

20054

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1009259

Jeffrey L. McFadden, ... Appellant,

vs.

City of Lake City and South Carolina Municipal
Insurance Trust, ... Respondents.

RECORD ON APPEAL
Volume II

RECEIVED
OCT 31 2012
SC Court of Appeals

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Florence SC 29504
843-669-5634

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Sowell Gray Stepp & Laffitte, LLC
Attorney for Respondents
PO Box 11449
Columbia SC 29211

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McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

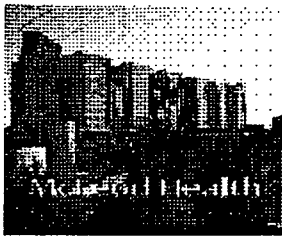
Patient Name: JEFFERY MCFADDEN
Reg Date/Time: 7/16/10 10:04
Account #: 117822486
MRN: 000001029352

AGE: 45 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED]
ED #: 59284

ED Medical Chart

Saline lock	07/16 10:21 PDH
HYMAN, P	
Ordered 07/16 10:19	By PHYMAN
Completed 07/16 11:20	By KLAIRD
Diagnosis	Superficial laceration to chin 0.0 07/16 11:37 PDH
	Musculoskeletal Pain secondary to MVA 0.0 07/16 11:37 PDH
Disposition	Time: 7/16/10 11:34 By: PHYMAN
	Depart Time: 7/16/10 12:01
	Type: **Discharge
	Condition: *Stable
	Chart Complete: 7/16/2010 11:37 BY: PDH
Referral	Agency: Mcleod Occupational Health Services
Instructions	*Additional Instructions 07/16 11:37 PDH
	Follow up instructions: Need to go to the Occupational Health Clinic when you leave here since you were on the job. They will also follow you up.
	Follow up instructions: Need to go to the Occupational Health Clinic when you leave here since you were on the job. They will also follow you up.
	Follow up instructions: Need to go to the Occupational Health Clinic when you leave here since you were on the job. They will also follow you up.
	Follow up instructions: Need to go to the Occupational Health Clinic when you leave here since you were on the job. They will also follow you up.
	*Additional Instructions2 07/16 11:37 PDH
	Follow up instructions: Also take OTC Ibuprofen for an antiinflammatory along with the prescriptions.
	Laceration Care 07/16 11:37 PDH
	Motor Vehicle Collision (MVC) 07/16 11:37 PDH
	Cyclobenzaprine tablets 07/16 11:37 PDH
Prescriptions	FLEXERIL 10MG TABLET 07/16 11:37 PDH
	SIG: -Three Times a Day
	Additional Instructions:
	Dispense: 30 / Refills:
	Substitution: Y Label: N DEA:



McLeod Emergency Department
555 East Cheves Street, PO Box 100551
Florence, SC 29501-0551
843-777-2000

Patient Name: JEFFERY MCFADDEN
Reg Date/Time: 7/16/10 10:04
Account #: 117822486
MRN: 000001029352

AGE: 54 yr
SEX: M
Priority: 3 - Urgent

DOB: [REDACTED]
ED #: 59284

ED Medical Chart

VICODIN 5MG-500MG TABLET

07/16 11:37 PDH

SIG: -1-2 po every 4-6 hours as needed

Additional Instructions:

Dispense: 20 /

Refills:

Substitution: Y

Label: N

DEA:

Signatures

Electronically Signed By:

SYLVIA DAVIS U.S.

SD

PETER HYMAN MD

PDH

KRYSTAL LAIRD RN

KL

MELINDA zzWILLIS FAC CODER

Mz

McLeod Health

Patient Name: JEFFERY MCFADDEN
Reg Date/Time: 7/16/10 10:04
Account #: 117822486
MRN: 000001029352

AGE: ☐ yr
SEX: M

DOB: ☐
ED #: 59284

Discharge Instructions

Signature Sheet

Signature Sheet For: JEFFERY MCFADDEN

Discharge Date: 07/16/2010 11:34:47A

Discharge Instructions Given:

- *Additional Instructions
- *Additional Instructions
- *Additional Instructions
- *Additional Instructions
- Motor Vehicle Collision (MVC)
- Laceration Care
- *Additional Instructions2
- Cyclobenzaprine tablets

My signature below indicates that I have received and understand the oral instructions regarding my medical problem. I acknowledge receipt of this written instruction sheet. I will arrange for follow-up care as indicated.

This signed original will be kept in my medical record.

Patient or Responsible Person: *J MCFadden*

Phone number where we can contact you if needed: _____

Relationship: *Spouse*

Physician/RN: *Hand RN*

Date/Time: *7/16 1142*

Thank you for using the Emergency Department.

© FCEMS March 1, 2010

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: MCFADDEN, JEFFERY
PT ACCOUNT#: 000117822486
ACCESSION#: 4411919

DISCHARGE DATE:
MR/RAD#: 1029352
CID#: 1029352

DOB: [REDACTED] AGE: [REDACTED]
PHONE: [REDACTED]
ADDRESS: [REDACTED]

SEX: M RACE: [REDACTED]
PT CLASS: E FIN CLASS: U
PT TYPE: E PT NS/ROOM: ERMN-EM1201

ORDER DR: PETER D. HYMAN JR M.D.
ATTEND DR: PETER D. HYMAN JR M.D.
COPY TO:
DIAGNOSIS: MVA

ORDER DR: PETER D. HYMAN JR M.D.
ATTEND DR: PETER D. HYMAN JR M.D.
TRANSCRIBED D/T: Jul 16 2010 11:22AM
PROCEDURE: CT CHEST/ABD/PELVIS W U / ORD #: 90003 Accession#: 4411919
CPT: 71260 74160 72193
ORDERED FOR: Jul 16 2010 10:15AM COMPLETED: Jul 16 2010 10:38AM
INDICATIONS/COMMENTS: TRAUMA

Chest CT.

History MVA chest pain left shoulder pain.

RESULT:

Scans were done after 120 mL Optiray-320 20 ; the aorta and great vessels are intact. There is a small triangular density anterior mediastinum probably representing thymus. No hilar mass the thoracic spine and sternum are intact. No definite rib fracture. Lungs are clear.

CONCLUSION: Negative chest CT.

Abdomen CT

There is a 1.6 cm area of enhancement in the upper portion of the liver probably a hemangioma. The spleen pancreas and kidneys are unremarkable. No free fluid or free air. The appendix is normal.

Pelvis CT:

Printed: July 16, 2010 (11:27AM)

Page 1

FLORENCE RADIOLOGICAL ASSOCIATES

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RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: MCFADDEN, JEFFERY DISCHARGE DATE:
PT ACCOUNT#: 000117822486 MR/RAD#: 1029352
ACCESSION#: 4411919 CID#: 1029352
bladder and distal ureters are unremarkable. No pelvic mass or free
fluid.

CONCLUSION: No acute changes in the abdomen or pelvis.

Small enhancing lesion in the liver probably an incidental hemangioma.

READING DR: CHENEY M MEIERE JR M.D.
READING DATE: Jul 16, 2010 11:22AM

Final Result
ELECTRONICALLY SIGNED BY:
CHENEY M MEIERE JR, M.D.
On: Jul 16 2010 11:23AM

Printed: July 16, 2010 (11:27AM)

Page 2

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MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: MCFADDEN, JEFFERY
PT ACCOUNT#: 000117822486
ACCESSION#: 4411918

DISCHARGE DATE:
MR/RAD#: 1029352
CID#: 1029352

DOB: [REDACTED] AGE: [REDACTED]
PHONE: [REDACTED]
ADDRESS: [REDACTED]

SEX: M RACE: [REDACTED]
PT CLASS: E FIN CLASS: U
PT TYPE: E PT NS/ROOM: ERMN-EM1201

ORDER DR: PETER D. HYMAN JR M.D.
ATTEND DR: PETER D. HYMAN JR M.D.
COPY TO:
DIAGNOSIS: MVA

ORDER DR: PETER D. HYMAN JR M.D.
ATTEND DR: PETER D. HYMAN JR M.D.
TRANSCRIBED D/T: Jul 16 2010 11:14AM
PROCEDURE: CT HEAD/FACE/CERVICAL WO CON / ORD #: 90002 Accession#: 4411918 CPT: 70450 70486 72125
ORDERED FOR: Jul 16 2010 10:15AM COMPLETED: Jul 16 2010 10:26AM
INDICATIONS/COMMENTS: TRAUMA

Facial CT.

History MVA laceration to chin

RESULT: There is mild mucosal thickening in the maxillary and ethmoid sinuses. No fluid levels. The mandible and zygomatic arches and nasal bone are intact. No facial fracture identified.

CONCLUSION: Mild maxillary and ethmoid sinus mucosal thickening. No facial fracture seen.

Head CT

Ventricles are normal in size. No mass effect. No hemorrhage.

CONCLUSION: Negative head CT.

Cervical spine CT.

Printed: July 16, 2010 (11:19AM)

Page 1

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000027

RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: MCFADDEN, JEFFERY DISCHARGE DATE:
PT ACCOUNT#: 000117822486 MR/RAD#: 1029352
ACCESSION#: 4411918 CID#: 1029352
Vertebral body height and alignment are maintained. No fracture or
dislocation. Odontoid is intact.

CONCLUSION: Negative cervical spine CT.

READING DR: CHENEY M MEIERE JR M.D.
READING DATE: Jul 16 2010 11:14AM

Final Result
ELECTRONICALLY SIGNED BY:
CHENEY M MEIERE JR, M.D.
On: Jul 16 2010 11:14AM

Printed: July 16, 2010 (11:19AM)

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PERSON TO WHOM IT PERTAINS MAY BE PROHIBITED.

000028

3	David Moon, MD	Pee Dee Family Practice	07/19/10-11/16/10	29-49
---	----------------	-------------------------	-------------------	-------

nmw 001402
Cms
7-19-10

PATIENT INFORMATION

NAME: Jeffrey Mcfadden
ADDRESS: [REDACTED] lot/apt#
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
HOME PHONE: [REDACTED] SSN: [REDACTED]
CELL PHONE: [REDACTED]
GENDER: ☒ M ☐ F DOB: [REDACTED] MARITAL STATUS M

EMERGENCY CONTACT

CONTACT PERSON: Lashona Mcfadden
RELATIONSHIP: Spouse
PHONE NUMBERS: [REDACTED]

EMPLOYMENT INFORMATION

EMPLOYMENT STATUS: ☒ FT ☐ PT ☐ SELF ☐ RETIRED ☐ FT STUDENT
☐ MILITARY ACTIVE DUTY ☐ UNEMPLOYED
EMPLOYER: City of Lake City
ADDRESS: [REDACTED]
CITY: Lake City STATE: SC ZIP: 29560
OCCUPATION: meter reader PHONE NUMBER: [REDACTED]

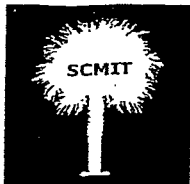
GUARANTOR

NAME: City of Lake City
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____
SSN: _____ RELATIONSHIP: _____

SIGNATURE: X Jeffrey L. Mcfadden

PLEASE SIGN ABOVE

000029



SC Municipal Insurance Trust

Authorization to Treat**

(To be taken by the Employee/Patient to the Doctor or Emergency Room)

Doctor:

Dr. moon
Lee Dee Family Practices

Address:

325 Mercy St., Lake City, SC

Please render medical treatment to:

Employee/Patient:

Jeffery L. McFadden

Supervisor's Name:

Cheryl Shavers

Date:

7-16-10

** This authorization is for Initial Treatment Only and payment is guaranteed. Further authorization for testing or treatment must be authorized by our Worker's Compensation administrator:

Companion Third Party Administrators

1.877.825.2477

Post Office Box 11447

Columbia, SC 29211-1447

7-19-10

Appt: 11:20 Am

Doctor's Statement and Release

To be completed by physician and given to employee/patient. Employee must present this release to the Risk Manager or HR Manager upon completion.

Today, I have treated employee for:

Diagnosis (detail injury or condition treated)

Prognosis (estimate future care and recovery time)

Employee is:

☐

Not released to return to work

☐

Released for work Full Duty - No Restrictions

☐

Released for restricted work (please specify below)



Restrictions:

I Recommend Employee:

☐

Return for follow up visit on

☐

Go to specialist:

☐

Orthopedic

☐

Physical Therapy

☐

Other:

Date:

Physician's Signature:

Print Physician's Name:

000030

J
DATE: 7/19/10
WEIGHT: 221
TEMP: 97.6
BP: 125/77 P: 76
PAIN
LEVEL: 8/10

Q10 MVA 7/16

↓ back pain h/a
neck/shoulder pain

PATIENT NAME: McFadden, Jeffery
DATE: 07/19/10
MM: 7902

S: Workman's Comp to the city of Lake City. The patient is here for evaluation of history of driving a small pickup truck on dirt road going between 45 to 55 miles an hour, not sure how fast and when he lost control, the car started to swerve when he tried to avoid a ditch, the car and the truck ended up flipping and rolling. He was unbelted. He does not remember hitting anything in the car as soon as the truck stopped, they call out the door with the truck on its side and he just kind of fell to the ground. Initially did not hurt, but nose was bleeding, then started getting some pain in multiple areas of neck, back, etc. He was taken to McLeod Emergency Room where he had a CT scan of the facial bones, head, C-spine, chest, abdomen, pelvis, and subsequently was told everything was okay, was sent out with Flexeril and Lortabs and with this in mind, he is evaluated. He has never had trouble with any of his body parts before and now he is very stiff and has a lot of complaints of headaches, thigh pains, aching all over shoulder, just left side face in that occipital area. With this in mind, he is evaluated. Social history, he does not smoke cigarettes, or abuse alcohol, and takes no medicines regularly. Again is a water meter reader for Lake City. Family history is positive for maternal uncle with hypertension, father with diabetes mellitus. Past history, he was never hospitalized.

O: Physical examination demonstrates well-developed and well-nourished, black male in no acute distress. PERRLA. EOMs intact. Discs are sharp. TMs are clear. He has got decreased range of motion of the neck in all modalities, particularly anterior flexion and extension. He can rotate the left little better than others, but otherwise it is very limited. Shoulders, he can abduct 90 degrees, because of pain cannot go further. Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Abdomen is benign. Straight raising negative for low back pain, but he has got thigh pain anteriorly and has bruising of the right anterior thigh and the left medial thigh. There is abrasion at the right forehead, lower lip, and chin. ER records from McLeod were reviewed.

A: Status post motor vehicle accident with multiple contusion strains, abrasions, etc.

P: We will go ahead and add in Voltaren 75 mg a day with food. Continue on the Flexeril, Lortab. Gave him note for work that I feel like he probably should be out. Otherwise, see me again in four days, otherwise we will go from there. Ice, passive range of motion, observation and we will go from there.


David W. Moon, M.D.

DM/fts

000031

7-23-10

DATE:	
WEIGHT:	265
TEMP:	97.4
BP:	116/81
PAIN LEVEL:	P-86 Pain - 8

C/O - Flu - MVA - Back pain

Headache,

Leg pain.

Chest + Shoulder (L)
Pain

PATIENT NAME: McFadden, Jeffrey
DATE: 07/23/10
MM: 7902

S: Workman's Comp to the City of Lake City. The patient states that he is still having lot of trouble with cervical pain, decreased range of motion, also he is having some low back pain, pain at the anterior thighs and the bruising area of the thighs. With this in mind, he is checked. He reports otherwise, he has no new complaints.

O: Physical examination demonstrates well-developed and well-nourished black male in no distress. PERRLA. Discs are sharp. TMs are clear. He is without oral lesions. Neck has decreased range of motion in modalities. Lungs are clear and quiet. Cardiovascular is regular rate and rhythm. Abdomen is benign. Skin is without rashes. Straight leg raising is positive for anterior thigh pain but no back radiculopathy is noted. Motor sensory and vascular intact. He still has some pain at the anterior thighs, ecchymosis like areas of his thighs. He can abduct his shoulders to 90 degrees without cervical pain, but not any further.

A: Status post cervical strain, lumbar strain, and multiple contusions.

P: We will refill his Lortabs and his Flexeril, get physical therapy consult. We will bring him back again in a week's time for recheck or earlier if need be.

David W. Moon, M.D.

000032

PEE DEE FAMILY PRACTICE

325 Mercy Street, Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D. DEA NO: AM8838015 S.C. Lic. 98398
 Daniel E. Decamps, M.D. DEA NO: AD1697234 S.C. Lic. 11414
 Lisa Castles, P.A. DEA NO: MC2086785 S.C. Lic. 432FP
 Rebecca Zerwick, P.A. DEA NO: MZ2054675 S.C. Lic. 1146FP
 Courtney Stanley, P.A. DEA NO: MS2100155 S.C. Lic. 1297FP
 Stephen W. Askins, M.D. DEA NO: BA8403266 S.C. Lic. 24916
 M. Steve Fowler, Jr., M.D. DEA NO: AF0337546 S.C. Lic. 5015

Patient's Name Jeffrey McFadden

Address _____

Date 7/25/10

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
1	Pt still	100	10 (rock)	100	
	Unman	Stair	(Lum back)	E mult	
	Confusion -	will refer	Physician	at	

 M.D.

TOTAL No. Rx's DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

meds will now sleep John
 QUICK PRINT - (843) 774-4820

000033

7-30-10

C/O - 1 week f/u - MVA accident.

DATE:

WEIGHT:

TEMP:

BP:

PAIN

LEVEL:

266

97.3

116/77

P-98

Pain-8

PATIENT NAME: McFadden, Jeffrey

DATE: 07/30/10

MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident, which occurred on July 16th. He is still having trouble with the neck and low back pain and thigh pain that contuses. He is doing better. He also has pain at the anterior chest area. He otherwise is without complaints. He is yet to go to physical therapy because attempted to get this approved. With this in mind, he is evaluated. He has no other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Physical examination demonstrates well-developed and well-nourished black male in no distress. Neck, he has slight torticollis with the neck being towards his left. He has got decreased range of motion of the neck in all modalities. Range of motion of the left shoulder, he can now raise up to 90 degrees but because of the pain in the neck cannot go further. Lungs are clear and quiet. Cardiovascular is regular rate and rhythm. Abdomen is benign. Straight leg-raising is negative although he complains of low back pain subjectively but no radiculopathy.

A:

1. Status post motor vehicle accident.
2. Cervical strain.
3. Lumbar strain.
4. Contusions, improving.

P: We will go ahead and try reappointment with physical therapy. We will go ahead and place him on Sterapred six-day Dosepak. Continue on the Flexeril, Lortab, and Voltaren. We will bring him back in 10 days to recheck. Otherwise, we will go from there.


David W. Moon, M.D.

000034



SC Municipal Insurance Trust

Authorization to Treat**

(To be taken by the Employee/Patient to the Doctor or Emergency Room)

Doctor: Dr. Moon
Address: 325 mercy St, Lake City, SC.

Please render medical treatment to:

Employee/Patient: Gaffery, J. McFadden
Supervisor's Name: Cheryl Shavers
Date: 07/30/2010

** This authorization is for Initial Treatment Only and payment is guaranteed. Further authorization for testing or treatment must be authorized by our Worker's Compensation administrator.

Companion Third Party Administrators:
Post Office Box 11447
Columbia, SC 29211-1447

1.877.825.2477

Doctor's Statement and Release

To be completed by physician and given to employee/patient. Employee must present this release to the Risk Manager or HR Manager upon completion.

Today, I have treated employee for:

Diagnosis (detail injury or condition treated)

Cx Strain (Neck) Lumbar Strain (Back Low)
multiple contusions

Prognosis (estimate future care and recovery time)

unknown

Employee is: ☐ Not released to return to work
☐ Released for work Full Duty - No Restrictions
☒ Released for restricted work (please specify below)

Restrictions:

meds will make sleepy - "Desk" job only
not to lift or med

I Recommend Employee: ☒ Return for follow up visit on 10 DAY

☐ Go to specialist: ☐ Orthopedic ☐ Physical Therapy

☐ Other: We are trying to get

physical pt approval

Date: 7/31/10 Physician's Signature: [Signature]

Print Physician's Name: David Wilson

000035

8-9-10

C10-Flu-MVA

M/M

DATE:	
WEIGHT:	269
TEMP:	98.6
BP:	135/79
PAIN	P-81
LEVEL:	Pain-4

PATIENT NAME: McFadden, Jeffrey
 DATE: 08/09/10
 MM: 7902

S: Workman's Comp to the Lake City. He is really _____ right. He has been to physical therapy, they really have helped him. His pain is decrease from 8 down to 4 over 10 and with this in mind, he is evaluated. He has no other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints. Neck is doing better. Low back is doing better. He still has some pain at the anterior chest with deep inspiration.

O: Physical examination demonstrates well-developed and well-nourished black male in no distress. He still has decrease range of motion, lateral flexion, extension, and rotation. He has decreased abduction of the left shoulder stopped at about 100 degrees, the right can go up to 140 degrees. Straight raising is positive for low back pain, but no true radiculopathy. Lungs are clear and quiet. Cardiovascular is regular rate and rhythm. Abdomen is benign.

A: Cervical pain, lumbar pain/strain.

P: He has improved greatly. Continue with physical therapy. Continue on medications two more weeks. Hopefully at that time, we will get close releasing him to full activity and see how he does.

David W. Moon, M.D

000036

8-23-10

C/O-Flu - Back Pain & NA

DATE:

WEIGHT:

267

TEMP:

97.4

BP:

134/69

PAIN

LEVEL:

P-75

Pain-8

PATIENT NAME: McFadden, Jeffrey

DATE: 08/23/10

MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident with cervical and lumbar strain. He was doing much better last time. Now he presents with right low back pain in the SI joint area. Otherwise, he is without complaints. He is still taking the Flexeril, Lortab, and Voltaren and with this in mind he is evaluated. He otherwise is without complaints. No other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Neck has full range of motion. Full range of motion of his shoulders. Left straight leg raising is negative, right is positive for low back pain SI joint area. No radiculopathy.

A: Cervical pain resolved and low back pain.

P: We will go ahead and place him on another dose of Sterapred six-day Dosepak. Continue on present medications. Continue with physical therapy for two more weeks. We will bring him back in two weeks to see how he is doing.

— David W. Moon, M.D.

PEE DEE FAMILY PRACTICE

325 Mercy Street, Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 98398
 Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
 Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
 Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 1146FP
 Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
 Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
 M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name _____

Address _____

Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No.
Rx's

#028115

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

M.D.

000037

CLIK PRINT --
(843) 774-4820



SC Municipal Insurance Trust

Authorization to Treat**

(To be taken by the Employee/Patient to the Doctor or Emergency Room)

Doctor: Dr. David W. Moon

Address: 325 Mercury St Lake City SC 29566

Please render medical treatment to:

Employee/Patient: Jeffrey McFadden

Supervisor's Name: _____

Date: 8/23/10

** This authorization is for Initial Treatment Only and payment is guaranteed. Further authorization for testing or treatment must be authorized by our Worker's Compensation administrator.

Companion Third Party Administrators
Post Office Box 11447
Columbia, SC 29211-1447

1.877.825.2477

Doctor's Statement and Release

To be completed by physician and given to employee/patient. Employee must present this release to the Risk Manager or HR Manager upon completion.

Today, I have treated employee for: LBP
Diagnosis (detail injury or condition treated) _____

Prognosis (estimate future care and recovery time) _____

Employee is: ☐ Not released to return to work
☐ Released for work Full Duty - No Restrictions
☒ Released for restricted work (please specify below)

Restrictions: meds may not lift - still
not lift 20 lbs

I Recommend Employee: ☐ Return for follow up visit on _____
☐ Go to specialist: ☐ Orthopedic ☐ Physical Therapy
☐ Other: _____

Date: 8/23/10 Physician's Signature: [Signature]

Print Physician's Name: Dr. David W. Moon

000038

PEE DEE FAMILY PRACTICE

325 Mercy Street, Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555; Phone (843) 366-3100

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 98398
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 1146FP
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name

Jeffrey McFadden

Address

Date

8/23/10

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
	please allow 2 more weeks of P.T.				

TOTAL NO.

Rx's
#028115

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

M.D.

QUICK PRINT -
(843) 774-4820

000039

9-7-10

C10-Flu-Back Pain

DATE:
WEIGHT:
TEMP:
BP:
PAIN
LEVEL:

268
98.9
156/91
P-111
Pain-7

PATIENT NAME: McFadden, Jeffery
DATE: 09/07/10
MM: 7902

S: The patient is here for evaluation and followup through the Workman's Comp. He works for the City of Lake City. This stems from an accident that occurred on 07/16/10. He states he has at least two more physical therapy appointments. He states his cervical spine is doing well, it is his lumbar spine that is giving trouble, still on medications as before. At times he gets pain in the low back, radiates down to both legs, kind of shooting discomfort. If he stands for long period of time, he gets some trouble and with this in mind he is checked. He otherwise is without complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Vital signs as recorded. Blood pressure is mildly up. I have asked him to watch this. PERRLA. Neck has good range of motion. Full range of motion of the shoulders. Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Abdomen is benign. Straight leg raising is negative bilaterally.

A: Low back pain.

P: At this time, we will schedule MRI of the LS spine. We will go ahead and continue physical therapy. Bring him back in two more weeks. Reevaluate him and we will go from there. If he starts doing better, we will start tapering off his medications.

325 David W. Moon, M.D.

-3106

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 98398
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 1146FP
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name _____
Address _____
Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No. _____ M.D. _____ M.D.
Rx's _____
#028115 DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

QUICK PRINT -
(843) 774-1320
000040

1266



SC Municipal Insurance Trust

Authorization to Treat**

(To be taken by the Employee/Patient to the Doctor or Emergency Room)

Doctor: Dr. David W. Moon

Address: 325 Meriv St Lake City SC

Please render medical treatment to:

Employee/Patient: Jeffrey McFadden

Supervisor's Name: _____

Date: _____

** This authorization is for Initial Treatment Only and payment is guaranteed. Further authorization for testing or treatment must be authorized by our Worker's Compensation administrator:

Companion Third Party Administrators
Post Office Box 11447
Columbia, SC 29211-1447

1.877.825.2477

Doctor's Statement and Release

To be completed by physician and given to employee/patient. Employee must present this release to the Risk Manager or HR Manager upon completion.

Today, I have treated employee for: _____

Diagnosis (detail injury or condition treated) LT strain - neck

LT neck strain

Prognosis (estimate future care and recovery time) good

- Employee is:
- ☒ Not released to return to work
 - ☐ Released for work Full Duty - No Restrictions
 - ☐ Released for restricted work (please specify below)

Restrictions: neck will not sleep

I Recommend Employee: ☒ Return for follow up visit on 9/21/10

☐ Go to specialist: ☐ Orthopedic ☐ Physical Therapy

☐ Other: _____

Date: 9/17/10

Physician's Signature: [Signature]

Print Physician's Name: Dr. David W. Moon

000041

InMed

Diagnostic Services of S.C., LLC

PATIENT NAME:

Jeffrey McFadden

DATE OF BIRTH:

~~REDACTED~~

MR#:

230582

STUDY:

MRI LUMBAR SPINE

DATE OF STUDY:

09/10/10

REFERRING PHYSICIAN:

Moon

HISTORY: Lumbar disc disease/pain.

TECHNIQUE: MRI of the lumbar spine was performed with multiple sagittal and axial images using the standard pulse sequences.

FINDINGS: MRI demonstrates evidence of moderate mid/lower lumbar spine degenerative changes. No evidence of lumbar compression, bone contusion, or infiltrative disease.

Moderate spinal canal narrowing at L4-5 and L5-S1 are related to large diffuse, posterior disc bulges with extensive hypertrophic ligamentum flavum/facet joint reaction. Moderate bilateral neural foraminal narrowing and disc desiccation also demonstrated at L4-5 and L5-S1. No evidence of erosive or destructive changes are demonstrated.

IMPRESSION:

1. MRI demonstrates moderate lower lumbar spine degenerative changes as discussed in detail above, most notably involving large, diffuse posterior disc bulges at L4-5 and L5-S1 along with hypertrophic changes, which are resulting in moderate spinal canal narrowing at L4-5 and L5-S1 levels, along with bilateral neural foraminal narrowing.
2. No evidence of lumbar compression fracture, bone contusion, or infiltrative disease.

PATIENT NOTIFIED OF TEST RESULTS

9/14/10 *UTB*

Michael E. Faulstich, M.D., Ph.D.
Diplomate, American Board of Radiology

MEF/sdb

Michael E. Faulstich, MD, PhD

1120 W. Evans Street, Florence, SC 29501

T: (843) 292-0082 F: (843) 292-0086

Toll Free: 1-877-475-0082

000042

9-21-10

C10-Flu-Back pain

DATE:	
WEIGHT:	264
TEMP:	97.4
BP:	137/75
PAIN LEVEL:	Pain 4

PATIENT NAME: McFadden, Jeffrey
 DATE: 09/21/10
 MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident with cervical and lumbar strain. He states that he is doing better with the low back pain. The neck is really doing pretty well. He states that he is actually making some improvement and apparently takes some medications still. With this in mind he is evaluated. No other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Neck has some decreased range of motion and modalities, range of motion of the shoulders. Straight leg raise is negative on the left and right he has little pulling run down the right leg. His MRI demonstrated some diffuse disc disease at L4-L5 and L5-S1 with some mild bilateral neuroforaminal narrowing.

A: Lumbar strain and cervical strain status post motor vehicle accident.

P: We will go ahead and continue with physical therapy for two more weeks. We will bring him back in two more weeks' time to see how he is doing and otherwise we will go from there.

David W. Moon, M.D.

PEE DEE FAMILY PRACTICE

325 Mercy Street, Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D.	DEA NO. AM8838015	S.C. Lic. 98398
Daniel E. Decamps, M.D.	DEA NO. AD1697234	S.C. Lic. 11414
Lisa Castles, P.A.	DEA NO. MC2086785	S.C. Lic. 432FP
Rebecca Zerwick, P.A.	DEA NO. MZ2054675	S.C. Lic. 1146FP
Courtney Stanley, P.A.	DEA NO. MS2100155	S.C. Lic. 1297FP
Stephen W. Askins, M.D.	DEA NO. BA8403266	S.C. Lic. 24916
M. Steve Fowler, Jr., M.D.	DEA NO. AF0337546	S.C. Lic. 5015

Patient's Name Jeffrey McFadden
 Address DOB 2/26/74
 Date 9/24/10

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
	Approved for extension of P.T. per Lisa @				
	Companion				

TOTAL No.

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

000043

Rx's
#028115QUICK PRINT
(843) 774-4820



SC Municipal Insurance Trust

Authorization to Treat**

(To be taken by the Employee/Patient to the Doctor or Emergency Room)

Doctor: Dr. David W. Moon

Address: 325 Mercy St Lake City SC 29560

Please render medical treatment to:

Employee/Patient: Jeffrey McFadden

Supervisor's Name: _____

Date: 9/21/10

** This authorization is for Initial Treatment Only and payment is guaranteed. Further authorization for testing or treatment must be authorized by our Worker's Compensation administrator:

Companion Third Party Administrators
Post Office Box 11447
Columbia, SC 29211-1447

1.877.825.2477

Doctor's Statement and Release

To be completed by physician and given to employee/patient. Employee must present this release to the Risk Manager or HR Manager upon completion.

Today, I have treated employee for: SP CX strain AND Lumbar (Low Back)
Diagnosis (detail injury or condition treated) Pain

Prognosis (estimate future care and recovery time)
3 mos wks

Employee is: ☐ Not released to return to work
☐ Released for work Full Duty - No Restrictions
☒ Released for restricted work (please specify below)

Restrictions: meds may make sleeping still & low back
pain to bending will make worse

I Recommend Employee: ☒ Return for follow up visit on 2 wks
☐ Go to specialist: ☐ Orthopedic ☐ Physical Therapy
☐ Other: _____

Date: 9/21/10

Physician's Signature: [Signature]

Print Physician's Name: Dr. David W. Moon

000044

10-5-10

C10-Back Pain (Lower)

DATE:
WEIGHT:
TEMP:
BP:
PAIN
LEVEL:

268
97.7
131/80
P-75
Pain-8

PATIENT NAME: McFadden, Jeffrey
DATE: 10/05/10
MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident with cervical and lumbar strain. The neck is doing well. The low back is giving him problems. He is going to physical therapy. They put him on machines and stretches him out and gets better but then he gets off the machine and then gets recurrent pain, and with this in mind, he is evaluated. There is a slow and little bit progress, and with this in mind, he is evaluated. No other GI, GU, pulmonary or cardiac complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male, in no acute distress. Neck has relatively good range of motion. No pain with range of motion of the shoulders. Straight leg raising bilaterally is positive at 25 degrees with low back pain. No true radiculopathy is demonstrated at this time.

A: Low back pain, chronic, persistent status post motor vehicle accident. Cervical pain, resolved.

P: We will go ahead and add some Ultram one or two q.i.d. p.r.n. pain. He seems to be having some mood swings by his report. This may be related to chronic pain and destruction of wake-sleep patterns. We will try him on some Cymbalta 30 mg one a day for chronic pain and see what he does and we will go from there. We will bring him back in two weeks to see what he does and get consult with Dr. White for evaluation of possible caudal epidural injection. Otherwise, we will see what he does.

325 Me 106
David W
Daniel E David W. Moon, M.D.
Lisa Castles, P.A.
Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 11401
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015
Address _____
Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No. Rx's #028115
DISPENSE AS WRITTEN M.D. SUBSTITUTION PERMITTED M.D.
QUICK PRINT -- (843) 774-4820

TOTAL No. Rx's #028115
DISPENSE AS WRITTEN M.D. SUBSTITUTION PERMITTED M.D.
QUICK PRINT -- (843) 774-4820
000045
276

10-19-10

C/O 2 weeks flu - Back Pain

DATE:	
WEIGHT:	268
TEMP:	97.5
BP:	145/85
PAIN	P-94
LEVEL:	Pain - 7

PATIENT NAME: McFadden, Jeffrey
 DATE: 10/19/10
 MM: 7902

S: He is here for evaluation and followup, unfortunately the patient _____ is not back yet. He states the back pain is about the same, no particular improvement, and with this in mind, he is checked. He has no other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints. Apparently, he has an appointment with Dr. Alexander on 10/25/10 for evaluation. He is apparently not going to physical therapy. We will try and see what hold up is here and with this in mind, he is evaluated. He otherwise has no particular GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Abdomen is benign. The patient complains of discomfort and diffuse pain on the left leg. He states he had a cramp last night that cramped up the whole left leg. Straight leg raising is positive at 90 degrees with this behind the right calf. On the left, he has got straight leg raising positive for just a kind of vague diffuse low back pain. He is very slow in moving around the room and apparently uncomfortable.

A: Low back pain, as outlined above.

P: We will place him back on Sterapred six-day Dosepak. We will keep on the Ultram for pain and keep on the Cymbalta as before. I will give him Flexeril 10 mg one every eight hours p.r.n. spasm and we will bring him back to see us again in approximately two weeks to see how he does after he sees Dr. Alexander.

David W. Moon, M.D.

DATE	10/19/10	TIME	3:30	WHO CALLED	Lisa Branham	PHONE	803-933-1300	URGENT		CALL BACK	
PATIENT	Jeffery McFadden				AGE		TEMP.		PHYSICIAN	Moon	
ADDRESS					Pharmacy Phone No.		Employee Taking Message	1788			
MESSAGE	scheduled for pain mgmt w/ Dr. Alexander 10/25/10				REPLY	Per Dr. Ortno					
At appt today pls											
have Dr. Moon											
address work status											
MEDICATION ALLERGY						HANDLED BY:			CHART NO.		

000046

11-2-10

DATE:
WEIGHT:
TEMP:
BP:
PAIN
LEVEL:

266

97.9

121/81

2-75

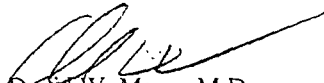
Pain - 6

C/O - Flu - Back pain

PATIENT NAME: McFadden, Jeffrey
DATE: ~~10/14/10~~ 11-2-10
MM: 7902

S: The patient comes to the Lake City. He is still having trouble with cervical and lumbar pain. He had some numbness of his left foot. It sounds more like the S1 nerve root, saw Dr. Alexander and got no report from him. We will try to get that. Apparently, there was a snafu, had a break in physical therapy. He said he was out in the yard picking up some trashes and got some trouble with some neck pain and stopped it and with this in mind, he is checked.

O: The patient is a well-developed and well-nourished black male in no acute distress. Neck actually has full range of motion. He complains of pain over the upper thoracic and lower cervical area bilaterally. Full range of motion of the shoulders. Lungs are clear and quiet. Cardiovascular is in regular rate and rhythm. Straight leg raising is positive.


David W. Moon, M.D.

000047

DATE:	11-16-10
WEIGHT:	266
TEMP:	97.1
BP:	112/79
PAIN LEVEL:	5 P 74

11-16-10 C 10 2WK F/u
Pain going down leg

PATIENT NAME: McFadden, Jeffrey
DATE: 11/16/10.
MM: 7902

S: The patient is here for evaluation and followup of cervical and lumbar strain. He reports that he is still going to physical therapy. He has not yet been back to Dr. Alexander apparently, there is a snafu there, He is wondered why when he called their office, and with this mind he is checked. He reports that he is doing stuff at the house and moving around pretty good, but if he does anything major lifting or twisting, he gets into problems. He has got occasionally some radiation of pain down the back of the left leg consistent with S1 nerve root. With this in mind, he is checked. He has no other GI, GU, pulmonary, cardiovascular or musculoskeletal complaints.

O: The patient is a well developed and well nourished black male in no acute distress. Vital signs as recorded. Neck has much better range of motion. Full range of motion of his shoulders. Lungs are clear and quiet. Cardiac is regular rate and rhythm. Abdomen is benign. Straight leg raising on the right is negative at 90 degrees, left is positive at 90 degrees with history of some lower back pain, not much of a radiculopathy. Neurovascular is intact.

- A:
1. Status post cervical strain, marked improvement.
 2. Status post lumbar strain, improvement.

P: Continue with physical therapy. Get more aggressive, get him back on the Cymbalta. We will bring him back in two weeks to see how he is doing. Otherwise, we will go from there. Again, we will try and get records from Dr. Alexander to get his reports.

3251 David W. Moon, M.D.

3106

David ...
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 1146FP
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name _____
Address _____
Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No.
Rx's
#028115

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

M.D.

000048

UIK PRINT --
(843) 774-4820



SC Municipal Insurance Trust

Authorization to Treat**

(To be taken by the Employee/Patient to the Doctor or Emergency Room)

Doctor: DR. DAVID W. MOORE

Address: 325 Mercy St Lake City SC 29560

Please render medical treatment to:

Employee/Patient: Jeffrey McFadden

Supervisor's Name: _____

Date: 11/30/10

** This authorization is for Initial Treatment Only and payment is guaranteed. Further authorization for testing or treatment must be authorized by our Worker's Compensation administrator.

Companion Third Party Administrators

1.877.825.2477

Post Office Box 11447

Columbia, SC 29211-1447

Doctor's Statement and Release

To be completed by physician and given to employee/patient. Employee must present this release to the Risk Manager or HR Manager upon completion.

Today, I have treated employee for: CX & LUMBAR PAIN

Diagnosis (detail injury or condition treated)

Prognosis (estimate future care and recovery time)

Employee is: ☒ Not released to return to work
☐ Released for work Full Duty - No Restrictions
☐ Released for restricted work (please specify below)

Restrictions: NO LIFT > 20 LBS - AVOID CX
AND LUMBAR TWISTING AND BENDING

I Recommend Employee: ☒ Return for follow up visit on 3WK

☐ Go to specialist: ☐ Orthopedic ☐ Physical Therapy

☐ Other: _____

000049

Date: 11/30/10

Physician's Signature: [Signature]

4	Michael Faulstich, MD	InMed Diagnostic Services	09/10/10	50-51
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InMed

Diagnostic Services of S.C., LLC

PATIENT NAME:	Jeffrey McFadden
DATE OF BIRTH:	██████████
MR#:	230582
STUDY:	MRI LUMBAR SPINE
DATE OF STUDY:	09/10/10
REFERRING PHYSICIAN:	Moon

HISTORY: Lumbar disc disease/pain.

TECHNIQUE: MRI of the lumbar spine was performed with multiple sagittal and axial images using the standard pulse sequences.

FINDINGS: MRI demonstrates evidence of moderate mid/lower lumbar spine degenerative changes. No evidence of lumbar compression, bone contusion, or infiltrative disease.

Moderate spinal canal narrowing at L4-5 and L5-S1 are related to large diffuse, posterior disc bulges with extensive hypertrophic ligamentum flavum/facet joint reaction. Moderate bilateral neural foraminal narrowing and disc desiccation also demonstrated at L4-5 and L5-S1. No evidence of erosive or destructive changes are demonstrated.

IMPRESSION:

1. MRI demonstrates moderate lower lumbar spine degenerative changes as discussed in detail above, most notably involving large, diffuse posterior disc bulges at L4-5 and L5-S1 along with hypertrophic changes, which are resulting in moderate spinal canal narrowing at L4-5 and L5-S1 levels, along with bilateral neural foraminal narrowing.
2. No evidence of lumbar compression fracture, bone contusion, or infiltrative disease.

Michael E. Faulstich, M.D., Ph.D.
Diplomate, American Board of Radiology

MEF/sdb

InMed

Diagnostic Services of S.C., LLC

PATIENT NAME:	JEFFREY MCFADDEN
DATE OF BIRTH:	2-26-74
MR#	██████████
STUDY:	MRI CERVICAL SPINE
DATE OF STUDY	12-14-10
REFERRING PHYSICIAN:	DAVID MOON

HISTORY: Cervical spine pain.

TECHNIQUE: MRI of the cervical spine was performed with multiple sagittal and axial images using the standard pulse sequences.

FINDINGS: MRI demonstrates slight reversal of the normal cervical lordosis, which could reflect muscle spasm. No cervical vertebral body compression fracture, bone contusion, or subluxation.

No cervical disc herniation or spinal canal stenosis demonstrated. Mild mid/lower cervical degenerative changes are noted with mild disc bulge at C5-6. MRI demonstrates normal signal characteristics throughout the cervical spinal cord and vertebral bodies.

IMPRESSION: MRI demonstrates slight reversal of the normal cervical lordosis, which could reflect underlying muscle spasm.

No evidence of cervical vertebral body compression fracture, bone contusion, or spinal canal stenosis.

Michael E. Faulstich, M.D., Ph.D.
Diplomate, American Board of Radiology
MEF/skd

5	Anthony Alexander, MD	Pee Dee Orthopaedic Associates	10/25/10-04/05/11	52-81
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**Pee Dee
Orthopaedic
Associates, PA**

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

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Initial Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden

DOB: [REDACTED]

Employer: City of Lake City

Date of Service: 10/25/10

Age: [REDACTED] years old

Occupation: Meter Reader

Referring Physician: Workman's comp., ,

Other Physicians: ; Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mcfadden is a 36 years old, right hand dominant African American male who was involved in a motor vehicle accident on 7/16/10 when he lost control of his vehicle on a gravel road and the car flipped over and hit a tractor parked on the side of the road. Since the accident he has experienced a moderately severe, sharp, stabbing, throbbing pain in the lower back region that radiates down the bilateral legs to the level of the knees at least two times per week. He also complains of numbness and tingling in the left foot and frequent urination. On the visual analog scale, with 10 being most severe, he rates his pain as a 7. The pain is exacerbated by bending, lifting, sitting and prolonged standing and walking. Taking Flexeril and Hydrocodone tends to decrease the pain.

Allergies: .No Known Drug Allergies
Current Meds: Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)
Past Med Hx: .None
Surgical History: .None reported
Family History: Cancer; Diabetes; Parents: Father-Living; Parents: Mother-Living
Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Tobacco: Previous Smoker

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU; blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:
General: Generalized pain; Musculoskeletal: Joint swelling/stiffness; Musculoskeletal: Leg cramps; Musculoskeletal: Muscle aches; Musculoskeletal: Muscle weakness

000052

PHYSICAL EXAM:

Vitals: HEIGHT: 5'10" WEIGHT: 265 lbs 0 oz BMI: 38.0 B/P: 122/88

Appearance: No acute distress

Psychiatric: Mood and affect were appropriate.

Head: Normocephalic, atraumatic.

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

Neuro: Alert and oriented x 3.

FOCUSED EXAM:

Lumbar spine Exam

Appearance: Well developed, well nourished male. Alert and oriented x 3. In no acute distress.

Observation: Normal gait and station

Palpation:

Spinal process: No tenderness

Paraspinous muscles: No tenderness

Skin: intact

Soft tissue triggers: No triggers are palpated

Muscle Spasms: No muscles spasms

Range of Motion: The patient complains of lower back pain with all ranges of motion. However palpation is unremarkable.

Forward Flexion: Full

Extension: Full extension

Hip: Full and painless

Special Tests: A positive bilateral straight leg raise test is noted.

