 8:00 **End Time:** 12:05
Session Duration: 245

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening I, Work Hardening II

Signed by: SANDRA NOBLES - COTA/L

186

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Date/Time: 12/7/09 1:34 pm

Start Time: 8:10 **End Time:** 12:20
Session Duration: 250

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0810 hours **Time Out:** 1220 hours

SUBJECTIVE

Patient Report: "I have more energy today".
Pain: Right hand
Pain Prior to Session: Right hand, 1/10
Pain After Session: Right hand, 3/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Treadmill: 3.0 mph 20 minutes.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Cybex workout: 2 sets of 10 reps completed of the following:

Arm Curls: 1 plate
Triceps: 3 plates
Shoulder shrugs: 3 plates
Lats: 3 plates
Knee extension: 3 plates
Knee flexion: 4 plates
Rowing: 1 plate
Chest Fly: 2 plates
Military Press: 1 plate

187

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Bike : 10 minutes

Break 10 minutes

Lifting floor to 42" shelf: 10 reps using good lifting techniques with 17 pounds.

Lifting 42" shelf to 70" shelf: 10 reps, 15 pounds.

Treadmill: 15 minutes.

Push/Pull sled: 10 reps, 40 pounds, 100'.

Stair climber: 2 minutes.

Screw/Screwdriver board: Kneeling/squatting, 15 minutes.

Carrying 15 pound box both hands 25' from table to table. 10 reps.

10 minute break

Carrying bucket , right hand around clinic, 10 reps, 10 pounds.

BTE tool 162, gripping, 150 seconds.

Stair climber: 2 minutes.

Right hand prehension board: 10 minutes with stretch breaks.

Right hand work at WEST using hammer and 2.5 pounds. 10 minutes from 42" to 84".

ASSESSMENT

Increased work task today..

PLAN

Increase work/exercise activity as tolerated.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 4

Treatment Rendered: Work Hardening I, Work Hardening II

Signed by: SANDRA NOBLES - COTA/L

188

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Date/Time: 12/7/09 1:49 pm

Start Time: 8:10 **End Time:** 12:20
Session Duration: 250

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening I, Work Hardening II

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/8/09 8:35 am

Start Time: 8:30 **End Time:** 12:30
Session Duration: 240

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0830 hours **Time Out:** 1230 hours

SUBJECTIVE

Patient Report: "I had 1/2 of an energy dring this morning".
Pain: Right hand
Pain Prior to Session: Right hand, 1/10
Pain After Session: Right hand, 1/10, fatigue

OBJECTIVE

Ms. Hamilton completed/received the following:

Treadmill: 3.5 mph 30 minutes, 1.32 miles.

Back Flexibility exercises: 3 reps each, 15 second hold.

189

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Back Strengthening exercises: 5 reps each, 2 second hold.

BTE tool 162, gripping, 150 seconds.

Carrying bucket , right hand around clinic, 10 reps, 15 pounds.

Cybex workout: 3 sets of 10 reps completed of the following:

Arm Curls: 3 plates
Triceps: 3 plates
Shoulder shrugs: 3 plates
Lats: 3 plates
Knee extension: 3 plates
Knee flexion: 4 plates
Rowing: 3 plates
Chest Fly: 2 plates
Military Press: 1 plate

Break 10 minutes

Bike : 10 minutes

Lifting floor to 42" shelf: 10 reps using good lifting techniques with 20 pounds.

Lifting 42" shelf to 70" shelf: 10 reps, 15 pounds.

Valpar work bench: 1 hour. She reported hand fatigue.

Push/Pull sled: 10 reps, 60 pounds, 100'.

Roylan box 15 minutes from the floor.

Treadmill: 15 minutes.

ASSESSMENT

Increased lifting weight today. She shows motivation and determination during treatments.

PLAN

Increase work/exercise activity as tolerated.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 5

190

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/8/09 1:19 pm

Start Time: 8:30 **End Time:** 12:30
Session Duration: 240

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/9/09 8:37 am

Start Time: 8:25 **End Time:** 11:30
Session Duration: 185

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1130 hours

SUBJECTIVE

Patient Report: "I can tell that I can get in and out of the car better now".

Pain: Right hand

Pain Prior to Session: Right hand, 1/10

Pain After Session: Right hand, 1/10, fatigue

OBJECTIVE

Ms. Hamilton completed/received the following:

191

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 3.8 mph 30 minutes, 1.35 miles.

BTE tool 162, gripping, 150 seconds.

Lifting 42" shelf to 70" shelf: 10 reps, 15 pounds.

Carrying 20 pound box around clinic 10 reps.

10 minute break

Bike 10 minutes

Carrying bucket up and down stairs, 5 reps, 10 pounds.

Push/pull sled: 60 pounds 100 feet, 10 reps.

Screwing screws into wood board, 10 minutes.

Lifting floor to 42" shelf: 3 reps using good lifting techniques with 25 pounds.

Cybex workout: 3 sets of 10 reps completed of the following:

Arm Curls: 3 plates
Triceps: 3 plates
Shoulder shrugs: 3 plates
Lats: 3 plates
Knee extension: 3 plates
Knee flexion: 4 plates
Rowing: 3 plates
Chest Fly: 2 plates
Military Press: 1 plate

Carrying a bucket 1/3 filled with water 20 feet and raising to 36" sink to pour out, 3 reps.

ASSESSMENT

Improvement noted in carrying and lifting and using right hand for tools.

PLAN

Increase work/exercise activity as tolerated.

192

The patient has been instructed to contact our clinic if any questions or problems should arise.

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Visit Number: 6

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/9/09 8:40 am

Start Time: 8:25 **End Time:** 11:30
Session Duration: 185

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/11/09 8:25 am

Start Time: 8:30 **End Time:** 12:10
Session Duration: 220

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0830 hours **Time Out:** 1210 hours

SUBJECTIVE

Patient Report: None

Pain: Right hand

Pain Prior to Session: Right hand, 1/10

Pain After Session: Right hand, 1/10

OBJECTIVE

193

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Ms. Hamilton completed/received the following:

Treadmill: 3.8 mph 30 minutes, 1.35 miles.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

BTE tool 162: gripping, 150 seconds.

Lifting 42" shelf to 70" shelf: 10 reps, 15 pounds.

Carrying 20 pound box around clinic 10 reps.

10 minute break

Push/pull sled: 60 pounds 100 feet, 10 reps.

Lifting floor to 42" shelf: 10 reps, 25 pounds.

Cybox workout: 3 sets of 10 reps completed of the following:

Arm Curls: 3 plates

Triceps: 3 plates

Shoulder shrugs: 3 plates

Lats: 3 plates

Rowing: 3 plates

Chest Fly: 2 plates

Military Press: 1 plate

Paper cutting between activities.

Stair climber 2 minutes

Treadmill 15 minutes

Flexibility exercises

Bike 5 minutes.

ASSESSMENT

She continues to do well.

PLAN

Increase work/exercise activity as tolerated.

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 7

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/11/09 8:50 am

Start Time: 8:30 **End Time:** 12:10
Session Duration: 220

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/14/09 8:36 am

Start Time: 8:30 **End Time:** 9:30
Session Duration: 60

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0830 hours **Time Out:** 0930 hours

SUBJECTIVE

Patient Report: "My hand has really been hurting right here since yesterday". See below,

Pain: Right hand

Pain Prior to Session: Right hand, 5/10

195

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Pain After Session: Right hand, 5/10

OBJECTIVE

I observed Ms. Hamilton shaking her right hand and rubbing the ulnar side of her hand. She stated that she had not injured her hand over the weekend nor could she pin point any activity that could have caused the increased discomfort. I asked the OTR to assess her hand and advise tx. The OTR advised that we not have her participate in activity today other than her treadmill and stretches due to the hand pain and lack of use observed by therapist. The OTR placed a call to the physician, however he was not in the office today. The Dr. will return our call on Tuesday.