Sitting Straight Leg Raising: Negative

Supine Straight Leg Raising: Negative

Toe Rise and Walk: Normal

Heel Walking: Normal

Tandem Walking: Normal

Muscle Strength:

Hip

Adductors: Normal

Abductors: Normal

Flexors: Normal

Extensors: Normal

Paraspinous Muscles: Normal

Gluteus Maximus: Normal

Quadriceps: Normal

Hamstrings: Normal

Gastrocnemius: Normal

Anterior Tibials: Normal

Neurological Sensory Testing:

Cranial nerves 2-12: Normal

T12-L1: Normal

L1-L5: Normal

S1: Normal

Reflexes:

Patellar Tendon: 2+

Achilles Tendon: 2+

X-ray: Lumbosacral spine AP and lateral 10/25/10 - essentially unremarkable.

MRI of the lumbar spine 9/10/10 - moderate lower lumbar spine degenerative changes, diffuse posterior disc bulges at the L4-5 and L5-S1 levels with hypertrophic changes resulting in moderate spinal canal narrowing at the L4-5 and L5-S1 levels.

ASSESSMENT:

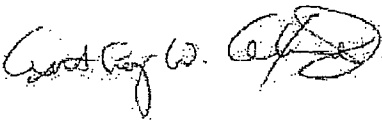
Diagnosis: -Acute low back pain.

PLAN:

PRESCRIPTION: No data for Prescription

1. Electrodiagnostic study of the bilateral lower extremities and lumbosacral spine to rule out a lumbar radiculopathy.
2. Restrictions of no frequent bending at the waist and no lifting greater than 20 lbs.
3. Physical therapy, TIW - Dr. Mary Harpell.

Work Status:



Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 10/25/10

Referral Reply Letter(s) - Dated 11/18/10

Brown III, Morris - SPECIALTY: FNP



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Orthopaedic
Associates, PA**

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Patient Name: Jeffery Mcfadden

DATE: 10/25/10

☐ **UNABLE TO RETURN TO WORK**

☒ **RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 10/26/10**

- | | |
|--|--|
| ☒ No Lifting/Carrying 20 lbs. over | ☐ No repetitive bending |
| ☐ No sitting over hrs./day | ☐ No repetitive stooping |
| ☐ No standing over | ☐ Cannot reach above shoulder |
| ☐ No prolonged walking | ☐ No work involving use of hand |
| ☐ No Climbing | ☐ No repetitive squatting |
| ☐ No Kneeling | ☐ No repetitive crawling |
| ☐ No repetitive twisting | ☐ No pushing or pulling |

Other: No Frequent Bending at waist.

Return Appointment:

May return to work with no restrictions on

Anthony W. Alexander, M.D.

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EMG/NCS Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden

DOB: [REDACTED]

Employer: City of Lake City

Date of Service: 12/06/10

Age: 22 years old

Occupation: Meter Reader

Referring Physician: Workman's comp., , ;

Other Physicians: Brown III, Morris, ;

Procedure: Jeffery Mcfadden is here today for EMG/NCS of bilateral lower extremities and lumbar spine

Diagnosis: -pain, numbness and tingling in the bilateral lower extremities. More pronounced on the right

Impression: Lumbar Radiculopathy and /or Spinal Stenosis at L5-S1 on the right . For the full report please see scanned documents.

PRESCRIPTION: No data for Prescription

This study was performed and reviewed by,

Anthony W. Alexander, M.D. / SDW

This document was electronically signed on 12/06/10

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Pee Dee Orthopedics Assc.

901 East Cheves Street

Florence, SC 29503

843.662.5233

fax 843.432.1022

Test Date: 12/6/2010

Patient:	Jeffery McFadden	DOB:	[REDACTED]	Physician:	Anthony Alexander, MD
Sex:	Male	Height:	[REDACTED]	Ref Phys:	W.C.
ID#:		Weight:	[REDACTED]	Technician:	Sheila Weaver

Patient Complaints:

Patient is a 110 year-old male who presents with pain, numbness and tingling in the bilateral lower extremities. More pronounced on the right.

Medications

Patient is currently taking SEE CHART LOGIC.

Patient History / Exam:

Patient has no allergy to medications. Patient is independent in activities of daily living and ambulation. Patient's occupation is unemployed. Past medical history is not significant.

EMG & NCV Findings:

All nerve conduction studies (as indicated in the following tables) were within normal limits. All left vs. right side differences were within normal limits.

All F Wave latencies were within normal limits. All F Wave left vs. right side latency differences were within normal limits. All H Reflex left vs. right side latency differences were within normal limits.

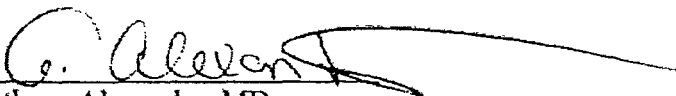
Needle evaluation of the Right MedGastroc and the Right Semimembranosus muscles showed slightly increased spontaneous activity and slightly increased polyphasic potentials. The Right Mid Parspnl and the Right LowerParaspnl muscles showed slightly increased spontaneous activity, spontaneous activity, and slightly increased polyphasic potentials. All remaining muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:

The above electrodiagnostic study reveals evidence of mild chronic L5 - S1 radiculopathy on the right.

Reccomendations:

Continue therapy.


Anthony Alexander, MD

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Nerve Conduction Studies

Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T* Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)
Left Sural Anti Sensory (Lat Mall) 30.6°C									
Calf		3.2	<4.0	9.5	>5.0	Calf	Lat Mall	3.2	14.0
Right Sural Anti Sensory (Lat Mall) 30.6°C									
Calf		3.8	<4.0	5.2	>5.0	Calf	Lat Mall	3.8	14.0

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P* Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev) 29.9°C											
Ankle		4.5	<5.5	4.2	>2.5	B Fib	Ankle	6.6	31.5	47.7	>40
B Fib		11.1		5.9							
Right Peroneal Motor (Ext Dig Brev) 30.7°C											
Ankle		4.7	<5.5	8.8	>2.5	B Fib	Ankle	6.6	31.5	47.7	>40
B Fib		11.3		8.0							
Left Tibial Motor (Abd Hall Brev) 30.3°C											
Ankle		4.2	<6.0	8.6	>3.0	Knee	Ankle	9.4	50.0	53.2	>41
Knee		13.6		7.1							
Right Tibial Motor (Abd Hall Brev) 30.6°C											
Ankle		4.2	<6.0	10.4	>3.0	Knee	Ankle	8.8	50.0	56.8	>41
Knee		13.0		7.5							

F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)	L-R Lat Norm
Left Peroneal (Mrkrs) (EDB) 30.4°C				
	48.08	<60	1.01	<5.1
Right Peroneal (Mrkrs) (EDB) 30.6°C				
	47.07	<60	1.01	<5.1
Left Tibial (Mrkrs) (Abd Hallucis) 30.3°C				
	53.13	<61	0.00	<5.7
Right Tibial (Mrkrs) (Abd Hallucis) 30.6°C				
	53.13	<61	0.00	<5.7

H Reflex Studies

NR	H-Lat (ms)	L-R H-Lat (ms)	L-R Lat Norm
Left Tibial (Gastroc)			
	30.96	0.85	<2.0
Right Tibial (Gastroc)			
	30.11	0.85	<2.0

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EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Fasc	CRD	Amp	Dur	Poly	Reert	Int Pat	Comment
Right	MedGastroc	Tibial	S1-2	Nml	1+	1+	Absent	Absent	Nml	Nml	1+	Nml	Nml	
Right	Semimembranosus	Sciatic	L5-S1,2	Nml	1+	1+	Absent	Absent	Nml	Nml	1+	Nml	Nml	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Absent	Absent	Nml	Nml	0	Nml	Nml	
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Absent	Absent	Nml	Nml	0	Nml	Nml	

Paraspinal EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	CrD	Poly
Right	Upper Parspnl	Rami	L1-2	Nml	Nml	Nml	Nml	Nml
Right	Mid Parspnl	Rami	L3-4	Nml	1+	1+	1+	1+
Right	LowerParaspnl	Rami	L5-S1	Nml	1+	1+	1+	1+

Nerve Conduction Studies**Anti Sensory Left/Right Comparison**

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (µV)	R Amp (µV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Sural Anti Sensory (Lat Mall) 30.6°C											
Calf	3.2	3.8	0.6	9.5	5.2	45.3	Calf	Lat Mall	43.8	36.8	7.0

Motor Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (mV)	R Amp (mV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Peroneal Motor (Ext Dig Brev) 29.9°C											
Ankle	4.5	4.7	0.2	4.2	8.8	52.3	B Fib	Ankle	47.7	47.7	0.0
B Fib	11.1	11.3	0.2	5.9	8.0	26.2					
Tibial Motor (Abd Hall Brev) 30.3°C											
Ankle	4.2	4.2	0.0	8.6	10.4	17.3	Knee	Ankle	53.2	56.8	3.6
Knee	13.6	13.0	0.6	7.1	7.5	5.3					

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320231

Temp 30 - 30.8°C

NCS/EMG TEST SUMMARY SHEETPatient Name: Jeffery McFarlandDate: 12/4/10Primary Complaint: PNT - Bil legsR wise

	DISTAL LATENCY			AMPLITUDE		CONDUCTION VELOCITY		N.R.
	Prolonged	Normal	Absent	Normal	Decreased	Normal	Decreased	
MOTOR NERVES								
Upper Extremity								
RL Median								
RL Median								
RL Median F-Wave								
RL Ulnar								
RL Ulnar								
RL Ulnar F-Wave								
LOWER EXTREMITY								
RL Peroneal								
RL Peroneal								
RL Peroneal F-Wave								
RL Tibial								
RL Tibial								
RL Tibial F-Wave								
SENSORY NERVE								
Upper Extremity								
RL Median (Palm/Wrist)								
RL Median (Palm/Wrist)								
RL Ulnar								
RL Ulnar								
Lower Extremity								
RL Sural								
RL Sural								
RL Super Peroneal								
RL Super Peroneal								

Tibial H-Reflex Normal Abnormal (RL) NR EMG Normal Abnormal

DIAGNOSIS:

1. RL Mild/Moderate/Severe CTS Radiculopathy Peripheral NeuropathyOther: Affecting: Sensory/MotorCervical: C4-C5 C5-C6 C6-C7 C7-C8 C8-T1 Lumbar: L3-L4 L4-L5 L5S12. RL Mild/Moderate/Severe CTS Radiculopathy Peripheral NeuropathyOther: Affecting Sensory/MotorCervical: C4-C5 C5-C6 C6-C7 C7-C8 C8-T1 Lumbar: L3-L4 L4-L5 L5S1ESI INSTRUCTION SHEET GIVEN date

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PDOA THERAPY PRESCRIPTION

PATIENT IN OFFICE ☒ YES

☐ NO

☐ OCCUPATIONAL THERAPY
☒ PHYSICAL THERAPY

DATE: 12/06/10

PATIENT NAME: Mcfadden, Jeffery
DATE OF BIRTH: 02/26/1974

CHART # 320281

DIAGNOSIS: Low back pain
TREATMENT FACILITY: Dr. Harpell- CPM -Lake City

APPOINTMENT DATE:

TIME: □

TO BE TREATED:

☒ L SPINE	☐ T SPINE	☐ C SPINE
☐ LT SHOULDER	☐ RT SHOULDER	☐ RT HIP
☐ LT HIP	☐ RT KNEE	☐ LT KNEE
☐ LT WRIST	☐ RT WRIST	☐ OTHER □

FREQUENCY 3 X PER WEEK FOR 6 WEEKS

REHAB PLAN OF CARE:

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

PRECAUTIONS: □

PHYSICIAN SIGNATURE:

Anthony W. Alexander, M.D.

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PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]

Date of Service: 12/10/10
Age: [REDACTED]

Patient in the office today but not seen by physician. Procedure rescheduled due to patient having a cold. (dsm)

000062



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Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]
Employer: City of Lake City

Date of Service: 02/02/11
Age: [REDACTED]
Occupation: Meter Reader

Referring Physician: Workman's comp., , ;
Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mcfadden presents today in follow-up. His therapist, Dr. Mary Harpell, reports that the patient has plateaued with his progress. He does not appear to be making any gains at this point due to increased lower back pain with prolonged standing, walking and sitting. The patient presents today complaining of having severe lower back pain that radiates down the right leg to the foot. On physical examination he has lower back pain with most ranges of motion, especially forward flexion and side bending.

Allergies: No Known Drug Allergies
Current Meds: Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PLAN:

PRESCRIPTION: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0 Method: Print); LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0 Method: Print); NUCYNTA (Dosage: 50MG SIG: 1 TAB PO Q 6 HOURS PRN MODERATE TO SEVERE PAIN Dispense: 40 Refills: 0 Method: Print)

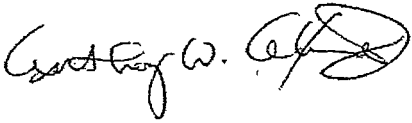
1. Schedule lumbar epidural steroid injection series.
2. Continue physical therapy, TIW, over the next 3-4 weeks.
3. Discontinue Tramadol.
4. Nucynta 50 mg. one p.o. QID PRN moderate to severe pain. I discussed side effects and risks including sedation and

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addiction.

5. Discontinue Skelaxin and Naproxen.
6. Start Lyrica 50 mg. one p.o. TID. I discussed side effects and risks including distal extremity swelling and sedation.
7. Start Celebrex 200 mg. one p.o. q day with food. I discussed side effects and risks including GI upset and the sulfa allergy.
8. Carolina brace - the patient was advised to only wear the brace with prolonged standing and walking.
9. Resume previous restrictions.

Work Status:

A handwritten signature in black ink, appearing to read "Anthony W. Alexander". The signature is stylized with a large, circular flourish at the end.

Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 02/02/11

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Patient Name: Jeffery L Mcfadden

DATE: 02/02/11

() UNABLE TO RETURN TO WORK

(X) RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 2/3/10

- | | |
|---|---|
| (X) No Lifting/Carrying over 20 lbs. | () No repetitive bending |
| () No sitting over [] hrs./day | () No repetitive stooping |
| () No standing over | () Cannot reach above shoulder |
| () No prolonged walking | () No work involving use of [] hand |
| () No Climbing | () No repetitive squatting |
| () No Kneeling | () No repetitive crawling |
| () No repetitive twisting | () No pushing or pulling |

Other: No Frequent Bending at waist.

Return Appointment: []

May return to work with no restrictions on []

Anthony W. Alexander, M.D.

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Patient Name: Jeffery L Mcfadden

DATE: 02/08/11

() UNABLE TO RETURN TO WORK

() RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON:

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

Other: Patient was in the office today.

Return Appointment: Friday February 11, 2011 @ 2:00

May return to work with no restrictions on

Anthony W. Alexander, M.D.

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Procedure Note

PATIENT ID: 320281

L4-5 Interlaminar Epidural Steroid Injection #1

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]

Date of Service: 02/11/11
Age: [REDACTED]

Referring Physician: Workman's comp., ; Brown III, Morris, ;
Other Physicians:

History of Jeffery Mcfadden is a 36 years old male who presents today to undergo his first lumbar
Present Illness: epidural steroid injection. The patient rates his pain as a 7/10.

Procedure: L4-5 Interlaminar Epidural Steroid Injection:

The patient was placed on the table in the prone position with his head and chest supported. The C-arm was set up in the AP plane. The image intensifier was tilted caudally to resolve the parallax at the apophyseal rings. The skin over the target area was sterilized with Betadine solution. The anesthetic was instilled over the lamina of L5 and 3 cc's of 1% Lidocaine was used to anesthetize the soft tissue in this regions. Once anesthesia was obtained the epidural needle was advanced in the same plane with the needle touching the superior edge of the L5 lamina before advancing over the interlaminar space. The loss of resistance technique was used to advance the tip of the epidural needle into the epidural space. Needle placement was within the midline. The air tap test was used to confirm placement of the tip of the epidural needle into the epidural space. 1 cc of Isovue-M200 was instilled into the epidural space at the L4-5 level creating a good epiduragram. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 2 cc's of 0.9% Sodium Chloride solution was combined with 1 cc of Methylprednisolone 80 mg. and instilled into the epidural space via the epidural needle. The needle was removed and a sterile Band-Aid was applied over the entrance wound. The patient tolerated the procedure well and there were no complications. The patient will follow-up in two weeks.

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PRESCRIPTION: No data for Prescription

Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 02/11/11

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Report Date: April 20, 2011 **Patient:** Mcfadden, Jeffery L **DOS:** 02/11/11

I, Anthony W. Alexander, M.D. , hereby attest that the medical record entry date for 02/11/11 accurately reflects signatures/notations that I made in my capacity as an M.D. when I treated/diagnosed the above listed patient. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

000068



**Pee Dee
Orthopaedic
Associates, PA**

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901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]
Employer: City of Lake City

Date of Service: 02/22/11
Age: [REDACTED]
Occupation: Meter Reader

Referring Physician: .Workman's comp., ; ;
Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mcfadden reports that on 2/17/11 he was stopped at a traffic light and his vehicle was rear-ended by another vehicle. He states that the lower back pain increased over the next few days, but has subsided. Prior to the accident his lower back pain was a 6-7. His lower back pain after the accident was a 9-10.

Allergies: .No Known Drug Allergies
Current Meds: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0), LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0), Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1.;-Exacerbation of pre-existing condition.

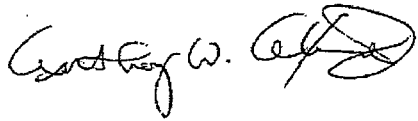
PLAN:

PRESCRIPTION: No data for Prescription

1. Continue physical therapy, TIW.
2. Continue with epidural steroid injection series.

Work Status:

000069

A handwritten signature in black ink, appearing to read "Anthony W. Alexander" followed by a stylized circular flourish.

Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 02/22/11

000070



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Procedure Note

PATIENT ID: 320281

L4-5 Interlaminar Epidural Steroid Injection #2

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]

Date of Service: 02/25/11
Age: [REDACTED]

Referring Physician: Workman's comp., , ; Brown III, Morris, ;
Other Physicians:

History of Jeffery Mcfadden is a 37 years old male who returns today to undergo his second
Present Illness: interlaminar epidural steroid injection. The patient rates his pain as an 8/10.

Procedure: L4-5 Interlaminar Epidural Steroid Injection:

The patient was placed on the table in the prone position with his head and chest supported. The C-arm was set up in the AP plane. The image intensifier was tilted caudally to resolve the parallax at the apophyseal rings. The skin over the target area was sterilized with Betadine solution. The anesthetic was instilled over the lamina of L5 and 3 cc's of 1% Lidocaine was used to anesthetize the soft tissue in this regions. Once anesthesia was obtained the epidural needle was advanced in the same plane with the needle touching the superior edge of the L5 lamina before advancing over the interlaminar space. The loss of resistance technique was used to advance the tip of the epidural needle into the epidural space. Needle placement was within the midline. The air tap test was used to confirm placement of the tip of the epidural needle into the epidural space. 1 cc of Isovue-M200 was instilled into the epidural space at the L4-5 level creating a good epiduragram. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 2 cc's of 0.9% Sodium Chloride solution was combined with 1 cc of Methylprednisolone 80 mg. and instilled into the epidural space via the epidural needle. The needle was removed and a sterile Band-Aid was applied over the entrance wound. The patient tolerated the procedure well and there were no complications. The patient will follow-up in two weeks.

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PRESCRIPTION: No data for Prescription

Anthony W. Alexander, M.D. /dsm

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000071



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Procedure Note

PATIENT ID: 320281

L4-5 Interlaminar Epidural Steroid Injection #3

PATIENT: Jeffery Mcfadden

Date of Service: 03/17/11

DOB: [REDACTED]

Age: [REDACTED]

Referring Physician: Workman's comp., ; Brown III, Morris, ;

Other Physicians:

History of Jeffery Mcfadden is a 37 years old male here to undergo his third lumbar epidural steroid
Present Illness: injection. He rates his pain as an 8/10.

Procedure: L4-5 Interlaminar Epidural Steroid Injection:

The patient was placed on the table in the prone position with his head and chest supported. The C-arm was set up in the AP plane. The image intensifier was tilted caudally to resolve the parallax at the apophyseal rings. The skin over the target area was sterilized with Betadine solution. The anesthetic was instilled over the lamina of L5 and 3 cc's of 1% Lidocaine was used to anesthetize the soft tissue in this regions. Once anesthesia was obtained the epidural needle was advanced in the same plane with the needle touching the superior edge of the L5 lamina before advancing over the interlaminar space. The loss of resistance technique was used to advance the tip of the epidural needle into the epidural space. Needle placement was within the midline. The air tap test was used to confirm placement of the tip of the epidural needle into the epidural space. 1 cc of Isovue-M200 was instilled into the epidural space at the L4-5 level creating a good epidurogram. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 2 cc's of 0.9% Sodium Chloride solution was combined with 1 cc of Methylprednisolone 80 mg. and instilled into the epidural space via the epidural needle. The needle was removed and a sterile Band-Aid was applied over the entrance wound. The patient tolerated the procedure well and there were no complications. The patient will follow-up in two weeks.

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PRESCRIPTION: No data for Prescription

Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 03/17/11

000072



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Patient Name: Jeffery L Mcfadden

DATE: 03/17/11

() UNABLE TO RETURN TO WORK

(X) RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 3/18/10

- | | |
|--|--|
| ☒ No Lifting/Carrying over 20 lbs. | ☐ No repetitive bending |
| ☐ No sitting over hrs./day | ☐ No repetitive stooping |
| ☐ No standing over | ☐ Cannot reach above shoulder |
| ☐ No prolonged walking | ☐ No work involving use of hand |
| ☐ No Climbing | ☐ No repetitive squatting |
| ☐ No Kneeling | ☐ No repetitive crawling |
| ☐ No repetitive twisting | ☐ No pushing or pulling |

Other: Avoid Frequent Bending at waist.

Return Appointment:

May return to work with no restrictions on

Anthony W. Alexander, M.D.

000073



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Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]
Employer: City of Lake City

Date of Service: 04/05/11
Age: [REDACTED]
Occupation: Meter Reader

Referring Physician: Workman's comp., , ;
Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Jeffery Mcfadden presents today following his third lumbar epidural steroid injection on 3/17/11. Over the past week he has continued to experience moderately severe pain in the lower back region that radiates down the bilateral legs into the calves. On the 0-10 scale, with 10 being the most severe pain that he has ever felt, he rates his lower back pain as a 7. He also rates his leg pain as a 4-5. I have prescribed a lumbar brace for this patient, a Carolina brace. I am not sure as to why the patient has not been provided with the brace.

Present Illness:

Allergies: No Known Drug Allergies
Current Meds: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0), LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0), NUCYNTA (Dosage: 50MG SIG: 1 TAB PO Q 6 HOURS PRN MODERATE TO SEVERE PAIN Dispense: 40 Refills: 0), Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PLAN:

PRESCRIPTION: No data for Prescription

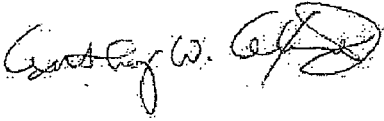
1. Consultation with orthopaedic spine surgery for evaluation of lumbar spinal stenosis.
2. Carolina brace.

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3. Hold physical therapy.
4. The patient will follow-up with me two weeks post orthopaedic spine consultation.
5. Repeat MRI of the lumbar spine. The present MRI is over six months old.

P.S. I spoke with the patient's case manager, Sherri Hickman Gore, RN of Carolina Case Management. I discussed the particulars of this patient's case with her. She is well aware. She will attempt to assist him in getting approval for ortho spine consultation and the Carolina Brace.

Work Status:

A handwritten signature in black ink, appearing to read "Anthony W. Alexander" followed by a stylized monogram or set of initials.

Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 04/05/11



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Certificate of Medical Necessity

RX Patient: **Jeffery Mcfadden**
DOB: [REDACTED]
Date: **04/05/11**

Diagnosis: Radiculopathy

Prognosis:

☐ Poor ☐ Fair ☒ Fairly good ☐ Good

Reason for Need:

☒ Support ☐ Stability ☒ Pain relief ☐ Ambulation
☐ Other:

Use:

☐ Day ☐ Evening ☐ 24 hours/Day ☐ Pre-op ☐ Post-op
☒ Pm ☐ Other

Length of time needed:

☐ weeks ☐ months ☒ Undetermined ☐ Indefinite

☐ Lumbar Corset	☐ Soft Cervical Collar	☒ Carolina Brace	☐ TLSO
☐ Miami-J	☐ Philadelphia Collar	☐ Chair Back Brace	☐ BOB
☐ Scoli Jacket	☐ Bone Growth Stimulator	☐ Neuromuscular Stimulator	☐ TENS
☐ Interferential Stimulator		☐	

Anthony W. Alexander, M.D.
E96750

Pee Dee Spine Center

Pee Dee Orthopaedic Associates

This document was electronically signed on 04/05/11 at

000076



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PEE DEE ORTHOPAEDIC TEST PRESCRIPTION

PATIENT IN OFFICE ☒ YES ☐ NO

DATE: 04/05/11

PLEASE PROVIDE PATIENT WITH CD'S

IS PATIENT CLAUSTROPHOBIC ? ☐ YES ☒ NO

PATIENT NAME: Mcfadden, Jeffery

CHART # 320281

DATE OF BIRTH: [REDACTED]

DIAGNOSIS: Low back pain

TREATMENT FACILITY: PDOA

APPOINTMENT DATE:

TIME: []

CREATININE LEVEL ☐ YES ☐ NO

MRI

- | | | | |
|--|---|--------------------------------------|--------------------------------------|
| ☐ Cervical | ☐ Cervical with & without Gadolinium | ☐ Lt Knee | ☐ Rt Knee |
| ☐ Thoracic | ☐ Thoracic with & without Gadolinium | ☐ Lt Hip | ☐ Rt Hip |
| ☒ Lumbar | ☐ Lumbar with & without Gadolinium | ☐ Lt Shoulder | ☐ Rt Shoulder |
| ☐ Lt Shoulder | with & without Contrast | ☐ Rt Shoulder | with & without Contrast |
| ☐ Other | ☐ | | |

CAT SCAN

- ☐ Cervical ☐ Cervical with Sagittal/ Coronal Reconstruction
- ☐ Lumbar ☐ Lumbar with Sagittal/Coronal Reconstruction
- ☐ Lt knee ☐ Rt knee ☐ Lt hip ☐ Rt hip
- ☐ Other ☐

☒ Bone scan

☐ Bone Density

I certify that the above services for the above-named patient are medically necessary.

Anthony W. Alexander, M.D.

000077



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Patient Name: Jeffery L Mcfadden

DATE: 04/05/11

☐ UNABLE TO RETURN TO WORK

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 4/5/2011

- | | |
|--|--|
| ☒ No Lifting/Carrying over 20 lbs. | ☐ No repetitive bending |
| ☐ No sitting over 2 hrs./day | ☐ No repetitive stooping |
| ☐ No standing over 6 hrs./day | ☐ Cannot reach above shoulder |
| ☐ No prolonged walking | ☐ No work involving use of hand |
| ☐ No Climbing | ☐ No repetitive squatting |
| ☐ No Kneeling | ☐ No repetitive crawling |
| ☐ No repetitive twisting | ☐ No pushing or pulling |

Other: Avoid Frequent Bending at waist.

Anthony W. Alexander, M.D.

000078



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Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden

DOB: [REDACTED]

Employer: City of Lake City

Date of Service: 05/17/11

Age: [REDACTED]

Occupation: Meter Reader

Referring Physician: Workman's comp., , ;

Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date:
07/16/2010

Type:
injury

Chief Complaint: Low back pain

History of

Present Illness:

Jeffery Mcfadden presents today in follow-up. Apparently he was involved in a minor motor vehicle accident in February of 2011. He informs me that the insurance company has not approved any of my previous requests to help treat this patient. Apparently they are investigating this accident and question whether this accident has not worsened his condition. Presently he is waiting on an orthopaedic spine surgery evaluation of the lumbar spine, Carolina brace and repeat MRI of the lumbar spine. He continues to suffer from lower back pain, which he rates on the average as a 7-8. However last week the lower back pain was a 10. He also has bilateral leg pain that radiates down to his calves. The pain is approximately an 8 on the 0-10 scale, with 10 being the most severe pain that he has ever felt.

Allergies: No Known Drug Allergies

Current Meds: Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis.

PLAN:

PRESCRIPTION: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0 Method: Print); LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0 Method: Print); NUCYNTA (Dosage: 75 MG SIG: 1 TAB PO Q 6 HOURS PRN MODERATE TO SEVERE PAIN Dispense: 40 Refills: 0 Method: Print)

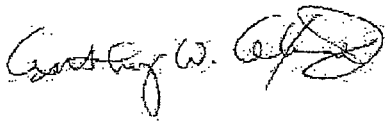
1. Follow-up in two weeks for reevaluation.

000079

2. Refill Celebrex and Lyrica.

3. Increase Nucynta 75 mg. one p.o. QID PRN moderate to severe pain.

Work Status:

A handwritten signature in black ink, appearing to read "Anthony W. Alexander" followed by a stylized circular flourish.

Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 05/17/11

Date: 5-17-11

Patients Name: Jeffery McFadden

Chart Number: 320281

Recheck visit for: LBP R/LBP. WC have not approved any of the request

CERVICAL LUMBAR THORACIC

RECOMMENDATIONS:

Weight Loss program Stop Smoking

Degenerative Disc Disease
HNP

LBP 7-8

Low Back Pain

last week LBP v 10

Neck Pain

Osteoporosis

Pseudarthrosis

Radiculopathy

Spondylolisthesis

Spondylolisthesis

Stenosis

Thoracic Pain

Strain/Sprain

Scoliosis

Coccygodynia Compression Fracture
Osteoporosis

NSAIDS

Celebrex

Mobic 7.5/15

MDP

Motrin 800

Naprosyn

Cymbalta

Ultram ER 100

Ultram ER 200

Ultram ER 300

PAIN MEDS

DN100

Vicodin

Norco 5/7.5/10

Tylenol #3

Percocet 5/7.5/10

Lorcet 5/7.5/10

Lortab 5/7.5/10

Ultracet

MUSCLE RELAX

Flexeril

Soma

Skelaxin

OTHER

Ambien

Elavil

Tranxene

Valium

NERVE

Lyrice

Neurontin

MEDICATIONS

OT/PT-CS/TS/LS NOM BOM

THERAPEUTIC INJECTION R L

ESI CS LS

SNRB

TFI

FACET INJECTION

C1234567

L12345

MRB

CESI

DIAGNOSTIC STUDIES:

CT/Myelogram CS/TS/LS

MRI/Gadolinium CS/TS/LS

CT only CS TS LS-coronal/sagittal reconstruction

Bone scan

Bone Density

Vascular Studies - EMG NCS

RLE LLE BLE

RUE LUE BUE

WORK STATUS:

OOW UNTIL _____

RTW _____

LIGHT DUTY _____

CONTINUE WORK STATUS _____

FU: AFTER TEST _____

WEEKS

MONTHS

PRN

① Refill allers, hygien

② Maccypata 75mg po QID

③ Fex in 2 wks

PRN mal lower pain

000081

6	Mary Harpell, DC/PT	CPM Physical Therapy, LLC	12/30/10-03/21/11	82-133
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Back Index

ACN Group, Inc. Form BI-100

ACN Group, Inc. Use Only Rev. 3/27/2003

Patient Name Jeffrey L. McEadden

12/30/2010 Date

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ 0 The pain comes and goes and is very mild
- ☐ 1 The pain is mild and does not vary much.
- ☐ 2 The pain comes and goes and is moderate
- ☐ 3 The pain is moderate and does not vary much
- ☒ 4 The pain comes and goes and is very severe
- ☐ 5 The pain is very severe and does not vary much

Sleeping

- ☐ 0 I get no pain in bed
- ☐ 1 I get pain in bed but it does not prevent me from sleeping well
- ☐ 2 Because of pain my normal sleep is reduced by less than 25%
- ☒ 3 Because of pain my normal sleep is reduced by less than 50%
- ☐ 4 Because of pain my normal sleep is reduced by less than 75%
- ☐ 5 Pain prevents me from sleeping at all

Sitting

- ☐ 0 I can sit in any chair as long as I like
- ☐ 1 I can only sit in my favorite chair as long as I like
- ☒ 2 Pain prevents me from sitting more than 1 hour
- ☐ 3 Pain prevents me from sitting more than 1/2 hour
- ☐ 4 Pain prevents me from sitting more than 10 minutes
- ☐ 5 I avoid sitting because it increases pain immediately

Standing

- ☐ 0 I can stand as long as I want without pain
- ☐ 1 I have some pain while standing but it does not increase with time
- ☐ 2 I cannot stand for longer than 1 hour without increasing pain
- ☒ 3 I cannot stand for longer than 1/2 hour without increasing pain
- ☐ 4 I cannot stand for longer than 10 minutes without increasing pain
- ☐ 5 I avoid standing because it increases pain immediately

Walking

- ☐ 0 I have no pain while walking
- ☐ 1 I have some pain while walking but it doesn't increase with distance
- ☐ 2 I cannot walk more than 1 mile without increasing pain
- ☐ 3 I cannot walk more than 1/2 mile without increasing pain
- ☒ 4 I cannot walk more than 1/4 mile without increasing pain
- ☐ 5 I cannot walk at all without increasing pain

Personal Care

- ☐ 0 do not have to change my way of washing or dressing in order to avoid pain
- ☐ 1 I do not normally change my way of washing or dressing even though it causes some pain
- ☐ 2 Washing and dressing increases the pain but I manage not to change my way of doing it
- ☒ 3 Washing and dressing increases the pain and I find it necessary to change my way of doing it
- ☐ 4 Because of the pain I am unable to do some washing and dressing without help.
- ☐ 5 Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ☐ 0 can lift heavy weights without extra pain
- ☐ 1 can lift heavy weights but it causes extra pain
- ☐ 2 Pain prevents me from lifting heavy weights off the floor
- ☐ 3 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table)
- ☐ 4 Pain prevents me from lifting heavy weights off the floor but I can manage light to medium weights if they are conveniently positioned
- ☒ 5 can only lift very light weights

Traveling

- ☐ 0 get no pain while traveling
- ☒ 1 get some pain while traveling but none of my usual forms of travel make it worse
- ☐ 2 get extra pain while traveling but it does not cause me to seek alternate forms of travel
- ☐ 3 get extra pain while traveling which causes me to seek alternate forms of travel
- ☐ 4 Pain restricts all forms of travel except that done while lying down.
- ☐ 5 Pain restricts all forms of travel

Social Life

- ☐ 0 My social life is normal and gives me no extra pain
- ☐ 1 My social life is normal but increases the degree of pain.
- ☐ 2 Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g. dancing, etc)
- ☒ 3 Pain has restricted my social life and I do not go out very often
- ☐ 4 Pain has restricted my social life to my home
- ☐ 5 I have hardly any social life because of the pain

Changing degree of pain

- ☐ 0 my pain is rapidly getting better
- ☐ 1 my pain fluctuates but overall is definitely getting better
- ☐ 2 my pain seems to be getting better but improvement is slow
- ☐ 3 my pain is neither getting better or worse
- ☒ 4 my pain is gradually worsening
- ☐ 5 My pain is rapidly worsening

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CPM PHYSICAL THERAPY

PHYSICAL THERAPY ASSESSMENT - LUMBAR SPINE

Date 12-30-10

DOB: [REDACTED]

Name: Jeffrey L. McFadden Diagnosis: LBP

Physician: Dr. Alexander / Dr. Wynn Dr. I/O date: _____

Age: [REDACTED] Male / Female Occupation: Water Tender Work Status Full Duty Restricted Duty Off

Since: 1/1/10 Restrictions: _____

Physical Demands/Leisure: _____

HISTORY

Onset/Injury Date 07/14/10 Cause: truck flipped, desert belt, possible loss of

Symptoms at Onset: concussiveness. started a LBP later that day.

Status: Worsening Unchanging Improving

Current Symptoms: Constant - varies in degree - ache to stab.

Current Symptoms: Intermittent - _____

Bowel/Bladder Dyst. Y N urination Cough/Sneeze φ Weakness: R/L LE φ

Disturbed Sleep Y N 2-4 hrs/PM Position prone supine side _____ Surface _____ Pillows _____

Diagnostics: None X-Rays MRI CT Myelo Other NEV. Scheduled for injections

Prior Treatments: meds, PT minimal improvement

Previous History: Occasional LBP stopped a test.

Current Medications: See RST -

PMH: anxiety.

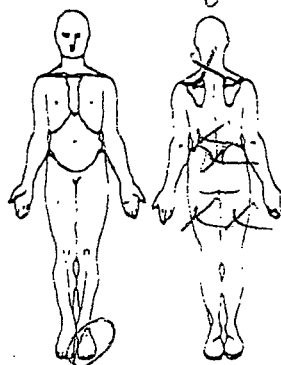
Surgeries: φ Trauma: φ

Limitations: lifting > 10-20#, stairs, running, playing sports

Current Functional Level 25% % of normal Prior Limitations: None φ limits.

Patient's Goals: Up & functional

PAIN DRAWING



PAIN RATING

Back 0 1 2 3 4 5 6 7 8 9 10

No pain

ER

LE 0 1 2 3 4 5 6 7 8 9 10

Numbness > lat leg into foot

Tingling

Pattern of Pain

Increase Pain: lift, stairs, prolonged positions

Decrease Pain: position

Tolerance for Sitting _____ Walking _____ Standing _____ Lying _____ Static Positions _____

AM vs PM _____ As Day Progresses _____ Other _____

Best Position/Activity _____ Worst Position/Activity _____

Other: Back in pain by

PHYSICAL EXAMINATION

Posture: Sitting - Good Fair Poor Standing - Good Fair Poor Lordosis: Normal Excessive Flattened

Lateral Shift (shd on pelvis): None Right Left Relevant Shift Y N Sequelae: φ N Hock/Toe Walk: able 317

Gait/Biomechanics: antalgic & lost shift

9126000, 11111 000083

Neurological Screen

Reflexes Quadriceps R L Achilles R L Sensation

LE Motor Deficits grossly 4/5 except R hip flex, DF.

SLR: Seated R Supine R Slump Test Valsalva

Mobility: WNL 20 25% 50% 75% 100% Pain

Flexion 20 Extension 10

Sidebend R 10 Rotation R

Sidebend L 10 Rotation L

KIPPLE Screen:

SI Assessment fabere (2)

Palpation psos, glute, sacral border, is, psois.

Repeated Movement Testing:

Standing Flexion

Standing Extension

Supine Flexion

Prone Extension

Flexion Rotation

Initial Treatment: anal, flexor, modalities

ASSESSMENT pt presents c 4/5 radicular palsy affecting strength, gut function complicated by SE dysfunction, possible c/s whiplash.

Rehabilitation Potential - Excellent Good Fair Poor

Problem List: per distraction gut deviation
dysfunction down involvement

GOALS

STC
☒ Independent with home exercise program
☒ Posture/Gait: increased awareness and application of principles of posture
☒ ROM 10°
☒ Strength 1/2
☒ Pain Reduction 250/10
☒ Tolerate 30 minutes of therapeutic exercise core
☒ Soft Tissue / Myofascia:

TC
☒ Independent with self-treatment principles and home program
☒ Posture/Gait: without deviation, independent application
☒ ROM 10-15°
☒ Strength 1 grade
☒ Pain reduction 500/10
☒ Biomechanics: lifting, sit/stand
☒ Soft Tissue
☒ ADP/Resume RTN
☒ Increase functional level by 20% per pricing

PLAN:

Physical Therapy 2x per week for 10-12 weeks Project 1018 of 36 visits over 10-12 weeks

Treatment may include: manual, assist, ultrasound, electrotherapy, dynamic interactive activities, gait training, manual therapy, neuromuscular re-education, therapeutic exercise, self-care and home management training, wheelchair management, orthopedic prosthetic fitting, training. Agree

Therapist: M. Harper Printed Name: Mary Harper License #: 12/30/10 Date

Physician's Certification

I certify that the above therapy services are required, authorized and will be reviewed every 30 days

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Back Index

ACN Group, Inc. Form BI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name

Jeffrey L. McFadden

Date

1-21-2010

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ ① The pain comes and goes and is very mild.
- ☐ ① The pain is mild and does not vary much.
- ☐ ② The pain comes and goes and is moderate.
- ☐ ③ The pain is moderate and does not vary much.
- ☐ ④ The pain comes and goes and is very severe.
- ☒ ⑤ The pain is very severe and does not vary much.

Sleeping

- ☐ ① I get no pain in bed.
- ☐ ① I get pain in bed but it does not prevent me from sleeping well.
- ☐ ② Because of pain my normal sleep is reduced by less than 25%.
- ☐ ③ Because of pain my normal sleep is reduced by less than 50%.
- ☒ ④ Because of pain my normal sleep is reduced by less than 75%.
- ☐ ⑤ Pain prevents me from sleeping at all.

Sitting

- ☐ ① I can sit in any chair as long as I like.
- ☐ ① I can only sit in my favorite chair as long as I like.
- ☒ ② Pain prevents me from sitting more than 1 hour.
- ☐ ③ Pain prevents me from sitting more than 1/2 hour.
- ☐ ④ Pain prevents me from sitting more than 10 minutes.
- ☐ ⑤ I avoid sitting because it increases pain immediately.

Standing

- ☐ ① I can stand as long as I want without pain.
- ☐ ① I have some pain while standing but it does not increase with time.
- ☐ ② I cannot stand for longer than 1 hour without increasing pain.
- ☒ ③ I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ ④ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ ⑤ I avoid standing because it increases pain immediately.

Walking

- ☐ ① I have no pain while walking.
- ☐ ① I have some pain while walking but it doesn't increase with distance.
- ☐ ② I cannot walk more than 1 mile without increasing pain.
- ☐ ③ I cannot walk more than 1/2 mile without increasing pain.
- ☒ ④ I cannot walk more than 1/4 mile without increasing pain.
- ☐ ⑤ I cannot walk at all without increasing pain.

Personal Care

- ☐ ① I do not have to change my way of washing or dressing in order to avoid pain.
- ☐ ① I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ ② Washing and dressing increases the pain but I manage not to change my way of doing it.
- ☐ ③ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☒ ④ Because of the pain I am unable to do some washing and dressing without help.
- ☐ ⑤ Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ☐ ① I can lift heavy weights without extra pain.
- ☐ ① I can lift heavy weights but it causes extra pain.
- ☐ ② Pain prevents me from lifting heavy weights off the floor.
- ☐ ③ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ☐ ④ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☒ ⑤ I can only lift very light weights.

Traveling

- ☐ ① I get no pain while traveling.
- ☐ ① I get some pain while traveling but none of my usual forms of travel make it worse.
- ☒ ② I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ☐ ③ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ☐ ④ Pain restricts all forms of travel except that done while lying down.
- ☐ ⑤ Pain restricts all forms of travel.

Social Life

- ☐ ① My social life is normal and gives me no extra pain.
- ☐ ① My social life is normal but increases the degree of pain.
- ☐ ② Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ☐ ③ Pain has restricted my social life and I do not go out very often.
- ☐ ④ Pain has restricted my social life to my home.
- ☒ ⑤ I have hardly any social life because of the pain.

Changing degree of pain

- ☐ ① My pain is rapidly getting better.
- ☐ ① My pain fluctuates but overall is definitely getting better.
- ☐ ② My pain seems to be getting better but improvement is slow.
- ☐ ③ My pain is neither getting better or worse.
- ☒ ④ My pain is gradually worsening.
- ☐ ⑤ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back Index Score

000085

CFM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 29560

Mary Harpell, DC/PT

Phone: 843-374-0185

Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 1-21-11

Patient's Name: Jeffery McFadden Physician: Dr. Alexander

Frequency/Duration: _____

Treatment Program:

Therapy, Manual, modalities

Current Status: Pain - 8/10 in LB into groin.

Not in pain until adding bike will be bike
prior to bike as pm levels were 5-6/10.

Strength - Grossly 4/5 B/L except hamstring 4/5, DF 4/5 L

Recommendation: Cont E PT 2-3x/week for 4 weeks

Therapy, Manual, modalities

Cont E C/D HA, neck & mid back please advise

M. Harpell
(Therapist's Signature)

To Be Completed By The Physician:

- ☐ 1) Discontinue PT
- ☒ 2) Continue PT as above for 4-6 weeks
- ☐ 3) Change treatment as follows: _____

Physician's Signature [Signature] Date 1-27-11

*Please return form to the center by mailing, faxing or sending it with patient.

000086

CPM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185
Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 1-21-11

Patient's Name: Jeffery McFadden Physician: Dr. Alexander

Frequency/Duration: _____

Treatment Program: _____

Therap, Manual Rx, modalities

Current Status: Pain - 8/10 in LB into groin.

Notes were bad until adding bike will D/E bike.
Prior to bike ex pm levels were 5-6/10.

Strength - Grossly 4/5 B/L except hamstring 4/5, DF 4/5 (L)

Recommendation: Cont E PT 2-3x/week For ↑ strength,
↑ function, ↓ pm.

Cont E CIO HA, week 4 mid back please advise

M. Harpell
(Therapist's Signature)

To Be Completed By The Physician:

- ____ 1) Discontinue PT
____ 2) Continue PT as above for _____ weeks
____ 3) Change treatment as follows: _____

Physician's Signature _____ Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

000087

CPM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 259560

Mary Harpell, D.C.P.T.

Phone: 843-374-0185
Fax 843-374-0189

Physical Therapy Progress Notes

Date: 2/1/11

Patient's Name: Jeffery McFadden Physician: Dr Alexander

Frequency/Duration: _____

Treatment Program: _____

Therapy, manual re, mobilization

Current Status: Now it was progressing & IT will
be 1/19/11 when per levels got from 25/710 in 13
to 8/710 now do we have a vertical line.
- LBP appears to be exacerbated by hip based
activity at a report of doing more in house
- strength is still limited to core stability

Recommendation: _____

M. Harpell R
(Therapist's Signature)

To Be Completed By The Physician:

- ____ 1) Discontinue PT
☒ 2) Continue PT as above for 3-4 weeks
____ 3) Change treatment as follows: _____

Physician's Signature Dr. Alexander Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

000088

CPM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185

Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 2/1/11

Patient's Name: Jeffery McFadden Physician: Dr Alexander

Frequency/Duration: _____

Treatment Program: _____

Ther ex, manual Rx, modalities

Current Status: Now pt was progressing & PT will
be 1/19/11 When pn levels got from 35/7/10 in US
to 8/7/10 now c/o return of radicular pn.
- USP appears to be exacerbated by flex based
activity & a report of doing more in house
- strength is still limited & core stability is poor

Recommendation: _____

M Harpell R
(Therapist's Signature)

To Be Completed By The Physician:

- _____ 1) Discontinue PT
✓ 2) Continue PT as above for 3-4 weeks
_____ 3) Change treatment as follows: _____

Physician's Signature Dr Alexander Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

000089

CPM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185
Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 2/1/11
Patient's Name: Jeffery McFadden Physician: Dr Alexander
Frequency/Duration: _____

Treatment Program: _____
Therex, manual Rx, modalities

Current Status: Now pt was progressing E PT until
1/19/11 When pn levels got from 35/710 in LB
to 80/710 now c/o return of radicular pn.
- LBPT appears to be exacerbated by PNP based
activity & a report of doing more in house
- Strength is still limited & core stability is poor

Recommendation: _____

M Harpell Rn
(Therapist's Signature)

To Be Completed By The Physician:

- ____ 1) Discontinue PT
____ 2) Continue PT as above for _____ weeks
____ 3) Change treatment as follows: _____

Physician's Signature _____ Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

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Back Index

ACN Group, Inc. Form BI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name Sofia McFadden

Date Feb 21, 2011

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ ① The pain comes and goes and is very mild.
- ☐ ② The pain is mild and does not vary much.
- ☐ ③ The pain comes and goes and is moderate.
- ☐ ④ The pain is moderate and does not vary much.
- ☐ ⑤ The pain comes and goes and is very severe.
- ☒ ⑥ The pain is very severe and does not vary much.

Sleeping

- ☐ ① I get no pain in bed.
- ☐ ② I get pain in bed but it does not prevent me from sleeping well.
- ☐ ③ Because of pain my normal sleep is reduced by less than 25%.
- ☒ ④ Because of pain my normal sleep is reduced by less than 50%.
- ☐ ⑤ Because of pain my normal sleep is reduced by less than 75%.
- ☐ ⑥ Pain prevents me from sleeping at all.

Sitting

- ☐ ① I can sit in any chair as long as I like.
- ☐ ② I can only sit in my favorite chair as long as I like.
- ☒ ③ Pain prevents me from sitting more than 1 hour.
- ☐ ④ Pain prevents me from sitting more than 1/2 hour.
- ☐ ⑤ Pain prevents me from sitting more than 10 minutes.
- ☐ ⑥ I avoid sitting because it increases pain immediately.

Standing

- ☐ ① I can stand as long as I want without pain.
- ☐ ② I have some pain while standing but it does not increase with time.
- ☒ ③ I cannot stand for longer than 1 hour without increasing pain.
- ☐ ④ I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ ⑤ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ ⑥ I avoid standing because it increases pain immediately.

Walking

- ☐ ① I have no pain while walking.
- ☐ ② I have some pain while walking but it doesn't increase with distance.
- ☐ ③ I cannot walk more than 1 mile without increasing pain.
- ☒ ④ I cannot walk more than 1/2 mile without increasing pain.
- ☐ ⑤ I cannot walk more than 1/4 mile without increasing pain.
- ☐ ⑥ I cannot walk at all without increasing pain.

Personal Care

- ☐ ① I do not have to change my way of washing or dressing in order to avoid pain.
- ☐ ② I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ ③ Washing and dressing increases the pain but I manage not to change my way of doing it.
- ☒ ④ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ ⑤ Because of the pain I am unable to do some washing and dressing without help.
- ☐ ⑥ Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ☐ ① I can lift heavy weights without extra pain.
- ☐ ② I can lift heavy weights but it causes extra pain.
- ☐ ③ Pain prevents me from lifting heavy weights off the floor.
- ☐ ④ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ☒ ⑤ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☐ ⑥ I can only lift very light weights.

Traveling

- ☐ ① I get no pain while traveling.
- ☐ ② I get some pain while traveling but none of my usual forms of travel make it worse.
- ☒ ③ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ☐ ④ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ☐ ⑤ Pain restricts all forms of travel except that done while lying down.
- ☐ ⑥ Pain restricts all forms of travel.

Social Life

- ☐ ① My social life is normal and gives me no extra pain.
- ☐ ② My social life is normal but increases the degree of pain.
- ☐ ③ Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc.).
- ☒ ④ Pain has restricted my social life and I do not go out very often.
- ☐ ⑤ Pain has restricted my social life to my home.
- ☐ ⑥ I have hardly any social life because of the pain.

Changing degree of pain

- ☐ ① My pain is rapidly getting better.
- ☐ ② My pain fluctuates but overall is definitely getting better.
- ☐ ③ My pain seems to be getting better but improvement is slow.
- ☐ ④ My pain is neither getting better or worse.
- ☒ ⑤ My pain is gradually worsening.
- ☐ ⑥ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back
Index
Score

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000093

Neck Index

ACN Group, Inc. Form NI-100

ACN Group Inc. Use Only rev 3/27/2003

Patient Name Jeffrey McFadden Date Feb 21, 2011

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain comes and goes and is moderate
- ☒ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Personal Care

- ☐ can look after myself normally without causing extra pain
- ☒ can look after myself normally but it causes extra pain
- ☐ it is painful to look after myself and I am slow and careful
- ☐ need some help but I manage most of my personal care
- ☐ need help every day in most aspects of self care
- ☐ do not get dressed, I wash with difficulty and stay in bed

Sleeping

- ☐ I have no trouble sleeping
- ☐ My sleep is slightly disturbed (less than 1 hour sleepless)
- ☐ My sleep is mildly disturbed (1-2 hours sleepless)
- ☐ My sleep is moderately disturbed (2-3 hours sleepless)
- ☒ My sleep is greatly disturbed (3-5 hours sleepless)
- ☐ My sleep is completely disturbed (5-7 hours sleepless)

Lifting

- ☐ can lift heavy weights without extra pain
- ☐ can lift heavy weights but it causes extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table)
- ☒ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
- ☐ can only lift very light weights
- ☐ cannot lift or carry anything at all

Reading

- ☐ I can read as much as I want with no neck pain
- ☐ I can read as much as I want with slight neck pain
- ☐ I can read as much as I want with moderate neck pain
- ☒ I cannot read as much as I want because of moderate neck pain
- ☐ I can hardly read at all because of severe neck pain
- ☐ I cannot read at all because of neck pain

Driving

- ☐ I can drive my car without any neck pain
- ☐ I can drive my car as long as I want with slight neck pain
- ☐ I can drive my car as long as I want with moderate neck pain
- ☒ I cannot drive my car as long as I want because of moderate neck pain
- ☐ I can hardly drive at all because of severe neck pain
- ☐ I cannot drive my car at all because of neck pain

Concentration

- ☐ I can concentrate fully when I want with no difficulty
- ☐ I can concentrate fully when I want with slight difficulty
- ☐ I have a fair degree of difficulty concentrating when I want
- ☐ I have a lot of difficulty concentrating when I want
- ☐ I have a great deal of difficulty concentrating when I want
- ☐ I cannot concentrate at all

Recreation

- ☐ am able to engage in all my recreation activities without neck pain
- ☐ am able to engage in all my usual recreation activities with some neck pain
- ☐ am able to engage in most but not all my usual recreation activities because of neck pain
- ☐ am only able to engage in a few of my usual recreation activities because of neck pain
- ☐ can hardly do any recreation activities because of neck pain
- ☒ cannot do any recreation activities at all

Work

- ☐ can do as much work as I want
- ☐ can only do my usual work but no more
- ☐ can only do most of my usual work but no more
- ☐ cannot do my usual work
- ☐ can hardly do any work at all
- ☐ cannot do any work at all

Headaches

- ☐ have no headaches at all
- ☐ have slight headaches which come infrequently
- ☐ have moderate headaches which come infrequently
- ☐ have moderate headaches which come frequently
- ☒ have severe headaches which come frequently
- ☐ have headaches almost all the time

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000094
Neck Index Score 64 328

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

JPM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185
Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 2/21/11

Patient's Name: Jeffery McFadden Physician: Dr. Alexander

Frequency/Duration: _____

Treatment Program: _____

Current Status: Pt is MVA 2/17/11 - was rear ended at
stop light & damage to pt's car. but pt is soreness
in - neck & LB to some spasms in LF.
Stress in LF grossing 3/15 is (+) keeps returning
sign.

Observation shows no guarding & slowed gait & stiffness

Recommendation: _____

Slight exacerbation of LF.

M. Harpell DC/PT
(Therapist's Signature)

To Be Completed By The Physician:

- _____ 1) Discontinue PT
- _____ 2) Continue PT as above for _____ weeks
- _____ 3) Change treatment as follows: _____

Physician's Signature _____ Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

000095

Back Index

ACN Group, Inc. Form BI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name

Jeffery McFadden

Date

3/21/11

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ☐ 1 The pain comes and goes and is very mild.
- ☐ 2 The pain is mild and does not vary much.
- ☐ 3 The pain comes and goes and is moderate.
- ☐ 4 The pain is moderate and does not vary much.
- ☒ 5 The pain comes and goes and is very severe.
- ☐ 6 The pain is very severe and does not vary much.

Sleeping

- ☐ 1 I get no pain in bed.
- ☐ 2 I get pain in bed but it does not prevent me from sleeping well.
- ☐ 3 Because of pain my normal sleep is reduced by less than 25%.
- ☒ 4 Because of pain my normal sleep is reduced by less than 50%.
- ☐ 5 Because of pain my normal sleep is reduced by less than 75%.
- ☐ 6 Pain prevents me from sleeping at all.

Sitting

- ☐ 1 I can sit in any chair as long as I like.
- ☐ 2 I can only sit in my favorite chair as long as I like.
- ☒ 3 Pain prevents me from sitting more than 1 hour.
- ☒ 4 Pain prevents me from sitting more than 1/2 hour.
- ☐ 5 Pain prevents me from sitting more than 10 minutes.
- ☐ 6 I avoid sitting because it increases pain immediately.

Standing

- ☐ 1 I can stand as long as I want without pain.
- ☐ 2 I have some pain while standing but it does not increase with time.
- ☐ 3 I cannot stand for longer than 1 hour without increasing pain.
- ☐ 4 I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ 5 I cannot stand for longer than 10 minutes without increasing pain.
- ☐ 6 I avoid standing because it increases pain immediately.

Walking

- ☐ 1 I have no pain while walking.
- ☐ 2 I have some pain while walking but it doesn't increase with distance.
- ☐ 3 I cannot walk more than 1 mile without increasing pain.
- ☐ 4 I cannot walk more than 1/2 mile without increasing pain.
- ☐ 5 I cannot walk more than 1/4 mile without increasing pain.
- ☐ 6 I cannot walk at all without increasing pain.

Personal Care

- ☐ 1 I do not have to change my way of washing or dressing in order to avoid pain.
- ☐ 2 I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ 3 Washing and dressing increases the pain but I manage not to change my way of doing it.
- ☒ 4 Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ 5 Because of the pain I am unable to do some washing and dressing without help.
- ☐ 6 Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ☐ 1 I can lift heavy weights without extra pain.
- ☐ 2 I can lift heavy weights but it causes extra pain.
- ☐ 3 Pain prevents me from lifting heavy weights off the floor.
- ☐ 4 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ☐ 5 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☒ 6 I can only lift very light weights.

Traveling

- ☐ 1 I get no pain while traveling.
- ☐ 2 I get some pain while traveling but none of my usual forms of travel make it worse.
- ☐ 3 I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ☒ 4 I get extra pain while traveling which causes me to seek alternate forms of travel.
- ☐ 5 Pain restricts all forms of travel except that done while lying down.
- ☐ 6 Pain restricts all forms of travel.

Social Life

- ☐ 1 My social life is normal and gives me no extra pain.
- ☐ 2 My social life is normal but increases the degree of pain.
- ☐ 3 Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ☐ 4 Pain has restricted my social life and I do not go out very often.
- ☐ 5 Pain has restricted my social life to my home.
- ☒ 6 I have hardly any social life because of the pain.

36

Changing degree of pain

- ☐ 1 My pain is rapidly getting better.
- ☐ 2 My pain fluctuates but overall is definitely getting better.
- ☐ 3 My pain seems to be getting better but improvement is slow.
- ☐ 4 My pain is neither getting better or worse.
- ☒ 5 My pain is gradually worsening.
- ☐ 6 My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back
Index
Score

000096

CPM Physical Therapy, LLC

148 B Sauls St

Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185

Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 3/21/11

Patient's Name: Jeffery McEdden Physician: Dr. Alexander

Frequency/Duration: _____

Treatment Program: Therapy, manual Rx, modalities (PTN)
last of 3 injections 3/18/11

Current Status: PT - averaging 4-6/10 p last injection

Back index ↓ from 76 to 72.

functional capabilities - Able to toss ball, Able to

do house work long duration 30-40min before PT

Strength - hamstring 3 4+/5, DFL 4+/5

Note gait improving ↓ antalgia, ↓ lift, ↓ guarding.

Recommendation:

Cont to PT 2-3X/WK for 4 wks. to progress to

work simulated activity - walking, driving, bending,
clearing out area to odd water. on quadreped.

(Therapist's Signature)

To Be Completed By The Physician:

- _____ 1) Discontinue PT
- _____ 2) Continue PT as above for _____ weeks
- _____ 3) Change treatment as follows: _____

Physician's Signature _____ Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

000097

CPM Physical Therapy, LLC
148 B Sauls St
Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185
Fax: 843-374-0189

Physical Therapy Progress Notes

Date: 3/21/11

Patient's Name: Jeffery McEider Physician: Dr. Alexander

Frequency/Duration: _____

Treatment Program: Therapy, manual ex., modalities (Pain)
last of 3 injections 3/18/11

Current Status: Pn - averaging 4-6/10 p last injection

Back index ↓ from 76 to 72

Functional capabilities - Able to toss ball, Able to

do house work long duration 30-40 min before PT

Strength - hamstring 3 4+15, DFL 4+15

Note gait improves ↓ antalgics ↓ lift, ↓ bending

Recommendation: _____

Cont to PT 2-3x/week for 4 weeks. to progress to

"work" simulated activity - walking, driving, bending,
clearing out area to road meter. on quadraped.

Mary Harpell
(Therapist's Signature)

To Be Completed By The Physician:

1) Discontinue PT

✓ 2) Continue PT as above for 4 weeks

3) Change treatment as follows: _____

Physician's Signature Dr. Alexander Date 3/25/11

*Please return form to the center by mailing, faxing or sending it with patient.

000098

CPM Physical Therapy, LLC

148 B Sauls St

Lake City, SC 259560

Mary Harpell, DC/PT

Phone: 843-374-0185

Fax: 843-374-0189

Physical Therapy Progress Notes

DOB: 2/26/74

Date: 3/21/11

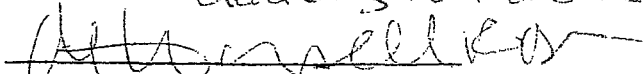
Patient's Name: Jeffery McEdden Physician: Dr. Alexander

Frequency/Duration: _____

Treatment Program: Therapy, manual Rx, modalities (heat)
last of 3 injections 3/18/11

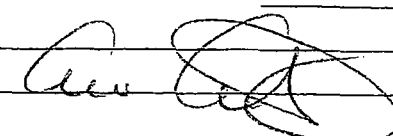
Current Status: Pt - averaging 4-60/10 p last injection.
Back index down from 76 to 72.
functional capabilities - Able to toss ball, Able to
do house work longer duration 30-min before Pt.
Strength - hamstring 5+/5, DFL 4+/5
Note gait improving & antalgic, lift, & guarding.

Recommendation: _____
Cont to PT 2-3x/wk for 4 wks. to progress to
work simulated activity - walking, driving, bending,
cleaning out area to road meter on quadriped.


(Therapist's Signature)

To Be Completed By The Physician:

- ____ 1) Discontinue PT
____ 2) Continue PT as above for _____ weeks
____ 3) Change treatment as follows: _____

Physician's Signature  Date _____

*Please return form to the center by mailing, faxing or sending it with patient.

000099

Date: 4-5-11

Patients Name: Jeffery McFadden

Chart Number: 320281

Recheck visit for: LBP Rev post LEST #3 3/17/11

CERVICAL LUMBAR THORACIC

RECOMMENDATIONS:

Weight Loss Stop Smoking

Degenerative Disc Disease
HNP

Low Back Pain

Neck Pain

Osteoporosis

Pseudarthrosis

Radiculopathy

Spondylosis

Spondylolisthesis

Stenosis

Thoracic Pain

Strain/Sprain

Scoliosis

Coccygodynia

Osteoporosis

past 1 wk engorgement in radiating down legs to calves

LBP - 7

leg 4-5

MEDICATIONS

NSAIDS

Celebrex

Mobic 7.5/15

MDP

Motrin 800

Naprosyn

Cymbalta

Ultram ER 100

Ultram ER 200

Ultram ER 300

PAIN MEDS

DN100

Vicodin

Norco 5/7.5/10

Tylenol #3

Percocet 5/7.5/10

Lorcet 5/7.5/10

Lortab 5/7.5/10

Ultracet

MUSCLE RELAX

Flexeril

Soma

Skelaxin

OTHER

Ambien

Elavil

Tranxene

Valium

NERVE

Lyrica

Neurontin

OT/PT-CS/TS/LS NOM BOM

THERAPEUTIC INJECTION R L

ESI CS LS

SNRB

TFI

FACET INJECTION

C 1 2 3 4 5 6 7

L 1 2 3 4 5

MBB

CEST

DIAGNOSTIC STUDIES:

CT/Myelogram CS/TS/LS

MRI/Gadolinium CS/TS/LS

CT only CS TS LS-coronal/sagittal reconstruction

Bone scan Bone Density

Vascular Studies - EMG NCS

RLE LLE BLE

RUE LUE BUE

WORK STATUS:

OOW UNTIL

RTW

LIGHT DUTY

CONTINUE WORK STATUS

F/U: AFTER TEST

WEEKS

MONTHS

PRN

Plan 1 Consultation

on the spine for eval. of lumbar stenosis

2. Carolina Porac

3. Fu 2 wks post Orthospine consult

4. Repeat MRI L5/S1 - 000100

[illegible]

000101

Name Jeffery McFadden		Treatment Areas		Tre nt Sched		Insurance Type WIC
Physician Alexander				Date of Birth [REDACTED]		visits allowed 18
Current Complaint LIS				Onset Date		Last Eval 12-30-10
						12/18
Modality Area/Time	Date	1-19	1-20	1-21	1-25	1-27
IFC		✓ 100% HP ↑	✓ 100% HP ↑	✓ 100% HP ↑	✓	✓
US						
STM						
Exercises	Date	1-19	1-20	1-21	1-25	1-27
Prone/Supine						
Glut		15x	3x pn	30x	30x	30x
TT		15x	30x	30x	30x	30x
Glut/TT		5x pn	4x pn	30x	30x	30x
PPT/BPC		30x	30x pn	30x	30x	30x
Psize		3m ①	3m ①	3m ①	D/C	D/C
Talk/Kneel		300 TOS				
Pool						
treadmill		5m ⑧ pn	5m ⑧	5m ⑧		see
Heel/Hoe		20x	20x	20x	300x	pool
march		20x	20x	20x	300x	sheet
Squat		20x	20x	20x	D/C	
step		10x ↑ pn	10x pn	10x pm		
Body mechanics		Transf. sit	✓	✓		
		lift floor	✓	✓		
		Grif. resist	✓	✓		
bridges				10x	10x	10x
PPT march BPC				10x	10x	
pool sheet				✓		
manual		PCI	Release	PCI	PCI	PCI
		PCI ②	GL PPT/F	PCI	PCI	PCI
		PCI ③	GL PPT/F	PCI	PCI	PCI
		PCI ④	GL PPT/F	PCI	PCI	PCI
		PCI ⑤	GL PPT/F	PCI	PCI	PCI
		PCI ⑥	GL PPT/F	PCI	PCI	PCI
		PCI ⑦	GL PPT/F	PCI	PCI	PCI
		PCI ⑧	GL PPT/F	PCI	PCI	PCI
		PCI ⑨	GL PPT/F	PCI	PCI	PCI
		PCI ⑩	GL PPT/F	PCI	PCI	PCI
		PCI ⑪	GL PPT/F	PCI	PCI	PCI
		PCI ⑫	GL PPT/F	PCI	PCI	PCI
		PCI ⑬	GL PPT/F	PCI	PCI	PCI
		PCI ⑭	GL PPT/F	PCI	PCI	PCI
		PCI ⑮	GL PPT/F	PCI	PCI	PCI
		PCI ⑯	GL PPT/F	PCI	PCI	PCI
		PCI ⑰	GL PPT/F	PCI	PCI	PCI
		PCI ⑱	GL PPT/F	PCI	PCI	PCI
		PCI ⑲	GL PPT/F	PCI	PCI	PCI
		PCI ⑳	GL PPT/F	PCI	PCI	PCI
		PCI ㉑	GL PPT/F	PCI	PCI	PCI
		PCI ㉒	GL PPT/F	PCI	PCI	PCI
		PCI ㉓	GL PPT/F	PCI	PCI	PCI
		PCI ㉔	GL PPT/F	PCI	PCI	PCI
		PCI ㉕	GL PPT/F	PCI	PCI	PCI
		PCI ㉖	GL PPT/F	PCI	PCI	PCI
		PCI ㉗	GL PPT/F	PCI	PCI	PCI
		PCI ㉘	GL PPT/F	PCI	PCI	PCI
		PCI ㉙	GL PPT/F	PCI	PCI	PCI
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		PCI ㉛	GL PPT/F	PCI	PCI	PCI
		PCI ㉜	GL PPT/F	PCI	PCI	PCI
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		PCI ㉞	GL PPT/F	PCI	PCI	PCI
		PCI ㉟	GL PPT/F	PCI	PCI	PCI
		PCI ㊱	GL PPT/F	PCI	PCI	PCI
		PCI ㊲	GL PPT/F	PCI	PCI	PCI
		PCI ㊳	GL PPT/F	PCI	PCI	PCI
		PCI ㊴	GL PPT/F	PCI	PCI	PCI
		PCI ㊵	GL PPT/F	PCI	PCI	PCI
		PCI ㊶	GL PPT/F	PCI	PCI	PCI
		PCI ㊷	GL PPT/F	PCI	PCI	PCI
		PCI ㊸	GL PPT/F	PCI	PCI	PCI
		PCI ㊹	GL PPT/F	PCI	PCI	PCI
		PCI ㊺	GL PPT/F	PCI	PCI	PCI
		PCI ㊻	GL PPT/F	PCI	PCI	PCI
		PCI ㊼	GL PPT/F	PCI	PCI	PCI
		PCI ㊽	GL PPT/F	PCI	PCI	PCI
		PCI ㊾	GL PPT/F	PCI	PCI	PCI
		PCI ㊿	GL PPT/F	PCI	PCI	PCI

Shoulders squeezes → 10x
 ↓ Circles → 10x
 Neck Retraction → 10x

Aquatic

Name: Jeffery Mcfaeklen						Treatment Sched	Insurance
Physician: Alexander						Date of Birth	visits allowed
Current Complaint: L/S						Onset Date	Last Eval.
Modality	Date						
Area/Time							
IFC							
US							
STM							
Exercises	Date						
Treadmill	1-21	1-25	1-27	1-28	2-1	2-3	
	5m @ .8	5m @ (.8)	5m @ (.8)	5m @ .6	5m @ .6	not working	
heel/toe	20x	20x	30x	30x	30x	30x	
March	20x	20x	30x	30x	30x	30x	
Squat	20x	20x	30x	—	—	—	
Step	10x	10x	30x	10x	30x	30x	
Jogs @ 3%				10m		not working	
		2-9-11	2-10-11	2-23-11	2-24-11	03-02-11	
Treadmill	not working	5m @ 1.0	5m @ 1.0	5m @ .8	5m @ 1.8	5m @ .8	
heel/toe		30x	30x	30x	30x	30x	
March		30x	30x	30x	30x	30x	
Squats		—	—	—	—	—	
Steps		30x	20x	10x	30x	30x	
SLR		10x	10x	10x	30x	30x	
						needs to ↑	
	3-3	3-7-11	3-21	3-24			
Treadmill	5m @ .8	5m @ .8	5m @ 1.5	10m @ 1.0			
heel/toe	30x	30x	30x	30x			
March	30x	30x	30x	30x			
Steps	30x	30x	30x	30x			
SLR	30x	30x	30x	30x			
Massage		80% L/S		100% L/S			
Massage		L/S, TB					

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 12-30-10

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

LB

Pain Pre Rx

Post Rx

6-9 / 10

6 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

reports feeling better P Rx

Treatment: ☐ See Treatment Record

10 Ther Ex ☐ Manual Rx ☐ NM Re-ed ☐ Dynamic Ther Activ ☐ Education
 Mech Traction ☐ Electrical Stim ☐ Ultrasound ☐ Iontophoresis ☐ HP/CP ☐ Eval/Reassessment

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment:

See eval

Plan:

See eval

Therapist

Mary Harpell

MARY HARPELL DC/PT

Mary Harpell

1.58

3.40

Patient

Jeffery McFadden

DOB

2000106

CPM PHY AL THERAPY DAILY TREATMENT NOTES

Date: 1-3-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

LB

Pain Pre Rx

Post Rx

6/10

3-4/10

/10

/10

/10

/10

Subjective:

Reports ↓ Pain, ↑ Ability to move around & TX
Activity

Treatment: ☒ See Treatment Record

40 Ther Ex 40 Manual Rx 40 NM Re-ed 40 Dynamic Ther Activ 40 Education

Mech Traction 40 Electrical Stim 40 Ultrasound 40 Iontophoresis 40 HP/CP 40 Eval/Reassessment 40

Completed Activity in Aquatic medium to ↑ stability, balance,

strength, gait mat activity to ↑ endurance, stabilization
Also discussed pt. carry wallet in front pocket to ↓ low back stress

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: ↑ cadence, ↓ guarding, ↑ mobility & TX Activity
Transfers/Ambulation.

Plan: Cont Rx

Therapist Christy Carter, PTA

MARY HARPELL DC/PT

3

11:30 3:30 5:10

Patient Jeffery McFadden

DOB 2-06-1974

Date: 1-5-11Visit # Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

6/104.5/10

/10

/10

/10

/10

Subjective:

"^{cc} I ~~Feel~~ ^{Some} better now"Treatment: ☒ See Treatment Record45 Ther Ex 25 Manual Rx NM Re-ed Dynamic Ther Activ EducationMech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/ReassessmentPl. complete activity in Aquatic medium to ↑ Balance
joint activity, Gym mat to ↑ endurance, stabilizationResponse to treatment: ☒ Satisfactory ☐ UnsatisfactoryAssessment: Pl. Ambulation ↓ Antalg, & ↑ Upright PosturePlan: Cont POC

Therapist

Christy Carter, PTA

MARY HARPELL DC/PT

1st visit 1st session3:23pm5:00

Patient

Jeffery McFadden

DOB

2-26-74**000108**

CPM PHY AL THERAPY DAILY TREATMENT NOTES

Date: 1-6-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

4 / 10

3 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

Reported "muscle in the back feels stinging
when I'm transferring, when I move around, goes
away"

Treatment: ☒ See Treatment Record

60 Ther Ex 15 Manual Rx NM Re-ed Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Aquatic medium Activity completed to TIGHT, balance,
Gym, mat Activity to endurance, stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. Standard Ambulation - Antalgia + Mobility

Plan: Cont POC

Therapist Christy Carter, PTA

MARY HARPELL DC/PT

4 Jeffery McFadden 3-28 500 000109 DOB 2-26-74

Date: 1-2-11

Visit #

Day

Primary Complaint(s)/Problems:

LB

Pain Pre Rx

Post Rx

6/10

5/10

/10

/10

/10

/10

Subjective:

States down in leg.

Treatment: ☐ See Treatment Record

55 Ther Ex 10 Manual Rx NM Re-ed Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Therex - aquatic & mat ex.

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Note centralization of pain

Plan: Cont + per plan

Therapist Mary Harpell MARY HARPELL DC/PT

<u>Mary & McFadden</u>	<u>9:44</u>	<u>11:35</u>		
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Patient Jeffery McFadden DOB 000110-74

CPM PHY AL THERAPY DAILY TREATMENT NOTES

Date: 1-14-11

V.S. #

Day

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

5 / 10

3 / 10

/ 10

/ 10

10

/ 10

Subjective:

Reported No Meds + Pain, Reported Pain is
↓ Ctx Activity

Treatment: See Treatment Record

25 Ther Ex 25 Manual Rx NM Re-ed Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Pt. monitored throughout Activity For Exam/Safety

Requires c/w into transfer Position

Response to treatment: Satisfactory Unsatisfactory

Assessment: Pt. stands + Ambulates in Upright Posture

Plan: Cont Rx

Therapist

Christy Carter, PT

MARY HARPELL DC/PT

What 20:50

9:32

10:50

000111

Patient

Jeffery McFadden

DOB

2-26-34

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 1-19-11

Visit #

Day:

Primary Complaint(s)/Problems:

LB

Pain Pre Rx

Post Rx

8 / 10

8 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

Reported Pain "is About The Same"

Treatment: See Treatment Record

60 Ther Ex 45 Manual Rx NM Re-ed Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Activity completed in Aquatic medium to T Balance/Agit
Sym/mt to Activity to ↑ endurance/stability

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: PEET leg right posture & Ankle gait

Plan: CONT PDC

Therapist: Christy Carter, PTA

MARY HARPELL DC/PT

5:25

6 Jeffery McFadden

3:15

5:10

Patient: Jeffery McFadden

DOB

2-26-74

000112

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 1-20-11

Visit #

Day:

Primary Complaint(s)/Problems:

LS

Pain Pre Rx

Post Rx

8/10

7/10

/10

/10

/10

/10

Subjective:

PT. states lower back is < > , lower
back feels some "better"

Treatment: See Treatment Record

60 Ther Ex 25 Manual Rx NM Re-ed 25 Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Body mechanics in structured lift Tech. Transfer steps

Aquatic Activity Completed to ↑ Balance/Coord. Gym/mob

Activity Completed to ↑ Stabilization/endurance

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: PT. stands in ↑ upright Posture, ↑ Cardiorespiratory
TX

Plan: Cont POC, Continue to Address Body mechanics
ETV Activity

Therapist

Christy Carter, PMA

MARY HARPELL DC/PT

8

Wet 1 M=2H

9:00

11:13

Patient

Jeffery McFadden

DOB

2-26-74
000113

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 1-21-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain Pre Rx

8 / 10

/ 10

/ 10

Post Rx

~~8~~ 6 / 10

/ 10

/ 10

Subjective:

Reports Pain into Groin area @ today, Reports
@ completion of tx Pain is + not in Groin area

Treatment: ☒ See Treatment Record

70 Ther Ex 10 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Activity completed in Aquatic medium to ↑ Balance, Gait,
Gymnastic endurance, Stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: See Report to MD

Plan: See Report to MD

Therapist Christy Carter, PTA

MARY HARPELL DC/PT

11:55

Jeffery McFadden

9:14

11:40

Patient Jeffery McFadden

DOB 2-21-77
000114

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 1-25-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

7/10

3/10

/10

/10

/10

/10

Subjective:

States feeling better p. Rx

Treatment: ☐ See Treatment Record

Aquatic - 30.

70 Ther Ex 40 Manual Rx NM Re-ed Dynamic Ther Activ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Therapy

Response to treatment: ☐ Satisfactory ☐ Unsatisfactory

Assessment: has good understand of biomechanics but
fails to incorporate into daily activity.

Plan: Cont. per plan

Therapist Mary Harpell R R

MARY HARPELL DC/PT

18

Jeffery McFadden 1-29
Patient Jeffery McFadden DOB 2-26-74
000115

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 1-27-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain	Pre Rx	Post Rx
6/10		6/10
/10		/10
/10		/10

Subjective:

Reports knee gives way occasionally, + when he returns to standing knee is stable. Pt. Reports Pain is overall & activity.

Treatment: ☒ See Treatment Record

85 Ther Ex ³⁸ ~~85~~ Manual Rx NM Re-ed Dynamic Ther Activ Education
 Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Aquatic Activity Completed to ↑ Gait/Balance, Gym/max Activity to ↑ endurance/stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. @ leg gave way on him + he dropped to the floor. Returns to Return to Std. E, Reports Pain + is @ 6/10, Prior to this Pain 4-5/10. Pt. has Antalgic gait + transfers to Tx Activity.

Plan: Cont Rx

Therapist: Christy Carter, PTA

MARY HARPELL DC/PT

* 16	<u>11:00 - 12:30</u>	<u>12:35</u>	<u>4:50</u>		
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Patient: Jeffery McFadden

DOB: 2-26-74
000116

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 1-28-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

LB

Pain Pre Rx

9 / 10

Post Rx

6 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

Reports Pain is ↓ Tx Activity, "I'm
Feeling Better now"

Treatment: ☒ See Treatment Record

55

Ther Ex

10

Manual Rx

NM Re-ed

Dynamic Ther Activ

Education

Mech Traction

Electrical Stim

Ultrasound

Iontophoresis

HP/CP

Eval/Reassessment

Activity completed in Aquatic medium to Post/Balance,

Gym/mat activity completed to P endurance, Stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment:

↓ Guarding & Mobility ↑ ease transfers and ↓
Antalgic gait

Plan:

Continue

Therapist

Christy Carter, PT

MARY HARPELL DC/PT

9

Robert A. McFadden

9-88

11-35

Patient

Jeffery McFadden

DOB

2-26-74

000117

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-1-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

7 / 10

/ 10

/ 10

Post Rx

6 / 10

/ 10

/ 10

Subjective:

Reporting minor A & P

Treatment: ☐ See Treatment Record

60 Ther Ex 20 Manual Rx NM Re-ed Dynamic Ther Activ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Therapy to include aquatic medium

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment:

See note to MD

Plan: See note to MD / Cont pt

Therapist

Mary Harpell

MARY HARPELL DC/PT

16

Jeffery M. McFadden

7:20

3:40

Patient

Jeffery McFadden

DOB

00001184

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-3-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

US

Pain Pre Rx

Post Rx

8 / 10

6 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

"Feeling Some Better now"

Treatment: ☒ See Treatment Record

75

Ther Ex

25

Manual Rx

____ NM Re-ed

____ Dynamic Ther Activ

____ Education

Mech Traction

Electrical Stim

____ Ultrasound

____ Iontophoresis

____ HP/CP

____ Eval/Reassessment

Pt. Computer Activity in Aquatic Medium to ↑ Gait/Balance,
Gym/mat to ↑ Endurance/Stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. Seando ↑ Upright Posture, ↑ Speed Gait

Plan: Cont POC

Therapist

Christy Carter, PTA

MARY HARPELL DC/PT

19

Jeffery M. Fadden

2:22

3:25

Patient

Jeffery M. Fadden

DOB

000119 74

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-4-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

7/10

6/10

/10

/10

/10

/10

Subjective:

"Feeling it some, but its a little better now"
ETX Activity

Treatment: ☒ See Treatment Record

55 Ther Ex 25 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education

Mech Traction ☒ Electrical Stim _____ Ultrasound _____ Iontophoresis _____ HP/CP _____ Eval/Reassessment

Pt. monitored Throughout Activity For Forearm/Safety

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. transitions sup → sit → sit & lean, Pugh's
Posture & Ambulation and transition

Plan: Cont PRN

Therapist

Christy Carter, PTA

MARY HARPELL DC/PT

12

**

What I did today

90:24

11:55

Patient

Jeffery McFadden

DOB

2-26-74

000120

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-9-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

7/10

5/10

/ 10

/ 10

/10

/10

Subjective:

pt reports slipping on pool while going down steps
states light headed & balance 2nd med. States
WB to R & R to P slip.

Treatment: ☐ See Treatment Record

60 Ther Ex 25 Manual Rx NM Re-ed Dynamic Ther Activ Education
 Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment
Ther up in Aquatic medium & Mot ex.

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Note a stress & frustration of cont pr
pr levels have been elevated & pt
fearful during session today

Plan: Cont.

Therapist Mary Harpell R B MARY HARPELL DC/PT

14

Jeffery McFadden

2:29

5:00

Patient Jeffery McFadden

DOB 2-26-74

000121

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-10-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

7 / 10

5 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

↓ Pain Reported to tx Activity "feels some better now"

Treatment: ☒ See Treatment Record

60 Ther Ex 10 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education

Mech Traction _____ Electrical Stim _____ Ultrasound _____ Iontophoresis _____ HP/CP _____ Eval/Reassessment

Activity completed in Aquatic medium to Tgait/Balance
Symptomatic Activity to T Endurance/Stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: ↓ Antalgic Gait Continued Slow movement
during gait + transfers, Tripod Posture Standing
Indicate tx Activity

Plan: Cont Doc

Therapist

Christy Carter, PTA

MARY HARPELL DC/PT

3

11:00-11:34 11:34-12:05

Patient

Joffery McFadden

DOB

2-26-74

000122

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-15-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain Pre Rx

5 / 10

/ 10

/ 10

Post Rx

4 / 10

/ 10

/ 10

Subjective:

Pt. Rec'd injection Friday last week, stated Pain
was gone "for about 24 hours then seems like it's coming
back a little each day"

Treatment: See Treatment Record

60 Ther Ex 95 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Pt. monitored throughout Activity for form/3x set.

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. Ambulation/transfer & Autalgia, T Speed

Plan: Cont PR

Therapist Christy Carter, PTA MARY HARPELL DC/PT

2	<u>1.53</u>	<u>4.22</u>			
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Patient Jeffery McFadden DOB 2-26-74

000123

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-17-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

7/10

5/10

/ 10

/ 10

/10

/10

Subjective:

pin is 9th p driving to Charleston & back
yesterday AM.

Treatment: ☐ See Treatment Record

5D Ther Ex 1D Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Response to treatment: ☐ Satisfactory ☐ Unsatisfactory

Assessment: cont to be flared to any excessive
activity

Plan: cont

Therapist Mary Harpell CN MARY HARPELL DC/PT

9 1004

Patient Jeffery McFadden DOB 2-26-74
000124

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-21-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain	Pre Rx	Post Rx
9	/10	8
	/10	/10
	/10	/10

Subjective:

Reported how the wife was re-referred Thursday
PM in FLE him sitting in vehicle @ Red light

Treatment: ☐ See Treatment Record

☐ Ther Ex ☐ Manual Rx ☐ NM Re-ed ☐ Dynamic Ther Activ ☐ Education
☐ Mech Traction ☒ Electrical Stim ☐ Ultrasound ☐ Iontophoresis ☐ HP/CP ☒ Eval/Reassessment

Response to treatment: ☐ Satisfactory ☐ Unsatisfactory

Assessment:

See PR

Plan:

See PR

Therapist Mary Harpell MARY HARPELL DC/PT

21	<u>Jeffery</u>	<u>10:11</u>	<u>11:30</u>		
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Patient Jeffery DOB 2-26-74
000125

CPM PHYSIO THERAPY DAILY TREATMENT NOTES

Date: 2-23-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

8/10

6/10

/10

back
muscles

/10

/10

Subjective:

Reports lower Back Pain &
TX Activity

Treatment: See Treatment Record

TD Ther Ex 10 Manual Rx NM Re-ed Dynamic Ther Activ Education

Lech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Monitored Through TX Activity For Form Safety

Activity in Aquatic medium to Patient Balance, Symmetry

Activity to Endurance/Stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: PT demonstration Pease & transfer Sugino @ site
std, Upright Posture TX Activity

Plan: Cont PDC

Therapist: Christy Carter, PDX

MARY HARPELL DC/PT

What I did

10:19

12:05

Patient: Jeffery McFadden

DOB: 2-26-74

000126

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 2-24-11

Visit #

Day:

Primary Complaint(s)/Problems:

4/5

Pain Pre Rx

8 / 10

/ 10

/ 10

Post Rx

8 / 10

/ 10

/ 10

Subjective:

Reports manual therapy Pain was ↓ to 50% of
the activity in aquatic medium "Because I felt
Better" and started pain up.

Treatment: ☒ See Treatment Record

10 Ther Ex 15 Manual Rx NM Re-ed Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Activity completed in Aquatic medium to Pain/Balance,
Sym, motor Activity completed to P endurance/Stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: P mobility ↓ guarding Fx Activity

Plan: Cont POC

Therapist Christy Carter, PFA

MARY HARPELL DC/PT

Subject 1 McFadden 9:42 11:38

Patient Jeffery McFadden

DOB 2-26-74
000127

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-2-11

Visit #

Day:

Primary Complaint(s)/Problems:

Pain Pre Rx

Post Rx

8 / 10

6 / 10

/ 10

/ 10

/ 10

/ 10

Subjective:

States he was able to play Dodge Ball & kick ~15 min
Throwing Ball only

Treatment: ☒ See Treatment Record

70 Ther Ex 15 Manual Rx NM Re-ed Dynamic Ther Activ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Completed Activity in Aquatic medium to T Post/Balance,
Significant Activity to P Stabilization, endurance

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: PE Ambulates w/ Balance, ↓ Ankle pain, ↓ guarding

Plan: Cont POC

Therapist: Christy Carter, PTA

MARY HARPELL DC/PT

Subst 1 McFadden 9:49 11:45

Patient: Jeffery McFadden DOB: 2-26-74

000128

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-3-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

L/S

Pain Pre Rx

Post Rx

8/10

7/10

/10

/10

/10

/10

Subjective:

Pt to receive injection March 17

Treatment: ☒ See Treatment Record

70 Ther Ex 15 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education

Mech Traction ☒ Electrical Stim _____ Ultrasound _____ Iontophoresis _____ HP/CP _____ Eval/Reassessment

Pt completed Activity in Aquatic medium to treat/
not bearing, Gymnast Activity to ↑ strength, stabilize

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. has ↑ Speed & Ambulation, ↑ stride

Plan: Cont POC

Therapist

Christy Carter, PTA

MARY HARPELL DC/PT

15

Jeffery M. Fadden

1:40

4:08

Patient

Jeffery M. Fadden

DOB

2-26-74

000129

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-7-11

Visit # _____

Day: _____

Primary Complaint(s) / Problems:

Pain Pre Rx

Post Rx

9/10

6-7/10

/10

/10

/10

/10

Subjective:

PT stated he must leave earlier than
anticipated due to prior engagements

Treatment: See Treatment Record

6 D Ther Ex 10 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education _____

Lech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

4. Complete Activity in Aquatic medium to Progress
fit/endurance, not Activity to Progress stabilization

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: PT Ambulates at slow speed, Pp Tx is completed,
Analgesic of

an: Controll

Therapist: Christy Carter, PTA

MARY HARPELL DC/PT

19 11:15 AM - Full 10:20 11:35

Patient: Jeffery McFadden DOB 2-26-74

000130

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-9-11

Visit # _____

Day: _____

Primary Complaint(s) / Problems:

Pain Pre Rx

Post Rx

8/10

7/10

/10

/10

/10

/10

Subjective:

Pt states he rode to Columbia E
Wife yesterday & had numbness in Groin
Area

Treatment: ☒ See Treatment Record

60 Ther Ex 12 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education

Mech Traction Electrical Stim Ultrasound Iontophoresis ND/CP Eval/Reassessment

Pt monitored throughout Activity for Form safety
& Cuing Required for correct form

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment: Pt. Stands & Upright Posture, Improved
Facial Affect, Pt smiling & not looking

Plan Cont POC

Therapist Christy Carter, PT

MARY HARPELL DC/PT

6

Wet & McFall

2:45

4:20

Patient Jeffery McFadden

DOB

2-26-74

000131

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-10-11

Visit #

Day:

Primary Complaint(s)/Problems:

LB

Pain Pre Rx

Post Rx

7/10

5/10

/10

/10

/10

/10

Subjective:

reports injections helping

Treatment: ☐ See Treatment Record

25 Ther Ex ☒ Manual Rx NM Re-ed Dynamic Ther Activ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment
φ pod

Response to treatment: ☐ Satisfactory ☐ Unsatisfactory

Assessment: Note pelvic symmetry LL even (-)
challenge to PELT III II
Good demonstration of transitional unit

Plan: cont core stabilization

Therapist: Mary Harpell DC/PT

MARY HARPELL DC/PT

12 Robert L McFadden 1:20 3:10
Patient: Jeffery McFadden DOB 2-26-74

000132

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-14-11

Visit # _____

Day: _____

Primary Complaint(s) / Problems:

45

Pain Pre Rx

Post Rx

7/10

5/10

/10

/10

/10

/10

Subjective:

reports putting basket ball hoop
this weekend.