Ms. Hamilton completed/received the following:

Hot pack to right hand: 20 minutes.

Treadmill: 3.8 mph 30 minutes, 1.35 miles.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

ASSESSMENT

Increased hand pain today. Decreased use of right hand noted.

PLAN

Hold resistive activities today per OTR and have hand reassessed tomorrow.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 8

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/14/09 8:45 am

Start Time: 8:30 **End Time:** 9:30
Session Duration: 60

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening

196

Signed by: SANDRA NOBLES - COTA/L

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Date/Time: 12/15/09 8:30 am

Start Time: 8:25 **End Time:** 12:15
Session Duration: 230

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1215 hours

SUBJECTIVE

Patient Report: "I took 1/2 of an Ibuprofen last night and I think that helped". She reported that her whole hand had been numb during the night.

Pain: Right hand
Pain Prior to Session: Right hand, 1/10
Pain After Session: Right hand, 3/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Treadmill: 3.8 mph 30 minutes, 1.53 miles.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

BTE tool 162 and 151.

Lifting shelf to overhead 15 lb. 10 reps.

Carrying 20 lb. 10 reps.

10 minute break.

197

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Push/Pull sled 60 lb. 10 reps. She was observed shaking her hand and rubbing her hand between reps.

Lifting floor to shelf, 20 lb, 10 reps. She was unable to complete the goal of 25 lbs. today. She reported that it caused the ulnar side of her hand to hurt.

Arm curls, 3 plates, 3X10.
Triceps, 4 plates, 3X10.
Rowing, 3 plates, 3X10.
Shoulder shrugs, 2 plates, 3X10
Chest fly, 2 plates, 3X10
Lats, 3 plates, 3X10
Military press, 1 plate 3X10

Stair stepper, 2 minutes

10 minute break

Paper cutting, 5 minutes

Carry bucket around clinic 10 reps, 15lbs.

Treadmill 30 minutes.

ASSESSMENT

Pain behaviors were displayed today however she only reported minimal increase in her hand pain. I feel that she may be under reporting her hand pain due to the deadline she has for returning to work.

PLAN

Continue to await call from MD.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 9

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/15/09 8:45 am

Start Time: 8:25 **End Time:** 12:15
Session Duration: 230

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/16/09 9:25 pm

Start Time: 8:25 **End Time:** 11:10
Session Duration: 165

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening: 165 minutes

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/16/09 10:12 pm

Start Time: 8:25 **End Time:** 11:10
Session Duration: 165

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1110 hours

SUBJECTIVE

Patient Report: Client reported that her right hand feels all right (level 0). Client reported discomfort in her hand "but the rest of my body hurt."

I spoke with Dr. Gee's nurse, and later to Dr. Gee. Both instructed me to continue with therapy and help client work through her discomfort. He reported that an MRI was performed which did not indicate a navicular fracture. Dr. Gee said he would recheck the MRI report and would advise me. (Received fax of MRI report - no fracture mentioned.)

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

During her therapy session, client reported information about a previous right wrist evaluation from a second opinion physician. She said that she possessed a report that used the words: avascular necrosis and snuff box.

Pain: Patient currently without complaints of pain.

Pain Prior to Session: The patient reported the following with regard to pain this date: Location and Level: No discomfort during beginning of therapy but feels intermittent pain with moderate hand use.

Pain After Session: The patient reported the following with regard to pain this date: Location and Level: No discomfort.

OBJECTIVE

General Observation: In no apparent distress.

Treadmill: Client completed exercise on the treadmill for 30 minutes, 2.5-2.7 mph, 4.0% grade. Her heart rate measured varied between 120 and 130 bpm. She reported ankle discomfort during her walk.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

BTE tool 162 and 151. Client completed her program of right hand grip and pinch exercises. She reported an increase of her right hand and wrist discomfort.

Lifting: 15-pounds. Shelf to overhead. completed 10 repetitions.

Carrying: 20 pounds. Bilateral, 30 feet, 10 repetitions.

Break: 15 minutes

Push/Pull sled: 30 feet, 3 repetitions.

Client reported increased right wrist discomfort and she began to withdraw during my check of her wrist. She reported increased tenderness in her snuff box with moderate pressure and withdrew her hand.

Client reported increased right wrist discomfort to a significant level. This decreased to no discomfort after 15 to 20 minutes of rest. During this time client reported of her e-mailed report from Dr. Moore, a general surgeon from Columbia, a second opinion physician. Client thought that Dr. Moore's report was sent to Dr. Gee, but was not certain of this delivery.

Client said that she would e-mail this report to me.

200

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Time: Decreased
Performance: Decreased.

Material Handling

Current Demonstrated Physical Demand Level: LIGHT
Performance: Decreased.
Static Postures: No change.

Job Simulation

Current Demonstrated Physical Demand Level: Light
Performance: Decreased.
Static Postures: No change

Client completed job simulated tasks of: Lifting, carrying, pushing and pulling.

Pain Reassessment:

Response to Pain Intervention: Pain reduced to level 0 with rest.
Post Intervention Pain Quality: Throbbing.
Patient Reports Post Intervention Pain Level of: 0 out of 10
Pain Acceptable: Yes

Education:

The patient's preferred learning method is: Doing.
Barriers to Learning: No barriers.
Education Needs: Instructed, practiced, and given home exercise program. Precautions.

Education Provided: Precautions.

Audience: Patient.
Mode: Explanation.
Response: Applied knowledge.

ASSESSMENT

Therapy Diagnosis: Right hand crush injury

Response to Visit: Appears to understand information presented. Tolerated session without difficulty.

Clinical Status Changes: Patient has experienced significant, unusual or unexpected change in clinical status since their last visit. Patient does not require a re-evaluation. Physician instructed to continue with right wrist exercise.

Progress Toward Goals: See Progress Summary.

PLAN

Treatment Frequency, Duration, and Interventions: Occupational Therapy is recommended for 5 days per week for 4 hours. Occupational Therapy treatment is to include: Work Hardening.

Equipment Provided: None issued this visit.

201

Development of Plan of Care: There was no change to plan of care today.

The patient has been instructed to contact our clinic if any questions or problems should arise.

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Visit Number: Today's visit is number 10

Treatment Rendered:

Work Hardening - Initial 2 hours minutes.
Work Hardening - Each Additional minutes.

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/17/09 10:23 am

Start Time: 8:15 **End Time:** 12:15
Session Duration: 240

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0815 hours **Time Out:** 1215 hours

SUBJECTIVE

Patient Report: She reported no hand pain today.

Pain: Right hand
Pain Prior to Session: Right hand, 0/10
Pain After Session: Right hand, 0/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Treadmill: 30 minutes

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

202

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

BTE tool 162

BTE tool 151

BTE tool 504

BTE tool 302

Carrying 25 lb. 10 reps.

Push/Pull sled 70 lb. 10 reps.

Lifting floor to shelf, 25 lb, 10 reps. She was observed grasping different areas of the box for hand comfort.

Stair stepper, 2 minutes

10 minute break

Treadmill 15 minutes.

Carry bucket around clinic 10 reps, 15lbs.

Lifting floor to shelf, 25 lb, 10 reps.

Filling bucket 1/3 full with water and carrying 20 feet to empty in sink. 5 reps.

Cybex Program:

Arm curls, 3 plates, 3X10.

Triceps, 4 plates, 3X10.

Rowing, 3 plates, 3X10.

Shoulder shrugs, 2 plates, 3X10

Chest fly, 2 plates, 3X10

Lats, 3 plates, 3X10

Military press, 1 plate 3X10

Paper cutting, 5 minutes

10 minute break

Filling bucket 1/3 full with water and carrying 20 feet to empty in sink. 5 reps.

ASSESSMENT

Less pain behaviors displayed today during job simulation activities.