Treatment: ☐ See Treatment Record

25 Ther Ex 10 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education
Mech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment

Response to treatment: ☐ Satisfactory ☐ Unsatisfactory

Assessment: Note of imp but pt is functioning over
WK end.

Plan: Cont

Therapist

Mary Harpell (C)

MARY HARPELL DC/PT

* <u>15</u>	<u>Met L. McFadden</u>	<u>9:40</u>	<u>11:50</u>			
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Patient Jeffery McFadden

DOB

2-26-74

000132a

CPM PHYSICAL THERAPY DAILY TREATMENT NOTES

Date: 3-21-11

Visit # _____

Day: _____

Primary Complaint(s)/Problems:

Pain	Pre Rx	Post Rx
5	/10	4
	/10	/10
	/10	/10

Subjective:

See RF

Treatment: ☒ See Treatment Record

10 Ther Ex 10 Manual Rx _____ NM Re-ed _____ Dynamic Ther Activ _____ Education
 Tech Traction Electrical Stim Ultrasound Iontophoresis HP/CP Eval/Reassessment
25 min mat exp, 35 min Aquatic

Response to treatment: ☒ Satisfactory ☐ Unsatisfactory

Assessment:

See RF

Notes: Control See RF

Therapist: _____

MARY HARPELL DC/PT

<u>Wrist & neck</u>	<u>103</u>	<u>3:40</u>	
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Client: Jeffery Mcfadden DOB: 2-26-74
000133

7	SC DMV Traffic Collision Report #10076439	07/16/10	134-135
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ORIGINAL

JUL 20 2010

D.P.S. USE ONLY

10076439

Page #

Of: 1

SOUTH CAROLINA
TRAFFIC COLLISION REPORT FORM

TR-310 (Rev. 01/2001)

of

Units

1

Amended - Attach Copy

of Original Report

Corrected

Notified

0920

Arrived

0945

Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 8- Other	Miles:	Dir:	Near City or Town of:
7/11/2010	0915	21			5 MAULDS RD			5	NE	LAKE CITY
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 8- Other	ASRU code	MP/Grd	
N/A	3	SW			1159					
R.R. Id.	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	Second Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 8- Other	Latitude	Longitude	
N/A	NE	1- Entrance	NE		WILLIAMSBURG CO. LINE			33° 49' 42.80"	79° 43' 18.80"	

B-354865	Driver/Pedestrian's Full Name	B-354866	Driver/Pedestrian's Full Name
1	McFADDEN - JEFFERY L	1	
Sex	Race	Sex	Race
M			
Birth Date	City, State, & Zip	Birth Date	City, State, & Zip
State	Driver's License #	State	Driver's License #
SC			
Year	Body	Year	Body
2001	TK		
Vehicle Make	VIN #	Vehicle Make	VIN #
FORD			
State	Year	State	Year
SC	PERM		
License Plate #	Owner's D.L. #	License Plate #	Owner's D.L. #
	N/A		
Home Telephone	Owner's Full Name	Home Telephone	Owner's Full Name
	CITY OF LAKE CITY		
Bus. Telephone	Street/R.F.D.	Bus. Telephone	Street/R.F.D.
N/A	202 KELLY ST		
Contributed To Collision	City, State, & Zip	Contributed To Collision	City, State, & Zip
Yes	LAKE CITY, SC 29560	Yes	

Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)	Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)
100	25	N/A	N/A	CUSTOM AUTO					
B-354867	Driver/Pedestrian's Full Name	State	Year	License Plate #	Owner's D.L. #				
1									
Sex	Race	Home Telephone	Owner's Full Name						
Birth Date	City, State, & Zip	Bus. Telephone	Street/R.F.D.						
State	Driver's License #	Contributed To Collision	City, State, & Zip						
		Yes							
Year	Body	Estimated Speed	Speed Limit						
Vehicle Make	VIN #	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)						
Dir. of Travel:	Unit 1: N S (E) W	Unit 2: N S E W	Unit 3: N S E W						

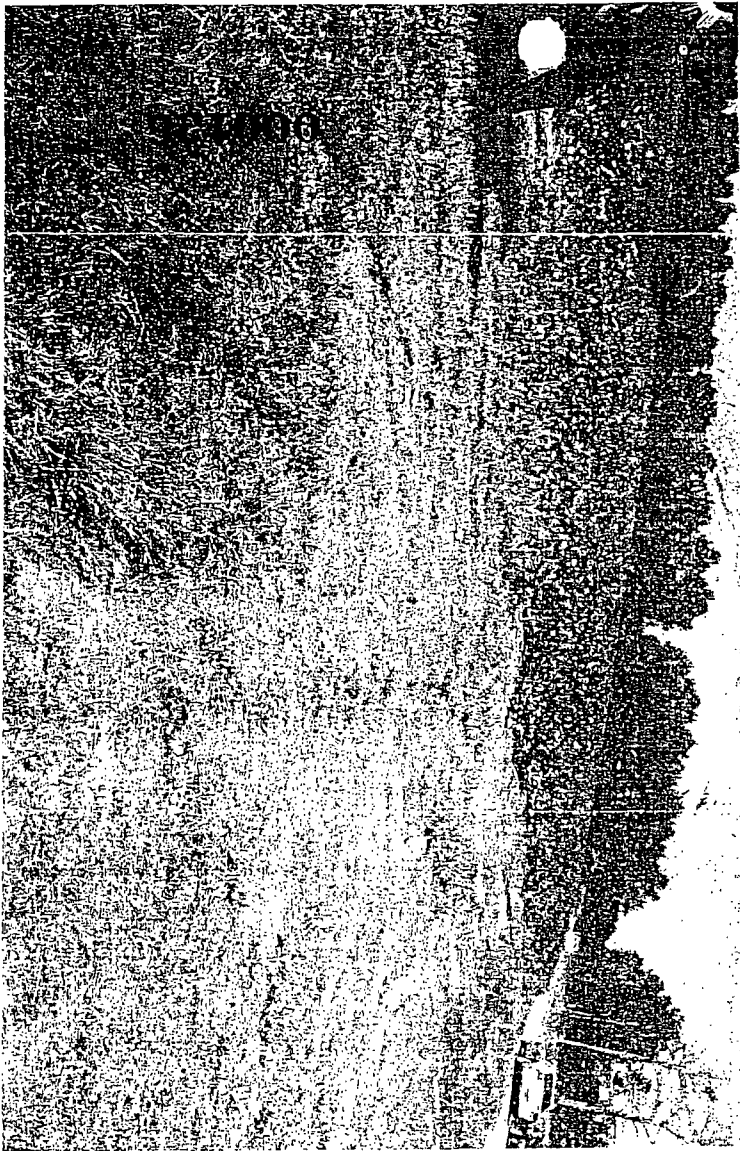
Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ 5,000	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Property Owner/Witness	Property Owner/Witness			
N/A	N/A			
Address	Address			
State	Zip	Phone	State	Zip
Photo:	Describe What Happened (Refer to Units by Number)			
Y(N)	UNIT 1 WAS TRAVELING EAST ON			
	MAULDS RD. THE DRIVER OF #1 WAS TRAVELING			
	AT A HIGH RATE OF SPEED AND LOST CONTROL.			
	#1 FESHTALED AND RAN OFF THE RIGHT SIDE			
	OF THE ROAD. #1 OVERTURNED LAIDING ON IT'S			
	RIGHT SIDE.			

NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Audit #
SAZEN - K.P.	1/CPL	799	HP 54	7-16-2010	1	CPL	10 FL 102 934

| Unit
 | Date of Birth | Sex | Race | INJ | Seat | RSD | A.B.D. | Eject | LAI | Tran | Name | Street Address | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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W/Motor Veh.</td> <td>41 - Angle (A/A)</td> <td>60 - Sideswipe Opposite Dir.</td> <td>21 - Pedestrian</td> <td>81 - None</td> <td>92 - Rollover</td> <td>93 - Total</td> <td>94 - Under Carriage</td> </tr> <tr> <td>10 - Rear End</td> <td>42 - Angle (T/A)</td> <td>70 - Backed Into</td> <td>81 - None</td> <td>92 - Rollover</td> <td>93 - Total</td> <td>94 - Under Carriage</td> <td>98 - Other</td> </tr> <tr> <td>20 - Head On</td> <td>43 - Angle (T/T)</td> <td>99 - Unknown</td> <td>81 - None</td> <td>92 - Rollover</td> <td>93 - Total</td> <td>94 - Under Carriage</td> <td>98 - Other</td> </tr> </table> </td> </tr> <tr> <td colspan="8"> <table border="1"> <tr> <td>Vehicle Type:</td> <td>15 - Full Size Van</td> <td>27 - Pedalcycle</td> <td>61 - School Bus</td> <td colspan="4">Special Use Only</td> </tr> <tr> <td>01 - Automobile</td> <td>16 - Mini Van</td> <td>38 - Animal Drawn Veh.</td> <td>62 - Passenger Bus</td> <td>A1 D1</td> <td>Alcohol/Drug Test Given</td> <td>3 - Given - Pending</td> <td>1 - Under-Compartment Intrusion</td> </tr> <tr> <td>12 - Pickup/Truck</td> <td>17 - Sport Utility</td> <td>39 - Animal (Hidden)</td> <td>65 - Other</td> <td>A2 D2</td> <td>1 - Given - Known Results</td> <td>4 - None</td> <td>2 - Under- No Intrusion</td> </tr> <tr> <td>13 - Truck Tractor</td> <td>25 - Motorcycle</td> <td>41 - Pedestrian</td> <td>99 - Unk. (Hit and Run Only)</td> <td>A3 D3</td> <td>2 - Given - Unusable</td> <td>5 - Refused</td> <td>4 - Over- MV in Transport</td> </tr> <tr> <td>14 - Other Truck</td> <td>26 - Other Motorbike</td> <td>51 - Train</td> <td></td> <td>A1 D1</td> <td>Test Type</td> <td>3 - Urine</td> <td>5 - Over- Other Vehicle</td> </tr> <tr> <td colspan="4">Vehicle Use Code</td> <td>A2 D2</td> <td>1 - Breath (Alc. Only)</td> <td>4 - Serum</td> <td>6 - None</td> </tr> <tr> <td>01 - Personal</td> <td>05 - Military</td> <td>09 - Wrecker or Tow</td> <td>13 - Logging</td> <td>A3 D3</td> <td>2 - Blood</td> <td>8 - Other</td> <td>9 - Unk.</td> </tr> <tr> <td>02 - Driver Training</td> <td>06 - Transport Passengers</td> <td>10 - Police</td> <td>18 - Other</td> <td>D1</td> <td>Drug Results</td> <td>3 - Marijuana</td> <td>0 - None/Minor</td> </tr> <tr> <td>03 - Construction/Maint.</td> <td>07 - Transport Property</td> <td>11 - Government</td> <td>41 - Pedestrian</td> <td>D2</td> <td>1 - Amphetamines</td> <td>4 - Opiates</td> <td>2 - Functional Damage</td> </tr> <tr> <td colspan="4">Vehicle Attachment</td> <td>D3</td> <td>2 - Cocaine</td> <td>5 - PCP</td> <td>3 - Disabling Damage</td> </tr> <tr> <td>1 - None</td> <td>5 - Farm Trailer</td> <td>9 - Petroleum Tanker</td> <td>D - Flat Bed</td> <td colspan="4">Alc Test Results</td> </tr> <tr> <td>2 - Mobile Home</td> <td>6 - Trailer w/Boat</td> <td>A - Lowboy Trailer</td> <td>E - Twin Trailers</td> <td>A1</td> <td colspan="3">1 - Two-way, Not Divided</td> </tr> <tr> <td>3 - Semi-Trailer</td> <td>7 - Camper Trailer</td> <td>B - Autocarrier Trailer</td> <td>F - Other</td> <td>A2</td> <td colspan="3">2 - Two-way, Divided, Unprotected Median</td> </tr> <tr> <td colspan="4">Action Prior to Impact</td> <td>A3</td> <td colspan="3">4 - One-way</td> </tr> <tr> <td>01 - Backing</td> <td>08 - Parked</td> <td>21 - Approaching/Leaving Vehicle</td> <td colspan="5">Trafficway</td> </tr> <tr> <td>02 - Changing Lanes</td> <td>09 - Slowing or</td> <td>22 - Entering/Crossing Location</td> <td colspan="5">1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway</td> </tr> <tr> <td>03 - Entering Traffic Lane</td> <td>10 - Stopped in Traffic</td> <td>23 - Playing/Working on Vehicle</td> <td colspan="5">1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade</td> </tr> <tr> <td>04 - Leaving Traffic Lane</td> <td>11 - Turning Left</td> <td>24 - Pushing Vehicle</td> <td colspan="5">1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk.</td> </tr> <tr> <td>05 - Making U-Turn</td> <td>12 - Turning Right</td> <td>25 - Standing</td> <td colspan="5">01 - Stop and Go Light 21 - Officer or Flagman</td> </tr> <tr> <td>06 - Movements Essentially Straight Ahead</td> <td>13 - Walking, Playing, Cycling</td> <td>26 - Working</td> <td colspan="5">02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle</td> </tr> <tr> <td>07 - Overtaking/Passing</td> <td>14 - Other</td> <td>27 - Working</td> <td colspan="5">11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only)</td> </tr> <tr> <td colspan="4">Weather Condition</td> <td colspan="5">14 - Stop Sign 44 - Work Zone 98 - None</td> </tr> <tr> <td>1 - Clear (no adverse conditions)</td> <td>3 - Cloudy</td> <td>6 - Fog, Smog, Smoke</td> <td colspan="5">15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk.</td> </tr> <tr> <td>2 - Rain</td> <td>4 - Steel, Hail</td> <td>7 - Blowing Sand, Oil, Dirt or Snow</td> <td colspan="5">School Bus Involved: 3</td> </tr> <tr> <td colspan="4">Light Condition</td> <td colspan="5">1 - Before 1st Sign 3 - Transition Area 5 - Termination</td> </tr> <tr> <td>1 - Daylight</td> <td>4 - Dark (Lighting Unspecified)</td> <td>7 - Dark (No Lights)</td> <td colspan="5">1 - Yes 2 - No Work Zone Location</td> </tr> <tr> <td>2 - Dawn</td> <td>5 - Dark (Street Lamp Lit)</td> <td></td> <td colspan="5">1 - Shoulder/Median Work 3 - Intermittent/Moving Work</td> </tr> <tr> <td colspan="4">Junction Type</td> <td colspan="5">2 - Lane Shift/Crossover 4 - Lane Closure 8 - Other 9 - Unk.</td> </tr> <tr> <td>01 - Crossover</td> <td>04 - Four-way Intersection</td> <td>08 - T-Intersection</td> <td colspan="5">1 - Yes 2 - No Workers Present</td> </tr> <tr> <td>02 - Driveway</td> <td>05 - Railway Grade Crossing</td> <td>09 - Traffic Circle</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">Primary</td> <td colspan="5">Roadway</td> </tr> <tr> <td colspan="4">Contributing Factors</td> <td colspan="5">Non-Motorist</td> </tr> <tr> <td colspan="4">Driver</td> <td colspan="5">Environmental</td> </tr> <tr> <td colspan="4">01 - Disregarded Signs, Signals, Etc.</td> <td colspan="5">62 - Obstruction</td> </tr> <tr> <td colspan="4">02 - Distracted/Inattention</td> <td colspan="5">63 - Weather Cond.</td> </tr> <tr> <td colspan="4">03 - Driving Too Fast for Conditions</td> <td
colspan="5">68 - Other 69 - Unk.</td> </tr> <tr> <td colspan="4">04 - Exceeded Authorized Speed Limit</td> <td colspan="5">Vehicle Defect</td> </tr> <tr> <td colspan="4">05 - Failed to Yield Right of Way</td> <td colspan="5">70 - Brakes</td> </tr> <tr> <td colspan="4">06 - Ran off Road</td> <td colspan="5">71 - Steering</td> </tr> <tr> <td colspan="4">18 - Cell Phone</td> <td colspan="5">72 - Power Plant</td> </tr> <tr> <td colspan="4">07 - Fatigued/Asleep</td> <td colspan="5">73 - Tire/Wheel</td> </tr> <tr> <td colspan="4">08 - Followed Too Closely</td> <td colspan="5">74 - Lights</td> </tr> <tr> <td colspan="4">09 - Made an Improper Turn</td> <td colspan="5">75 - Signals</td> </tr> <tr> <td colspan="4">10 - Medical Related</td> <td colspan="5">76 - Windows/Shield</td> </tr> <tr> <td colspan="4">11 - Aggressive Operation of Vehicle</td> <td colspan="5">77 - Restraint System</td> </tr> <tr> <td colspan="4">12 - Over-correcting/Over-steering</td> <td colspan="5">78 - Truck Coupling</td> </tr> <tr> <td colspan="4">13 - Swerving to Avoiding Object</td> <td colspan="5">80 - Fuel System</td> </tr> <tr> <td colspan="4">14 - Wrong Side or Wrong Way</td> <td colspan="5">88 - Other 89 - Unk.</td> </tr> <tr> <td colspan="4">15 - Under the Influence</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">16 - Vision Obscured (Within Unit)</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">17 - Improper Lane Usage/Change</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">28 - Other Improper Action</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">29 - Unk.</td> <td colspan="5"></td> </tr> </table></td></tr></table></td></tr></table> | | | | | | | | | | | | | | Race | A - Asian/Pacific Islander | W - Caucasian | a) Injury Status | 2 - Non-Incapacitating | Seating Loc. | 20 - Pedestrian | 60 - Sleeper or Cab | Restraint/Safety Device | B - African American | H - Hispanic | O - Other | 0 - Not Injured | 3 - Incapacitating | 01 02 03 | 30 - Trailing Unit | 70 - Riding on Unit Exterior | 00 - None Used | I - Alaskan Native or American Indian | U - Unk. | | 1 - Possible | 4 - Fatal | 04 05 06 | 40 - Bus or Van (4th row or Higher) | 80 - Lap | 11 - Shoulder Belt Only | Air Bag Deployment / Switch | | | Ejection | | 07 08 09 | 50 - Other Enclosed Area (nontrailing) | 99 - Unk./NA | 12 - Lap Belt Only | 1 - Deployed Front 4 - Not Deployed | | | 1 - Not Ejected | | Head Injury: 1 - Yes 2 - No | | 13 - Shoulder & Lap Belt 99 - Unk. | | 2 - Deployed Side 7 - Not Applicable | | | 2 - Part Ejected | | Location After Impact | | 3 - Freed (non-mech.) | | 3 - Deployed Both 9 - Deployment Unit | | | 3 - Tot. 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(Hit and Run Only) | A3 D3 | 2 - Given - Unusable | 5 - Refused | 4 - Over- MV in Transport | 14 - Other Truck | 26 - Other Motorbike | 51 - Train | | A1 D1 | Test Type | 3 - Urine | 5 - Over- Other Vehicle | Vehicle Use Code | | | | A2 D2 | 1 - Breath (Alc. Only) | 4 - Serum | 6 - None | 01 - Personal | 05 - Military | 09 - Wrecker or Tow | 13 - Logging | A3 D3 | 2 - Blood | 8 - Other | 9 - Unk. | 02 - Driver Training | 06 - Transport Passengers | 10 - Police | 18 - Other | D1 | Drug Results | 3 - Marijuana | 0 - None/Minor | 03 - Construction/Maint. | 07 - Transport Property | 11 - Government | 41 - Pedestrian | D2 | 1 - Amphetamines | 4 - Opiates | 2 - Functional Damage | Vehicle Attachment | | | | D3 | 2 - Cocaine | 5 - PCP | 3 - Disabling Damage | 1 - None | 5 - Farm Trailer | 9 - Petroleum Tanker | D - Flat Bed | Alc Test Results | | | | 2 - Mobile Home | 6 - Trailer w/Boat | A - Lowboy Trailer | E - Twin Trailers | A1 | 1 - Two-way, Not Divided | | | 3 - Semi-Trailer | 7 - Camper Trailer | B - Autocarrier Trailer | F - Other | A2 | 2 - Two-way, Divided, Unprotected Median | | | Action Prior to Impact | | | | A3 | 4 - One-way | | | 01 - Backing | 08 - Parked | 21 - Approaching/Leaving Vehicle | Trafficway | | | | | 02 - Changing Lanes | 09 - Slowing or | 22 - Entering/Crossing Location | 1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway | | | | | 03 - Entering Traffic Lane | 10 - Stopped in Traffic | 23 - Playing/Working on Vehicle | 1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade | | | | | 04 - Leaving Traffic Lane | 11 - Turning Left | 24 - Pushing Vehicle | 1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk. | | | | | 05 - Making U-Turn | 12 - Turning Right | 25 - Standing | 01 - Stop and Go Light 21 - Officer or Flagman | | | | | 06 - Movements Essentially Straight Ahead | 13 - Walking, Playing, Cycling | 26 - Working | 02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle | | | | | 07 - Overtaking/Passing | 14 - Other | 27 - Working | 11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only) | | | | | Weather Condition | | | | 14 - Stop Sign 44 - Work Zone 98 - None | | | | | 1 - Clear (no adverse conditions) | 3 - Cloudy | 6 - Fog, Smog, Smoke | 15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk. | | | | | 2 - Rain | 4 - Steel, Hail | 7 - Blowing Sand, Oil, Dirt or Snow | School Bus Involved: 3 | | | | | Light Condition | | | | 1 - Before 1st Sign 3 - Transition Area 5 - Termination | | | | | 1 - Daylight | 4 - Dark (Lighting Unspecified) | 7 - Dark (No Lights) | 1 - Yes 2 - No Work Zone Location | | | | | 2 - Dawn | 5 - Dark (Street Lamp Lit) | | 1 - Shoulder/Median Work 3 - Intermittent/Moving Work | | | | | Junction Type | | | | 2 - Lane Shift/Crossover 4 - Lane Closure 8 - Other 9 - Unk. | | | | | 01 - Crossover | 04 - Four-way Intersection | 08 - T-Intersection | 1 - Yes 2 - No Workers Present | | | | | 02 - Driveway | 05 - Railway Grade Crossing | 09 - Traffic Circle | | | | | | Primary | | | | Roadway | | | | | Contributing Factors | | | | Non-Motorist | | | | | Driver | | | | Environmental | | | | | 01 - Disregarded Signs, Signals, Etc. | | | | 62 - Obstruction | | | | | 02 - Distracted/Inattention | | | | 63 - Weather Cond. | | | | | 03 - Driving Too Fast for Conditions | | | | 68 - Other 69 - Unk. | | | | | 04 - Exceeded Authorized Speed Limit | | | | Vehicle Defect | | | | | 05 - Failed to Yield Right of Way | | | | 70 - Brakes | | | | | 06 - Ran off Road | | | | 71 - Steering | | | | | 18 - Cell Phone | | | | 72 - Power Plant | | | | | 07 - Fatigued/Asleep | | | | 73 - Tire/Wheel | | | | | 08 - Followed Too Closely | | | | 74 - Lights | | | | | 09 - Made an Improper Turn | | | | 75 - Signals | | | | | 10 - Medical
Related | | | | 76 - Windows/Shield | | | | | 11 - Aggressive Operation of Vehicle | | | | 77 - Restraint System | | | | | 12 - Over-correcting/Over-steering | | | | 78 - Truck Coupling | | | | | 13 - Swerving to Avoiding Object | | | | 80 - Fuel System | | | | | 14 - Wrong Side or Wrong Way | | | | 88 - Other 89 - Unk. | | | | | 15 - Under the Influence | | | | | | | | | 16 - Vision Obscured (Within Unit) | | | | | | | | | 17 - Improper Lane Usage/Change | | | | | | | | | 28 - Other Improper Action | | | | | | | | | 29 - Unk. | | | | | | | | |
| Race
 | A - Asian/Pacific Islander | W - Caucasian | a) Injury Status | 2 - Non-Incapacitating | Seating Loc. | 20 - Pedestrian | 60 - Sleeper or Cab | Restraint/Safety Device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B - African American
 | H - Hispanic | O - Other | 0 - Not Injured | 3 - Incapacitating | 01 02 03 | 30 - Trailing Unit | 70 - Riding on Unit Exterior | 00 - None Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I - Alaskan Native or American Indian
 | U - Unk. | | 1 - Possible | 4 - Fatal | 04 05 06 | 40 - Bus or Van (4th row or Higher) | 80 - Lap | 11 - Shoulder Belt Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Air Bag Deployment / Switch
 | | | Ejection | | 07 08 09 | 50 - Other Enclosed Area (nontrailing) | 99 - Unk./NA | 12 - Lap Belt Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - Deployed Front 4 - Not Deployed
 | | | 1 - Not Ejected | | Head Injury: 1 - Yes 2 - No | | 13 - Shoulder & Lap Belt 99 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - Deployed Side 7 - Not Applicable
 | | | 2 - Part Ejected | | Location After Impact | | 3 - Freed (non-mech.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 - Deployed Both 9 - Deployment Unit
 | | | 3 - Tot. Ejected | | 1 - Not Trapped | | 4 - Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - Switch in On Position 3 - No Switch
 | | | 7 - Not App. | | 2 - Extricated (Mechanical Means) | | 9 - Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - Switch in Off Position 9 - Unknown
 | | | 8 - Unk. | | Sequence of Events | | Mail Org. TR-310 to: Office of Financial Responsibility, P.O. Box 1498, Blytheville, SC 29016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Only)</td> <td>4 - Serum</td> <td>6 - None</td> </tr> <tr> <td>01 - Personal</td> <td>05 - Military</td> <td>09 - Wrecker or Tow</td> <td>13 - Logging</td> <td>A3 D3</td> <td>2 - Blood</td> <td>8 - Other</td> <td>9 - Unk.</td> </tr> <tr> <td>02 - Driver Training</td> <td>06 - Transport Passengers</td> <td>10 - Police</td> <td>18 - Other</td> <td>D1</td> <td>Drug Results</td> <td>3 - Marijuana</td> <td>0 - None/Minor</td> </tr> <tr> <td>03 - Construction/Maint.</td> <td>07 - Transport Property</td> <td>11 - Government</td> <td>41 - Pedestrian</td> <td>D2</td> <td>1 - Amphetamines</td> <td>4 - Opiates</td> <td>2 - Functional Damage</td> </tr> <tr> <td colspan="4">Vehicle Attachment</td> <td>D3</td> <td>2 - Cocaine</td> <td>5 - PCP</td> <td>3 - Disabling Damage</td> </tr> <tr> <td>1 - None</td> <td>5 - Farm Trailer</td> <td>9 - Petroleum Tanker</td> <td>D - Flat Bed</td> <td colspan="4">Alc Test Results</td> </tr> <tr> <td>2 - Mobile Home</td> <td>6 - Trailer w/Boat</td> <td>A - Lowboy Trailer</td> <td>E - Twin Trailers</td> <td>A1</td> <td colspan="3">1 - Two-way, Not Divided</td> </tr> <tr> <td>3 - Semi-Trailer</td> <td>7 - Camper Trailer</td> <td>B - Autocarrier Trailer</td> <td>F - Other</td> <td>A2</td> <td colspan="3">2 - Two-way, Divided, Unprotected Median</td> </tr> <tr> <td colspan="4">Action Prior to Impact</td> <td>A3</td> <td colspan="3">4 - One-way</td> </tr> <tr> <td>01 - Backing</td> <td>08 - Parked</td> <td>21 - Approaching/Leaving Vehicle</td> <td colspan="5">Trafficway</td> </tr> <tr> <td>02 - Changing Lanes</td> <td>09 - Slowing or</td> <td>22 - Entering/Crossing Location</td> <td colspan="5">1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway</td> </tr> <tr> <td>03 - Entering Traffic Lane</td> <td>10 - Stopped in Traffic</td> <td>23 - Playing/Working on Vehicle</td> <td colspan="5">1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade</td> </tr> <tr> <td>04 - Leaving Traffic Lane</td> <td>11 - Turning Left</td> <td>24 - Pushing Vehicle</td> <td colspan="5">1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk.</td> </tr> <tr> <td>05 - Making U-Turn</td> <td>12 - Turning Right</td> <td>25 - Standing</td> <td colspan="5">01 - Stop and Go Light 21 - Officer or Flagman</td> </tr> <tr> <td>06 - Movements Essentially Straight Ahead</td> <td>13 - Walking, Playing, Cycling</td> <td>26 - Working</td> <td colspan="5">02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle</td> </tr> <tr> <td>07 - Overtaking/Passing</td> <td>14 - Other</td> <td>27 - Working</td> <td colspan="5">11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only)</td> </tr> <tr> <td colspan="4">Weather Condition</td> <td colspan="5">14 - Stop Sign 44 - Work Zone 98 - None</td> </tr> <tr> <td>1 - Clear (no adverse conditions)</td> <td>3 - Cloudy</td> <td>6 - Fog, Smog, Smoke</td> <td colspan="5">15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk.</td> </tr> <tr> <td>2 - Rain</td> <td>4 - Steel, Hail</td> <td>7 - Blowing Sand, Oil, Dirt or Snow</td> <td colspan="5">School Bus Involved: 3</td> </tr> <tr> <td colspan="4">Light Condition</td> <td colspan="5">1 - Before 1st Sign 3 - Transition Area 5 - Termination</td> </tr> <tr> <td>1 - Daylight</td> <td>4 - Dark (Lighting Unspecified)</td> <td>7 - Dark (No Lights)</td> <td colspan="5">1 - Yes 2 - No Work Zone Location</td> </tr> <tr> <td>2 - Dawn</td> <td>5 - Dark (Street Lamp Lit)</td> <td></td> <td colspan="5">1 - Shoulder/Median Work 3 - Intermittent/Moving Work</td> </tr> <tr> <td colspan="4">Junction Type</td> <td colspan="5">2 - Lane Shift/Crossover 4 - Lane Closure 8 -
Other 9 - Unk.</td> </tr> <tr> <td>01 - Crossover</td> <td>04 - Four-way Intersection</td> <td>08 - T-Intersection</td> <td colspan="5">1 - Yes 2 - No Workers Present</td> </tr> <tr> <td>02 - Driveway</td> <td>05 - Railway Grade Crossing</td> <td>09 - Traffic Circle</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">Primary</td> <td colspan="5">Roadway</td> </tr> <tr> <td colspan="4">Contributing Factors</td> <td colspan="5">Non-Motorist</td> </tr> <tr> <td colspan="4">Driver</td> <td colspan="5">Environmental</td> </tr> <tr> <td colspan="4">01 - Disregarded Signs, Signals, Etc.</td> <td colspan="5">62 - Obstruction</td> </tr> <tr> <td colspan="4">02 - Distracted/Inattention</td> <td colspan="5">63 - Weather Cond.</td> </tr> <tr> <td colspan="4">03 - Driving Too Fast for Conditions</td> <td colspan="5">68 - Other 69 - Unk.</td> </tr> <tr> <td colspan="4">04 - Exceeded Authorized Speed Limit</td> <td colspan="5">Vehicle Defect</td> </tr> <tr> <td colspan="4">05 - Failed to Yield Right of Way</td> <td colspan="5">70 - Brakes</td> </tr> <tr> <td colspan="4">06 - Ran off Road</td> <td colspan="5">71 - Steering</td> </tr> <tr> <td colspan="4">18 - Cell Phone</td> <td colspan="5">72 - Power Plant</td> </tr> <tr> <td colspan="4">07 - Fatigued/Asleep</td> <td colspan="5">73 - Tire/Wheel</td> </tr> <tr> <td colspan="4">08 - Followed Too Closely</td> <td colspan="5">74 - Lights</td> </tr> <tr> <td colspan="4">09 - Made an Improper Turn</td> <td colspan="5">75 - Signals</td> </tr> <tr> <td colspan="4">10 - Medical Related</td> <td colspan="5">76 - Windows/Shield</td> </tr> <tr> <td colspan="4">11 - Aggressive Operation of Vehicle</td> <td colspan="5">77 - Restraint System</td> </tr> <tr> <td colspan="4">12 - Over-correcting/Over-steering</td> <td colspan="5">78 - Truck Coupling</td> </tr> <tr> <td colspan="4">13 - Swerving to Avoiding Object</td> <td colspan="5">80 - Fuel System</td> </tr> <tr> <td colspan="4">14 - Wrong Side or Wrong Way</td> <td colspan="5">88 - Other 89 - Unk.</td> </tr> <tr> <td colspan="4">15 - Under the Influence</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">16 - Vision Obscured (Within Unit)</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">17 - Improper Lane Usage/Change</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">28 - Other Improper Action</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">29 - Unk.</td> <td colspan="5"></td> </tr> </table> | | | | | | | | Vehicle Type: | 15 - Full Size Van | 27 - Pedalcycle | 61 - School Bus | Special Use Only | | | | 01 - Automobile | 16 - Mini Van | 38 - Animal Drawn Veh. | 62 - Passenger Bus | A1 D1 | Alcohol/Drug Test Given | 3 - Given - Pending | 1 - Under-Compartment Intrusion | 12 - Pickup/Truck | 17 - Sport Utility | 39 - Animal (Hidden) | 65 - Other | A2 D2 | 1 - Given - Known Results | 4 - None | 2 - Under- No Intrusion | 13 - Truck Tractor | 25 - Motorcycle | 41 - Pedestrian | 99 - Unk. (Hit and Run Only) | A3 D3 | 2 - Given - Unusable | 5 - Refused | 4 - Over- MV in Transport | 14 - Other Truck | 26 - Other Motorbike | 51 - Train | | A1 D1 | Test Type | 3 - Urine | 5 - Over- Other Vehicle | Vehicle Use Code | | | | A2 D2 | 1 - Breath (Alc. Only) | 4 - Serum | 6 - None | 01 - Personal | 05 - Military | 09 - Wrecker or Tow | 13 - Logging | A3 D3 | 2 - Blood | 8 - Other | 9 - Unk. | 02 - Driver Training | 06 - Transport Passengers | 10 - Police | 18 - Other | D1 | Drug Results | 3 - Marijuana | 0 - None/Minor | 03 - Construction/Maint. | 07 - Transport Property | 11 - Government | 41 - Pedestrian | D2 | 1 - Amphetamines | 4 - Opiates | 2 - Functional Damage | Vehicle Attachment | | | | D3 | 2 - Cocaine | 5 - PCP | 3 - Disabling Damage | 1 - None | 5 - Farm Trailer | 9 - Petroleum Tanker | D - Flat Bed | Alc Test Results | | |
 | 2 - Mobile Home | 6 - Trailer w/Boat | A - Lowboy Trailer | E - Twin Trailers | A1 | 1 - Two-way, Not Divided | | | 3 - Semi-Trailer | 7 - Camper Trailer | B - Autocarrier Trailer | F - Other | A2 | 2 - Two-way, Divided, Unprotected Median | | | Action Prior to Impact | | | | A3 | 4 - One-way | | | 01 - Backing | 08 - Parked | 21 - Approaching/Leaving Vehicle | Trafficway | | | | | 02 - Changing Lanes | 09 - Slowing or | 22 - Entering/Crossing Location | 1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway | | | | | 03 - Entering Traffic Lane | 10 - Stopped in Traffic | 23 - Playing/Working on Vehicle | 1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade | | | | | 04 - Leaving Traffic Lane | 11 - Turning Left | 24 - Pushing Vehicle | 1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk. | | | | | 05 - Making U-Turn | 12 - Turning Right | 25 - Standing | 01 - Stop and Go Light 21 - Officer or Flagman | | | | | 06 - Movements Essentially Straight Ahead | 13 - Walking, Playing, Cycling | 26 - Working | 02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle | | | | | 07 - Overtaking/Passing | 14 - Other | 27 - Working | 11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only) | | | | | Weather Condition | | | | 14 - Stop Sign 44 - Work Zone 98 - None | | | | | 1 - Clear (no adverse conditions) | 3 - Cloudy | 6 - Fog, Smog, Smoke | 15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk. | | | | | 2 - Rain | 4 - Steel, Hail | 7 - Blowing Sand, Oil, Dirt or Snow | School Bus Involved: 3 | | | | | Light Condition | | | | 1 - Before 1st Sign 3 - Transition Area 5 - Termination | | | | | 1 - Daylight | 4 - Dark (Lighting Unspecified) | 7 - Dark (No Lights) | 1 - Yes 2 - No Work Zone Location | | | | | 2 - Dawn | 5 - Dark (Street Lamp Lit) | | 1 - Shoulder/Median Work 3 - Intermittent/Moving Work | | | | | Junction Type | | | | 2 - Lane Shift/Crossover 4 - Lane Closure 8 - Other 9 - Unk. | | | | | 01 - Crossover | 04 - Four-way Intersection | 08 - T-Intersection | 1 - Yes 2 - No Workers Present | | | | | 02 - Driveway | 05 - Railway Grade Crossing | 09 - Traffic Circle | | | | | | Primary | | | | Roadway | | | | | Contributing Factors | | | | Non-Motorist | | | | | Driver | | | | Environmental | | | | | 01 - Disregarded Signs, Signals, Etc. | | | | 62 - Obstruction | | | | | 02 - Distracted/Inattention | | | | 63 - Weather Cond. | | | | | 03 - Driving Too Fast for Conditions | | | | 68 - Other 69 - Unk. | | | | | 04 - Exceeded Authorized Speed Limit | | | | Vehicle Defect | | | | | 05 - Failed to Yield Right of Way | | | | 70 - Brakes | | | | | 06 - Ran off Road | | | | 71 - Steering | | | | | 18 - Cell Phone | | | | 72 - Power Plant | | | | | 07 - Fatigued/Asleep | | | | 73 - Tire/Wheel | | | | | 08 - Followed Too Closely | | | | 74 - Lights | | | | | 09 - Made an Improper Turn | | | | 75 - Signals | | | | | 10 - Medical Related | | | | 76 - Windows/Shield | | | | | 11 - Aggressive Operation of Vehicle | | | | 77 - Restraint System | | | | | 12 - Over-correcting/Over-steering | | | | 78 - Truck Coupling | | | | | 13 - Swerving to Avoiding Object | | | | 80 - Fuel System | | | | | 14 - Wrong Side or Wrong Way | | | | 88 - Other 89 - Unk. | | | | | 15 - Under the Influence | | | | | | | | | 16 - Vision Obscured (Within Unit) | | | | | | | | | 17 - Improper Lane Usage/Change | | | | | | | | | 28 - Other Improper Action | | | | | | | | | 29 - Unk. | | | | | | | | | | | | | | | | | |
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| Non-Collision
 | 04 - Equipment Failure | Collision: Not Fixed | 27 - Pedestrian | Collision: Fixed Object | 47 - Embankment | 55 - Mail Box | 66 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 01 - Cargo/Equip Loss or Shift
 | 05 - Fire/Explosion | 08 - Overturn/Rollover | 28 - Railway Veh. | 40 - Bridge Overhead Structure | 48 - Equipment | 58 - Median Barrier | 68 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 02 - Cross Median/Center Line
 | 06 - Intersection | 09 - Run off Road Left | 21 - Animal (All Other) | 41 - Bridge Pier/End | 49 - Fence | 57 - Overhead Sign Support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 03 - Downhill Runaway
 | 07 - Jackknifing | 10 - Run off Road Right | 22 - Motor Veh. Dr. Tractor | 42 - Bridge Pier or Abutment | 50 - Guardrail End | 58 - Other (Post, Pole, Support, Etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <tr> <td>Manner of Collision (Struck Veh.)</td> <td>30 - Rear-to-Rear</td> <td>50 - Sideswipe Same Dir.</td> <td>1st / Most Deformed Area</td> <td>1st Deformed</td> <td>2nd Deformed</td> <td>3rd Deformed</td> <td>Most Deformed</td> </tr> <tr> <td>00 - Not Coll. W/Motor Veh.</td> <td>41 - Angle (A/A)</td> <td>60 - Sideswipe Opposite Dir.</td> <td>21 - Pedestrian</td> <td>81 - None</td> <td>92 - Rollover</td> <td>93 - Total</td> <td>94 - Under Carriage</td> </tr> <tr> <td>10 - Rear End</td> <td>42 - Angle (T/A)</td> <td>70 - Backed Into</td> <td>81 - None</td> <td>92 - Rollover</td> <td>93 - Total</td> <td>94 - Under Carriage</td> <td>98 - Other</td> </tr> <tr> <td>20 - Head On</td> <td>43 - Angle (T/T)</td> <td>99 - Unknown</td> <td>81 - None</td> <td>92 - Rollover</td> <td>93 - Total</td> <td>94 - Under Carriage</td> <td>98 - Other</td> </tr> </table>
 | | | | | | | | Manner of Collision (Struck Veh.) | 30 - Rear-to-Rear | 50 - Sideswipe Same Dir. | 1st / Most Deformed Area | 1st Deformed | 2nd Deformed | 3rd Deformed | Most Deformed | 00 - Not Coll. W/Motor Veh. | 41 - Angle (A/A) | 60 - Sideswipe Opposite Dir. | 21 - Pedestrian | 81 - None | 92 - Rollover | 93 - Total | 94 - Under Carriage | 10 - Rear End | 42 - Angle (T/A) | 70 - Backed Into | 81 - None | 92 - Rollover | 93 - Total | 94 - Under Carriage | 98 - Other | 20 - Head On | 43 - Angle (T/T) | 99 - Unknown | 81 - None | 92 - Rollover | 93 - Total | 94 - Under Carriage | 98 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 - Rear End
 | 42 - Angle (T/A) | 70 - Backed Into | 81 - None | 92 - Rollover | 93 - Total | 94 - Under Carriage | 98 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20 - Head On
 | 43 - Angle (T/T) | 99 - Unknown | 81 - None | 92 - Rollover | 93 - Total | 94 - Under Carriage | 98 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <tr> <td>Vehicle Type:</td> <td>15 - Full Size Van</td> <td>27 - Pedalcycle</td> <td>61 - School Bus</td> <td colspan="4">Special Use Only</td> </tr> <tr> <td>01 - Automobile</td> <td>16 - Mini Van</td> <td>38 - Animal Drawn Veh.</td> <td>62 - Passenger Bus</td> <td>A1 D1</td> <td>Alcohol/Drug Test Given</td> <td>3 - Given - Pending</td> <td>1 - Under-Compartment Intrusion</td> </tr> <tr> <td>12 - Pickup/Truck</td> <td>17 - Sport Utility</td> <td>39 - Animal (Hidden)</td> <td>65 - Other</td> <td>A2 D2</td> <td>1 - Given - Known Results</td> <td>4 - None</td> <td>2 - Under- No Intrusion</td> </tr> <tr> <td>13 - Truck Tractor</td> <td>25 - Motorcycle</td> <td>41 - Pedestrian</td> <td>99 - Unk. (Hit and Run Only)</td> <td>A3 D3</td> <td>2 - Given - Unusable</td> <td>5 - Refused</td> <td>4 - Over- MV in Transport</td> </tr> <tr> <td>14 - Other Truck</td> <td>26 - Other Motorbike</td> <td>51 - Train</td> <td></td> <td>A1 D1</td> <td>Test Type</td> <td>3 - Urine</td> <td>5 - Over- Other Vehicle</td> </tr> <tr> <td colspan="4">Vehicle Use Code</td> <td>A2 D2</td> <td>1 - Breath (Alc. Only)</td> <td>4 - Serum</td> <td>6 - None</td> </tr> <tr> <td>01 - Personal</td> <td>05 - Military</td> <td>09 - Wrecker or Tow</td> <td>13 - Logging</td> <td>A3 D3</td> <td>2 - Blood</td> <td>8 - Other</td> <td>9 - Unk.</td> </tr> <tr> <td>02 - Driver Training</td> <td>06 - Transport Passengers</td> <td>10 - Police</td> <td>18 - Other</td> <td>D1</td> <td>Drug Results</td> <td>3 - Marijuana</td> <td>0 - None/Minor</td> </tr> <tr> <td>03 - Construction/Maint.</td> <td>07 - Transport Property</td> <td>11 - Government</td> <td>41 - Pedestrian</td> <td>D2</td> <td>1 - Amphetamines</td> <td>4 - Opiates</td> <td>2 - Functional Damage</td> </tr> <tr> <td colspan="4">Vehicle Attachment</td> <td>D3</td> <td>2 - Cocaine</td> <td>5 - PCP</td> <td>3 - Disabling Damage</td> </tr> <tr> <td>1 - None</td> <td>5 - Farm Trailer</td> <td>9 - Petroleum Tanker</td> <td>D - Flat Bed</td> <td colspan="4">Alc Test Results</td> </tr> <tr> <td>2 - Mobile Home</td> <td>6 - Trailer w/Boat</td> <td>A - Lowboy Trailer</td> <td>E - Twin Trailers</td> <td>A1</td> <td colspan="3">1 - Two-way, Not Divided</td> </tr> <tr> <td>3 - Semi-Trailer</td> <td>7 - Camper Trailer</td> <td>B - Autocarrier Trailer</td> <td>F - Other</td> <td>A2</td> <td colspan="3">2 - Two-way, Divided, Unprotected Median</td> </tr> <tr> <td colspan="4">Action Prior to Impact</td> <td>A3</td> <td colspan="3">4 - One-way</td> </tr> <tr> <td>01 - Backing</td> <td>08 - Parked</td> <td>21 - Approaching/Leaving Vehicle</td> <td colspan="5">Trafficway</td> </tr> <tr> <td>02 - Changing Lanes</td> <td>09 - Slowing or</td> <td>22 - Entering/Crossing Location</td> <td colspan="5">1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway</td> </tr> <tr> <td>03 - Entering Traffic Lane</td> <td>10 - Stopped in Traffic</td> <td>23 - Playing/Working on Vehicle</td> <td colspan="5">1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade</td> </tr> <tr> <td>04 - Leaving Traffic Lane</td> <td>11 - Turning Left</td> <td>24 - Pushing Vehicle</td> <td colspan="5">1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk.</td> </tr> <tr> <td>05 - Making U-Turn</td> <td>12 - Turning Right</td> <td>25 - Standing</td> <td colspan="5">01 - Stop and Go Light 21 - Officer or Flagman</td> </tr> <tr> <td>06 - Movements Essentially Straight Ahead</td> <td>13 - Walking, Playing, Cycling</td> <td>26 - Working</td> <td colspan="5">02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle</td> </tr> <tr> <td>07 - Overtaking/Passing</td> <td>14 - Other</td> <td>27 - Working</td> <td colspan="5">11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only)</td> </tr> <tr> <td colspan="4">Weather Condition</td> <td colspan="5">14 - Stop Sign 44 - Work Zone 98 - None</td> </tr> <tr> <td>1 - Clear (no adverse conditions)</td> <td>3 - Cloudy</td> <td>6 - Fog, Smog, Smoke</td> <td colspan="5">15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk.</td> </tr> <tr> <td>2 - Rain</td> <td>4 - Steel, Hail</td> <td>7 - Blowing Sand, Oil, Dirt or Snow</td> <td colspan="5">School Bus Involved: 3</td> </tr> <tr> <td colspan="4">Light Condition</td> <td colspan="5">1 - Before 1st Sign 3 - Transition Area 5 - Termination</td> </tr> <tr> <td>1 - Daylight</td> <td>4 - Dark (Lighting Unspecified)</td> <td>7 - Dark (No Lights)</td> <td colspan="5">1 - Yes 2 - No Work Zone Location</td> </tr> <tr> <td>2 - Dawn</td> <td>5 - Dark (Street Lamp Lit)</td> <td></td> <td colspan="5">1 - Shoulder/Median Work 3 - Intermittent/Moving Work</td> </tr> <tr> <td colspan="4">Junction Type</td> <td colspan="5">2 - Lane Shift/Crossover 4 - Lane Closure 8 - Other 9 - Unk.</td> </tr> <tr> <td>01 - Crossover</td> <td>04 - Four-way Intersection</td> <td>08 - T-Intersection</td> <td colspan="5">1 - Yes 2 - No Workers Present</td> </tr> <tr> <td>02 - Driveway</td> <td>05 - Railway Grade Crossing</td> <td>09 - Traffic Circle</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">Primary</td> <td colspan="5">Roadway</td> </tr> <tr> <td colspan="4">Contributing Factors</td> <td colspan="5">Non-Motorist</td> </tr> <tr> <td colspan="4">Driver</td> <td colspan="5">Environmental</td> </tr> <tr> <td colspan="4">01 - Disregarded Signs, Signals, Etc.</td> <td colspan="5">62 - Obstruction</td> </tr> <tr> <td colspan="4">02 - Distracted/Inattention</td> <td colspan="5">63 - Weather Cond.</td> </tr> <tr> <td colspan="4">03 - Driving Too Fast for Conditions</td> <td colspan="5">68 - Other 69 - Unk.</td> </tr> <tr> <td colspan="4">04 - Exceeded Authorized Speed Limit</td> <td colspan="5">Vehicle Defect</td> </tr> <tr> <td colspan="4">05 - Failed to Yield Right of Way</td> <td colspan="5">70 - Brakes</td> </tr> <tr> <td colspan="4">06 - Ran off Road</td> <td colspan="5">71 - Steering</td> </tr> <tr> <td colspan="4">18 - Cell Phone</td> <td colspan="5">72 - Power Plant</td> </tr> <tr> <td colspan="4">07 - Fatigued/Asleep</td> <td colspan="5">73 - Tire/Wheel</td> </tr> <tr> <td colspan="4">08 - Followed Too Closely</td> <td colspan="5">74 - Lights</td> </tr> <tr> <td colspan="4">09 - Made an Improper Turn</td> <td colspan="5">75 - Signals</td> </tr> <tr> <td colspan="4">10 - Medical Related</td> <td colspan="5">76 - Windows/Shield</td> </tr> <tr> <td colspan="4">11 - Aggressive Operation of Vehicle</td> <td colspan="5">77 - Restraint System</td> </tr> <tr> <td colspan="4">12 - Over-correcting/Over-steering</td> <td colspan="5">78 - Truck Coupling</td> </tr> <tr> <td colspan="4">13 - Swerving to Avoiding Object</td> <td colspan="5">80 - Fuel System</td> </tr> <tr> <td colspan="4">14 - Wrong Side or Wrong Way</td> <td colspan="5">88 - Other 89 - Unk.</td> </tr> <tr> <td colspan="4">15 - Under the Influence</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">16 - Vision Obscured (Within Unit)</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">17 - Improper Lane Usage/Change</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">28 - Other Improper Action</td> <td colspan="5"></td> </tr> <tr> <td colspan="4">29 - Unk.</td> <td colspan="5"></td> </tr> </table>
 | | | | | | | | Vehicle Type: | 15 - Full Size Van | 27 - Pedalcycle | 61 - School Bus | Special Use Only | | | | 01 - Automobile | 16 - Mini Van | 38 - Animal Drawn Veh. | 62 - Passenger Bus | A1 D1 | Alcohol/Drug Test Given | 3 - Given - Pending | 1 - Under-Compartment Intrusion | 12 - Pickup/Truck | 17 - Sport Utility | 39 - Animal (Hidden) | 65 - Other | A2 D2 | 1 - Given - Known Results | 4 - None | 2 - Under- No Intrusion | 13 - Truck Tractor | 25 - Motorcycle | 41 - Pedestrian | 99 - Unk. (Hit and Run Only) | A3 D3 | 2 - Given - Unusable | 5 - Refused | 4 - Over- MV in Transport | 14 - Other Truck | 26 - Other Motorbike | 51 - Train | | A1 D1 | Test Type | 3 - Urine | 5 - Over- Other Vehicle | Vehicle Use Code | | | | A2 D2 | 1 - Breath (Alc. Only) | 4 - Serum | 6 - None | 01 - Personal | 05 - Military | 09 - Wrecker or Tow | 13 - Logging | A3 D3 | 2 - Blood | 8 - Other | 9 - Unk. | 02 - Driver Training | 06 - Transport Passengers | 10 - Police | 18 - Other | D1 | Drug Results | 3 - Marijuana | 0 - None/Minor | 03 - Construction/Maint. | 07 - Transport Property | 11 - Government | 41 - Pedestrian | D2 | 1 - Amphetamines | 4 - Opiates | 2 - Functional Damage | Vehicle Attachment | | | | D3 | 2 - Cocaine | 5 - PCP | 3 - Disabling Damage | 1 - None | 5 - Farm Trailer | 9 - Petroleum Tanker | D - Flat Bed | Alc Test Results | | |
 | 2 - Mobile Home | 6 - Trailer w/Boat | A - Lowboy Trailer | E - Twin Trailers | A1 | 1 - Two-way, Not Divided | | | 3 - Semi-Trailer | 7 - Camper Trailer | B - Autocarrier Trailer | F - Other | A2 | 2 - Two-way, Divided, Unprotected Median | | | Action Prior to Impact | | | | A3 | 4 - One-way |
 | | 01 - Backing | 08 - Parked | 21 - Approaching/Leaving Vehicle | Trafficway | | | | | 02 - Changing Lanes | 09 - Slowing or | 22 - Entering/Crossing Location | 1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway | | | | | 03 - Entering Traffic Lane | 10 - Stopped in Traffic | 23 - Playing/Working on Vehicle | 1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade | | | | | 04 - Leaving Traffic Lane | 11 - Turning Left | 24 - Pushing Vehicle | 1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk. | | | | | 05 - Making U-Turn | 12 - Turning Right | 25 - Standing | 01 - Stop and Go Light 21 - Officer or Flagman | | | | | 06 - Movements Essentially Straight Ahead | 13 - Walking, Playing, Cycling | 26 - Working | 02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle | | | | | 07 - Overtaking/Passing | 14 - Other | 27 - Working | 11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only) | | | | | Weather Condition | | | | 14 - Stop Sign 44 - Work Zone 98 - None | | | | | 1 - Clear (no adverse conditions) | 3 - Cloudy | 6 - Fog, Smog, Smoke | 15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk. | | | | | 2 - Rain | 4 - Steel, Hail | 7 - Blowing Sand, Oil, Dirt or Snow | School Bus Involved: 3 | | | | | Light Condition | | | | 1 - Before 1st Sign 3 - Transition Area 5 - Termination | | | | | 1 - Daylight | 4 - Dark (Lighting Unspecified) | 7 - Dark (No Lights) | 1 - Yes 2 - No Work Zone Location
 | | | | | 2 - Dawn | 5 - Dark (Street Lamp Lit) | | 1 - Shoulder/Median Work 3 - Intermittent/Moving Work | | | | | Junction Type | | | | 2 - Lane Shift/Crossover 4 - Lane Closure 8 - Other 9 - Unk. | | | | | 01 - Crossover | 04 - Four-way Intersection | 08 - T-Intersection | 1 - Yes 2 - No Workers Present | | | | | 02 - Driveway | 05 - Railway Grade Crossing | 09 - Traffic Circle | | | | | | Primary | | | | Roadway | | | | | Contributing Factors | | | | Non-Motorist | | | | | Driver | | | | Environmental | | | | | 01 - Disregarded Signs, Signals, Etc. | | | | 62 - Obstruction | | | | | 02 - Distracted/Inattention | | | | 63 - Weather Cond. | | | | | 03 - Driving Too Fast for Conditions | | | | 68 - Other 69 - Unk. | | | | | 04 - Exceeded Authorized Speed Limit | | | | Vehicle Defect | | | | | 05 - Failed to Yield Right of Way | | | | 70 - Brakes | | | | | 06 - Ran off Road | | | | 71 - Steering | | | | | 18 - Cell Phone | | | | 72 - Power Plant | | | | | 07 - Fatigued/Asleep | | | | 73 - Tire/Wheel | | | | | 08 - Followed Too Closely | | | | 74 - Lights | | | | | 09 - Made an Improper Turn | | | | 75 - Signals | | | | | 10 - Medical Related | | | | 76 - Windows/Shield | | | | | 11 - Aggressive Operation of Vehicle | | | | 77 - Restraint System | | | | | 12 - Over-correcting/Over-steering | | | | 78 - Truck Coupling | | | | | 13 - Swerving to Avoiding Object | | | | 80 - Fuel System | | | | | 14 - Wrong Side or Wrong Way | | | | 88 - Other 89 - Unk. | | | | | 15 - Under the Influence | | | | | | | | | 16 - Vision Obscured (Within Unit) | | | | | | | | | 17 - Improper Lane Usage/Change | | | | | | | | | 28 - Other Improper Action | | | | | | | | | 29 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vehicle Type:
 | 15 - Full Size Van | 27 - Pedalcycle | 61 - School Bus | Special Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 01 - Automobile
 | 16 - Mini Van | 38 - Animal Drawn Veh. | 62 - Passenger Bus | A1 D1 | Alcohol/Drug Test Given | 3 - Given - Pending | 1 - Under-Compartment Intrusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 - Pickup/Truck
 | 17 - Sport Utility | 39 - Animal (Hidden) | 65 - Other | A2 D2 | 1 - Given - Known Results | 4 - None | 2 - Under- No Intrusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13 - Truck Tractor
 | 25 - Motorcycle | 41 - Pedestrian | 99 - Unk. (Hit and Run Only) | A3 D3 | 2 - Given - Unusable | 5 - Refused | 4 - Over- MV in Transport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 - Other Truck
 | 26 - Other Motorbike | 51 - Train | | A1 D1 | Test Type | 3 - Urine | 5 - Over- Other Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vehicle Use Code
 | | | | A2 D2 | 1 - Breath (Alc. Only) | 4 - Serum | 6 - None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 01 - Personal
 | 05 - Military | 09 - Wrecker or Tow | 13 - Logging | A3 D3 | 2 - Blood | 8 - Other | 9 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 02 - Driver Training
 | 06 - Transport Passengers | 10 - Police | 18 - Other | D1 | Drug Results | 3 - Marijuana | 0 - None/Minor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 03 - Construction/Maint.
 | 07 - Transport Property | 11 - Government | 41 - Pedestrian | D2 | 1 - Amphetamines | 4 - Opiates | 2 - Functional Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vehicle Attachment
 | | | | D3 | 2 - Cocaine | 5 - PCP | 3 - Disabling Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - None
 | 5 - Farm Trailer | 9 - Petroleum Tanker | D - Flat Bed | Alc Test Results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - Mobile Home
 | 6 - Trailer w/Boat | A - Lowboy Trailer | E - Twin Trailers | A1 | 1 - Two-way, Not Divided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 - Semi-Trailer
 | 7 - Camper Trailer | B - Autocarrier Trailer | F - Other | A2 | 2 - Two-way, Divided, Unprotected Median | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Action Prior to Impact
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| 01 - Backing
 | 08 - Parked | 21 - Approaching/Leaving Vehicle | Trafficway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 02 - Changing Lanes
 | 09 - Slowing or | 22 - Entering/Crossing Location | 1 - One 2 - Median 3 - Roadway 4 - Shoulder 5 - Outside Trafficway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 03 - Entering Traffic Lane
 | 10 - Stopped in Traffic | 23 - Playing/Working on Vehicle | 1 - Straight - Level 2 - Straight - On Grade 3 - Straight - Hillcrest 4 - Curve - Level 5 - Curve - On Grade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 04 - Leaving Traffic Lane
 | 11 - Turning Left | 24 - Pushing Vehicle | 1 - Dry 2 - Snow 3 - Ice 4 - Water (Standing, etc.) 5 - Other 6 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 05 - Making U-Turn
 | 12 - Turning Right | 25 - Standing | 01 - Stop and Go Light 21 - Officer or Flagman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 06 - Movements Essentially Straight Ahead
 | 13 - Walking, Playing, Cycling | 26 - Working | 02 - Flashing Traffic Signal 22 - Oncoming Emergency Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 07 - Overtaking/Passing
 | 14 - Other | 27 - Working | 11 - RR (X-bucks, Lights & Gates) 12 - RR (X-bucks & Lights) 13 - RR (X-bucks Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Weather Condition
 | | | | 14 - Stop Sign 44 - Work Zone 98 - None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - Clear (no adverse conditions)
 | 3 - Cloudy | 6 - Fog, Smog, Smoke | 15 - Yes, Directly 2 - Yes, Indirectly 3 - No 8 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - Rain
 | 4 - Steel, Hail | 7 - Blowing Sand, Oil, Dirt or Snow | School Bus Involved: 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Light Condition
 | | | | 1 - Before 1st Sign 3 - Transition Area 5 - Termination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - Daylight
 | 4 - Dark (Lighting Unspecified) | 7 - Dark (No Lights) | 1 - Yes 2 - No Work Zone Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - Dawn
 | 5 - Dark (Street Lamp Lit) | | 1 - Shoulder/Median Work 3 - Intermittent/Moving Work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Junction Type
 | | | | 2 - Lane Shift/Crossover 4 - Lane Closure 8 - Other 9 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 01 - Crossover
 | 04 - Four-way Intersection | 08 - T-Intersection | 1 - Yes 2 - No Workers Present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 01 - Disregarded Signs, Signals, Etc.
 | | | | 62 - Obstruction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 02 - Distracted/Inattention
 | | | | 63 - Weather Cond. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 03 - Driving Too Fast for Conditions
 | | | | 68 - Other 69 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 04 - Exceeded Authorized Speed Limit
 | | | | Vehicle Defect | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 05 - Failed to Yield Right of Way
 | | | | 70 - Brakes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 06 - Ran off Road
 | | | | 71 - Steering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 - Cell Phone
 | | | | 72 - Power Plant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 07 - Fatigued/Asleep
 | | | | 73 - Tire/Wheel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 08 - Followed Too Closely
 | | | | 74 - Lights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 09 - Made an Improper Turn
 | | | | 75 - Signals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 - Medical Related
 | | | | 76 - Windows/Shield | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 - Aggressive Operation of Vehicle
 | | | | 77 - Restraint System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 - Over-correcting/Over-steering
 | | | | 78 - Truck Coupling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13 - Swerving to Avoiding Object
 | | | | 80 - Fuel System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 - Wrong Side or Wrong Way
 | | | | 88 - Other 89 - Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 - Under the Influence
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16 - Vision Obscured (Within Unit)
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17 - Improper Lane Usage/Change
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| 28 - Other Improper Action
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| 29 - Unk.
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8	Photographs of Accident Scene	07/16/10	136-149
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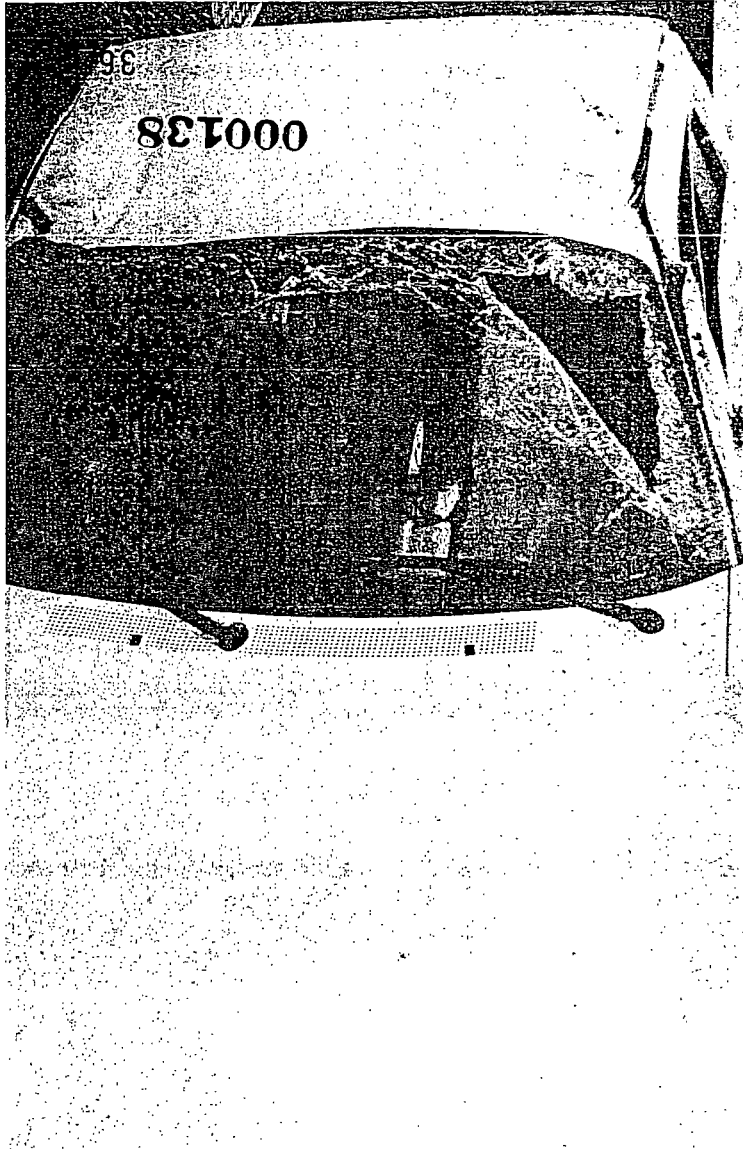
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361

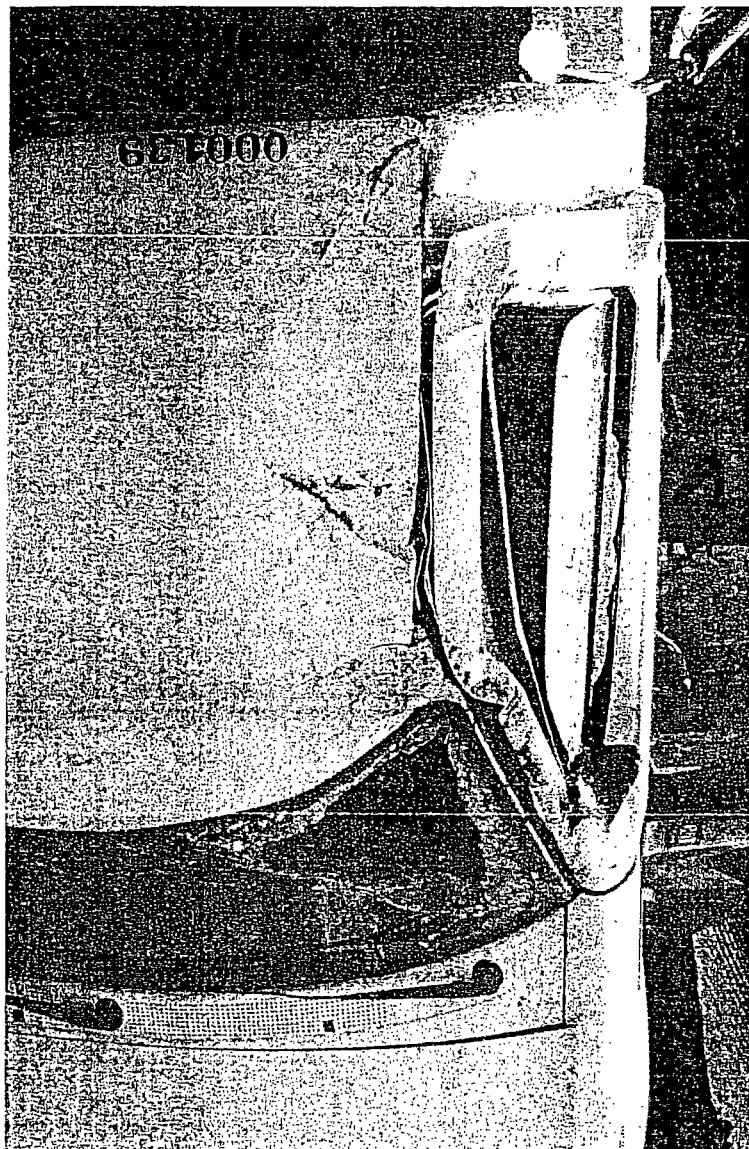
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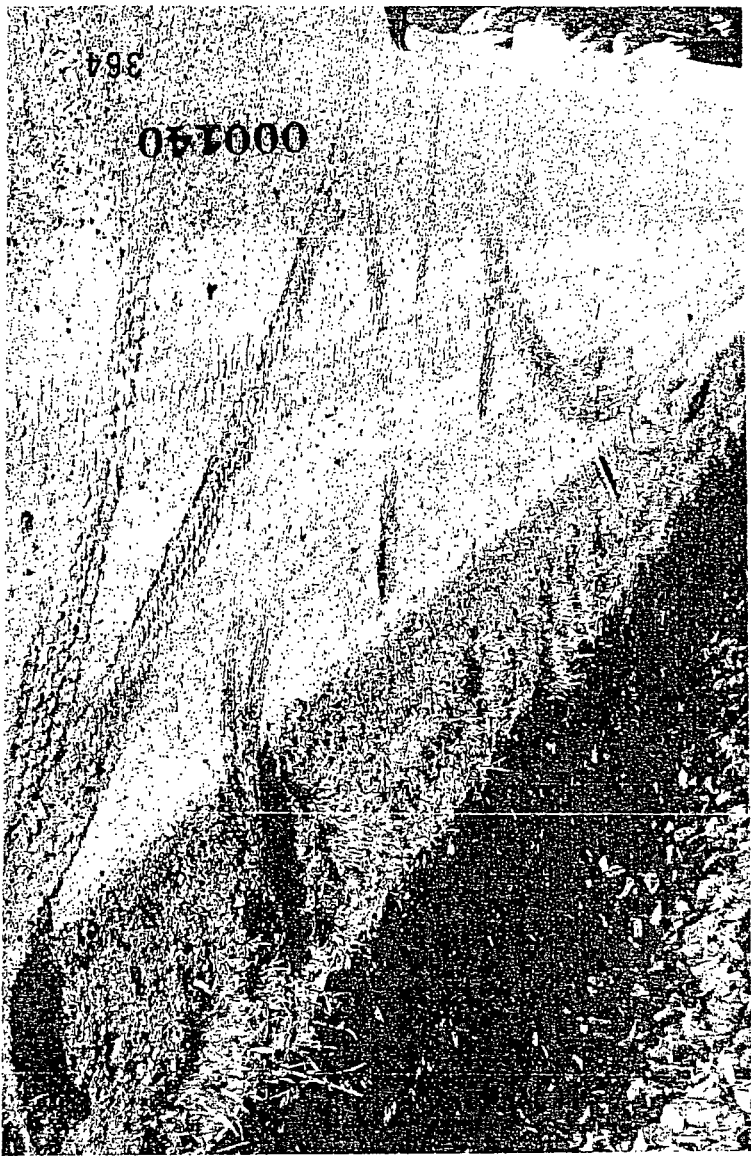
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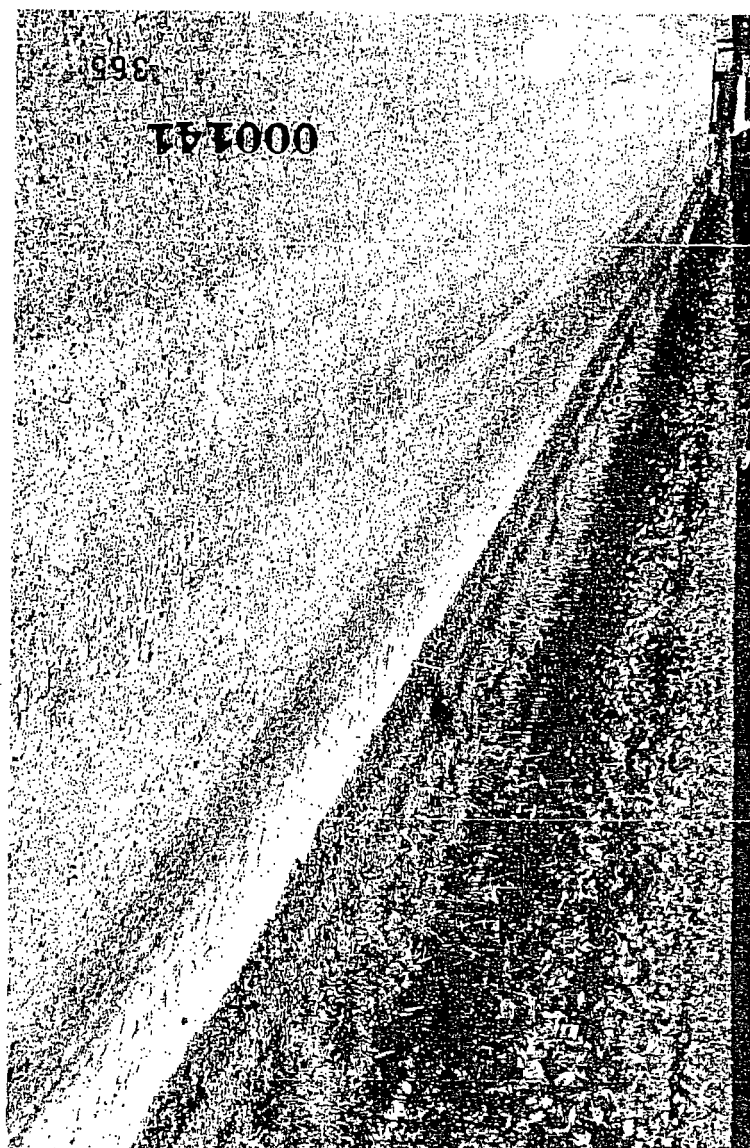
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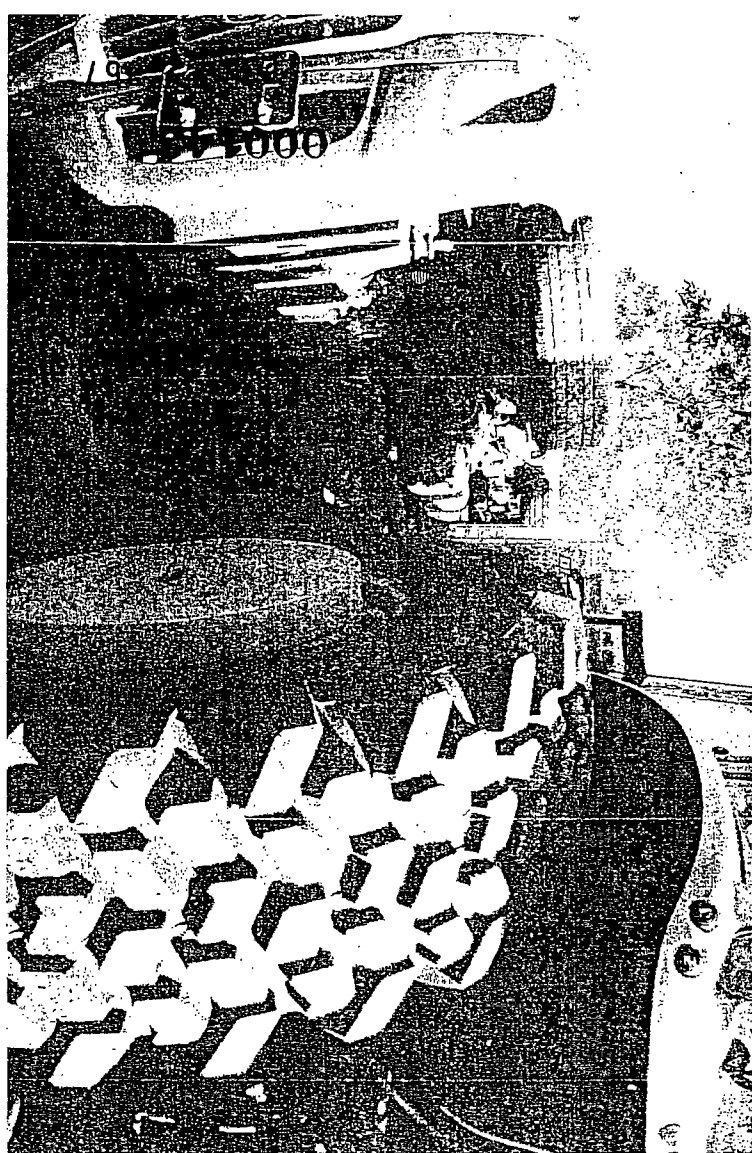
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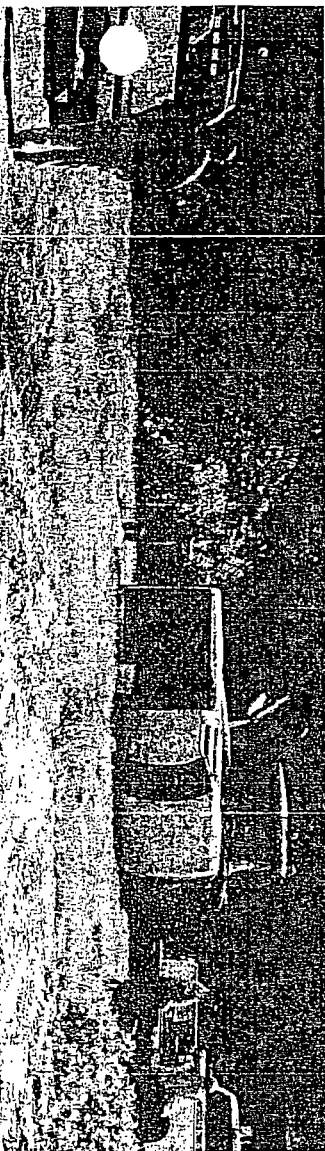
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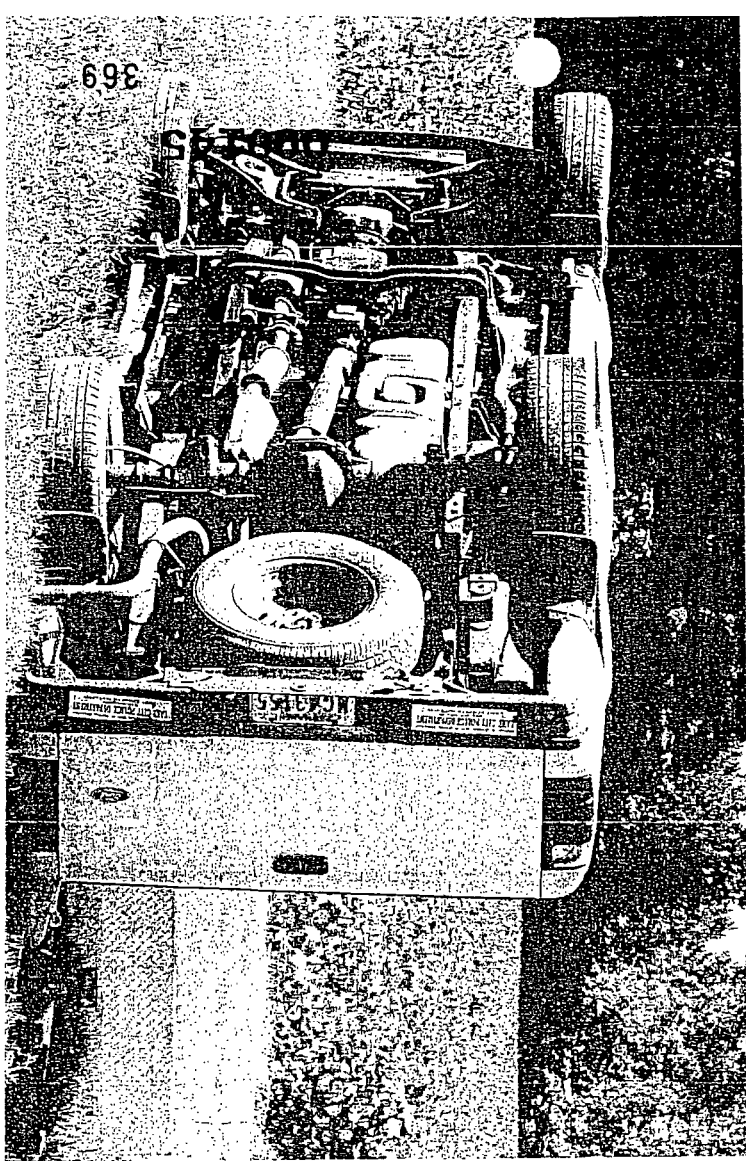
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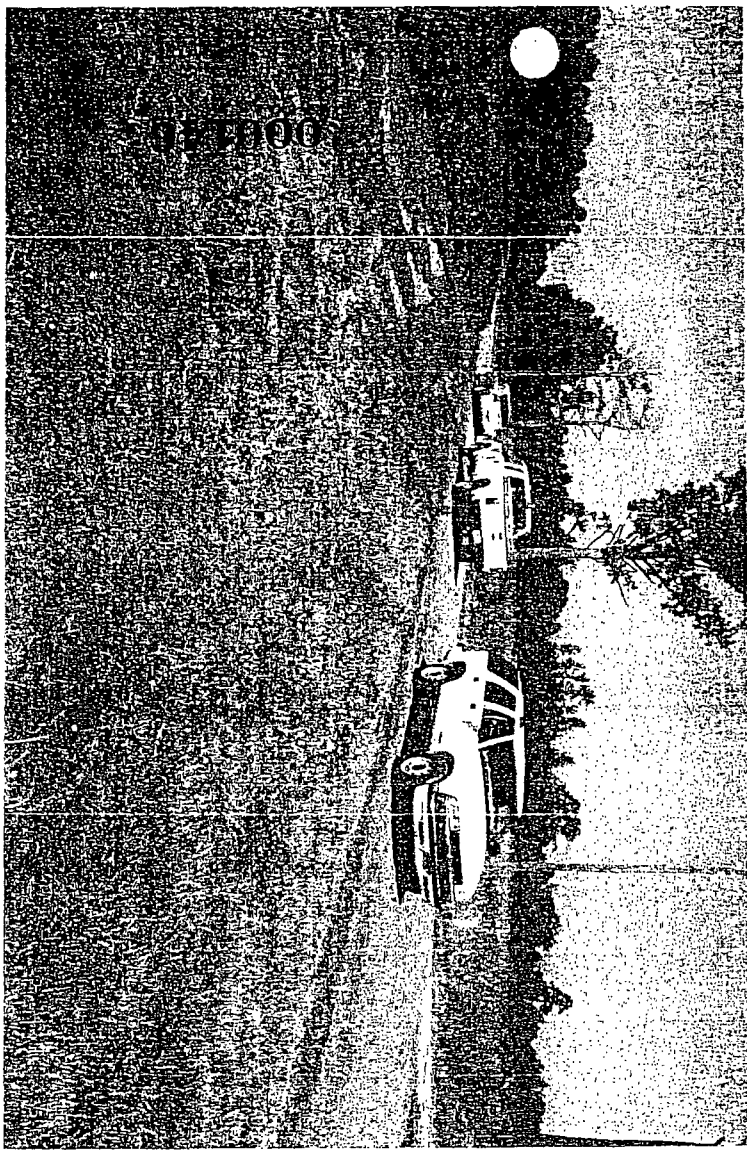
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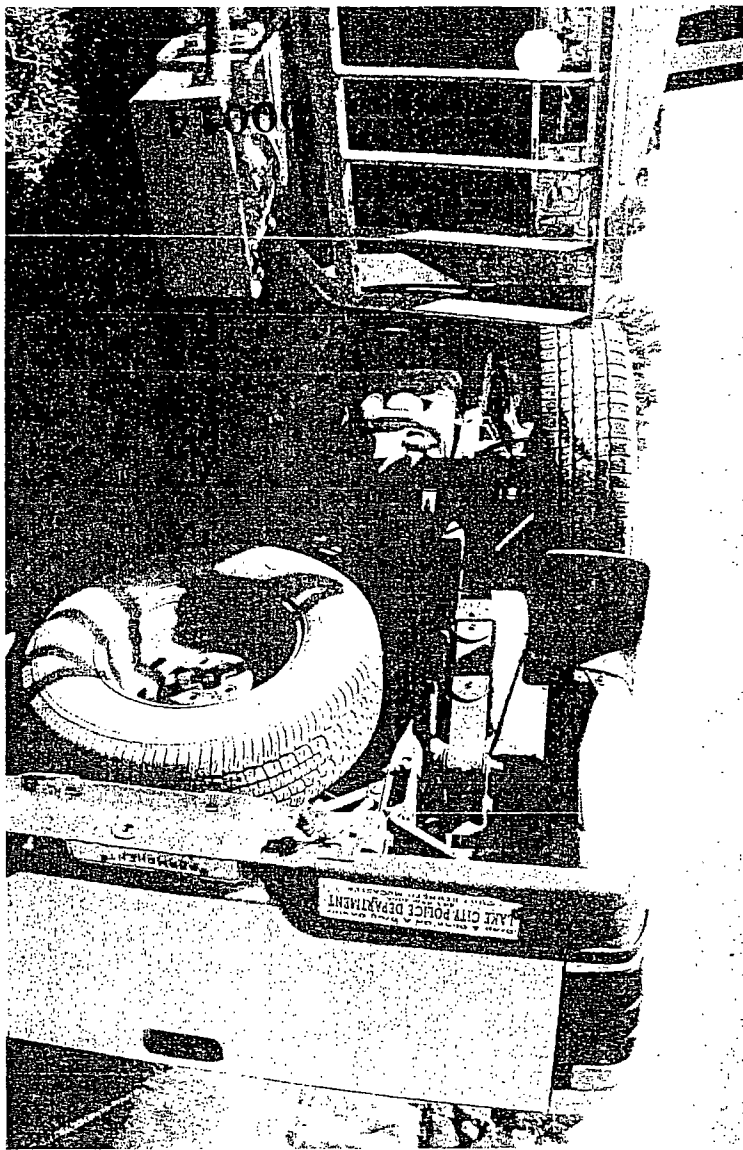
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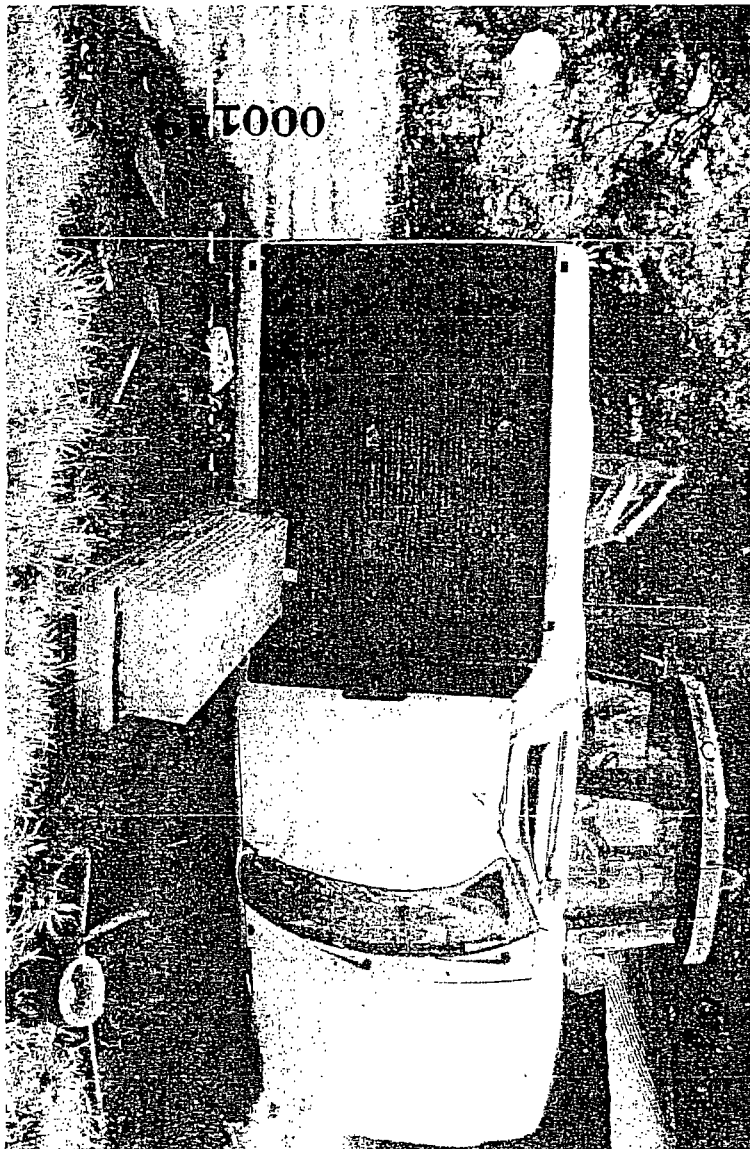


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9	SC DMV Traffic Collision Report #11013525	02/17/11	150-151
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#5