203

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

PLAN

Progress in activity as tolerated.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 11

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/17/09 1:18 pm

Start Time: 8:15 **End Time:** 12:15
Session Duration: 240

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening: 240 minutes

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/18/09 12:50 pm

Start Time: 8:25 **End Time:** 12:15
Session Duration: 230

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1215 hours

204

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

SUBJECTIVE

Patient Report: "I have more of a tired feeling in my hand than pain".

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

Pain After Session: Right hand, 1/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Treadmill: 30 minutes

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Cybex Program:

Arm curls, 3 plates, 3X10.

Triceps, 4 plates, 3X10.

Rowing, 3 plates, 3X10.

Shoulder shrugs, 2 plates, 3X10

Chest fly, 2 plates, 3X10

Lats, 3 plates, 3X10

Military press, 1 plate 3X10

10 minute break

Carrying 25 lb. 10 reps.

Push/Pull sled 70 lb. 10 reps.

Stair stepper, 2 minutes

Lifting floor to shelf, 25 lb, 10 reps. She was observed grasping different areas of the box for hand comfort.

Carry bucket around clinic 10 reps, 25lbs.

Lifting floor to shelf, 25 lb, 10 reps.

10 minute break

Positional tolerance: Working overhead, forward reach and squatting at the WEST bars, placing nuts and bolts in holes from 72" to 12".

205

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Paper cutting: 5 minutes

Lifting shelf to overhead: 10 reps, 15 pounds.

Treadmill 20 minutes.

WORK CIRCUIT:

Carry box around clinic 5 reps, 25 pounds.
Paper cutting 3 minutes
Stair climbing 1 minute
Carry bucket around clinic 3 reps
Push pull sled 3 reps
She completed this circuit for 1 hour.

She was observed grimacing during activities. She was also observed shaking her hand and rubbing her hand and wrist. She never reported an increase in her hand pain despite her pain behaviors. I feel that she may be under reporting her pain so that she can return to work by the January 14th deadline.

ASSESSMENT

I feel that she may be under reporting her pain so that she can return to work by the January 14th deadline.

PLAN

Progress in activity as tolerated. Continue to monitor her pain behaviors and pain reports.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 12

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/18/09 1:31 pm

Start Time: 8:25 **End Time:** 12:15
Session Duration: 230

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

Completed Orders	Description	Num. Performed
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:

Work hardening:

206

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/21/09 1:34 pm

Start Time: 8:25 **End Time:** 9:45
Session Duration: 80

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 0945 hours

SUBJECTIVE

Patient Report: "I don't have any pain, it just feels heavy and tired".

Pain: Right hand
Pain Prior to Session: Right hand, 0/10
Pain After Session: Right hand, 1/10

OBJECTIVE

Ms. Hamilton completed/received the following:
spontaneous

Treadmill: 15 minutes

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Carrying 30 lb. 5 reps. around clinic 75 feet. She carried the box with both hands for 1 lap and then transferred the weight to carry on her right shoulder. She stated, "This is how we carry weight at work when we get too tired".

Push/Pull sled 70 lb. 5 reps. She was observed with facial grimacing, shaking her right hand and rubbing/grasping her wrist. She stated, "It's just tired".

207

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Stair stepper, 2 minutes

Lifting shelf to overhead, 20 lb, 5 reps. I observed her using her arm for support on the right side rather than her hand.

Carry bucket up 2 steps and around clinic 75': Bucket weighted with 22 pounds water. She carried this for 1 round and she was observed with increased facial grimacing, making blowing sounds with her mouth and rubbing her wrist, shaking her RUE and stating, "Man", in an exaggerated fashion. She stated her hand felt tired and heavy. Again, she did not report an increase in pain when asked her to report her discomfort on the 10 point pain scale.

Refer to OTR's note dated today's date for details on action taken today.

ASSESSMENT

I feel that she may be under reporting her pain so that she can return to work by the January 14th deadline.

PLAN

See OTR's note dated today's date for plan.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 13

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/21/09 1:59 pm

Start Time: 8:25 **End Time:** 9:45
Session Duration: 80

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/21/09 2:15 pm

Start Time: 17:00 **End Time:** 17:10
Session Duration: 10

OP OT WR Note - Contact Note

MFR
12/21/2008

208

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Ms. Emma Hamilton continued to show signs of right hand and arm discomfort. She persisted to show intermittent right hand and forearm rubbing, grimacing and protection signs of her right upper extremity.

Ms. Hamilton seemed to be underestimating her discomfort by limiting her pain-level reports along with the discussion of her pain characteristics. She continually focused on her return to work next month.

Last week, I received a faxed copy of client's MRI report, from Dr. Gee, that did not identify significant wrist pathology. He sent this to me because of my report to Dr. Gee of signs of possible wrist pathology. In response, Dr. Gee directed me to continue with work hardening to help client work into her pain barriers to attain her job requirements.

Additionally last week, client provided a copy of an email from a second-opinion physician, which identified wrist problems. Client did not know whether or not Dr. Gee received a copy of this report; however, she felt that he should have received this note.

Today, I asked client to take a copy of the email from her second-opinion physician to Dr. Gee, to discuss this issue with him as necessary and return with a note (to hold therapy until a possible evaluation or continue with therapy). Client said that she would follow my directive.

Next step: Client will return to the WRC after a review of above email with Dr. Gee.

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/28/09 12:47 pm

Start Time: 8:40 **End Time:** 12:10
Session Duration: 210

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0840 hours **Time Out:** 1210 hours

209

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

SUBJECTIVE

Patient Report: She reported that she went to the doctor and she gave the following report:

1. She presented an order from the physician to continue work hardening.
2. She stated, "Dr. Gee said he knew all about my hand and that I needed to stop complaining and keep working my hand. He also said that I could go and see that other doctor if I wanted to have surgery and go on disability".

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

Pain After Session: Right hand, 5/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 30 minutes

Carrying 30 lb. 5 reps. around clinic 75 feet. She was observed grimacing on the 3rd rep of this exercise. She stated, "My hand is just tired".

Push/Pull sled 70 lb. 5 reps. She was observed with facial grimacing, shaking her right hand and rubbing her wrist. She stated, "Pushing is much harder than pulling". She was also observed not fully grasping the handle of the sled with her right hand.

Lifting floor to shelf: 28 lbs. She was again observed grimacing and favoring the right hand with these lifts. She never reported an increase in pain only fatigue.

Stair stepper, 2 minutes

Lifting shelf to overhead, 20 lb, 5 reps. She hesitated between reps of this exercise.

Carry bucket up 2 steps and around clinic 75': Bucket weighted with 22 pounds water. She carried 5 rounds and she was observed with increased facial grimacing. She reported, "My hand is just tired and it feels heavy".

I cautioned her about her increasing pain levels and her increased pain with activity. She again stated that she was only having a feeling of heaviness and fatigue.

Screw 1 screw into the screwboard with right hand.

210

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treadmill 15 minutes

Carrying 30 lb. 5 reps. around clinic 75 feet.

Push/Pull sled 70 lb. 5 reps. She was observed with facial grimacing, shaking her right hand and rubbing her wrist.

Lifting floor to shelf: She was unable to do the 28# and I reduced this to 25#. She stated this was better, however, she was still observed grimacing.

Carrying 30 lb. 5 reps. around clinic 75 feet. She was observed grimacing on the 3rd rep of this exercise. She stated, "My hand is just tired".

Push/Pull sled 70 lb. 5 reps. She was observed with facial grimacing, shaking her right hand and rubbing her wrist.

Lifting floor to shelf: She was unable to do the 28# and I reduced this to 25#. She stated this was better, however, she was still observed grimacing.

Screw 1 screw into the screwboard with right hand.

ASSESSMENT

She continues with pain behaviors when using her right hand. I feel that she is still under reporting her hand pain.

PLAN

Continue to monitor pain behaviors.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 14

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/28/09 1:06 pm

Start Time: 8:40 **End Time:** 12:10
Session Duration: 210

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/28/09 2:35 pm

Start Time:13:00 **End Time:**13:30
Session Duration: 30

OP OT WR Note - Contact Note
12/28/2009
Additional Testing:

Today, Ms. Hamilton brought a new prescription for the continuation of her work hardening program. She saw Dr. Gee last week. She will follow-up with Dr. Gee after her program.

I completed additional testing of functional performance because of client's current pain behaviors and report of "moderate discomfort". Results follow:

GRIP:

Jamar Dynamometer Grip Test, Position 2

Trial	Right	Left
1	55.00	88.00
2	70.00	80.00
3	62.00	78.00
Mean	62.33	82.00
Std.Dev.	6.13	4.32
CV	9.83%	5.27%

	Norm-mean	Norm-SD	Patient-Mean	Patient-SD
RIGHT	73	17	62.33	-0.63
LEFT	66	17	82.00	0.94

%R/L= 76

Grip strength:

On 12/1/2009, client's right hand grip strength measured 61.3 pounds.

On 12/1/2009, client's left hand grip strength measured 81.7 pounds.

PINCH-Tip:

Tip	Norm-mean	Norm-SD	Patient-Mean	Patient-SD
RIGHT	18.7	4.9	10.00	-1.78
LEFT	17.6	4.1	14.00	-0.88

%R/L= 71

212

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Tip strength,

On 12/1/2009, client's right pinch -tip strength measured 11.0 pounds.
On 12/1/2009, client's left pinch-tip strength measured 12.0 pounds.

PINCH-Palmar:

	Palmar	Norm-mean	Norm-SD	Patient-Mean	Patient-SD
RIGHT	17.9	3	16.00	-0.63	
LEFT	17.5	2.8	17.00	-0.18	

%R/L= 94

Palmar strength,

On 12/1/2009, client's right pinch -palmar strength measured 13.0 pounds.
On 12/1/2009, client's left pinch-palmar strength measured 23.0 pounds.

PINCH-Lateral:

	Lateral	Norm-mean	Norm-SD	Patient-Mean	Patient-SD
RIGHT	25.8	3.9	15.00	-2.77	
LEFT	24.8	4.4	15.00	-2.23	

%R/L= 100

Lateral strength,

On 12/1/2009, client's right pinch -lateral strength measured 16.0 pounds.
On 12/1/2009, client's left pinch-palmar strength measured 20.0 pounds.

ASSESSMENT:

GRIP: NO SIGNIFICANT CHANGE FROM INITIAL EVALUATION
PINCH:TIP: NO SIGNIFICANT CHANGE FROM INITIAL EVALUATION
PINCH:PALMAR: IMPROVEMENT FROM INITIAL EVALUATION
PINCH:LATERAL: NO SIGNIFICANT CHANGE FROM INITIAL EVALUATION

PLAN: Continue with present treatment plan. To re-evaluate next week.

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/29/09 9:57 am

Start Time: 8:15 **End Time:** 12:10
Session Duration: 235

OP OT Note - Work Hardening Daily Progress

213

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0815 hours **Time Out:** 1210 hours

SUBJECTIVE

Patient Report: She reported that she had minimal hand pain today. "I just feel like it wants to lock up after it gets tired".

Pain: Right hand

Pain Prior to Session: Right hand, 1/10

Pain After Session: Right hand, 1/10, fatigue

OBJECTIVE

Ms. Hamilton completed/received the following:

I modified her program today with lighter weights and resistance due to the increase in pain behaviors displayed in the clinic during her last 2 treatments.

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 30 minutes

BTE Program: She completed the 4 exercises. Her resistance was reduced on these exercises. She was observed rubbing her hand after the exercise on tool 302, turning jar lid.

Carrying 25 lb. 5 reps. around clinic 75 feet. She used a crate to carry today for the handles. She reported a burning sensation in her wrist on the last rep.

Arm curls: 3 X 10 2 plates.

Push/Pull sled 60 lb. 10 reps. She showed facial expressions of grimacing with pushing.

214

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Triceps: 3 X 10 3 plates.

Lifting floor to table: 28 lbs. 5 reps. Grimacing noted and she reported, "I think it's the gripping that bothers me".

Stair stepper, 3 minutes

Rowing: 3 plates, 3 X 10.

Lifting shelf to overhead, 20 lb, 5 reps. She was observed favoring the right hand and primarily using her left hand for this activity.

Shoulder shrugs: 2 plates, 3 X 10.

Minnesota Board: Using only her right hand, 2:07.

Chest fly: 2 plates, 3 X 10.

Treadmill 15 minutes.

Lats: 3 X 10, 3 plates.

Carry 10 lb. bucket up and down 2 steps: 10 reps. She again reported the "gripping" of the handle caused her hand to feel as if it was locking up".

Military press: 1 plate, 3 X 10.

Lifting floor to shelf 1.25lb. weights 10 reps.

Minnesota Board: Using only her right hand, 1:39.

Lifting floor to table: 20 lbs. 5 reps.

ASSESSMENT

Pain behaviors continue even though her weights and resistance reduced.

PLAN

Break up activities tomorrow to decrease repetitive lifting and monitor pain behaviors.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 15

215

Treatment Rendered: Work Hardening

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/29/09 10:26 am

Start Time: 8:15 **End Time:** 12:10
Session Duration: 235

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/30/09 8:01 am

Start Time: 8:15 **End Time:** 12:20
Session Duration: 245

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0815 hours **Time Out:** 1220 hours

SUBJECTIVE

Patient Report: Minimal pain reported today. No increase in pain or symptoms reported from yesterday's treatment.

After therapy, she reported, "Today wasn't as bad with the things broke up". She was referring to the break up of her work activities.

Pain: Right hand

Pain Prior to Session: Right hand, 1/10

Pain After Session: Right hand, 1/10

216

NAME: HAMILTON, EMMA
ROOM: WR:
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

OBJECTIVE

Ms. Hamilton completed/received the following:

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 20 minutes

BTE Program: She completed the 4 exercises. I did not increase her resistance today. She reported less fatigue after these.

Work Circuit:

Carrying 25 lb. around clinic 75 feet. She carried the weight low with her arms fully extended. She stated that she had a hard time bringing the weight up to her waist height.

Arm curls: 1 X 10 2 plates.

Push/Pull sled 60 lb.

Triceps: 1 X 10 3 plates.

Lifting floor to table: 20 lbs. She was unable to complete the goal weight today of 28 lbs.

Stair stepper, 1 minute

Rowing: 3 plates, 1 X 10.

Lifting shelf to overhead, 20 lb

Shoulder shrugs: 2 plates, 1 X 10.

Minnesota Board: Using only her right hand, 1:30, 1:36, 1:40.

Chest fly: 2 plates, 1 X 10.

Treadmill 15 minutes.

Lats: 1 X 10, 3 plates.

Carry 10 lb. bucket up and down 2 steps: 3 reps.

Military press: 1 plate, 1 X 10.

Lifting floor to shelf 1.25lb. weights 10 reps.

She repeated the above work circuit 1 rep each unless otherwise noted. She completed this circuit 4 times.

ASSESSMENT

She showed decreased pain behaviors today with the change in her work circuit.

PLAN

Continue to monitor pain behaviors and increase work task slowly.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 16

217

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 12/30/09 8:27 am

Start Time: 8:15 **End Time:** 12:20
Session Duration: 245

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/5/10 12:31 pm

Start Time: 8:25 **End Time:** 12:20
Session Duration: 235

***This record has been deleted, please disregard ***
Deleted by: NOBLES, SANDRA
DUPLICATE CHARTING

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi. Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1220 hours

SUBJECTIVE

Patient Report: "The driver did not pick me up yesterday"

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

218

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Pain After Session: Right hand, 3/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 20 minutes

BTE Program: She completed the 4 exercises. I did not increase her resistance today. She reported less fatigue after these.