~~000150~~

11-0232

10	Photographs of Claimant's Vehicle	03/17/11	152-167
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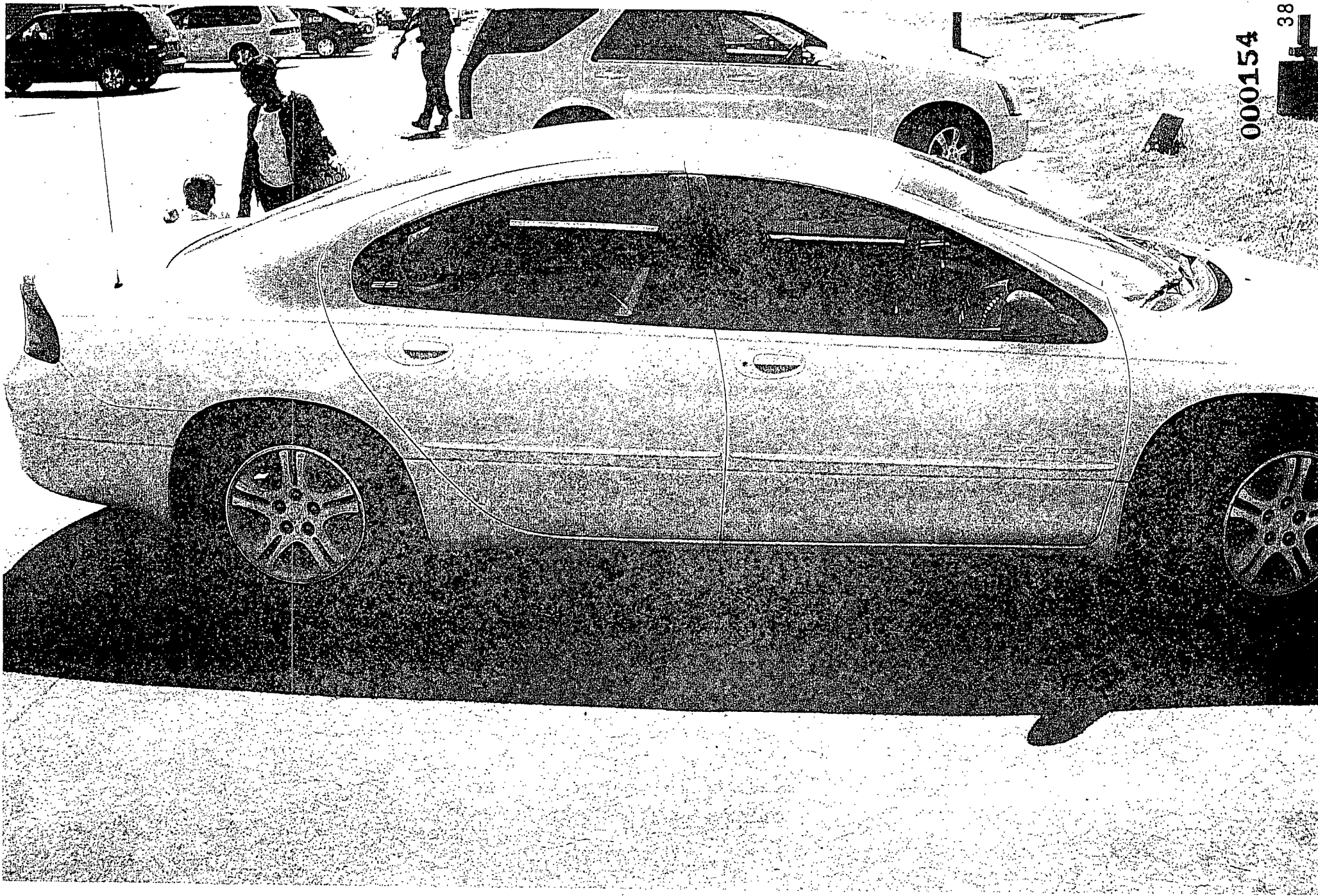


SAATCHI & SAATCHI
ADVERTISING

INTEGRITY

4A1-4BC

11 South Carolina

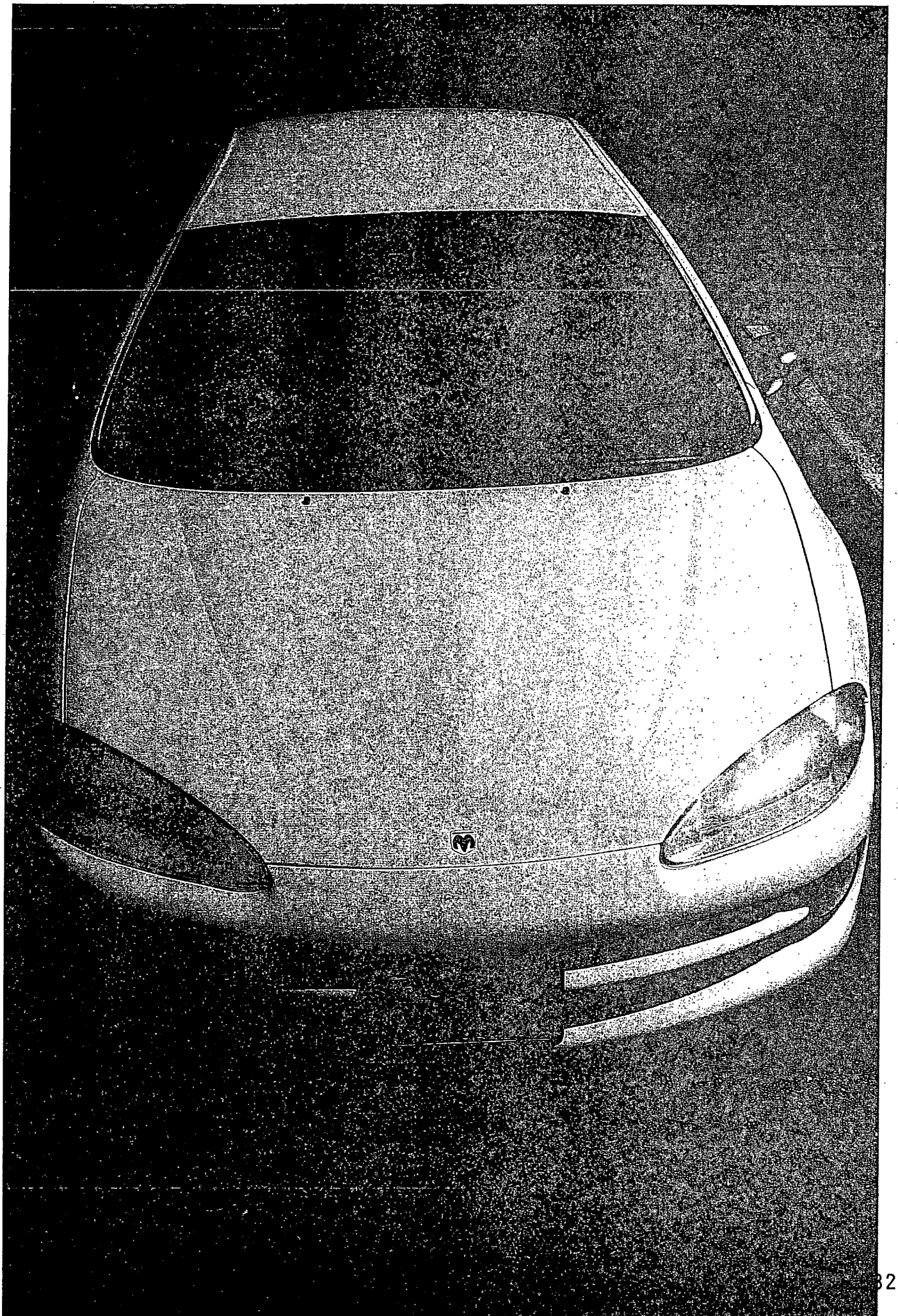


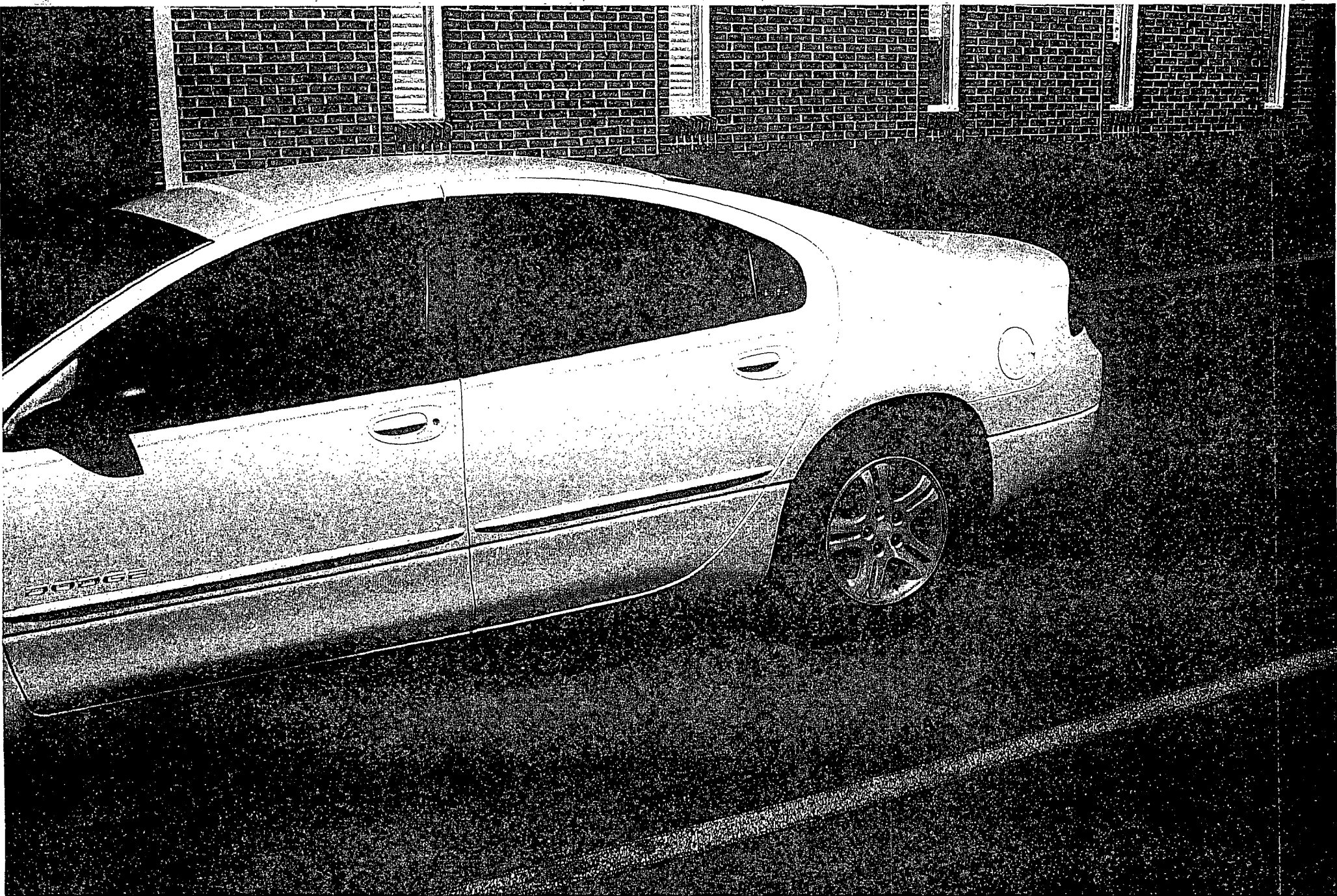
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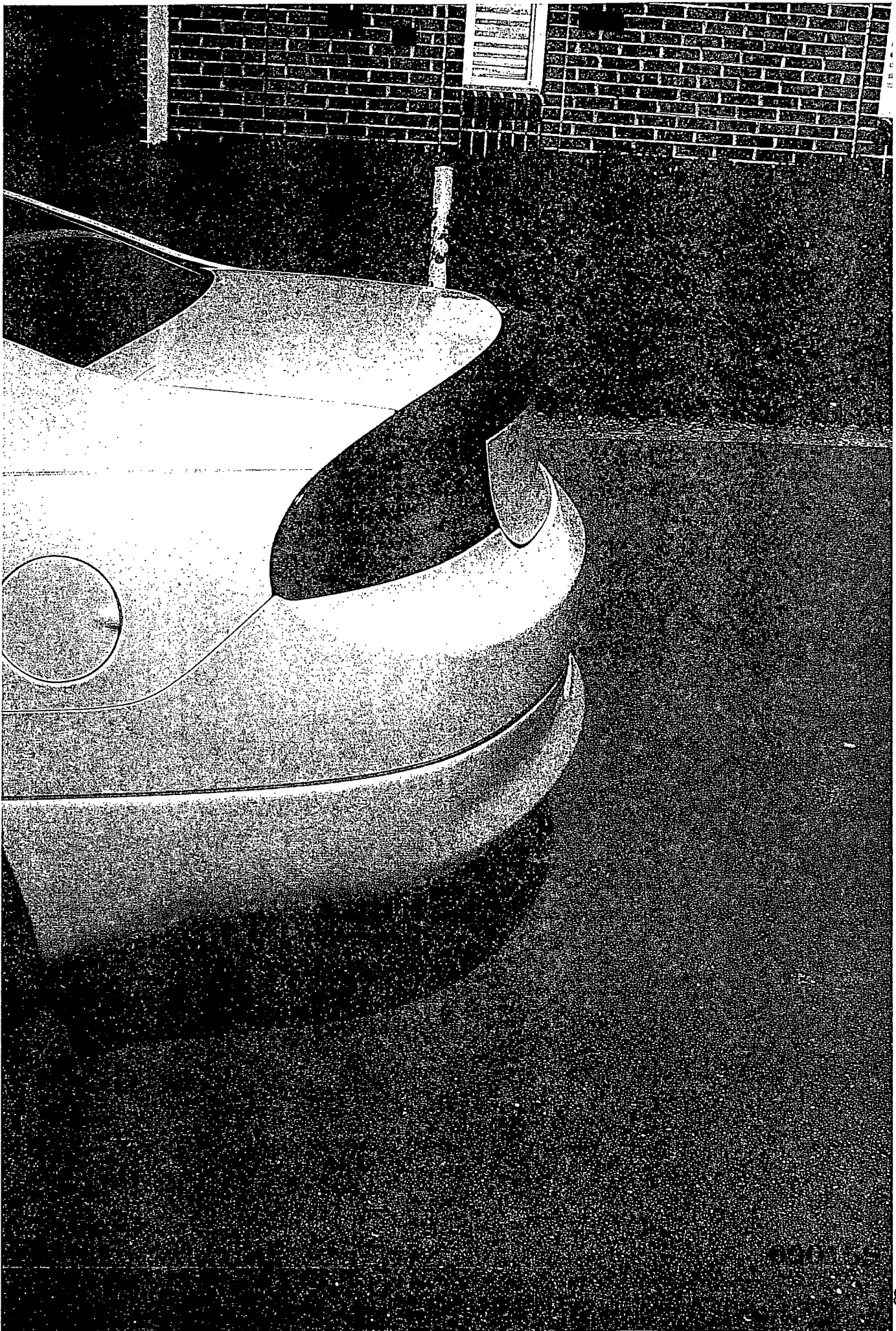
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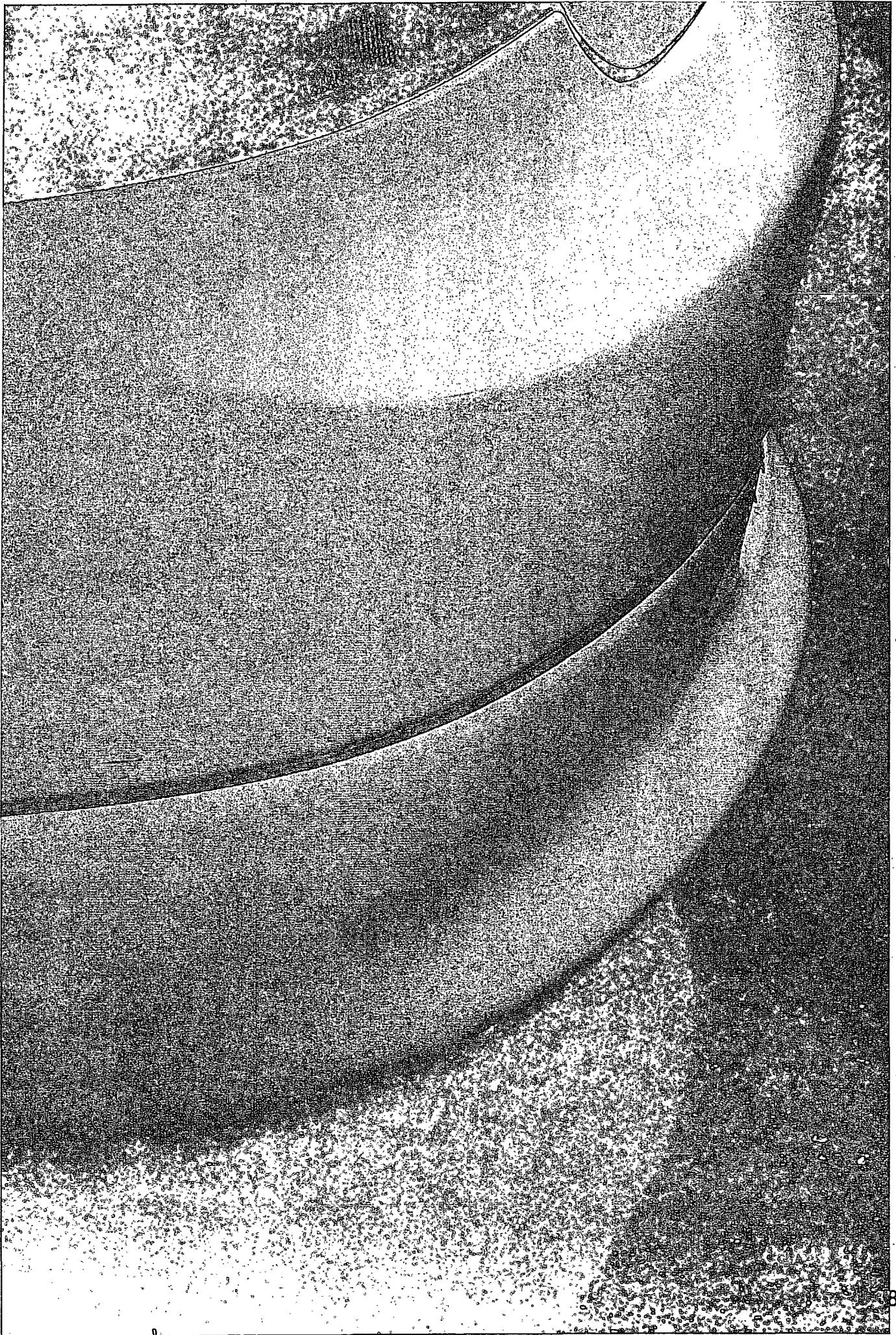




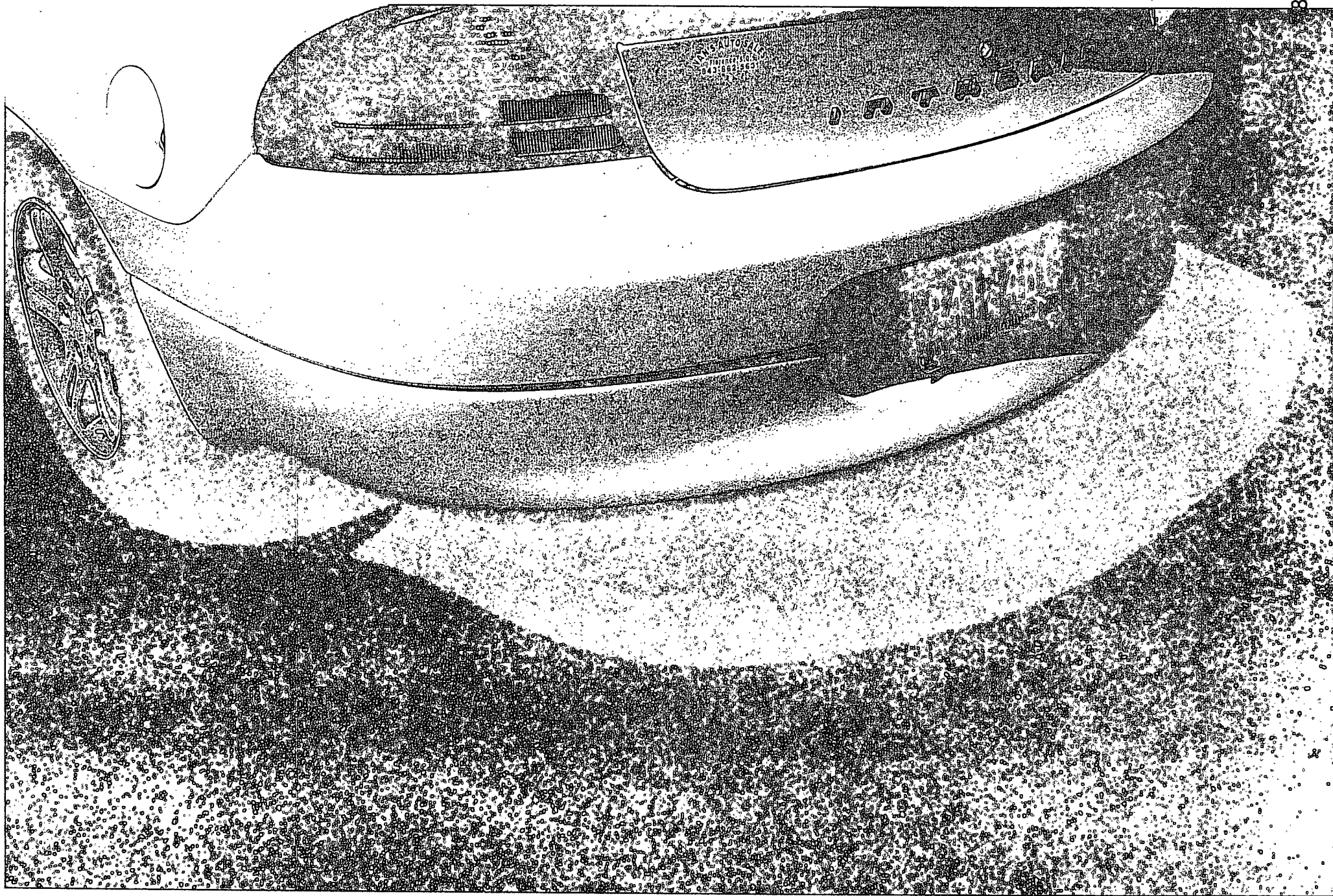


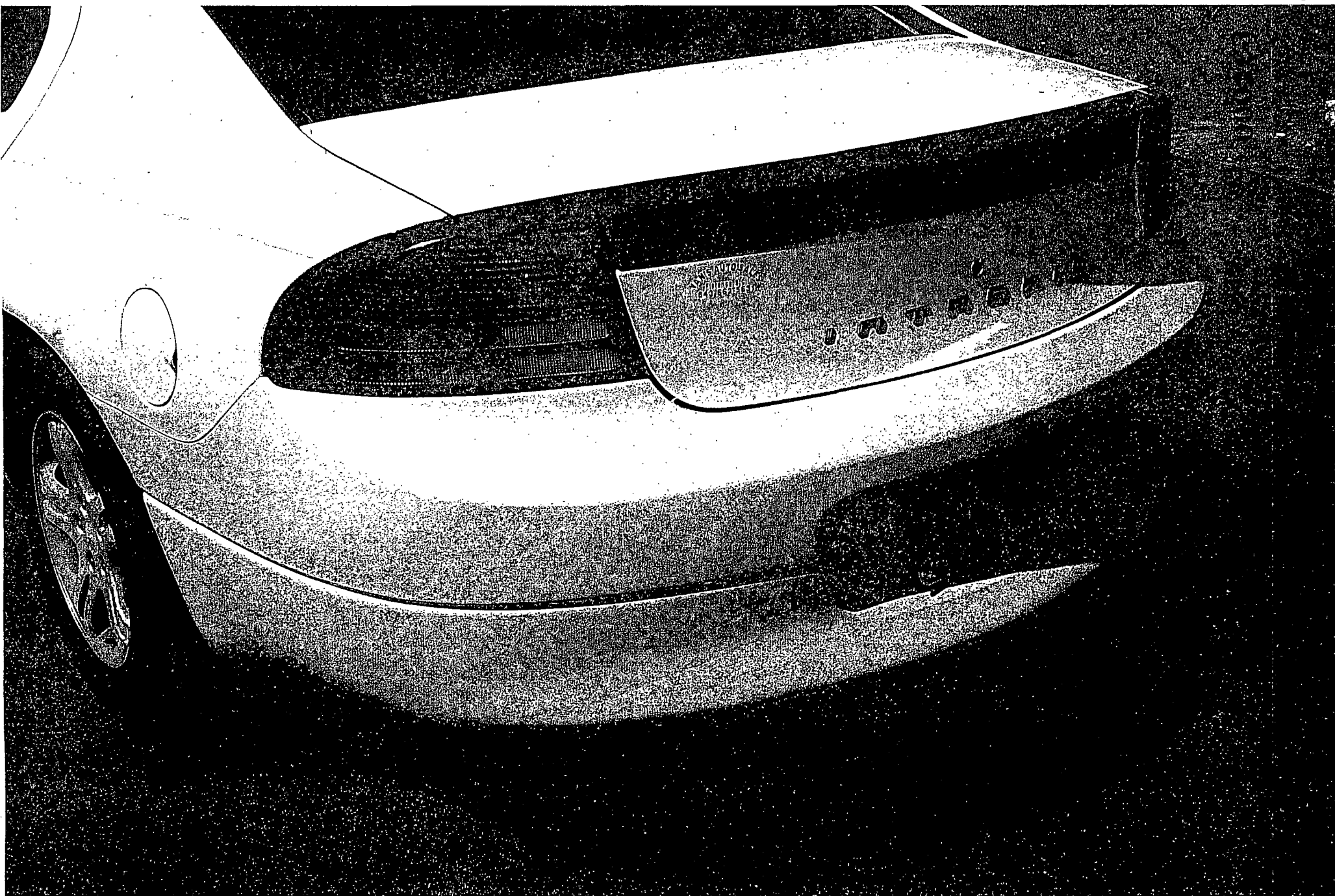
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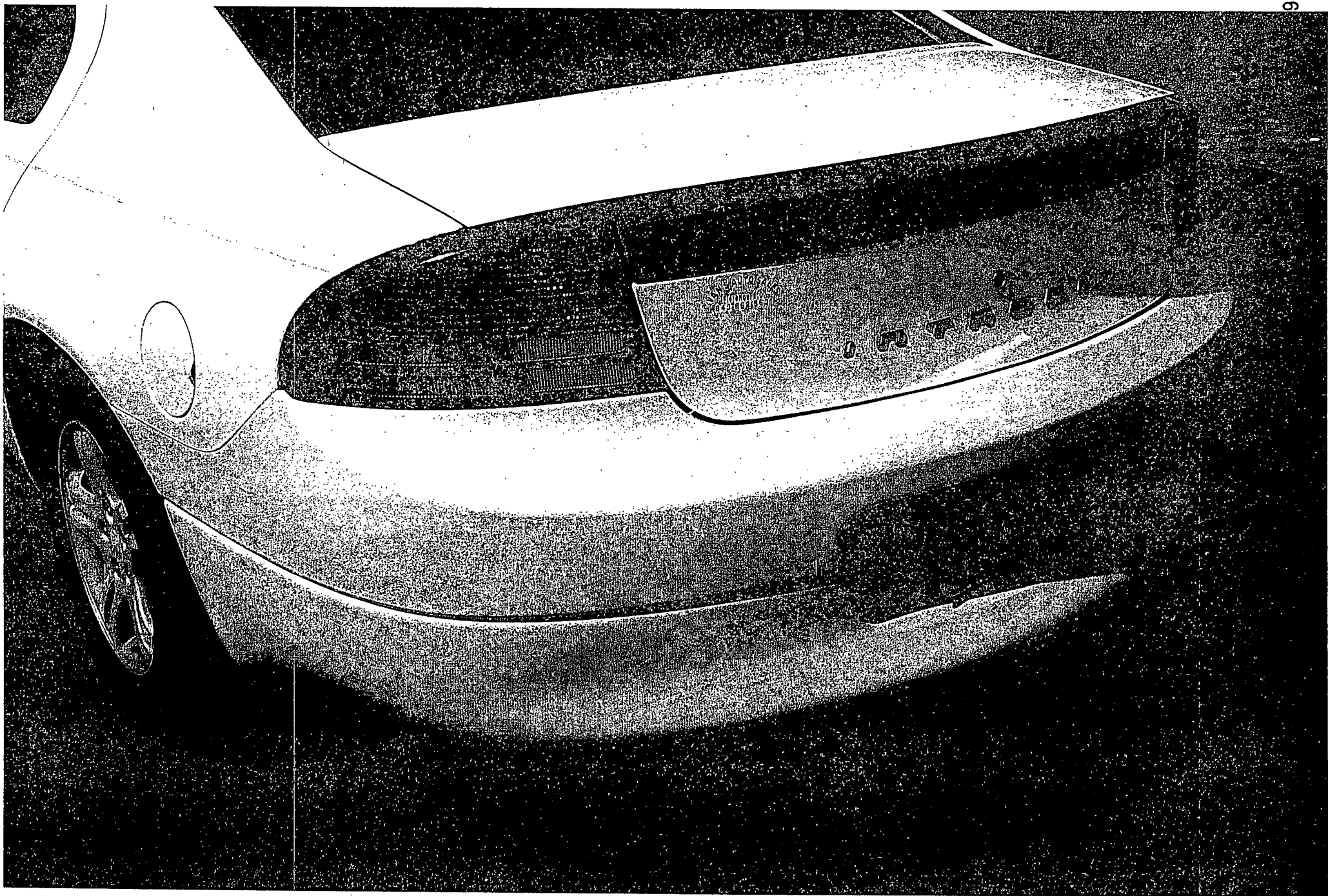


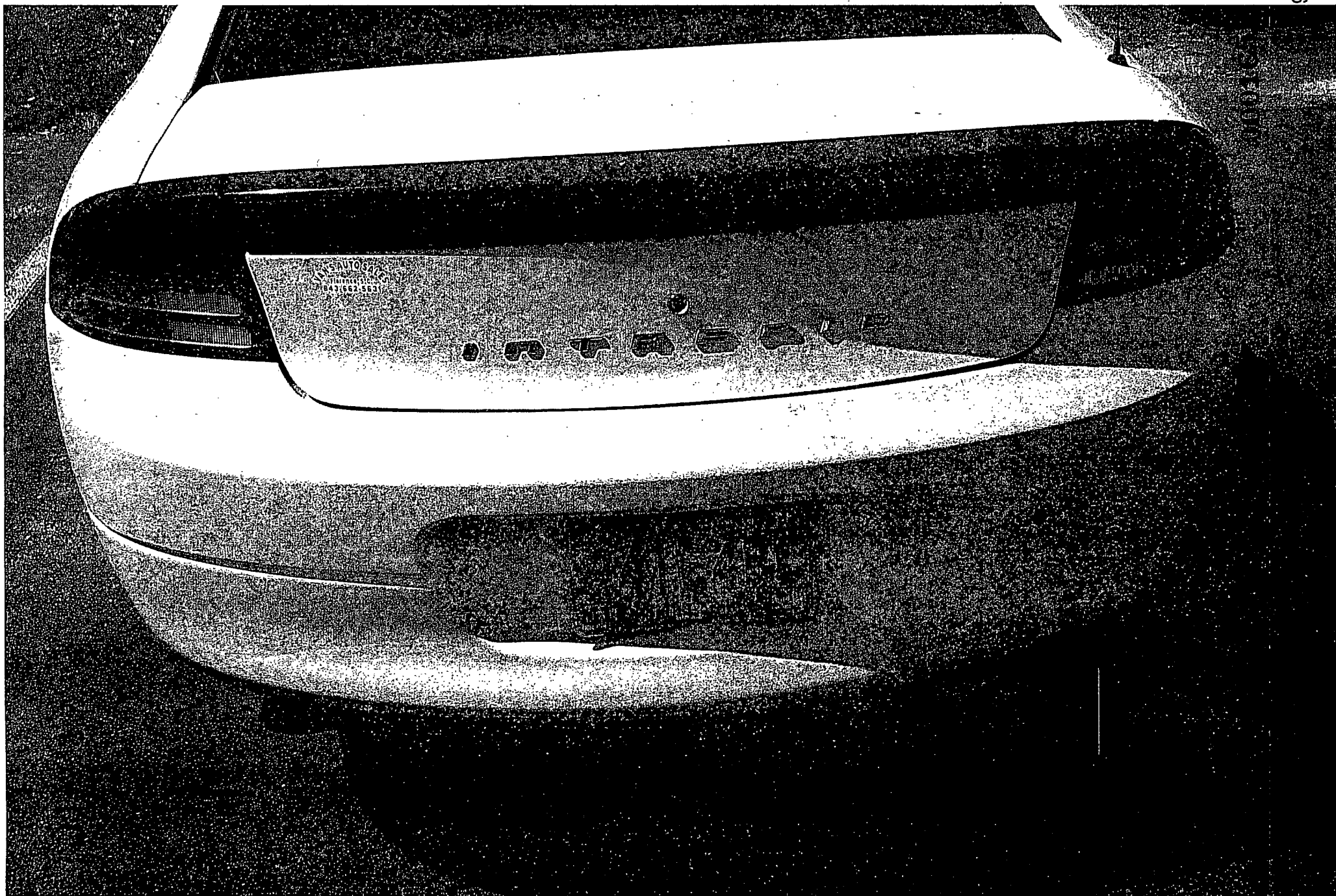


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South Carolina





11	SC Farm Bureau Repair Estimate	03/29/11	168-172
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Date: 3/29/2011 10:24 AM
Estimate ID: 312850-02
Estimate Version: 0
Committed
Profile ID: Florence

S.C. FARM BUREAU MUTUAL INSURANCE CO

SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY,

Damage Assessed By: Chris Ihrie 6492

Type of Loss: Property Damage
Date of Loss: 2/17/2011
Deductible: NONE
Policy No: 76131

Arrival Date: 3/17/2011

Claim Number: 312850-02

Insured: Cynthia Hales
Claimant: Jeffrey McFadden
Owner: Jeffrey McFadden
Telephone:

Contact Phone: (843) 598-6520

Mitchell Service: 916528

Description: 1999 Dodge Intrepid ES
Body Style: 4D Sed
VIN: [REDACTED]
Mileage: 103,425
OEM/ALT: A
Color: White
Options:

Drive Train: 3.2L Inj 6 Cyl AO FWD
License: [REDACTED]

Search Code: SCFB

VEHICLE ANTI-THEFT, PASSENGER AIRBAG, DRIVER SIDE AIRBAG, POWER DRIVER SEAT
POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, PREMIUM SOUND SYSTEM
ANTI-LOCK BRAKE SYS., FOG LIGHTS, ALUM/ALLOY WHEELS, LEATHER STEERING WHEEL
POWER ADJUSTABLE EXTERIOR MIRROR, CASSETTE PLAYER, FRONT AIR DAM, TINTED GLASS
FIRST ROW BUCKET SEAT, SECOND ROW BENCH SEAT, KEYLESS ENTRY
UNIVERSAL GARAGE DOOR OPENER, SECOND ROW FOLDING SEAT
REAR HEATING, VENTILATION & AIR CONDITIONING, CLOTH SEAT
INTERACTIVE TRANSMISSION, TACHOMETER, AUTOMATIC HEADLIGHTS
REMOTE DECKLID OR TAILGATE RELEASE

Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Additional Costs & Materials</u>						
		ADD'L COST	Shop Materials		0.75 *	
<u>MANUAL ENTRIES</u>						
900500	BDY *	REPAIR	Buff and Polish Spot on Rear Bumper	Existing		0.5*

* - Judgment Item

ESTIMATE RECALL NUMBER: 03/29/2011 10:24:09 312850-02

Mitchell Data Version: OEM: JAN_11_V

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Estimate Totals

I.	Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
	Body	0.5	42.00	0.00	0.00	21.00		
	Non-Taxable Labor					21.00	Total Replacement Parts Amount	0.00
	Labor Summary	0.5				21.00		
III.	Additional Costs					Amount	IV. Adjustments	Amount
	Taxable Costs					0.75	Insurance Deductible	0.00
	Sales Tax		@	8.000%		0.06	Customer Responsibility	0.00
	Total Additional Costs					0.81		
							I. Total Labor:	21.00
							II. Total Replacement Parts:	0.00
							III. Total Additional Costs:	0.81
							Gross Total:	21.81
							IV. Total Adjustments:	0.00
							Net Total:	21.81

Point(s) of Impact

6 Rear Center (P)

Inspection Site: Lake City, SC
29560
TE00

Inspection Date: 3/17/2011

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE MADE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUIVALENT IN TERMS OF FIT, QUALITY, PERFORMANCE, AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING. THE WARRANTY OF THE AFTERMARKET PARTS IS PROVIDED BY THE MANUFACTURER OF THOSE PARTS, AND NOT BY THE MANUFACTURER OF THE VEHICLE.

***** NOTICE *****
THIS IS NOT AN AUTHORIZATION TO REPAIR.

SUPPLEMENTS WILL NOT BE PAID UNLESS INSPECTED AND/OR APPROVED BY AN AUTHORIZED REPRESENTATIVE OF

ESTIMATE RECALL NUMBER: 03/29/2011 10:24:09 312850-02

Mitchell Data Version: OEM: JAN_11_V

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000169 3

Date: 3/29/2011 10:24 AM
Estimate ID: 312850-02
Estimate Version: 0
Committed
Profile ID: Florence

SOUTH CAROLINA FARM BUREAU INSURANCE COMPANIES.

FARM BUREAU SERVICE CENTER
101 DOZIER BLVD.
FLORENCE, SC 29501
PHONE (843) 667-4727 FAX (843) 664-0068

ESTIMATE RECALL NUMBER: 03/29/2011 10:24:09 312850-02

Mitchell Data Version: OEM: JAN_11_V

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Page 170 of 3

PROPERTY RELEASE

FOR AND IN CONSIDERATION of the payment of Twentyone and eightyone (\$21.81) DOLLARS to me/us in hand paid by Cynthia A Hales & Cassidy Wynn hereinafter called payor(s), the receipt of which is hereby acknowledged I/we Jeffrey McFadden, address Lake City, SC, being of lawful age, do hereby release, acquit and forever discharge the said payor(s), their agents and employees, and all other persons, firms or corporations who are or might be liable, from any and all actions, causes of actions, claims, demands, damages, costs, loss of use, expenses, and compensation on account of or in any way growing out of any and all known and unknown property damage, resulting or to result from an accident that occurred on or about the 17th day of February, 2011 by reason of Auto Accident including any other property that I/we may have which arose at the time of or prior to such accident, and do hereby for myself (or ourselves) heirs, executors, administrators, successors and assigns, covenant with the said payor(s), their agents and employees, and all other persons, firms or corporations which are or may be liable to indemnify and save them harmless from all claims and demands, costs, loss of use, expenses and compensation on account of or in any wise growing out of said accident or its results, known and unknown, or prior claims to property.

I/we know and understand the above consideration is accepted in full compromise, accord and satisfaction thereof, and the payment of said consideration is not an admission of liability.

This release and settlement executed this the 29th day of March, 2011.

IMPORTANT! ATTENTION!

YOU ARE SIGNING A FINAL RELEASE AND SETTLEMENT OF CLAIM

Witness:

Address

Address

Signatures:

000171

**FARM
BUREAU
INSURANCE****SOUTHERN FARM BUREAU
CASUALTY INSURANCE CO.**

PO Box 2124 West Columbia, SC 29174-2124

67-448
539BANK OF AMERICA
COLUMBIA, S.C.

7837707

DATE

03/29/2011

PAY THIS AMOUNT

*****21.81

Full
Payment For ANY AND ALL CLAIMSDate of
Accident 02/17/2011

Insured CYNTHIA A HALES

NOT VALID AFTER 90 DAYS

Claim
Number AU0312850 Policy
Number AU0076131 County 21 Adjuster 3B

TWENTY-ONE DOLLARS AND EIGHTY-ONE CENTS *****

BY THE
ORDER JEFFREY MCFADDEN
PO BOX 1495
LAKE CITY, SC 29560

CLAIMS CHECK - CJ

Nelle Myers

AUTHORIZED SIGNATURE

VOID OVER \$21.81

⑈7837707⑈ ⑆053904483⑆ 000764134847⑈

FARM BUREAU CLAIMS SERVICE CENTERPost Office Box 4368
Florence, South Carolina 29502

TEMP - RETURN SERVICE REQUESTED

**CHRIS IHRIE**
Farm Bureau Service Center
P.O. Box 4368
Florence, SC 29502

000172

12	Request Letter to Dr. Morris E. Brown, III Dr. Morris E. Brown, III	Lake City Family Medicine	06/21/11	000173- 000236
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WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christl B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
April S. Purvis
Michael T. Miller
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

June 21, 2011

Morris E. Brown, III
Lake City Family Medicine
Attention: Medical Records
901 N. Matthews Road
Lake City, SC 29560

Re: Jeffrey McFadden
DOB: [REDACTED]
SSN: [REDACTED]

Dear Dr. Brown:

Please be advised this office represents Jeffrey McFadden regarding injuries he sustained in a work related accident. Mr. McFadden has received ongoing treatment at your facility and I would appreciate your forwarding this office a copy of the medical records to include diagnosis, prognosis, treatment rendered, radiology reports, work status slips and referrals beginning the first date of treatment and continuing through the present date.

Attached is an Authorization to Disclose Health Information signed by Mr. McFadden that allows you to release this information to us.

South Carolina, §42-15-95, as amended, provides: "A health care provider must provide the requested information to the employee, their attorneys...within fourteen (14) days after written request." The copying costs for existing records can be charged at \$.65 per page for the first thirty (30) pages and \$.50 per page for all other pages. The maximum clerical fee for searching and handling is not to exceed fifteen (\$15.00) dollars per request, plus actual postage and applicable sales tax.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM

STEPHEN J. WUKELA

SWJr/tcc
Attachment

0000-17401

Patient Chart**MCFADDEN, JEFFREY**

Date Printed: 06/17/11

2104

Sex: M Age: 7 years

Problem List**Major Problems**

- 1, HERPES GENITAL UNS, 01/02/04, A, , MDH
- 2, TIEZTZE'S DISEASE, 10/10/05, A, , MEB
- 3, HYPERLIPIDEMIA, 03/11/10, A, , MEB
- 4, NECK DISORDER/SYMPT UNSPEC, 02/18/11, A, , SD

Other Problems

- ALLERGIC RHINITIS, 10/10/06, , MEB
ATOPIC DERMATTITIS, 09/09/10, , MEB
BACK PAIN LOW, 12/03/07, , DHM
BACK PAIN LOW, 03/19/08, , MEB
BACK PAIN LOW, 10/18/06, , MEB
BACK PAIN LOW, 04/02/08, , MEB
BACK PAIN LOW, 01/07/08, , MEB
BRONCHITIS, ACUTE, 03/17/06, , DHM
COSTOCHONDRITIS, 10/10/05, , MEB
EST PATIENT VISIT-, 01/02/04, , MDH
HEADACHE, 08/03/10, , MEB
HYPERLIPIDEMIA, 03/11/10, , MEB
Migraine, 08/03/10, , MEB
NECK PAIN, 02/18/11, , SD
PHARYNGITIS ACUTE, 02/18/09, , SD
RESOLVED, 01/07/08, , DHM
STREP SORE THROAT, 01/31/07, , DHM
TINEA CORPORIS, 03/19/07, , DHM
TINEA CORPORIS, 01/29/07, , DHM

Procedures

- OV Level 4 Det, 02/18/11, SD
OV Level 3 Est Pt, 09/09/10, MEB
OV Level 4 Det, 08/03/10, MEB
OV Level 4 Det, 03/11/10, MEB
OV Level 3 Est Pt, 02/18/09, SD
OV Level 3 Est Pt, 04/02/08, MEB
OV Level 4 Est Pt, 03/19/08, MEB
OV Level 3 Est Pt, 01/07/08, DHM
OV Level 3 New Pt, 12/03/07, DHM
OV Level 2 Est Pt, 03/19/07, DHM
OV Level 2 Est Pt, 01/29/07, MEB
OV LEVEL 3 EST PT, 10/10/06, MEB
EXPANDED VISIT, 03/17/06, DHM
OV LEVEL 3 EST PT, 10/10/05, MEB
OV LEVEL 3 EST PT, 01/02/04, MDH

Diagnoses**Risks****Hospitalizations**

Patient Chart**MCFADDEN, JEFFREY**

Date Printed: 06/17/11

2104

Sex: M Age: [REDACTED]

Progress Notes

01/02/04

EST PATIENT VISIT-ER F/U HERPES

Bp: 120/86

Temp: 96.9, Weight: 251 1/4

Patient presents to the office today with the following symptom(s): .States was seen in ER 12/27/03 for rash -like lesion on penis. Pt states notice rash 2 days prior. Painful ulcer-like rash to penis, denies hx of rash. Denies s/s of similar rash with partner. Given Mupirocin Ointment at CHS-ER, states rash is healing, no pain.

Review of Systems:

Constitutional: negative

Eyes: negative

Ears, Nose, Mouth, Throat: negative

Cardiovascular: negative

Respiratory: negative

Gastrointestinal: negative

Genitourinary: rash to penis, denies dysuria, edema or itching

Skin and/or breasts: negative

Neurological: negative

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Eyes: visual acuity intact, conjunctiva clear, sclera non-icteric, EOM intact, PERRL, fundi have normal optic discs and vessels, no exudates or hemorrhages

Mouth: Mucous membranes moist, no mucosal lesions.

Pharynx: mucosa non-inflamed, no tonsillar hypertrophy or exudate

Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop

Lungs: clear to auscultation and percussion

Genitalia: 1cm ulcer-like lesions, healing to shaft of penis, tender.

A:

HERPES GENITAL UNS : 054.10

OV Level 3 Est Pt:99213

P:

Laboratory: Received lab results for CHS-Lake City, positive for Herpes Simplex 2. Wife present, received permission to reveal test result in wife's present

Patient Education: Counseled re: etiology of Herpes, transmission, and treatment for Herpes symptoms. Pamphlet given. Wife states asymptomatic, explain transmission and not to have sex when lesions are present.

Follow-up: prn

Printed using Practice Partner®

0001475

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: 37 years
[REDACTED]

Rx: ZOVIRAX 400MG 1 TAB tid for 7 days, 21TAB, Ref: 1

SIGNED BY MESHELLIA D. HAYWARD (MDH) 01/02/04

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: years**Progress Notes**10/10/05 : 08:12am
CostochondritisBp: 113/78, Pulse: 81
Temp: 97.5, Weight: 264

Patient presents to the office today with the following symptom(s): ER f/ for Teltze syndrome , states that he was seen in ER 2 wks ago and all labs were normal; States that he was given nsalds and steriods, states that sxs have completely resolved. No new complaints .

History of Present Illness:
Associated signs and symptoms: none

Review of Systems:
Constitutional: negative

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Skin: good turgor, no rash or prominent lesions

Hair: Normal texture and distribution.

Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop

Lungs: clear to auscultation and percussion

Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia
chest wall non tender**A:**

TIETZE'S DISEASE : 733.6

OV Level 3 Est Pt:99213

P:

Follow-up one yr or sooner if needed, labs today.

SIGNED BY MORRIS E BROWN, III M.D (MEB) 10/10/2005 08:15AM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 7 years

DOB: [REDACTED]

Progress Notes03/17/06 : 08:51am
BRONCHITIS, ACUTE:Bp: 137/83, Pulse: 95
Temp: 97.6, Weight: 265

S: This 32 yr old male presents with a < 1 week history of:

Fever: yes earlier in the week

URI symptoms: yes

Cough: yes

Productive cough: yes

Dyspnea: no

Review of systems:

Constitutional: fever

Ears, Nose, Mouth, Throat: nasal congestion

Cardiovascular: negative

Allergic/Immunologic: persistent cough

Past history:

Allergy: yes

Similar symptoms: no

Social history:

Smoking: non-smoker

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Skin: good turgor, no rash or prominent lesions

Nails: normal color, no deformities

Head: normocephalic, atraumatic

Eyes: visual acuity intact, conjunctiva clear, sclera non-icteric, EOM intact & PERRL.

Ears: EACs clear, TMs translucent & mobile, ossicles nl appearance, hearing intact.

Nose: no external lesions, mucosa non-inflamed, septum and turbinates normal

Mouth: Mucous membranes moist, no mucosal lesions.

Teeth/Gums: No obvious caries or periodontal disease.

Pharynx: mucosa non-inflamed, no tonsillar hypertrophy or exudate

Neck: supple, without lesions, bruits, or adenopathy, thyroid non-enlarged and non-tender

Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop

Lungs: normal except rhonchi heard over the both upper lung fields

Extremities: no peripheral edema.

A: Acute Bronchitis

BRONCHITIS, ACUTE: : 466.0

Expanded Visit: 99213

P:

Medications: 7 day sample course of Biaxin XL and 7 day sample supply of Maxifad-DMX given.

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000678

Patient Chart

MCFADDEN, JEFFREY

2104 Date Printed: 06/17/11
Sex: M Age: ■ years
DOB: ■■■■■■

Patient education: Patient advised to avoid cigarettes and to limit activity pending improvement in symptoms.

Follow-up: a/s or pm. Work excuse given for 03/13/06 thru 03/17/06.

SIGNED BY DORINE H MARTIN, FNP (DHM) 03/17/2006 08:54AM

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: [REDACTED] years**Progress Notes**10/10/06 : 08:46am
ALLERGIC RHINITIS:Bp: 123/78
Temp: 97, Height: 70.5, Weight: 266.5

S: This 32 yr old male presents with a more than 6 months history of:

Nasal discharge: no

Congestion: no

Nasal itching: no

Sneezing:

Eye swelling, itching or discharge: no

Similar symptoms in the past: no

Known environmental allergy: no

Medications used in the past include: no

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Ears: EACs clear, TMs translucent & mobile, ossicles nl appearance, hearing intact.

Nose: mucosa pale, bluish in color, clear discharge

Pharynx: Clear discharge in posterior pharynx.

Lungs: clear to auscultation and percussion

A: Allergic rhinitis

ALLERGIC RHINITIS: :477.8

OV Level 3 Est Pt:99213

P:

Patient education: Patient advised to avoid known allergens, cigarette smoke, and dust.

Follow-up in one yr, p.e form completed today, labs today. Advised on diet and exercise.

SIGNED BY MORRIS E BROWN, III M.D (MEB) 10/10/2006 08:48AM

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Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: [REDACTED] years**Progress Notes**10/18/08 : 08:40am
BACK PAIN LOW:Bp: 128/82, Pulse: 76
Temp: 97.1, Weight: 264

S: This 32 yr old male presents for evaluation of low back pain. Onset approx 2 weeks ago. Denies any recent or past back injury but has had intermittent low back pain. Pain worse with standing.

Current symptoms:

Pain: yes
Stiffness: yes
Numbness: no
Weakness: no
Located in back: yes
Located in leg: no
Onset: 2-3 weeks
Frequency: intermittently

Alleviating factors:

Rest: yes
Analgesic medications: some relief with Extra-strength Tylenol.

Possible tumor or infection:

Age over 50 or under 20 years: no
History of cancer: no
Fever, chills, weight loss: no
Recent UTI: no
IV drug use: no
Immune suppression: no
Pain that worsens when supine: no
Severe nighttime pain: no

Past history:

Low back pain: yes
Testing or Rx for low back pain: yes, states previous x-rays have been negative.

Social History:

Physical activity: none, essentially sedentary
Occupation: employed full-time

O:

Patient Chart**MCFADDEN, JEFFREY**

Date Printed: 06/17/11

2104

Sex: M Age:  years

General: Well appearing, obese 32 yr old AAM in no distress. Oriented x 3, normal mood and affect.

Evidence of exaggerated pain behavior: no

Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia

Back:

Spinal tenderness: none

Deformity: none

Neurologic Screening: non-focal exam

Straight leg raising (SLR):

Left leg:

Pain: no

Cross-over pain in right leg: no

Right leg:

Pain: no

Increased pain with ankle dorsiflexion: no

Cross-over pain in left leg: no

A: Low back pain

BACK PAIN LOW: : 724.2

.PR.OV Level 3 Det.99213

P:

X-rays: L/S spine if no results.

Medication: Rx for Flexeril and Motrin. Advised of drowsiness associated with Flexeril and to eat with Motrin.

Patient education:

Pt. advised that there was no hint of a dangerous problem and that rapid recovery expected. For severe leg pain, 2-4 days of bedrest O.K., OTW not needed. Advised to keep lifted objects close to body near navel, avoid twisting, bending, reaching while lifting. Advised to change positions often, use pillows to support back. Recommended aerobic activity, such as walking, swimming, stationary bicycle, light jogging to avoid debilitation, as tolerated within first 2 wks.

Follow-up: 2 weeks or prn sooner.

Rx: MOTRIN 800mg 1 TAB TID for 10 days, 30, Ref: 0

Rx: FLEXERIL 10MG 1 TAB TID for 10 days, 30, Ref: 0

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000184

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: 45 years
DOB: [REDACTED]

SIGNED BY DORINE H MARTIN, FNP (DHM) 10/18/2006 08:46AM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 37 years
[REDACTED]**Progress Notes**01/29/07 : 03:16pm
TINEA CORPORIS:

Bp: 115/79, Right Arm

Temperature: 97.3 F, Weight: 266 lbs

S: This 32 yr year old male presents with a more than 6 months history of skin lesion on the occipital area, arms bilat and chest.

Pruritus: yes

Treatment to date: none

O: Papulosquamous lesion with raised erythematous, scaling borders and central clearing.

Location: as above, mac, well demarcated lesions.

A: Tinea corporis

TINEA CORPORIS: : 110.5

OV Level 2 Est Pt:99212

P:

Follow-up: prn.

Rx: NIZORAL 200 mg 1 qd for 10 days, 10, Ref: 0

SIGNED BY MORRIS E BROWN, III M.D (MEB) 01/29/2007 03:20PM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 32 years

Progress Notes01/31/07 : 09:09am
STREP SORE THROAT:Bp: 140/81, Left Arm, Pulse: 89
Temperature: 98 F, Weight: 265 lbs
Insert BMI from today: 37.52 kg/m2**Subjective:**

This 32 yr old male presents for evaluation of sore throat.

Symptoms:Duration of sore throat: 1-2 days
Fever: yes
Headache: yes
Abdominal pain: no
Other URI symptoms: yes
Exposure to streptococcal pharyngitis: yes**Objective:**General: ill-appearing.
Skin: good turgor, no rash or prominent lesions
Eyes: visual acuity intact, conjunctiva clear, sclera non-icteric, EOM intact & PERRL.
Ears: EACs clear, TMs translucent & mobile, ossicles nl appearance, hearing intact.
Nose: normal except turbinates swollen in both nares with clear nasal drainage.
Mouth: Mucous membranes moist, no mucosal lesions.
Pharynx: mucosa inflamed without purulent exudate presentAnterior cervical nodes: bilateral tender adenopathy noted.
Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop
Lungs: clear to auscultation and percussion
Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia

Rapid strep screen: positive

Assessment:

STREP SORE THROAT: 034.0

Plan:**Laboratory:**

Antibiotic medication: Rx for Zithromax.

Patient education:

Use simple analgesics (aspirin, acetaminophen, or ibuprofen), salt water gargles or lozenges. Symptomatic family members should seek medical attention.

Follow-up if no improvement in 2 to 3 days. Otherwise, r/c as needed.

Rx: ZITHROMAX 250MG for 5 days, 6, Ref: 0Extended sig exists; see Medication List.

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: [REDACTED] years

SIGNED BY DORINE H MARTIN, FNP (DHM) 01/31/2007 09:11AM

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414

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: 33 years
DOB: [REDACTED]**Progress Notes**03/19/07 : 07:21am
TINEA CORPORIS:

Bp: 115/75, Left Arm, Pulse: 69

Temperature: 97.9 F, Oral, Weight: 261 lbs

S: This 33 yr year old male presents with a 2-3 weeks history of skin lesion on the chest anteriorly and posteriorly. Treated with Nizoral for similar lesions approx in Jan 07 with good results.

Pruritus: yes

Treatment to date: none

O: Papulosquamous lesion with raised erythematous, scaling borders and central clearing.

Number of lesions: multiple

Location: as per above description

KOH prep shows branching hyphae consistent with dermatophyte infection: no

A: Tinea corporis

TINEA CORPORIS: : 110.5

OV Level 2 Est Pt: 99212

P:

Medication: Rx for Nizoral ointment and repeat Nizoral tablets.

Follow-up: a/s or pm.

Rx: NIZORAL 200 mg 1 qd for 10 days, 10, Ref: 0

Rx: NIZORAL 2% CREAM APP AA BID , 60GM, Ref: 0

SIGNED BY DORINE H MARTIN, FNP (DHM) 03/19/2007 07:25AM

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415

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 77 years

DOB: [REDACTED]

Progress Notes

12/03/07 : 05:47pm

BACK PAIN LOW:

Bp: 133/86, Right Arm, Pulse: 70

Temperature: 97.6 F, Weight: 263 lbs

S: This 33 yr old male presents for evaluation of low back pain. Onset after lifting a dresser last week per pt. Hx of low back pain and states he has re-injured it on several occasions. Requests a rx for genital herpes. Took Zovirax in the past

Current symptoms:

Pain: yes

Stiffness: yes

Numbness: no

Weakness: no

Located in back: yes

Located in leg: no

Onset: < 1 week

Frequency: daily

Alleviating factors:

Rest: yes

Analgesic medications: hasn't tried anything.

Review of systems (Red flags for potentially serious conditions):

Possible fracture: mjr trauma or minor trauma or strenuous lifting in elderly or osteoporotic pt.: no

Possible tumor or infection:

Age over 50 or under 20 years: no

History of cancer: no

Fever, chills, weight loss: no

Recent UTI: no

IV drug use: no

Immune suppression: no

Pain that worsens when supine: no

Severe nighttime pain: no

Possible cauda equina syndrome:

Saddle anesthesia: no

Bladder dysfunction: no

Severe or progressive neurologic deficit in lower extremity: no

Past history:

Low back pain: yes

Testing or Rx for low back pain: yes

Social History:

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000618

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 55 years

Physical activity: none, essentially sedentary
Occupation: employed full-time

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Evidence of exaggerated pain behavior: no

Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia

Back:

Spinal tenderness: right lower lumbar

Deformity: none

Range of motion flexion: intact

Neurologic Screening: grossly non-focal

Testing for Sclatic Tension:

Sitting knee extension:

Left leg pain with maneuver: no

Right leg pain with maneuver: no

Straight leg raising (SLR):

Left leg:

Pain: no

Increased pain with ankle dorsiflexion: no

Cross-over pain in right leg: no

Right leg:

Pain: no

Increased pain with ankle dorsiflexion: no

Cross-over pain in left leg: no

Extremities: no amputations or deformities, cyanosis, edema or varicosities, peripheral pulses intact

A: Low back pain

BACK PAIN LOW: : 724.2

OV Level 3 New Pt:99203

P:

X-rays: order given for l/s spine x-rays

Medication: rx for Flexeril and Motrin with food given. Advised pt re: drowsiness associated with Flexeril.

Rx for Valtrex also given.

Patient education:

Pt. advised that there was no hint of a dangerous problem and that rapid recovery expected. For severe leg pain, 2-4 days of bedrest O.K., OTW not needed. Advised to keep lifted objects close to

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0001739

Patient Chart***MCFADDEN, JEFFREY***

Date Printed: 06/17/11

2104

Sex: M Age: [REDACTED]

body near navel, avoid twisting, bending, reaching while lifting. Advised to change positions often, use pillows to support back. Recommended aerobic activity, such as walking, swimming, stationary bicycle, light jogging to avoid debilitation, as tolerated within first 2 wks.

Follow-up: Referred to physical therapy. Pt to rtc in 2 weeks or prn sooner. Work excuse given for 11/30/07 thru 12/07/07.

Rx: MOTRIN 800mg 1 TAB TID for 10 days, 30, Ref: 0

Rx: FLEXERIL 10MG 1 TAB TID for 10 days, 30, Ref: 0

Rx: VALTREX 500MG 1 TAB daily -, 30, Ref: 2

SIGNED BY DORINE H MARTIN, FNP (DHM) 12/03/2007 05:55PM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 7 years

DOB: [REDACTED]

Progress Notes

01/07/08 : 09:32am

BACK PAIN LOW: Resolved

Bp: 130/938, Right Arm, Pulse: 83

Temperature: 98.3 F, Weight: 265 lbs

S: This 33 yr old male presents for follow-up of low back pain. States back pain has resolved.

Current symptoms:

Back pain: yes

Leg pain: no

Numbness: no

Weakness: no

Symptoms relieved by: none needed.

Effect of symptoms: activity tolerance essentially normal. States he has returned to work.

O:

General appearance: Well appearing, well nourished in no distress. Oriented x3, normal mood and affect.

Posture: normal

Gait: normal

Regional back examination:

Appearance: No deformities.

Range of motion: Intact, without significant guarding.

Tenderness: no specific point tenderness

Neurologic examination lower extremities:

Muscle strength: Intact bilaterally.

Reflexes: Intact bilaterally.

Sensory: Intact bilaterally.

Evidence of sciatic tension: none bilaterally

A: Low back pain

Resolved with normal activity tolerance

BACK PAIN LOW: : 724.2

OV Level 3 Est Pt:99213

P:

Patient education:

Pt. advised to resume normal activities.

Work restrictions: none

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000491

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 7 years

DOB: [REDACTED]

Follow up: pm.

SIGNED BY DORINE H MARTIN, FNP (DHM) 01/07/2008 09:33AM

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420

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 45 years

DOB: [REDACTED]

Progress Notes

03/19/08 : 09:31am
BACK PAIN LOW:

Bp: 129/76, Left Arm, Pulse: 77
Temperature: 98.0 F, Weight: 264 lbs
S: This 34 yr old male presents for follow-up of low back pain.

Current symptoms:

Back pain: yes

Leg pain: yes

Numbness: yes

Weakness: no

Symptoms relieved by: OTC analgesic such as Tylenol, Aspirin, Ibuprofen or Naprosyn

Effect of symptoms: activity tolerance essentially normal

O:

General appearance: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Posture: normal

Gait: normal

Regional back examination:

Appearance: No deformities.

Range of motion: Intact, with significant guarding.

Tenderness: LUMBAR AREA

Neurologic examination lower extremities:

Muscle strength: Intact bilaterally.

Reflexes: Intact bilaterally.

Sensory: Intact bilaterally.

pos. straight leg R side?

Evidence of sciatic tension: none bilaterally

A: Low back pain

Resolved with normal activity tolerance

BACK PAIN LOW: : 724.2

OV Level 4 Est Pt:99214

P:**Patient education:**

Pt. advised to resume normal activities.

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0004193

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 77 years

DOB: [REDACTED]

Follow up: one wk, ordered mri or back.

Rx: DARVOCET-N 100 100MG 1-2 TAB Q6H pm, 60, Ref: 0

SIGNED BY MORRIS E BROWN, III M.D (MEB) 03/19/2008 09:34AM

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000134
422

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: 34 years**Progress Notes**04/02/08 : 05:12pm
BACK PAIN LOW:Bp: 134/83, Left Arm, Pulse: 74
Temperature: 98.4 F, Weight: 261 lbs
S: This 34 yr old male presents for follow-up of low back pain.

Current symptoms:

Back pain: improved

Leg pain: no

Numbness: no

Weakness: no

Symptoms relieved by: OTC analgesic such as Tylenol, Aspirin, Ibuprofen or Naprosyn

Effect of symptoms: activity tolerance essentially normal

O:

General appearance: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Posture: normal

Gait: normal

Regional back examination:

Appearance: No deformities.

Range of motion: Intact, without significant guarding.

Tenderness: no specific point tenderness

Neurologic examination lower extremities:

Muscle strength: Intact bilaterally.

Reflexes: Intact bilaterally.

Sensory: Intact bilaterally.

Evidence of sciatic tension: none bilaterally

A: Low back pain

Resolved with normal activity tolerance

BACK PAIN LOW: : 724.2

OV Level 3 Est Pt:99213

P:

Patient education:

Pt. advised to resume normal activities.

Work restrictions: none

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000195

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 37 years

Follow up: prn, reviewed mri report.

SIGNED BY MORRIS E BROWN, III M.D (MEB) 04/02/2008 05:12PM

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000196

Patient Chart***MCFADDEN, JEFFREY***Date Printed: 06/17/11
2104 Sex: M Age: 37 years
[REDACTED]**Progress Notes**02/18/09 : 10:14am
PHARYNGITIS ACUTE:Bp: 140/85, Right Arm, Pulse: 84
Temperature: 97.8 F, Weight: 286 lbs

S: This 34 yr old male presents for evaluation of sore throat, headache, fever, body aches and dry cough for the past couple of days.

Symptoms:

Duration of sore throat: 3-5 days
Fever: low grade temperature per pt.
Headache: yes
Abdominal pain: no
Other URI symptoms: yes

Exposure to streptococcal pharyngitis: no

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.
Skin: good turgor, no rash or prominent lesions
Eyes: visual acuity intact, conjunctiva clear, sclera non-icteric, EOM intact, PERRL, fundi have normal optic discs and vessels, no exudates or hemorrhages
Ears: EACs clear, TMs translucent & mobile, ossicles nl appearance, hearing intact.
Nose: no external lesions, mucosa non-inflamed, septum and turbinates normal
Mouth: Mucous membranes moist, no mucosal lesions.
Pharynx: normal except pharynx erythematous, both tonsil(s) swollen, both tonsil(s) erythematous, both tonsil(s) have exudative discharge
Lymphatics:
Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop
Lungs: clear to auscultation and percussion
Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia

Rapid strep screen: negative

A: Pharyngitis: presumptive viral
Other Problem: PHARYNGITIS ACUTE: :465.8

OV Level 3 Est Pt:99213

P: Laboratory:
Throat culture for strep: yes

Patient education: Use simple analgesics (aspirin, acetaminophen, or ibuprofen), salt water gargles or lozenges.

Follow-up: prn Pt treated for strep empirically due to exam findings. Pt advised to r/c if condition worsens.

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 37 years

DOB: [REDACTED]

Rx: PENICILLIN V POTASSIUM 250MG 1 TAB three times daily for 10 days, 30TAB, Ref: 0

SIGNED BY Shafara Dozier (SD) 02/18/2009 10:20AM

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: 37 years
[REDACTED]**Progress Notes**03/11/10 : 04:59pm
HYPERLIPIDEMIA:

:

Bp: 135/87, Left Arm
Temperature: 99.0 F, Weight: 259 lbs

S: This 36 yr old male presents for follow-up of hyperlipidemia.

Most recent lipid profile:
CHOLESTEROL: 192 on 10/10/2006

LDL-CHOL: 131 on 10/10/2006

TRIGLYCERIDES: 88 on 10/10/2006

Other labs to r/o secondary causes:

Review of Systems:

Past history(known complications of hyperlipidemia/other cardiovascular risk indicators):

Major Problem List:

HERPES GENITAL UNS

TIETZE'S DISEASE

Current treatment (medication):

Current Medications:

Rx: NIZORAL 2% CREAM APP AA BID - days, 60GM, Ref: 0

Rx: VALTREX 500MG 1 TAB daily - days, 30, Ref: 2

Current treatment (behavioral/social history):

Alcohol: abstains at this time

Smoking: non-smoker

Diet:

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Skin: good turgor, no rash or prominent lesions

Neck: supple, without lesions, bruits, or adenopathy, thyroid non-enlarged and non-tender

Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop

Lungs: clear to auscultation and percussion

Extremities: no amputations or deformities, cyanosis, edema or varicosities, peripheral pulses intact

Psychiatric: Oriented X3, intact recent and remote memory, judgement and insight, normal mood and affect.

A: Hyperlipidemia

HYPERLIPIDEMIA: : 272.4

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000196

Patient Chart***MCFADDEN, JEFFREY***

2104

Date Printed: 06/17/11

Sex: M Age: yearsDOB:

OV Level 4 Det:99214

P: Laboratory:

Medication:

Patient education: Reminded patient that goal LDL-C was < 130 mg/dl, < 100 mg/dl for those with CHD.

Health Maintenance: Diet_Couns X

Diet:

Cholesterol: recommended trying to limit cholesterol intake

Health Maintenance:Exerc_Coun X recommended regular (4 x a week or more) walking or other light activity

Health Maintenance:Sub_Abu_Co X

Smoking: Advised to avoid cigarette smoking

Follow-up: 6 months, pt. states that otj labs had elevated lipids, labs today.

SIGNED BY MORRIS E BROWN III M.D (MEB) 03/11/2010 05:00PM

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Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 37 years

DOB: [REDACTED]

Progress Notes

08/03/10 : 11:05am

Migraine:

Bp: 118/80, Right Arm

Temperature: 98.1 F, Weight: 268 lbs

S: This 36 yr old male presents with a history of headache.

Headache symptoms:

Nature: pulsating L frontal area with occas. numbness LUE and L hand weakness. States that he was involved in MVA approx. 3 wks ago. Reports that xrays were neg in ER and he is sch. for PT per workers comp. MD. States that he is taking flexeril and "pain meds".

Associated symptoms/review of systems:

Aura: no

Nausea: no

Vomiting: no

Photophobia or other visual disturbance: no

Aversion to sound or odors: no

Effect on social functioning: no

Depression symptoms: no

Behavioral changes: no

Past history:

Similar headaches: no

Head injury: yes but no LOC

Current Medications:

Rx: NIZORAL 2% CREAM APP AA BID - days, 60GM, Ref: 0

Rx: VALTREX 500MG 1 TAB daily - days, 30, Ref: 2

Social history:

Alcohol: abstains at this time

Smoking: non-smoker

Caffeine intake: none

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Head: normocephalic, atraumatic x 1 tender area L parietal area

Eyes: visual acuity intact, conjunctiva clear, sclera non-icteric, EOM intact, PERRL, fundi have normal optic discs and vessels, no exudates or hemorrhages

Nose: no external lesions, mucosa non-inflamed, septum and turbinates normal

Mouth: Mucous membranes moist, no mucosal lesions.

Pharynx: mucosa non-inflamed, no tonsillar hypertrophy or exudate

Neck: supple, without lesions, bruits, or adenopathy, thyroid non-enlarged and non-tender

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Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 45 years

DOB: 01/15/1966

Heart: no cardiomegaly or thrills; regular rate and rhythm, no murmur or gallop

Lungs: clear to auscultation and percussion

Neurologic: CN 2-12 normal. Sensation to pain, touch, and proprioception normal. DTRs normal in upper and lower extremities. No pathologic reflexes.

Psychiatric: Oriented X3, intact recent and remote memory, judgement and insight, normal mood and affect.

A: Headache

Presumptive etiology: migraine

HEADACHE: :346.90

OV Level 4 Det:99214

P:

Medication:

Patient education: Discussed with patient the fact that establishing a treatment regimen that maximizes effectiveness, minimizes side effects and costs can be a matter of trial and error. That the goals of migraine therapy are to minimize symptoms, reduce disability and improve quality of life, but because the severity and frequency of migraine varies widely, treatment programs need to be individualized. Informed patient that for treatment of an individual attack, aim to give enough medication, but no more, and that frequent use of symptomatic treatments, especially analgesics and ergotamine can lead to medication-induced headache and eventually chronic daily headache. Asked patient to keep a headache diary in which symptoms, treatment and response to therapy are recorded, as well as any identified triggers. Informed patient that we would advise prophylactic pharmacotherapy for patients whose migraines are severe or frequent (three or more severe attacks per month).

Follow-up: prn, cont. f/u with PT, ordered mri of head in light of hx. Will notify him if any abnormalities.

SIGNED BY MORRIS E BROWN III M.D (MEB) 08/03/2010 11:08AM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 37 years
[REDACTED]**Progress Notes**

09/09/10 : 02:38pm

ATOPIC DERMATITIS:

:

Bp: 108/78, Right Arm

Temperature: 98.1 F, Weight: 267 lbs

S: This 36 yr old male presents for evaluation of a rash.

Characteristics of rash:

Onset: sudden

Duration: < 1 week

Location: arms and abd after working in bushes, ?poison Ivy.

Erythema: yes

Pruritus: yes

Contact with plants and chemicals: yes

Past history:

Similar rash: no

Family history:

Allergic rhinitis or asthma: yes

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Skin: mac, erythematous lesion arms and abd

Evidence of infection: no

No other skin abnormalities.

A: Atopic dermatitis

ATOPIC DERMATITIS: : 691.8

OV Level 3 Est Pt:99213

P:

Patient education: Patient advised to reduce the frequency of hot water bathing, to use a moisturizing soap, to use a moisturizing cream after bathing, and to avoid any obvious triggers of the dermatitis.

Follow-up: pm, pt. states that h/a has resolved, reviewed mri report.

Rx: ARISTOCORT A 0.1% CR APP AA BID PRN , 60GM, Ref: 0

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: 37 years
DOB: [REDACTED]

SIGNED BY MORRIS E BROWN III M.D (MEB) 09/09/2010 02:39PM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 37 years

DOB: [REDACTED]

Progress Notes

02/18/11 : 03:35pm

NECK PAIN

Providers: ;

Insert Vitals from today (BP, Pulse):

Insert Vitals from today (Temp, Height, Weight):

S: This 36 years old male presents with a history of neck pain after a MVA earlier this week. Pt currently under the care of Dr. Alexander for a previous neck and back injury.

Location: diffuse

Onset: < 1 week

Trauma or injury: yes

Aggravating factors: yes

Alleviating factors:

Review of Systems:

Weakness: no

Numbness: no

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Affected side of neck: bilateral

Tenderness to palpation:

Range of Motion FROM

Muscle Strength:

Neurologic examination:

C5

C6

C7

C8

T1

Special Tests:

A:

NECK DISORDER/SYMPT UNSPEC : 723.9

Neck pain due to:

Cervical spondylosis, based on pain with loss of range of motion and cervical

OV Level 4 Det:99214

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000235

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: **■** years

DOB: **■■■■■■■■**

P:

Patient Education:

Follow up: prn. Continue f/u with Dr. Alexander. Continue meds from Dr. Alexander.

SIGNED BY Shafara Dozler (SD) 02/18/2011 03:37PM

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0043206

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 77 years

DOB: [REDACTED]

Vital Signs

	02/18/2011	09/09/2010	08/03/2010	03/11/2010
Height				
Weight	272 lbs	267 lbs	268 lbs	259 lbs
OFC				
Temperature	97.1 F	98.1 F	98.1 F	99.0 F
Pulse				
Respirations				
Systolic	120	108	118	135
Diastolic	78	78	80	87
Oximetry				
Smoking				
Pain Level				
Peak Flow				
FRA				
Med Review				
Other	MAN			

	02/18/2009	04/02/2008	03/19/2008	01/07/2008
Height				
Weight	266 lbs	261 lbs	264 lbs	265 lbs
OFC				
Temperature	97.8 F	98.4 F	98.0 F	98.3 F
Pulse	84	74	77	83
Respirations				
Systolic	140	134	129	130
Diastolic	85	83	76	938
Oximetry				
Smoking				
Pain Level				
Peak Flow				
FRA				
Med Review				
Other				

	12/03/2007	03/19/2007	01/31/2007	01/29/2007
Height				
Weight	263 lbs	261 lbs	265 lbs	266 lbs
OFC				
Temperature	97.6 F	97.9 F	98 F	97.3 F
Pulse	70	69	89	
Respirations				
Systolic	133	115	140	115
Diastolic	86	75	81	79
Oximetry				
Smoking				
Pain Level		0	3	0

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000207

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 7 years

DOB: [REDACTED]

Peak Flow				
FRA				
Med Review				
Other				rash/ringworm??

	10/18/2006	10/10/2006	03/17/2006	10/10/2005
Height		5'10.5"		
Weight	264 lbs	266 lbs	265 lbs	264 lbs
OFC				
Temperature	97.1 F	97 F	97.6 F	97.5 F
Pulse	76		95	81
Respirations				
Systolic	128	123	137	113
Diastolic	82	78	83	78
Oximetry				
Smoking				
Pain Level				
Peak Flow				
FRA				
Med Review				
Other	pain 6	pain 0	pain 0	

	01/02/2004
Height	
Weight	251 lbs
OFC	
Temperature	96.9 F
Pulse	
Respirations	
Systolic	120
Diastolic	86
Oximetry	
Smoking	
Pain Level	
Peak Flow	
FRA	
Med Review	
Other	

Patient Chart***MCFADDEN, JEFFREY***

2104

Date Printed: 06/17/11

Sex: M Age: 57 years

DOB: [REDACTED]

Allergies or Intolerances

NKDA

Current Medications

<u>Date</u>	<u>Medication</u>	<u>Size</u>	<u>Take</u>	<u>Freq</u>	<u>Dur</u>	<u>Amount</u>	<u>Ref</u>	<u>Prv</u>
09/09/10	ARISTOCORT A	0.1% CR	APP AA	BID PRN		60GM	0	MEB
	Prov: MORRIS E. BROWN III M.D,							
12/03/07	VALTREX	500MG	1 TAB	daily	-	30	2	DHM
	Prov: DORINE H. MARTIN, FNP, Note: RECURRENT EPISODES OF GENITAL HERPES							
03/19/07	NIZORAL	2% CREAM	APP AA	BID		60GM	0	DHM
	Prov: DORINE H. MARTIN, FNP,							

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
 2104 Sex: M Age: 77 years
 DOB: [REDACTED]

Medication History

Date	Medication	Size	Take	Freq	Dur	Amount	Ref	Prv
02/18/09	PENICILLIN V POTASSIUM	250MG	1 TAB	three times daily	10	30TAB	0	SD
	Prov: Shafara . Dozier,							
03/19/08	DARVOCET-N 100	100MG	1-2 TAB	Q6H	pm	60	0	MEB
	Prov: MORRIS E. BROWN III M.D.,							
12/03/07	MOTRIN	800mg	1 TAB	TID	10	30	0	DHM
	Prov: DORINE H. MARTIN, FNP,							
12/03/07	FLEXERIL	10MG	1 TAB	TID	10	30	0	DHM
	Prov: DORINE H. MARTIN, FNP,							
03/19/07	NIZORAL	200 mg	1	qd	10	10	0	DHM
	Prov: DORINE H. MARTIN, FNP,							
01/31/07	ZITHROMAX	250MG			5	6	0	DHM
	Prov: DORINE H. MARTIN, FNP, TAKE TWO CAPSULES NOW THEN TAKE ONE CAPSULE____ DAILY FOR FOUR MORE DAYS. TAKE ONE HOUR____ BEFORE OR TWO HOURS AFTER A MEAL.							
01/29/07	NIZORAL	200 mg	1	qd	10	10	0	MEB
	Prov: MORRIS E. BROWN III M.D.,							
10/18/06	MOTRIN	800mg	1 TAB	TID	10	30	0	DHM
	Prov: DORINE H. MARTIN, FNP,							
10/18/06	FLEXERIL	10MG	1 TAB	TID	10	30	0	DHM
	Prov: DORINE H. MARTIN, FNP,							
01/02/04	ZOVIRAX	400MG	1 TAB	tid	7	21TAB	1	MDH
	Prov: MESHELLIA D. HAYWARD, FNP, Note: SUPPRESSIVE THERAPY FOR GENITAL HERPES							

Patient Chart***MCFADDEN, JEFFREY***Date Printed: 06/17/11
2104 Sex: M Age: 37 years
DOB: [REDACTED]**Demographics**

Name: MCFADDEN, JEFFREY

Suffix:

ID Number: 2104

Date of Birth: 02/26/1974

Address: 320 RAE STREET
LOT 52

Sex: M Marital:

Home: (843)598-6520

Bus: (843)374-5421

LAKE CITY

Fax:

SC, 29560 USA

Cell:

Email:

Greeting:

Primary Provider: MEB

Default Practice/Clinic: 2

Usual Provider: MEB

Status: A

HOH Name:

HOH ID Number:

Occupation:

School:

Financial Information

Account #: 2104

Account Type: BC

Belongs to more than one Account: No

Guarantor: JEFFREY MCFADDEN

ID#: 2104

1st Insurance Carrier: BCBS SC BCBS SC

Plan:

Account Plan: BCBS SC

2nd Insurance Carrier:

Plan:

Account Plan:

3rd Insurance Carrier:

Plan:

Account Plan:

4th Insurance Carrier:

Plan:

Account Plan:

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000211439

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 5 years

DOB: [REDACTED]

Current Health Maintenance

HM Name	Protocol(s)	Overdue	Next Due Date	02/18/2011	09/09/2010	08/03/2010
ASPIRIN THERAPY	HYPERLIPIDEMI A	Overdue	03/11/2010			
BP	MALE 19 TO 039 HYPERLIPIDEMI A	Current	08/19/2011	X	X	X
C.A.G.E.	MALE 19 TO 039	Overdue	10/10/2008			
CHOLESTEROL	MALE 19 TO 039 HYPERLIPIDEMI A	Overdue	03/11/2011			
DENTAL COU	MALE 19 TO 039	Overdue	10/10/2008			
DIET COUNS	MALE 19 TO 039	Current	03/10/2012			
EXERC COUN	MALE 19 TO 039	Current	03/10/2012			
GLUC,FASTING	HYPERLIPIDEMI A	Overdue	03/11/2010			
INJURY COU	MALE 19 TO 039	Overdue	10/10/2008			
SEXUAL COU	MALE 19 TO 039	Overdue	10/10/2008			
SUB ABU CO	MALE 19 TO 039	Current	03/10/2012			
TD	MALE 19 TO 039	Current	10/10/2016			

HM Name	03/11/201	02/18/200	04/02/200	03/19/200	01/07/200	12/03/200	10/10/200
	0	9	8	8	8	7	6

ASPIRIN THERAPY							
BP	X	X	X	X	X	X	X
C.A.G.E.							X
CHOLESTEROL	X						X
DENTAL COU							X
DIET COUNS	X						X
EXERC COUN	X						X
GLUC,FASTING							
INJURY COU							X
SEXUAL COU							X
SUB ABU CO	X						X
TD							X

Patient Chart***MCFADDEN, JEFFREY***

2104

Date Printed: 06/17/11

Sex: M Age: 9 years

DOB: [REDACTED]

Historical Health Maintenance

HM Name 02/18/201

1

WEIGHT	X
--------	---

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: ● years

DOB: [REDACTED]

Laboratory Data - BLD GLUC METER

Test Name	Result	Normal Range
10/10/06 09:04 AM BREAKFAST-M.GLU 98 C	Normal	<>
10/10/05 08:15 AM BREAKFAST-M.GLU 107MG/DL C	Normal	<>

Patient Chart***MCFADDEN, JEFFREY***

2104

Date Printed: 06/17/11

Sex: M Age: 2 years

DOB: [REDACTED]

Laboratory Data - RAPID STREP

Test Name	Result	Normal Range
02/18/09 03:54 PM		
GROUP A STREP AG Neg.		<>
01/31/07 09:05 AM		
GROUP A STREP AG POSITIVE		<>

Patient Chart

MCFADDEN, JEFFREYDate Printed: 06/17/11
2104 Sex: M Age: 57 years
DOB: [REDACTED]**Laboratory Data - LIPID PANEL**

Test Name	Result	Normal Range
-----------	--------	--------------

03/11/10 04:29 PM

CHOL/HDL RATIO	4.8 Ratio	Normal <>
HDL-CHOL	37 mg/dL	Low <>39>
LDL-CHOL	115 mg/dL	High <0-99>

Comments: See misc. lab note for complete result.

Total Cholesterol/HDL Ratio:CHD Risk

Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7.1

3 X Average Risk 23.4 11.0

Use the calculated Patient Ratio above and the CHD Risk table

to determine the patient's CHD Risk.

ATP III Classification (LDL):

< 100 mg/dL Optimal

100 - 129 ...

TRIGLYCERIDES 129 mg/dL Normal <<150>

VLDL CHOL 26 mg/dL Normal <0-40>

CHOLESTEROL 178 mg/dL Normal <0-200>

Comments: ATP III Classification:

< 200 mg/dL Desirable

200 - 239 mg/dL Borderline High

>= 240 mg/dL High

10/10/06 09:04 AM

CHOL/HDL RATIO	4.5 Ratio	Normal <>
HDL-CHOL	43 mg/dL	Normal <>39>
LDL-CHOL	131 mg/dL	High <0-99>

Comments: See misc. lab note for complete result.

Total Cholesterol/HDL Ratio:CHD Risk

Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7.1

3 X Average Risk 23.4 11.0

Use the calculated Patient Ratio above and the CHD Risk table

to determine the patient's CHD Risk.

ATP III Classification:

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000216

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 47 years

DOB: [REDACTED]

< 100	mg/dL	Optimal		
100 - 129	mg/dL...			
TRIGLYCERIDES	88 mg/dL	Normal	<<150>	
VLDL CHOL	18 mg/dL	Normal	<0-40>	
CHOLESTEROL	192 mg/dL	Normal	<0-200>	

Comments: ATP III Classification:

< 200	mg/dL	Desirable
200 - 239	mg/dL	Borderline High
>= 240	mg/dL	High

10/10/05 08:16 AM

CHOL/HDL RATIO	4.6 Ratio	Normal	<>
HDL-CHOL	43 mg/dL	Normal	<>39>
LDL-CHOL	130 mg/dL	High	<>

Comments: See misc. lab note for complete result.

ATP III Classification:

< 100	mg/dL	Optimal
100 - 129	mg/dL	Near or Above Optimal
130 - 159	mg/dL	Borderline High
160 - 189	mg/dL	High
> 190	mg/dL	Very High

Total Cholesterol/HDL Ratio:CHD Risk

Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7...

TRIGLYCERIDES	115 mg/dL	Normal	<<150>
---------------	-----------	--------	--------

Comments: Normal: <150 mg/dL
Borderline High: 150-199 mg/dL

VLDL CHOL	23 mg/dL	Normal	<0-40>
CHOLESTEROL	196 mg/dL	Normal	<0-200>

Comments: ATP III Classification:

< 200	mg/dL	Desirable
200 - 239	mg/dL	Borderline High
>= 240	mg/dL	High

Patient Chart

MCFADDEN, JEFFREYDate Printed: 06/17/11
2104 Sex: M Age: 5 years
DOB: [REDACTED]**Laboratory Data - CVD RISK**

Test Name	Result	Normal Range
03/11/10 04:29 PM		
CHOLESTEROL	178 mg/dL	Normal <0-200>
Comments: ATP III Classification:		
< 200	mg/dL	Desirable
200 - 239	mg/dL	Borderline High
>= 240	mg/dL	High
HDL-CHOL	37 mg/dL	Low <>39>
LDL-CHOL	115 mg/dL	High <0-99>
Comments: See misc. lab note for complete result.		
Total Cholesterol/HDL Ratio:CHD Risk		
Coronary Heart Disease Risk Table		
Men	Women	
1/2 Average Risk	3.4	3.3
Average Risk	5.0	4.4
2 X Average Risk	9.6	7.1
3 X Average Risk	23.4	11.0
Use the calculated Patient Ratio above and the CHD Risk table		
to determine the patient's CHD Risk.		
ATP III Classification (LDL):		
< 100	mg/dL	Optimal
100 - 129	...	
TRIGLYCERIDES	129 mg/dL	Normal <<150>
VLDL CHOL	26 mg/dL	Normal <0-40>
CHOL/HDL RATIO	4.8 Ratio	Normal <>

10/10/06 09:04 AM

CHOLESTEROL	192 mg/dL	Normal	<0-200>
Comments: ATP III Classification:			
< 200	mg/dL	Desirable	
200 - 239	mg/dL	Borderline High	
>= 240	mg/dL	High	
HDL-CHOL	43 mg/dL	Normal	<>39>
LDL-CHOL	131 mg/dL	High	<0-99>
Comments: See misc. lab note for complete result.			
Total Cholesterol/HDL Ratio:CHD Risk			
Coronary Heart Disease Risk Table			
Men	Women		
1/2 Average Risk	3.4	3.3	
Average Risk	5.0	4.4	
2 X Average Risk	9.6	7.1	

Patient Chart**MCFADDEN, JEFFREY**
 Date Printed: 06/17/11
 2104 Sex: M Age: 57 years
 DOB: [REDACTED]

3 X Average Risk 23.4 11.0

Use the calculated Patient Ratio above and the CHD

Risk table

to determine the patient's CHD Risk.

ATP III Classification:

< 100 mg/dL Optimal

100 - 129 mg/dL...

TRIGLYCERIDES	88 mg/dL	Normal	<<150>
VLDL CHOL	18 mg/dL	Normal	<0-40>
CHOL/HDL RATIO	4.5 Ratio	Normal	<>

10/10/05 08:16 AM

CHOLESTEROL	196 mg/dL	Normal	<0-200>
-------------	-----------	--------	---------

Comments: ATP III Classification:

< 200 mg/dL Desirable

200 - 239 mg/dL Borderline High

>= 240 mg/dL High

HDL-CHOL	43 mg/dL	Normal	<>39>
LDL-CHOL	130 mg/dL	High	<>

Comments: See misc. lab note for complete result.

ATP III Classification:

< 100 mg/dL Optimal

100 - 129 mg/dL Near or Above Optimal

130 - 159 mg/dL Borderline High

160 - 189 mg/dL High

> 190 mg/dL Very High

Total Cholesterol/HDL Ratio:CHD Risk

Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7...

TRIGLYCERIDES	115 mg/dL	Normal	<<150>
---------------	-----------	--------	--------

Comments: Normal: <150 mg/dL

Borderline High: 150-199 mg/dL

VLDL CHOL	23 mg/dL	Normal	<0-40>
CHOL/HDL RATIO	4.6 Ratio	Normal	<>

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: 7 years
DOB: [REDACTED]

Laboratory Data

02/18/09 : 2:22pm

70060

MEB

FINAL REPORT Normal Upper Respiratory Flora

No Beta Hemolytic Streptococci Isolated

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: [REDACTED] years
DOB: [REDACTED]**Laboratory Data**

03/11/10 : 4:29pm

LDL Cholesterol (Calc)

MEB

115 mg/dL Range: 0-99 Flag: H

Total Cholesterol/HDL Ratio: CHD Risk

Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7.1

3 X Average Risk 23.4 11.0

Use the calculated Patient Ratio above and the CHD Risk table
to determine the patient's CHD Risk.