Work Circuit:

Carrying 25 lb. around clinic 75 feet. She carried the weight low with her arms fully extended. She stated that she had a hard time bringing the weight up to her waist height.

Arm curls: 1 X 10 2 plates.

Push/Pull sled 60 lb.

Triceps: 1 X 10 3 plates.

Lifting floor to table: 20 lbs. She was unable to complete the goal weight today of 28 lbs. She was observed rubbing her hand after this.

Stair stepper: 1 minute

Rowing: 3 plates, 1 X 10

Lifting shelf to overhead: 20 lb

Shoulder shrugs: 2 plates, 1 X 10.

Minnesota Board: Using only her right hand, 1:30, 1:36, 1:40.

Chest fly: 2 plates, 1 X 10.

Treadmill 15 minutes.

Lats: 1 X 10, 3 plates.

Carry 10 lb. bucket up and down 2 steps: 3 reps.

Military press: 1 plate, 1 X 10. She hesitated between each rep. She showed facial grimacing.

Lifting floor to shelf 1.25lb. weights 10 reps.

She repeated the above work circuit 1 rep each unless otherwise noted. She completed this circuit 5 times.

ASSESSMENT

She reported her hand pain increased today with today's workout. No increased weights added today compared to last workout.

PLAN

Continue to monitor pain behaviors and increase work task slowly.

219

The patient has been instructed to contact our clinic if any questions or problems should arise.

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Visit Number: 17

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/5/10 12:46 pm

Start Time: 8:25 **End Time:** 12:20
Session Duration: 235

This record has been deleted, please disregard

Deleted by: NOBLES, SANDRA
DUPLICATE CHARTING

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

TREATMENT RENDERED:

Work hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/15/10 4:54 pm

Start Time: 0:00 **End Time:** 0:00
Session Duration: 0

OP OT Note - Work Hardening Discharge Summary

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Discharge Summary

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Patient has been seen for skilled occupational therapy services through the McLeod Work Recovery/Work Hardening Program since 12/1/2009. Patient participated in work hardening treatment sessions

Progress Toward Goals:

220

Ms. Emma Hamilton completed 23 work hardening visits from 12/01/2009 to 01/13/2010.

Ms. Hamilton showed minimal improvement in therapy as related to her right hand and wrist. Her limiting factor involved her right wrist and forearm pain. She showed consistent and objective pain behaviors of right

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

wrist pain. These behaviors included but not limited to right wrist rubbing, right forearm protective posturing, right hand shaking, and right hand favoring. She showed these behaviors during mild and moderate level activities. Client received constant cueing to self-limit her right wrist pain during therapy (and at home) to protect her wrist joint and to minimize the development of overuse syndromes. Client showed increased work ability in cardiovascular and some bilateral arm activities.

Ms. Hamilton consistently showed high levels of motivation and she focused on returning to work by mid-January 2010. She constantly remarked of a desire to return to work. Client typically reported minimal right wrist discomfort, with a range from NO discomfort to moderate levels of discomfort. At times, it appeared that Ms. Hamilton possibly felt more discomfort than she reported, as shown by her pain behaviors. Often, she was stopped during her clinic work to assure and at times to demand rest to her arm to allow for recovery and pacing. Client's right wrist pain seemed focused in her right anatomical snuff box. I called Dr. Gee about this finding. He reported obtaining the MRI report of Ms. Hamilton's wrist. I received a copy of this report which did not identify significant pathology but mild degenerative changes. Dr. Gee advised me to continue to work with Ms. Hamilton to see if we could improve her work abilities.

Shortly afterwards, during the course of Ms. Hamilton's therapy, she mentioned to me that she obtained a second opinion from a Columbia SC physician who associated her with wrist pathology. He suggested an abutment syndrome and avascular necrosis as possibilities of Ms. Hamilton's condition. I advised Ms. Hamilton to notify Dr. Gee, and give him a copy of this e-mail report, because client did not know if Dr. Gee ever obtained this information. Client said there was another report but she could not find it. In turn, Ms. Hamilton presented a copy of this report to Dr. Gee for his review. On 12/28/2009, Ms. Hamilton returned with a prescription to continue with therapy.

Based upon client's right wrist continued discomfort, objective and consistent pain behaviors, the possibility of underestimating pain with possibly working into high pain levels, and minimal increases of her right hand function, I stopped therapy.

At the end of therapy, client showed the following work abilities:

Lift: Occasional, 20 pounds from floor to bench height
Lift: Occasional, 10 pounds from bench to eye level
Carry: Occasional, bilateral carry, 20 pounds for 15 feet, 10 occasions per day.
Carry: Occasional, right hand: 10 pounds for 15 feet, 10 occasions per day.
Push: Occasional, 15 pounds, 25 feet.
Pull: Occasional, 15 pounds, 25 feet.
Sit: Unrestricted.
Stand: Unrestricted.
Walk: Unrestricted.
Reach:

221

Left hand-all positions: Unrestricted.

Forward and/or bended reach, right hand: Impaired- 5 minutes per occasion; four occasions per day.

Total 20 minutes.

Overhead reach, right hand: Impaired- 2 minutes per occasion; five occasions per day; Total 10 minutes.

Lower level work: Unrestricted.

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/01/2009
CHART: WR 11825

Account ID: 000116529934
Date of Birth: 12/04/1964
Med. Record # : 01202405

Grasping/fingering-Light: Left hand: Unrestricted.
Grasping/fingering-Heavy: Left hand: Unrestricted.
Grasping/fingering-Light: Right hand: Impaired- 5 minutes per occasion; four occasions per day. Total 20 minutes.
Grasping/fingering-Heavy: Right hand: Never.

Right UE	12/01/2009	01/07/2010	% change
Elbow flexion (lbs)	31.6	25.1	79%
Elbow extension (lbs)	31.56	28.7	91%
Wrist flexion (lbs)	15.8	15.7	99%
Wrist extension (lbs)	9.8	10.9	111%
Pronation (lbs)	47	42.8	91%
Supination	40.3	43	107%

Act.\ Date	12/01/2009	12/31/2009	% change
Grip-R	61	64	105%
Lift	59	20	34%
Carry	10	20	200%
Push	35	59	169%
Pull	41	63	154%
METs	4.3	5	116%

Patient has been discharged from therapy and a report has been sent to the physician.

Treatment Rendered: None.

Signed by: JOHN ZELENKA - OTR/L

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Date/Time: 12/31/09 8:06 am

Start Time: 9:00 **End Time:** 11:00
Session Duration: 120

WORK RECOVERY REEVALUATION - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRREVL	OTWR - RE-EVALUATION	1.00

TREATMENT RENDERED:
Work Hardening re-evaluation: 120 minutes

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 12/31/09 8:08 pm

Start Time: 9:00 **End Time:** 11:00
Session Duration: 120

OP OT Reassessment - Work Hardening
Occupational Therapy
Outpatient Work Hardening/Work Conditioning Re-Evaluation
Document Type: Re-evaluation

Provider #420051
HCIN: 249170683
Medical Diagnosis: HAND/WRIST CRUSH INJURY
Date of Injury: 7/22/2008
Employer: Color Fi Inc.
Job Title: Color specialist
Demographics:
 Age: 44
 Gender: Female
Primary Language: English
Referring Physician: Dr. James E. Gee
Past Medical History: Asthma - intermittent problems. Allergic to steroids and sulfa drugs.
Medications and Allergies: Ibuprofen on occasion.
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No rehabilitation precautions. None.

SUBJECTIVE

Premorbid Functional Level: The patient reported the premorbid level of function was independent ADLs and competitive work ability.
Current Functional Limitations: The patient/caregiver reports the following functional limitations: Reduced right arm and hand strength.
Patient Report: Reduced right hand strength and dexterity because of wight forearm and wrist pain.
Patient Goals: Patient's functional goals: To return to work without restrictions.
Pain: Patient currently has pain.
Location: Right wrist
Type: Chronic

223

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Quality: Aching.

Patient reports a current pain level of 1 out of 10.

Patient's reported highest level of pain 8 out of 10.

Patient's reported at rest pain 1 out of 10.

Patient's reported lowest level of pain 0 out of 10.

Pain is alleviated by: Rest to right hand and wrist.,

Pain is exacerbated by: Prolonged use of right hand.

Pain Interventions: No pain intervention was facilitated because denies pain/discomfort at this time.

Self-reported Quality of Life: At present time, patient reports having a fair quality of life/health status.

OBJECTIVE

Strength

Lifting: Job demand: 70 pounds, floor to shoulder height Reported ability: 20 pounds, floor to shoulder
Demonstrated: 20-pounds from floor to shoulder height; limited by right wrist strength in both pronation and
supination in this bilateral lift. Left hand lift, floor to waist: 70 pounds. Right hand lift, floor to waist: 30
pounds.

Carrying: Job demand: 70 pounds, 100 feet Reported ability: 28 pounds, 100 feet Demonstrated: 20
pounds bilateral.

Pushing: Job demand: 200-300 pound pallet and box Reported ability: 30 pounds, 60 feet Demonstrated:
30 pounds

Pulling: Job demand: 200-300 pound pallet and box Reported ability: 30 pounds, 60 feet. Demonstrated: 32
pounds

BTE strength testing:

Push: Right: 42.5 pounds; Left: 55.7 pounds; Both: 59.3 pounds

Pull: Right: 40.0 pounds; Left: 68.4 pounds; Both: 63.9 pounds

Mobility

Sitting: Job demand: 60 minutes, intermittent sitting Reported ability: Client reported able to meet job
demands. Demonstrated: No limitations noted.

Static Standing: Job demand: NA Reported ability: Client reported able to meet job demands.
Demonstrated: No limitations noted.

Dynamic Standing: Job demand: 11 hours Reported ability: Client reported able to meet job demands.
Demonstrated: No limitations noted.

Walking: Job demand: 11 hours Reported ability: Client reported able to meet job demands. Demonstrated:
Client completed treadmill walk - 3.0 mph @ 4.0% grade with HR at 123 bpm (70% AAMHR); 5.0 METs
(light-to-medium CV level)

Agility

224

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Stairs/Ladders: Job demand: Ladders only: 30 reps of 2 floors Reported ability: Client reported able to meet job demands. Demonstrated: No limitations noted.

Balancing: Job demand: Ladders Reported ability: Client reported able to meet job demands. Demonstrated: No limitations noted.

Bending/Stooping: Job demand: 1-2 hours Reported ability: Client reported able to meet job demands. Demonstrated: No limitations noted.

Crouching/Squatting: Job demand: 30 to 60 minutes Reported ability: Client reported able to meet job demands. Demonstrated: No limitations noted.

Crawling: Job demand: Never

Twisting/Spinal Rotation: Job demand: 60 minutes Reported ability: Client reported able to meet job demands. Limited endurance possible. Demonstrated: No limitations noted.

Above-Shoulder Work: Job demand: 60 minutes Reported ability: Client reported able to meet job demands. Demonstrated: 30 minutes

Prolonged Neck Positioning: Job demand: Never

Impact/Jarring: Job demand: Never.

Dexterity: Reported limited use of right hand.

Fine Finger: Job demand: 11 hours. Reported ability: Limitations with right hand. Demonstrated: Right hand: 4 hours; Left hand-unrestricted.

Purdue: No limitations observed. All movements smooth and fluid.

R: 15

L: 14

Both-bilateral: 11

Both -assembly: 36

Minnesota: Placing test.

Right: 70 / 70 / 64 (rubbed right wrist, reported "burning")

Left: 61 / 57 / 59

Grasping (Light) : Demonstrated: Right hand: 4 hours; Left hand-unrestricted.

Jamar Dynamometer Grip Test, Position 2

Trial Right Left

1 70.00 86.00

2 64.00 84.00

3 58.00 87.00

225

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Mean 64.00 85.67
Std.Dev. 4.90 1.25
CV 7.65% 1.46%

Right

Norm mean: 73
Norm SD: 17
Patient mean: 64
Patient SD: -0.53

Left

Norm mean: 66
Norm SD: 17
Patient mean: 85.7
Patient SD: 1.2

Pinching: Demonstrated: Right hand: 1-hour; Left hand-unrestricted.

Pinch Summary

Right Left
Palmar 16 20
Key 17 15
Tip 10 12

Reaching Forward: Job demand: 11 hours. Reported ability: Limited right hand usage. Demonstrated: Right hand: 5 hours; Left hand-unrestricted.

BTE- Right forward reach: 241 seconds

BTE- Right overhead reach: 115 seconds-did not complete 120 second scree test.

Right Left comparison (today):

12/31/2009

BTE Strength-	Right	Left	% change
Wrist flexion (lbs.)	9.8	18.6	53%
Wrist extension (lbs.)	15.8	54.5	29%
Pronation (in-lb)	47	72.5	65%
Supination (in-lb)	40.3	53.3	76%
Elbow flexion (lbs.)	31.6	32.4	98%
Elbow extension (lbs.)	31.5	57.4	55%

Right hand showing continued weakness.

Act.\ Date	12/01/2009	12/31/2009	% change
Grip-R	61	64	5%
Lift	30	20	-30%

226

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Carry	10	20	100%
Push	35	59	69%
Pull	41	63	54%
METs	4.3	5	16%

Client significantly limited in right hand activities.

-Showed no significant change in right grip strength.

-Showed decreased lifting ability (Used two different tests, static rating (50% of max) and dynamic testing. Static testing may rate higher than dynamic testing.

-Showed increased ability in bilateral strength in carry, push and pull.

-Showed increased cardiovascular ability.

Writing: Client reported able to meet job demands. Demonstrated: No limitations noted.

Coordination: No limitations noted.

Vision/Hearing: No limitations noted.

Interventions: None provided today.

Pain Reassessment:

Response to Pain Intervention:

Post Intervention Pain Quality: None.

Patient Reports Post Intervention Pain Level of: 1 out of 10

Pain Acceptable: Yes

Education:

The patient's preferred learning method is: Doing.

Barriers to Learning: Desire and motivation limiting progress by under-rating pain and over exercise.

Education Needs: Plan of care. Safety. Precautions.

Education Provided: No education provided this session.

ASSESSMENT

Problem List: Right wrist pain.

Strengths: Activity tolerance. Motivated to improve function.

Equipment Needed: None.

Other Rehabilitation Considerations: Patient's progress may be impaired by the following potential barriers: Medical condition.

Rehabilitation Potential: Fair- Physician reported need to continue therapy based upon no significant findings on MRI. Guarded based upon limited progress with respect of continued wrist pain during therapy. Will continue to monitor.

227

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Motivation/Commitment to Therapy: Excellent.

Support Structure: Support structure is good. Family willing to assist patient.

Initial Evaluation Date: 12/1/2009

Reporting Period: 12/31/2009 to 1/31/2010

Response to Visit: Fair

Goal Review:

LONG TERM GOAL REVIEW:

Time frame to achieve long term goal(s): 4 weeks

Progress Summary: Client making minimal progress due to right wrist discomfort.

PLAN

Treatment Frequency, Duration, and Interventions: Occupational Therapy is recommended for As ordered: 5 days per week for 4 weeks. Occupational Therapy treatment is to include: Work Hardening.

Recommended Consults:

Development of Plan of Care: Patient participated in plan of care development today. The patient has been instructed to contact our clinic if any questions or problems should arise.

LTG: To return to the job of Color Technician without restrictions.

STGs: In 30 days, client will attain the following goals:

1. Lifting:
 - a. 40-pounds bilaterally floor to shoulder
 - b. 30-pounds right hand, floor to waist
2. Carrying: 40 pounds bilateral. 100 feet.
3. Pushing: 40 pounds, 50 feet
4. Pulling: 45 pounds, 50 feet.
5. Walking: 6.3 METs (medium CV level)
6. Stairs: 30 steps.
7. Bending/Stooping/Crouching/Squatting: 30 minutes continuously.
8. Above-Shoulder Work:
 - a. Bilateral: 30 minutes
 - b. Right upper extremity: 10 minutes
9. Reaching Forward:
 - a. Bilateral: 60 minutes
 - b. Right upper extremity: 10 minutes
10. Grasping (Light) : Demonstrated: Right hand: 75 pounds
11. Pinching:
 - a. Palmar: 20 pounds
 - b. Key: 19 pounds
 - c. Tip: 15 pounds

Visit Number: Today's visit is number 1

228

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treatment Rendered: None this date.

Physician Re-Certification: This is to certify that the above named patient, who is under my care, requires skilled Occupational Therapy services as described in the above treatment plan. I further certify that the services outlined in this plan are skilled and medically necessary. I have reviewed this plan for rehabilitation services, and I recommend that these services continue from 12/31/2009 to 1/31/2010 to meet the goals stated above. **Treatment Diagnosis:** Hand pain

Physician signature: _____ **Date:** _____ **Time:** _____

Signed by: JOHN ZELENKA - OTR/L

Date/Time: 1/5/10 9:31 am

Start Time: 8:25 **End Time:** 12:20
Session Duration: 235

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1220 hours

SUBJECTIVE

Patient Report: "The driver did not pick me up yesterday".

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

Pain After Session: Right hand, 3/10

OBJECTIVE

Ms. Hamilton completed/received the following:

229

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 20 minutes

BTE Program: She completed the 4 exercises. I did not increase her resistance today. She reported less fatigue after these.

Work Circuit:

Carrying 25 lb. around clinic 75 feet. She carried the weight low with her arms fully extended. She stated that she had a hard time bringing the weight up to her waist height.

Arm curls: 1 X 10 2 plates.

Push/Pull sled 60 lb.

Triceps: 1 X 10 3 plates.

Lifting floor to table: 20 lbs. She was unable to complete the goal weight today of 28 lbs. *She was observed rubbing her hand after this.*

Stair stepper, 1 minute

Rowing: 3 plates, 1 X 10.

Lifting shelf to overhead, 20 lb

Shoulder shrugs: 2 plates, 1 X 10.

Minnesota Board: Using only her right hand, 1:30, 1:36, 1:40.

Chest fly: 2 plates, 1 X 10.

Treadmill 15 minutes.

Lats: 1 X 10, 3 plates.

Carry 10 lb. bucket up and down 2 steps: 3 reps.

Military press: 1 plate, 1 X 10. *She hesitated between each rep. She showed facial grimacing.*

Lifting floor to shelf 1.25lb. weights 10 reps.

She repeated the above work circuit 1 rep each unless otherwise noted. She completed this circuit 5 times.

ASSESSMENT

She reported her hand pain increased today with today's workout. No increased weights added today compared to last workout.

PLAN

Continue to monitor pain behaviors and increase work task slowly.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 17

230

Treatment Rendered: Work Hardening

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/5/10 9:35 am

Start Time: 8:25 **End Time:** 12:20
Session Duration: 235

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/7/10 11:14 am

Start Time: 8:20 **End Time:** 12:20
Session Duration: 240

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0820 hours **Time Out:** 1220 hours

SUBJECTIVE

Patient Report: "My hand does not hurt at all today".

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

Pain After Session: Right hand, 3/10

OBJECTIVE

Ms. Hamilton completed/received the following:

231

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 20 minutes

BTE Program: She completed the 6 exercises. Increase in resistance by 1 pound today.

Work Circuit:

Assembling 20 nuts and bolts.

Overhead work. Weaving a rope through a wire shelf, 10 minutes. She reported shoulder fatigue after this. She took her arms down on 2 occasions due to fatigue.

Hammering nails into a board. She was unable to complete this due to the impact causing increased hand pain. She was observed grimacing and rubbing her hand after hammering 1 nail. Her goal today was 10 nails. I stopped this activity due to the increased pain behaviors.

Carrying 10 pound bucket from 22" shelf 15 feet and placing it on a 36" shelf, 3 reps.

Low level working: kneeling, moving 8, 2.5 pound weights from floor to 24" shelf. She showed pain behaviors of rubbing her hand and dropping the weights on 2 occasions.

Climbing ladder while carrying 10 pound bucket up and down, 3 reps. She reported that her knees were beginning to ache after this activity.

Bike 10 minutes.

Right hand use. Placing nuts onto bolts using an adjustable wrench.

Working floor level: She assembled pieces of PVC pipe and joints. She was observed changing her position of kneeling and crawling to stooping due to reported increased knee pain.

Right hand strength: Using a sponge, she squeezed water from 1 pan to another, 5 minutes.

ASSESSMENT

Increased pain behaviors today. She was unable to complete the low level work goals due to reported knee discomfort. She appeared to be quiet today during her activities.

PLAN

Continue to monitor pain behaviors and increase work task slowly.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 18

Treatment Rendered: Work Hardening

232

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/7/10 11:29 am

Start Time: 8:20 **End Time:** 12:20
Session Duration: 240

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/8/10 11:30 am

Start Time: 8:25 **End Time:** 11:00
Session Duration: 155

OP OT Note - Work Hardening Daily Progress
Occupational Therapy
Outpatient Work Hardening/Work Conditioning
Daily Progress Note

Medical Diagnosis: Right hand crush injury
Date of Injury: 07/22/08
Employer: Color Fi Inc.
Job Title: Color Specialist
Medications: None Today
Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0825 hours **Time Out:** 1100 hours

SUBJECTIVE

Patient Report: "My hand started aching on the way home yesterday after squeezing on the sponge".
"I would like to keep on exercising. I've got to keep going that's how I do at work. If I am hurting, you just have to keep going".
"I was trying to fix the dogs fence yesterday and the screws were real sharp and they just sliced my finger".

Pain: Right hand
Pain Prior to Session: Right hand, 0/10
Pain After Session: Right hand, 4/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Treadmill: 20 minutes

233

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Work Circuit:

Push/Pull sled, 60 lb. 2 reps. Facial grimacing noted with the pushing aspect of this task.

Overhead work, Weaving a rope through a wire slots on a 70" shelf and removing it. She had to take breaks during this activity due to arm/shoulder fatigue.

Ladder climbing while carrying 1.25 pound weights from floor to overhead shelf, 8 reps. I observed her stopping half way up the ladder on 3 occasions resting, "My knees are wanting to ache again". She was encouraged to take a break and pace herself with this activity.

Hand strengthening/use: completing 2 knobs on the prehension board. She was observed grimacing, rubbing her right and left hand. She would stand in a forward bent posture rubbing her hands together as if she were in pain.

Carrying 10 pound bucket from 36" shelf 15 feet and placing it on a 68" shelf, 3 reps. She verbalized, "Man that's hard" while lifting the bucket to the shelf. When bring the weight down she would grimace and frown.

Bike 10 minutes, No resistance. She was observed pedaling and leaning over onto the bike while exercising. I asked her why she was leaning over and she replied "My legs are tired and achey". I asked her to sit in an upright position for posture while exercising. Although her legs were tired and achey, she then added resistance to the bike and began to show increased grimacing and pain behaviors.

Assembling 20 nuts and bolts.

Lifting 25 pounds from 42" shelf to floor, She was unable to complete this goal today of 4 reps. She was observed not being able to control the weight after she picked the weight up from the shelf to go down to the floor. She reported that she could not handle the weight with her right hand.

I stopped her treatment today due to the increased pain in her hand and her onset of reported left hand pain. She showed increased pain behaviors as her work activities continued up to this point. She became tearful today when I stopped her, however I explained to her that having her to work through pain at this point could possibly be causing futher injury.

Hot packs to both hands: 20 minutes. For decreasing pain.

ASSESSMENT

Her pain behaviors are increasing. She is not making the progress that she should be making at this point due to the increased pain.

PLAN

Continue to monitor pain behaviors and increase work task slowly.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 18

234

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/8/10 12:00 pm

Start Time: 8:25 **End Time:** 11:00
Session Duration: 155

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/11/10 9:25 am

Start Time: 8:30 **End Time:** 11:45
Session Duration: 195

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0830 hours **Time Out:** 1145 hours

SUBJECTIVE

Patient Report: "I hurt my knees a long time ago. I was in a motorcycle wreck and they said I would never walk again but I did". "My knees have always given me pain".

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

Pain After Session: Right hand, 5/10

OBJECTIVE

Ms. Hamilton completed/received the following:

235

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treadmill: 20 minutes

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Work Circuit:

Carry 8# water jugs: 15 feet, using right hand to move jug from 24" shelf to 36" shelf to 48" shelf to 60" shelf and back down in this fashion and back to the shelf. After the second carry, she was observed rubbing her wrist and shaking her arm. She continued to complete the 5 reps.

Push/Pull sled, 60 lb. 3 reps. Facial grimacing noted with the pushing aspect of this task.

Positional tolerance, and right UE exercise: Stooping to the floor and picking up pool balls and placing into and overhead box. She completed 16 balls in 1 minute. She was observed not being able to grasp hold to the balls after she reached overhead to place them into the bin.

Right UE use: BTE tool 122, She demonstrated fatigue after 1 minute. She required constant breaks.

Stair climbing: She climbed 1 flight of stairs 11 steps, up and down while carrying a 20 pound bucket.

Simulation of pulling material from barrel. She pulled tied sheets from box using both hands. She was observed using her left hand to do a majority of the work.

Writing: She wrote for 15 minutes. I asked her to write her job duties from the time she clocked in throughout her day.

Stair climbing: She climbed 1 flight of stairs 11 steps, up and down without carrying a bucket.

Lifting floor to 42" shelf, 20 pounds 5 reps. She was unable to do this using the handles on the crate. She preferred to grab the box side to side.

Valpar board 5 minutes, using tools. She was observed being unable to grasp the tools fully. She attempted to use her left hand, as well as shaking her hand and rubbing her wrist.

She reported her hand pain had increased to 3/10. She was showing a constant facial expression of pain as well as pain behaviors of shaking her right arm and leaning over onto the table during a break to take the pressure off of her knees per her report.

ASSESSMENT

I do not see the worker making progress at this point. She appears to be regressing as evidenced by the decreased weights and resistance in the last 2 weeks and the increase in pain behaviors as noted. She appears to be having more knee discomfort as well as indicated from her pain behaviors.

PLAN

I have asked the OTR to place a call into the physician for guidance in this situation. The patient reports that the doctor wants her to complete the entire Work Hardening program.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 19

Treatment Rendered: Work Hardening

236

McLeod Health
Charting Report

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/11/10 10:24 am

Start Time: 8:30 **End Time:** 11:45
Session Duration: 195

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKADD	OTWR - WORK HARDENING EA. ADD	1.00
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:

Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/12/10 9:59 am

Start Time: 8:30 **End Time:** 10:50
Session Duration: 140

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

Time In: 0830 hours **Time Out:** 1050 hours

SUBJECTIVE

Patient Report: "I have a hard time cutting a cabbage at home. I have to get my son to do it".

Pain: Right hand

Pain Prior to Session: Right hand, 0/10

Pain After Session: Right hand, 2/10

OBJECTIVE

Ms. Hamilton completed/received the following:

237

Treadmill: 20 minutes, Facial grimacing noted during this exercise. "I'm just tired". She reports the grimacing is due to being "tired", however she appears to be having knee pain.

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

ASSESSMENT

Her treatment stopped today due to safety issues with the patient and the validity of her pain reports v/s pain behaviors.

PLAN

I have asked the OTR to place a call into the physician for guidance in this situation. The patient reports that the doctor wants her to complete the entire Work Hardening program.

The patient has been instructed to contact our clinic if any questions or problems should arise.

Visit Number: 20

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/12/10 11:46 am

Start Time: 8:30 **End Time:** 10:50
Session Duration: 140

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num.Performed</u>
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/13/10 12:49 pm

Start Time: 8:25 **End Time:** 10:50
Session Duration: 145

OP OT Note - Work Hardening Daily Progress

Occupational Therapy

Outpatient Work Hardening/Work Conditioning

Daily Progress Note

Medical Diagnosis: Right hand crush injury

Date of Injury: 07/22/08

Employer: Color Fi Inc.

Job Title: Color Specialist

Medications: None Today

Rehabilitation Precautions/Restrictions/Barriers to Treatment: No restrictions.

239

Time In: 0825 hours **Time Out:** 1050 hours

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

SUBJECTIVE

Patient Report: "I can't cut things at home. I can't carry my glass baking dishes either".

Pain: Right hand

Pain Prior to Session: Right hand, 1/10

Pain After Session: Right hand, 6/10

OBJECTIVE

Ms. Hamilton completed/received the following:

Back Flexibility exercises: 3 reps each, 15 second hold.

Back Strengthening exercises: 5 reps each, 2 second hold.

Treadmill: 45 minutes, She reported increased leg fatigue after this. Average speed 2.7 MPH.

Work Circuit:

Overhead work: Weaving rope through grid. 13 minutes. She was observed shrugging her shoulders and shaking her right arm. She required 3 rest breaks during this work period.

Push/Pull: sled weighted 70 pounds, 2 reps. I observed the sled moving to the right during the push. This was due to her lack of pushing. She reported that she did not push with the right hand due to pain in the wrist and hand when pressure was applied to the hand.

Low level work tolerance: She was able to work at floor level for 8 minutes, 35 seconds. She showed frequent positional changes; bilateral kneeling, single kneeling, extending the left leg out to the side and leaning on the box for support.

Work simulation: Carrying crates (5) weighted, 0-15 pounds. One at a time she carried the crates using both hands, 20 feet to place onto 36" table. She performed this task for 20 minutes. She showed increased fatigue during and after this exercise.

Forward reach tolerance: She was able to work for 4 minutes and 55 seconds placing large pegs into a pegboard. She was observed having a hard time in placing the pegs into the holes. She stated that this was due to lack of control of her hand.

She was observed not being able to fully grasp the pegs and overshooting her aim for the peg holes. She stated at the end of this activity, "My hand is about a 6/10 now".

ASSESSMENT

She reported a 6/10 hand pain today. I feel that this could have been an accurate report.

PLAN

The OTR stated to discontinue treatment with this pt. Please see notes.

The patient has been instructed to contact our clinic if any questions or problems should arise.

240

Visit Number: 21

NAME: HAMILTON, EMMA
ROOM: WR
ADMIT DATE: 12/31/2009
CHART: WR

Account ID: 000116693656
Date of Birth: 12/04/1964
Med. Record # : 01202405

Treatment Rendered: Work Hardening

Signed by: SANDRA NOBLES - COTA/L

Date/Time: 1/13/10 1:14 pm

Start Time: 8:25 **End Time:** 10:50
Session Duration: 145

WORK RECOVERY PROGRESS NOTE - CHARGES ONLY

<u>Completed Orders</u>	<u>Description</u>	<u>Num. Performed</u>
OTWRWKINT2	OTWR - WORK HARDENING INITIAL 2 HRS.	1.00

TREATMENT RENDERED:
Work hardening:

Signed by: SANDRA NOBLES - COTA/L