ATP III Classification (LDL):

< 100 mg/dL Optimal

100 - 129 mg/dL Near or Above Optimal

130 - 159 mg/dL Borderline High

160 - 189 mg/dL High

> 190 mg/dL Very High

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: 7 years
DOB: [REDACTED]**Laboratory Data**10/10/06 : 09:04am
LDL Cholesterol (Calc)
MEB

131 mg/dL Range: 0-99 Flag: H

Total Cholesterol/HDL Ratio: CHD Risk
Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7.1

3 X Average Risk 23.4 11.0

Use the calculated Patient Ratio above and the CHD Risk table
to determine the patient's CHD Risk.

ATP III Classification:

< 100	mg/dL	Optimal
100 - 129	mg/dL	Near or Above Optimal
130 - 159	mg/dL	Borderline High
160 - 189	mg/dL	High
> 190	mg/dL	Very High

Patient Chart**MCFADDEN, JEFFREY**Date Printed: 06/17/11
2104 Sex: M Age: [REDACTED] years
DOB: [REDACTED]**Laboratory Data**10/10/05 : 08:16am
LDL Cholesterol (Calc)
MEB

130 mg/dL Flag: H

ATP III Classification:

< 100	mg/dL	Optimal
100 - 129	mg/dL	Near or Above Optimal
130 - 159	mg/dL	Borderline High
160 - 189	mg/dL	High
> 190	mg/dL	Very High

Total Cholesterol/HDL Ratio:CHD Risk

Coronary Heart Disease Risk Table

Men Women

1/2 Average Risk 3.4 3.3

Average Risk 5.0 4.4

2 X Average Risk 9.6 7.1

3 X Average Risk 23.4 11.0

Use the calculated Patient Ratio above and the CHD Risk table
to determine the patient's CHD Risk.

11/18/2010 2:56 PM FROM: FAX TO: 14433745247,, PAGE: 003 OF 005

Patient: Mcfadden, Jeffery L DOS: 10/25/10

Initial Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]
Employer: City of Lake CityDate of Service: 10/25/10
Age: [REDACTED] years old
Occupation: Meter ReaderReferring Physician: Workman's comp.,
Other Physicians: ; Brown III, Morris, ;

Date of Injury/onset:

Date: 07/16/2010
Type: Injury

Chief Complaint: Low back pain.

History of Present Illness:

Jeffery Mcfadden is a 36 years old, right hand dominant African American male who was involved in a motor vehicle accident on 7/16/10 when he lost control of his vehicle on a gravel road and the car flipped over and hit a tractor parked on the side of the road. Since the accident he has experienced a moderately severe, sharp, stabbing, throbbing pain in the lower back region that radiates down the bilateral legs to the level of the knees at least two times per week. He also complains of numbness and tingling in the left foot and frequent urination. On the visual analog scale, with 10 being most severe, he rates his pain as a 7. The pain is exacerbated by bending, lifting, sitting and prolonged standing and walking. Taking Flexeril and Hydrocodone tends to decrease the pain.

Allergies: No Known Drug Allergies
Current Meds: Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)
Past Med Hx: None
Surgical History: None reported
Family History: Cancer; Diabetes; Parents: Father-Living; Parents: Mother-Living
Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Tobacco: Previous Smoker

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:
General: Generalized pain; Musculoskeletal: Joint swelling/stiffness; Musculoskeletal: Leg cramps; Musculoskeletal: Muscle aches; Musculoskeletal: Muscle weakness

PHYSICAL EXAM:

Vitals: HEIGHT: 5'10" WEIGHT: 265 lbs 0 oz BMI: 38.0 B/P: 122/88
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

FOCUSED EXAM:

Lumbar spine Exam

Appearance: Well developed, well nourished male. Alert and oriented x 3. In no acute

11/18/2010 2:56 PM FROM: Fax TO: 15433745247,, PAGE: 004 OF 005

Patient: McFadden, Jeffery L DOS: 10/25/10

distress.
Observation: Normal gait and station
Palpation:
 Spinal process: No tenderness
 Paraspinous muscles: No tenderness
Skin: Intact
Soft tissue triggers: No triggers are palpated
Muscle Spasms: No muscles spasms
Range of Motion: The patient complains of lower back pain with all ranges of motion.
 However palpation is unremarkable.
 Forward Flexion: Full
 Extension: Full extension
 Hip: Full and painless
Special Tests: A positive bilateral straight leg raise test is noted.
 Sitting Straight Leg Raising: Negative
 Supine Straight Leg Raising: Negative
 Toe Rise and Walk: Normal
 Heel Walking: Normal
 Tandem Walking: Normal
Muscle Strength:
 Hip
 Adductors: Normal
 Abductors: Normal
 Flexors: Normal
 Extensors: Normal
 Paraspinous Muscles: Normal
 Gluteus Maximus: Normal
 Quadriceps: Normal
 Hamstrings: Normal
 Gastrocnemius: Normal
 Anterior Tibials: Normal
Neurological Sensory Testing:
 Cranial nerves 2-12: Normal
 T12-L1: Normal
 L1-L5: Normal
 S1: Normal
Reflexes:
 Patellar Tendon: 2+
 Achilles Tendon: 2+

X-ray: Lumbosacral spine AP and lateral 10/25/10 - essentially unremarkable.

MRI of the lumbar spine 9/10/10 - moderate lower lumbar spine degenerative changes, diffuse posterior disc bulges at the L4-5 and L5-S1 levels with hypertrophic changes resulting in moderate spinal canal narrowing at the L4-5 and L5-S1 levels.

ASSESSMENT:

Diagnosis: -Acute low back pain.

PLAN:

PRESCRIPTION: No data for Prescription

1. Electrodiagnostic study of the bilateral lower extremities and lumbosacral spine to rule out a lumbar radiculopathy.
2. Restrictions of no frequent bending at the waist and no lifting greater than 20 lbs.

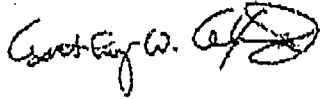
00022453

11/18/2010 2:56 PM FROM: Fax TO: 18433745247,, PAGE: 005 OF 005

Patient: McJadden, Jeffery L DOB: 10/25/10

3. Physical therapy, TIW - Dr. Mary Harpell.

Work Status: ☐



Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 10/25/10

Carolinas Hospital System
805 Pamlico Highway, Florence, SC 29505

MEDICAL IMAGING REPORT

Report Status: FINAL

Name: MCFADDEN, JEFFREY L

MRN: 429433
Accession #: 2010707
Acct #: 3001494
Patient Type: OUTPATIENT
Order #: 18800897

Room #: DISC
Bed #: DISC
Exam Date/Time: 08/09/2010 9:40 AM
Exam Description: MR-BRAIN W-WO CONTRA
Admitting Diagnosis(es): lt sided numbness, weakness, mva 07/10

DOB: [REDACTED]
Age: 36Y
Sex: M

Dictating Physician: CREEDMAN, STEVEN
Ordering Physician: BROWN, MORRIS EDWARD III
Attending Physician:
Primary Care Physician: BROWN, MORRIS EDWARD III

IMAGING REPORT

Name: MCFADDEN, JEFFREY L

MRN: 429433
Acct #: 3001494
Order #: 18800897

DOB: [REDACTED]
Exam Date/Time: 08/09/2010 9:40 AM
Accession #: 2010707

Exam Description: MR-BRAIN W-WO CONTRA
Admitting Diagnosis(es): lt sided numbness, weakness, mva 07/10

MRI OF BRAIN WITH AND WITHOUT CONTRAST, 08/09/2010:

HISTORY: MVA 7/10/10, headache, left-sided numbness.

Routine pulse sequences were obtained before and after 25 cc IV
Magnevist. Brain volume and signal intensity are normal. No
abnormal extracerebral fluid collection. Normal ventricles.
Pituitary and cervicomedullary junction are normal. No abnormal
enhancement following contrast. No abnormal signal in the sinuses or
orbits.

IMPRESSION:
NEGATIVE BRAIN MRI.

STEVEN CREEDMAN, MD

IMAGING REPORT

Name: MCFADDEN, JEFFREY L

MRN: 122433

DOB: [REDACTED]

Acct #: 5001494

Exam Date/Time: 08/09/2010 9:40 AM

Order #: 18800897

Accession #: 2010707

Exam Description: MR-BRAIN W-WO CONTRA

Admitting Diagnosis(es): lt sided numbness, weakness, mva 07/10

Print CC:

Fax CC:

Morris E. Brown III, MD

D Date / Time: 08/10/2010 08:28 AM ET

T Date / Time: 08/10/2010 10:28 AM ET

R Date / Time:

S Job #: CARHS37384592

D Job #: 2405

MT: 27976

000228
456

Carolinas Hospital System

805 Pamlico Highway Florence, SC 29505 843-674-5000

NAME		843-394-2570		SEX	ACCOUNT NUMBER
MCFADDEN, JEFFREY L				M	H20018073
ORDERING PHYSICIAN			PT. STATUS	LOCATION	MEDICAL RECORD NO.
BROWN, MORRIS EDWARD III			REG CLI	MRI	H429433
ATTENDING PHYSICIAN		DATE OF BIRTH	AGE	DATE OF EXAM	RADIOLOGY NO.
BROWN, MORRIS EDWARD III			34	03/20/2008	

EXAM#	TYPE/EXAM	RESULT
-------	-----------	--------

001117474 MRI/MRI- LUMBAR SPINE W/O CONTR

HOW IS PATIENT TRANSPORTED: A - AMBULATORY

ISOLATION/PRECAUTION: S - STANDARD

OTHER EXAM: N - NO OTHER EXAM TYPES

MONITORING NEEDS: 1 - NO RISK

DOES PT. HAVE PACEMAKER OR INTRACRANIAL ANEURYSM CLIPS? N

IS PT. COOPERATIVE? Y

REASON FOR MRI ? CHRONIC BACK PAIN, RT HIP & LEG PAIN

COMMENTS: NO PREV. BACK SURGERY

MRI OF THE LUMBAR SPINE

HISTORY: Chronic back pain/right leg pain.

Routine image sequences were obtained. Vertebral bodies are of normal height. Disk spaces are well maintained. There is decreased signal in the L4-5 and L5-S1 disk spaces. Conus and cauda equina are normal.

On the axial images, L3-4 is normal. At L4-5, there is a mild central disk protrusion. Neural foramen are patent. AP diameter of the canal measures 1.2 cm,

At L5-S1, there is no spinal stenosis. There is a mild central disk protrusion. Neural foramen are patent.

IMPRESSION: MILD CENTRAL DISK PROTRUSION AT L4-5 AND L5-S1. NO LATERALIZATION.

D: 3/20/08 @ 1447

JOB: 01567

Reported By: CAREY HINDMAN, M.D.

*4/4/08 RT & L back pain
has resolved*

CC: BROWN, MORRIS EDWARD III

Technologist: KAREN TURNER RT(R)MR

Transcribed Date/Time: 03/20/2008 (2120)

Transcriptionist: XHIMSP

Printed Date/Time: 04/02/2008 (1044)

PAGE 1

Signed Report Printed From PCI

2 P 2272 No.

86124742198 Rec'd Hosp Med

Apr. 2. 2008 9:46AM Carolinas Hosp

000229
457

Lake City Community Hospital
258 N. Ron McNair Blvd
Lake City, SC 29560
(843) 374-6131

Radiology Report

PHYSICIAN: MARTIN^DORINE^^
LAKE CITY FAMILY MEDICINE
901 N. MATTHEW RD.
LAKE CITY, SC 29560

NAME: MCFADDEN, JEFFREY L PHONE #:
ACCOUNT #: L050803
SEX: M DOB: [REDACTED]
PATIENT LOCATION: OUTPATIENT
DATE OF EXAM: 12/05/2007

L-SPINE W/OBLIQUES

INDICATION: LOW BACK PAIN.

COMPARISON: NONE.

FINDINGS:

AP, LATERAL, CONED-DOWN LATERAL AND BOTH OBLIQUES VIEWS OF THE LUMBAR SPINE SHOW FIVE NON-RIB BEARING LUMBAR VERTEBRAL BODIES ANATOMICALLY ALIGNED, AND OF NORMAL HEIGHT. DISC SPACES ARE PRESERVED. PARS AND PEDICLES ARE INTACT.

IMPRESSION:

NO ACUTE MALALIGNMENT OR FRACTURE. IF PAIN PERSISTS AND FURTHER INVESTIGATION INDICATED, MRI MAY BE OF USE.

Russell L. Derick, M.D.
Electronic Signature

DD: 12/05/2007/DT: 12/05/2007

12/17/07
[Signature]

0002580

2104

BlueCross BlueShield
of South Carolina
A Not-for-Profit Corporation

SouthCarolinaBlues.com

JEFFREY L. MCFADDEN

380

OV \$25/\$35

ROUTINE \$25

M
CAREMARK

BIN:004336

RXGRP:SCB15

Important: Pre-authorization required for some hospital outpatient procedures and all hospital inpatient admissions or we may reduce benefits. Report emergency admissions within 24 hours. Providers call 1-800-334-7287.

For Online Services Log into My Insurance Manager on SouthCarolinaBlues.com.

Mental Health & Substance Abuse Preauthorization: 1-800-885-1032

PROVIDERS: Submit claims to local plan where services received.

MEMBERS: Customer Service: 1-843-723-2115 OR 1-800-816-3314

Out-of-Area Network Providers Information: 1-800-810-2583
File medical claims to: Thomas H. Cooper and Co., Inc., P.O. Box 22567, Charleston, SC 29413

File dental claims to: BlueCross BlueShield of South Carolina, Columbia Service Center, P.O. Box 100300, Columbia, S.C. 29202.

This plan administered by Thomas H. Cooper & Co., Inc.

TC

0045231

Electronic Claims Payer ID: 57105
 Carolina Care Plan, Inc., P.O. Box 100234, Columbia, SC 29210-0234

Customer Service: 800/232-2821
 Provider Service: 800/315-3143
 Express Rx Customer Service: 800/979-9080
 Mental Health/Substance Abuse Services: 800/979-9080
 Nurse Line Available 24/7: 800/979-9080

Prior approval must be obtained for Inpatient Services.
 Medical / Suncoast 800/255-9021

This card is for identification purposes only, and does not constitute proof of eligibility.

View eligibility and benefit information at CarolinaCarePlan.com

Carolina
 Care Plan

SuperMed

IDENTIFICATION NUMBER

PAGE

1 OF 1

JEFFREY L MCFADDEN

MEMBER NAME

SUFFIX

MCFADDEN, JEFFREY L
 MCFADDEN, JAKESIA
 MCFADDEN, BREANNA
 MCGEE, JERON
 SHALL, NIGEL
 MCFADDEN, JUSTIN

GROUP NAME
 CITY OF LAKE CITY

GROUP NUMBER
 769327002

MEMBER PAYMENT
 \$ 25.00 OFFICE VISIT
 \$ 50.00 URGENT CARE
 \$150.00 EMERGENCY CARE

EXPRESS SCRIPTS
 Rx Bin #: 003882
 Rx PCN: A4
 Rx Grp: BWBA
 Pharmacist Use Only
 800/979-9080

Submit pharmacy claims to:
 Express Scripts, Inc.
 P.O. Box 96583
 St. Louis, MO 63165
 www.Express-Scripts.com
 Customer Svc: 800/979-9080

NETWORKS: Our SuperMed Networks include:

SOUTH
 CAROLINA
 AND OHIO:

SuperMed

800/232-2821

GEORGIA:

PHCS

800/511-4442

WHEN TRAVELING
 OUTSIDE OF OUR
 SUPERMED NETWORKS:

PHCS

800/530-0621

000262

10-18-04

Chart # 2104

All PPO Providers
Send claims to:
CIGNA Healthcare
PO Box 5009
Quincy, PA 15055

All Non-PPO Providers
Send claims to:
Medical Claims Management Corp.
PO Box 12666
Charlotte, NC 28220-9066

USE MEMBER BEN TO FILE PPO MEDICAL CLAIMS

Medco Pharmacy Services: 800-822-1567
Medco Member Services: 800-897-6248

ALL PROVIDERS: The plan utilizes Medco's Precertification Utilization on ALL repeat hospital admissions. Call 1-800-723-2157. Run emergency certifications within 2 working days by calling the number above. Unless these procedures are followed, Patient benefits will be reduced.

For verification of coverage or explanation of benefits, call the Medical Claims Management Corporation Claims Department at 800-334-0009 or 704-525-4473.

This card is not a guarantee of coverage.



SC Local Government
Assurance Group
Group Health Coverage ID Card



CIGNA Healthcare
A Division of CIGNA

NAME OF LOCAL GOVERNMENT
CITY OF LAKE CITY

GROUP ID: 061218
IDENTIFICATION NUMBER

COVERAGE TYPE
EMPLOYEE

USE MEMBER BEN TO FILE PPO MEDICAL CLAIMS

COPAY: PRIMARY-\$25 SPECIALIST-\$35

EMPLOYEE NAME

MCFADDIN, JEFFREY L

DATE OF BIRTH 01/17/1970

medco

RX BIN 610014
RX GRP 603 43411
medco member form

461
000233



To prevent delays, complete claim in its entirety. Incomplete claims will be returned.

PART I - INSURED INFORMATION

1. Insured's Name First <u>Jeffrey</u> Middle <u></u> Last <u>McFadden</u>		2. Social Security Number <u></u>	3. Date of Birth Mo. <u></u> Day <u></u> Yr. <u></u>
4. Insured's Address Street <u></u> City <u></u> State <u></u> Zip <u></u>			
5. Insured's Sex ☒ Male ☐ Female	6. Job Description and Duties <u></u>		7. If disability is due to an accident, did injury occur at work? ☐ Yes ☐ No
8. I authorize the release of any medical information necessary to process this claim. Signature _____ Date _____			

PART II - PHYSICIAN INFORMATION

9. Date first treated for this disability
Mo. Day Yr. 12 03 07

10. Dates certified disabled and unable to work
From: Mo. Day Yr. Thru Mo. Day Yr. 12 03 07 12 10 07

11. If hospitalized, date admitted
Mo. Day Yr. 12 03 07

12. Nature of Disability ☐ Accident ☒ Sickness ☐ Maternity (If Accident or Maternity, please complete reverse side of this form.)

13. Diagnosis Low Back Pain

14. Diagnosis Code 724.2

15. Prognosis good

16. Physical Findings (List all test results, or enclose test)
Test X-ray of L5 spine ordered 12/03/07 Date 12/03/07 Results pending
Test Date Results
Blood Pressure (Systolic) 135 (Diastolic) 86 (Date) 12/03/07
Remarks:
TREATMENT
Date of onset of this condition? approx one week prior 12/03/07 visit
List all dates of treatment for this condition since patient ceased work
Date of next office visit 01/07/08

Has patient been referred to any other physician ☐ Yes ☒ No Date(s)
If "Yes," name and address
Nature of treatment for this condition (including surgery/medications) Flexeril + Motrin
Physical Therapy
Was patient hospitalized for this condition? ☐ Yes ☒ No If "Yes," date(s) admitted date(s) discharged
Name and address of hospital(s):
Was surgery performed? ☐ Yes ☒ No If "Yes," Date Procedure CPT Code
Progress (please check one) ☐ Recovered ☐ Improved ☐ Unchanged ☐ Retrogressed unable to assess treatment yet
17. IMPAIRMENT
What are the patient's current physical limitations and restrictions?
☐ No limitation of functional capacity; capable of heavy work, no restrictions.
(Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.)
☐ Medium manual activity,
(Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.)
☐ Slight limitation of functional capacity; capable of light work.
(Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only a negligible amount, a job is in this category when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls, or when it requires walking or standing to a significant degree.)
☒ Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity.
(Lifting 10 lbs. maximum and occasionally lifting and/or carrying articles. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties.)
☐ Severe limitation of functional capacity; incapable of minimal (sedentary) activity.
What is the psychiatric impairment (if applicable)? N/A
☐ Inadequate information to make assessment.
☐ Essentially good functioning in all areas. Occupationally and socially effective.
☐ Slight difficulty in occupational functioning, but generally functioning well. Has some meaningful interpersonal relationships.
☐ Moderate impairment in occupational functioning. Limited in performing some occupational duties.
☐ Major impairment in several areas - work, family relations. Avoidant behavior, neglects family, is unable to work.
☐ Inability to function in almost all areas.

00023462

21024

DETAILS OF ACCIDENT OR MATERNITY CLAIM - TO BE COMPLETED BY THE PHYSICIAN

18-A. ACCIDENT:
 On what date was the patient injured? Approximate one WK ago from 12/03/07
 Where (place) was the patient injured? Home (Pt's home)
 How was the patient injured? moving furniture (a dresser)

18-B. MATERNITY:
 Estimated Date of Delivery (EDC) N/A
 Prenatal Complications _____
 Date of Delivery _____
 Post-partum Complications _____

19. I have treated the insured for the condition listed and, for the period claimed. The insured has been under my continuous care.

Physician's Name and Address (Please type or print)
DORINE H. MARTIN, FNP
901 N. Matthews Rd.
Lake City, SC 29560
 Phone No. (Indicate area code.) 843-374-8380
 Date 12/04/07
 Physician's Signature Dorine H. Martin FNP

Has the above patient been released to return to work?
☐ Yes Date to Return (Mo./Day/Yr.) 12/10/07
☐ No Approximate Date of Return (Mo./Day/Yr.) _____
☐ No Will not return to work. Disability is total and permanent. 01/07/08
☐ Date of Next Office Visit _____

PART III - EMPLOYER INFORMATION

20. Workers' Compensation: Is there possible Workers' Compensation liability? ☐ Yes (If yes, complete this section.) ☐ No
 Date accident/sickness reported _____ Date Workers' Compensation claim filed _____
 Current status of Workers' Compensation claim: ☐ Approved ☐ Denied ☐ Pending ☐ Not Filed
 Name and Address of Workers' Compensation Payment Office _____

21. Is employee enrolled in the Companion Long Term Disability plan? ☐ Yes ☐ No
 If "Yes," effective date: _____

22. Name and Address of Group _____ Phone No. and Area Code _____ 23. Group No. _____
 ()

24. I certify that the above insured was a full-time active employee and that he or she did not perform any duties pertaining to his or her occupation during the period claimed above in block 9.

Employer's Signature _____ Date _____

25. First Day Not at Work			26. Date Returned to Work			27. Amount of Weekly Earnings: \$ _____	28. Amount of Weekly Benefit \$ _____
Mo.	Day	Yr.	Mo.	Day	Yr.		

INSTRUCTIONS FOR FILING CLAIM FOR WEEKLY DISABILITY BENEFITS

The reverse of this form should be completed by the insured employee, the employer and the insured's attending physician as soon as possible after the onset of the accident or sickness for which claim is made. If accident or maternity, details must be stated above.

The data we need a doctor's statement of continuing disability will be indicated on the check stub each week. To prevent delays in weekly disability payments, submit the doctor's statement to Companion Life 10 days before this date occurs.

Weekly disability checks are mailed to the employer's address.

When your employee returns to work, please call our Claims department to notify us immediately and then follow up with the final claim. Notifications can be faxed to:

(803) 735-1231
 (803) 754-1153 FAX

Claims should be forwarded to:

Companion Life Insurance Company
 Attention: Claims Department
 P.O. Box 100102
 Columbia, South Carolina 29202-3102
 www.CompanionLife.com

By furnishing this blank form and investigating the claim, Companion Life Insurance Company shall not be held to admit the validity of any claim, or to waive or breach any terms or conditions of the policy.

000235
 483

2/10/11

Accidental Injury Attending Physician's Statement

Policy Number	Insured's Name	Date of Birth
---------------	----------------	---------------

TO THE PHYSICIAN: The insured is requesting payment of insurance proceeds due to accidental injury. Your statements are needed to assist in the determination of eligibility. Please answer each question completely.

Physician's Name DORINE H MARTIN, FNP	Phone Number (843) 374-8380	Fax Number (843) 374-8380
Address 901 N. Matthews Rd	City Lake City	State SC Zip 29560

DATES OF SERVICE	DIAGNOSIS CODE ICD	DIAGNOSIS DESCRIPTION	PROCEDURE CODE	PROCEDURE DESCRIPTION
12/03/07	724.2	low back pain	724.2	N/A
/ /				
/ /				
/ /				

Date of Incident: 11/29/07 Describe where and how the incident occurred: at pt's home. States he moved a dresser.

Was patient hospitalized as a result of this diagnosis? ☐ Yes ☐ No Admission: Discharge: 1/1/08

Hospital Name: City: State:

Dorine H Martin, FNP
Physician's Signature

12/04/07
Date

Tax ID Number

13	Letter from Claimant's counsel to Defense counsel requesting copies of Subpoena responses	08/31/11	000237- 000241
----	--	----------	-------------------

WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
April S. Purvis
Michael T. Miller
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

August 31, 2011

Grady Beard, Esquire
Sowell, Gray, Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

Re: Jeffrey L. McFadden vs. City of Lake City
WCC File No.: 1009259

Dear Grady:

I am in receipt of your subpoenas dated July 22, 2011 to Pee Dee Family Practice, Dr. Lawrence Chewning, Dr. Peter Hyman, Dr. Ernest Atkinson, Dr. James Hester, Dr. William McDaniel, Dr. James Lawhon, Dr. Jerry Gersbach, Lake City Community Hospital, Dorine Martin. Please provide me any and all responses you received to those subpoenas.

I also note that previously you have issued the following subpoenas on the following dates:

3/17/11	Progressive Group of Insurance Companies
4/06/11	Progressive Group of Insurance Companies
5/17/11	Carolinas Hospital
5/17/11	Pee Dee Orthopaedics
5/17/11	McLeod Regional Medical Center
5/24/11	State Farm Insurance Company
5/24/11	Allstate Insurance Company
5/24/11	SC Budget and Control Board
5/24/11	State Farm Insurance Company
5/24/11	SC Farm Bureau Mutual Insurance Company
5/24/11	Nationwide Property and Casualty Insurance Company
5/24/11	SC Budget and Control Board, Insurance Reserve Fund
6/15/11	Morris E. Brown, III, MD
6/15/11	Lake City Hospital & Physical Therapy
6/15/11	Williamsburg County Hospital
6/15/11	Olsten Temp Services
6/15/11	Wal-Mart Legal Department/ Litigation Division Attn: Pharmacy Records

000237466

Grady Beard, Esquire

Page 2

August 31, 2011

6/17/11	Inmed Diagnostic Attn: Medical Records Custodian
6/17/11	Rite Aide Attn: Pharmacy
7/22/11	Pee Dee Family Practice
7/22/11	Lawrence R. Chewning, DMD
7/22/11	Peter D. Hyman, MD
7/22/11	Ernest M. Atkinson, MD
7/22/11	James M. Hester, MD
7/22/11	William D. McDaniel, MD
7/22/11	James M. Lawhon, MD
7/22/11	Jeffrey Gersbach, MD
7/22/11	Lake City Community Hospital
7/22/11	Dorine H. Martin, FNP

I have by letters dated April 12, 2011, May 24, 2011, June 2, 2011, and June 21, 2011 requested the responses you have received from each of those subpoenas. I would like to reiterate that request that you provide me responses to each and every subpoena that you have issued in this case. On June 9, 2011, you provided me responses that you had received from SC Farm Bureau Mutual Insurance Company, related to an accident on February 29, 2008 and responses you received from the SC Budget and Control Board related apparently to an accident on July 11, 2010. I have received no further responses from you. We have a hearing coming up on October 4, 2011 in this matter. It is urgent that I receive from you the responses that you have received from any and all subpoenas in this case.

Furthermore, Grady, this list of some 29 subpoenas represents quite a fishing expedition in this case. Including subpoenas of Mr. McFadden's dental records which I cannot imagine have any bearing on any issue in this case. Your client has been refusing Mr. McFadden treatment at the hands of his authorized treating physician, Dr. Alexander, which he urgently needs for this admitted accident.

This refusal of medical treatment was predicated initially, as I understood it, on the fact that Mr. McFadden had an automobile accident on February 17, 2011. However, Dr. Alexander, the Plaintiff's authorized treating physician has been deposed and has stated unequivocally the treatment that the Claimant requires is the direct result of the admitted worker's compensation accident on July 16, 2010. You all then shifted gears and did what, by any measure, was a exhaustive search of every doctor Mr. McFadden has apparently ever seen in his life. The only fruit born of those attempts was evidence that Mr. McFadden had suffered back pain as recently as the spring of 2008 and in fact had undergone a MRI of his lumbar spine at the direction of his family doctor, Dr. Morris Brown, on March 20, 2008. However, as you are aware, Dr. Alexander was confronted with that fact as well by you in his deposition and it had no effect on his opinion that Mr. McFadden's treatment was necessary as a result of this accident of July 16, 2010.

0002267

Grady Beard, Esquire
Page 3
August 31, 2011

Grady, if there is some other basis in evidence for the carrier to continue to refuse medical treatment at the hands of Dr. Alexander, I would like to know it.

Please provide me your subpoena responses and direct me to any evidence in the record that supports the carrier's continued denial. Short of that, if I am forced to go forward at this hearing on October 4, 2011, I will have no alternative but to seek sanctions and attorney's fees, costs, and penalties for the carrier's refusal to provide Mr. McFadden treatment in this admitted case at the hands of his authorized treating physician.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM

STEPHEN J. WUKELA

SJW:bjm

Enclosure

000238
468

WUKELA LAW FIRM

STEVE WUKELA, JR.
BENJAMIN D. MOORE
PATRICK J. McLAUGHLIN
APRIL W. PURVIS
FRANK C. SWAGGARD

STEPHEN J. WUKELA
CHRISTI B. McDANIEL
PHEOBE A. CLARK
MICHAEL T. MILLER

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Grady Beard	Stephen J. Wukela

FAX NUMBER:	DATE:
803-929-0300	8/31/11

COMPANY:	TOTAL NO. OF PAGES INCLUDING COVER:
	4

PHONE NUMBER:	SENDER'S REFERENCE NUMBER:

RE:	YOUR REFERENCE NUMBER:
Jeffrey McFadden	

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

NOTES/COMMENTS:

PLEASE SEE THE ATTACHED.

THE INFORMATION CONTAINED IN THE FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE US POSTAL SERVICE. THANK YOU.

TRANSMISSION VERIFICATION REPORT

TIME : 08/31/2011 15:11
NAME : WLF
FAX : 8436695150
TEL : 8436695634
SER.# : BROF7J663962

DATE, TIME	08/31 15:10
FAX NO./NAME	18039290300
DURATION	00:00:57
PAGE(S)	04
RESULT	OK
MODE	STANDARD
	ECM

000241

14	Chart of Defense Subpoenas prepared by Claimant's counsel Updated Chart prepared by Claimant's counsel		000242- 000243 000244- 000245
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Jeffrey McFadden vs. City of Lake City
WCC File No. 1009259

	Date	Subpoenaed	Request from Defense	Copy of Response from Defense
1 2	03/17/11 04/06/11	Progressive Group of Ins. Co. Myrtle Beach SC	04/12/11 & 08/31/11	
3	05/17/11	Carolinas Hospital	05/24/11 & 08/31/11	
4	05/17/11	Pee Dee Orthopaedic	05/24/11 & 08/31/11	
5	05/17/11	McLeod Regional	05/24/11 & 08/31/11	
6 7	05/24/11 x 2	State Farm Litigation Department 2-different policy numbers	06/02/11 & 08/31/11	
8	05/24/11	Allstate Litigation Department	06/02/11 & 08/31/11	
9	05/24/11	SC Budget & Control Board Litigation Dept (unknown Policy No)	06/02/11 & 08/31/11	
10	05/24/11	SC Farm Mutual Insurance Litigation Dept	06/02/11 & 08/31/11	rcvd 06/09/11
11	05/24/11	Nationwide Property & Casualty Insurance Litigation	06/02/11 & 08/31/11	
12	05/24/11	SC Budget & Control Board Ins Reserve Litigation Dept (with policy no)	06/02/11 & 08/31/11	rcvd 06/09/11
13	06/15/11	Dr Morris Brown	06/21/11 & 08/31/11	
14	06/15/11	Lake City Hospital & PT	06/21/11 & 08/31/11	
15	06/15/11	Williamsburg County Hospital	06/21/11 & 08/31/11	
16	06/15/11	Olsten Temp Services	06/21/11 & 08/31/11	
17	06/15/11	Walmart Legal Dept/Litigation Division Attn Pharmacy	06/21/11 & 08/31/11	
18	06/17/11	InMed Diagnostic	06/21/11 & 08/31/11	
19	06/17/11	RiteAid Pharmacy	06/21/11 & 08/31/11	
20	07/22/11	Pee Dee Family Practice, Johnsonville	08/31/11	
21	07/22/11	Dr. Lawrence Chewning	08/31/11	

000342

	Date	Subpoenaed	Requested from Defense	Copy of Response from Defense
22	07/22/11	Dr Peter D Hyman	08/31/11	
23	07/22/11	Dr Ernest Atkinson	08/31/11	
24	07/22/11	Dr James Hester	08/31/11	
25	07/22/11	Dr William McDaniel	08/31/11	
26	07/22/11	Dr James Lawhon	08/31/11	
27	07/22/11	Dr Jeffrey Gersbach	08/31/11	
28	07/22/11	Lake City Community Hospital	08/31/11	
29	07/22/11	Dorine Martin, FNP, Kernesville NC	08/31/11	

000023

Jeffrey McFadden vs. City of Lake City
WCC File No. 1009259

	Date	Subpoenaed	Request from Defense	Copy of Response from Defense
1 2	03/17/11 04/06/11	Progressive Group of Ins. Co. Myrtle Beach SC	04/12/11 & 08/31/11	rcvd 09/26/11
3	05/17/11	Carolinas Hospital	05/24/11 & 08/31/11	rcvd 09/26/11
4	05/17/11	Pee Dee Orthopaedic	05/24/11 & 08/31/11	rcvd 09/26/11
5	05/17/11	McLeod Regional	05/24/11 & 08/31/11	rcvd 09/26/11
6 7	05/24/11 x 2	State Farm Litigation Department 2-different policy numbers	06/02/11 & 08/31/11	rcvd 09/26/11
8	05/24/11	Allstate Litigation Department	06/02/11 & 08/31/11	rcvd 09/26/11
9	05/24/11	SC Budget & Control Board Litigation Dept (unknown Policy No)	06/02/11 & 08/31/11	
10	05/24/11	SC Farm Mutual Insurance Litigation Dept	06/02/11 & 08/31/11	rcvd 06/09/11 & 09/26/11
11	05/24/11	Nationwide Property & Casualty Insurance Litigation	06/02/11 & 08/31/11	rcvd 09/26/11
12	05/24/11	SC Budget & Control Board Ins Reserve Litigation Dept (with policy no)	06/02/11 & 08/31/11	rcvd 06/09/11 & 09/26/11
13	06/15/11	Dr Morris Brown	06/21/11 & 08/31/11	rcvd 09/26/11
14	06/15/11	Lake City Hospital & PT	06/21/11 & 08/31/11	rcvd 09/26/11
15	06/15/11	Williamsburg County Hospital	06/21/11 & 08/31/11	rcvd 09/26/11
16	06/15/11	Olsten Temp Services	06/21/11 & 08/31/11	rcvd 09/26/11
17	06/15/11	Walmart Legal Dept/Litigation Division Attn Pharmacy	06/21/11 & 08/31/11	rcvd 09/26/11
18	06/17/11	InMed Diagnostic	06/21/11 & 08/31/11	rcvd 09/26/11
19	06/17/11	RiteAid Pharmacy	06/21/11 & 08/31/11	rcvd 09/26/11
20	07/22/11	Pee Dee Family Practice, Johnsonville	08/31/11	rcvd 09/26/11
21	07/22/11	Dr. Lawrence Chewning	08/31/11	

000244

000244

	Date	Subpoenaed	Requested from Defense	Copy of Response from Defense
22	07/22/11	Dr Peter D Hyman	08/31/11	rcvd 09/26/11
23	07/22/11	Dr Ernest Atkinson	08/31/11	rcvd 09/26/11
24	07/22/11	Dr James Hester	08/31/11	rcvd 09/26/11
25	07/22/11	Dr William McDaniel	08/31/11	rcvd 09/26/11
26	07/22/11	Dr James Lawhon	08/31/11	
27	07/22/11	Dr Jeffrey Gersbach	08/31/11	
28	07/22/11	Lake City Community Hospital	08/31/11	rcvd 09/26/11
29	07/22/11	Dorine Martin, FNP, Kernesville NC	08/31/11	rcvd 09/26/11

000245

000245

15	Deposition of Jeffrey McFadden	06/08/11	R. p. 20
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16	Deposition of Anthony Alexander, MD	06/15/11	R. p. 86
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17	Letter from Defense counsel to Hon. Virginia Crocker filing a Petition for Hearing	04/07/11	000246- 000250
	Letter from Defense counsel to Hon. Virginia Crocker filing a Petition for Hearing	04/29/11	000251- 000254

April 7, 2011

VIA HAND DELIVERY

Ms. Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715

RE: Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

Dear Ms. Crocker:

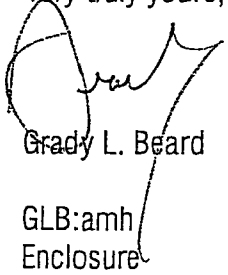
Enclosed please find an original and one copy of a Petition for Hearing which we are filing on behalf of the defendants in the above-referenced matter. We are filing the original and retaining a clocked-in copy via our courier.

Additionally, we are enclosing a check in the amount of Twenty-Five and No/100 Dollars (\$25.00) for the filing of this document.

By copy of this letter, we are hereby serving a copy of the attached document upon counsel for the claimant.

With kindest personal regards, I remain

Very truly yours,


Grady L. Beard

GLB:amh
Enclosure

cc: Steve Wukela, Jr., Esquire (w/enclosure) ✓
Ms. Lisa Branham (w/enclosure)
Ms. Vernon A. Williams (w/enclosure)

000246

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1009259

Jeffrey L. McFadden,
Employee,
Claimant,
v.
City of Lake City,
Employer,
and
South Carolina Municipal Insurance Trust,
Self-Insured Trust,
Defendants.

PETITION FOR HEARING

TO: MS. VIRGINIA L. CROCKER, JUDICIAL DIRECTOR, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; AND STEVE WUKELA, JR., ESQUIRE, ATTORNEY FOR THE CLAIMANT:

Pursuant to S.C. Code Ann. § 42-17-20, the City of Lake City and South Carolina Municipal Insurance Trust ("defendants"), hereby Petition the South Carolina Workers' Compensation Commission to schedule a Hearing in the above-referenced matter "as soon as practicable" in the above-referenced claim, based upon the following grounds:

1. This is an admitted claim involving a motor vehicle rollover accident that occurred on July 16, 2010.
2. By way of Form 50 filed on October 22, 2010, the claimant alleged he sustained injuries to his low back, neck, left shoulder and left hand as a result of the accident. The claimant requested additional medical care for his injuries; compensation for temporary total disability (TTD) from September 20, 2010, and continuing, as well as permanent partial disability (PPD) benefits for his injuries. The claimant also asserted

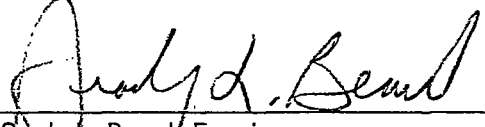
finances and penalties were due as his TTD benefits were improperly terminated without an Order of the Commission.

3. The defendants filed a Form 51 admitting the claimant sustained a motor vehicle accident on the date alleged. However, the defendants questioned the filing of the Form 50, as the claimant was on a running award of TTD and was receiving authorized medical care.
4. A Hearing was scheduled before Commissioner David W. Huffstetler on January 13, 2011, pursuant to the Forms 50 and 51 filed on behalf of the parties.
5. While the defendants disagreed with the claimant's assertion that penalties or fines were due in this case, the defendants forwarded payment for the alleged penalties, as the cost of litigation substantially exceeded that of the fines/penalties. The claimant's counsel subsequently withdrew his Form 50, and the Hearing was removed from the docket.
6. Since that time the defendants have authorized medical care for the claimant's injuries, including but not limited to physical therapy and injections. The claimant is currently on a running award of TTD.
7. On March 9, 2011, the defendants received a medical report from Dr. Anthony Alexander dated February 22, 2011, wherein he acknowledges the claimant was involved in a new motor vehicle accident on February 17, 2011, which resulted in an increase in his low back pain.
8. The defendants maintain this motor vehicle accident constitutes a subsequent intervening accident, which broke the causal chain. Therefore, the claimant's current problems and need for medical care arise from that accident and are no longer compensable. Sanders v. Wal-Mart Stores, Inc., 379 S.C. 554, 666 S.E.2d 297 (Ct. App. 2008).
9. Therefore, the defendants request a Hearing as soon as possible to determine whether they may stop payment of TTD benefits and medical care, as the claimant's current condition is not related to the admitted accident; rather a subsequent intervening cause.

WHEREFORE, the defendants respectfully Petition the Commission to schedule a Hearing in the above-referenced matter "as soon as practicable" pursuant to S.C. Code Ann. § 42-17-20.

Respectfully Submitted,

SOWELL GRAY STEPP & LAFFITTE, L.L.C.

By: 

Grady L. Beard, Esquire
Post Office Box 11449 (29211)
1310 Gadsden Street
Columbia, South Carolina 29201
(803) 929-1400

ATTORNEYS FOR DEFENDANTS

Columbia, South Carolina

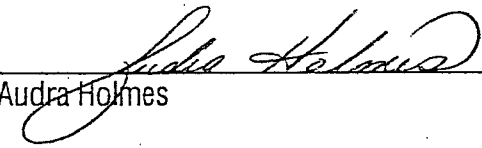
April 7, 2011

CERTIFICATE OF SERVICE

I, the undersigned legal assistant of the law offices of Sowell Gray Stepp & Laffitte, L.L.C., attorneys for defendants, do hereby certify that I have served counsel of record with the foregoing document(s) by mailing a copy of the same by United States Mail, postage prepaid, to the following address(es):

PLEADING: **PETITION FOR HEARING**

COUNSEL: Steve Wukela, Jr., Esquire
Wukela Law Firm
403 Second Loop Road
Post Office Box 13057
Florence SC 29504-3057


Audra Holmes

Columbia, South Carolina

April 7, 2011

April 29, 2011

VIA HAND DELIVERY

Ms. Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

Dear Ms. Crocker:

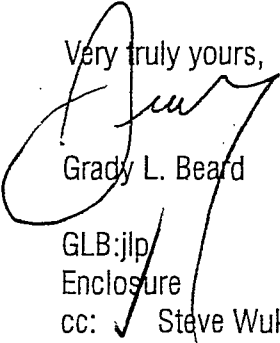
Enclosed please find an original and one (1) copy of a Petition for Hearing which we are filing on behalf of the employer/carrier in the above-referenced matter. We are filing the original and retaining a clocked-in copy via our courier.

Additionally, we are enclosing a check in the amount of Twenty-Five and No/100 Dollars (\$25.00) for the filing of this document.

By copy of this letter, we are hereby serving a copy of the attached document upon counsel for the claimant.

With kindest personal regards, I remain

Very truly yours,


Grady L. Beard

GLB:jlj
Enclosure

cc: ✓ Steve Wukela, Jr., Esquire (w/enclosure)
Ms. Lisa Branham (w/enclosure)
Mr. Vernon A. Williams (w/enclosure)

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1009259

Jeffrey L. McFadden,

Employee,

Claimant,

v.

City of Lake City,

Employer,

and

South Carolina Municipal Insurance Trust,

Self-Insured Trust,

Defendants.

PETITION FOR HEARING

TO: MS. VIRGINIA L. CROCKER, JUDICIAL DIRECTOR, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; AND STEVE WUKELA, JR., ESQUIRE, ATTORNEY FOR THE CLAIMANT:

Pursuant to S.C. Code Ann. § 42-17-20, the City of Lake City and South Carolina Municipal Insurance Trust ("defendants"), hereby Petition the South Carolina Workers' Compensation Commission to schedule a Hearing in the above-referenced matter "as soon as practicable" in the above-referenced claim, based upon the following grounds:

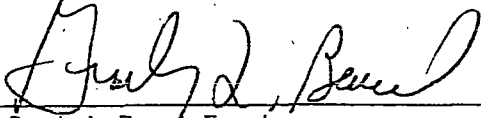
1. This is an admitted claim involving a motor vehicle rollover accident that occurred on July 16, 2010.

2. By way of Form 50 filed on October 22, 2010, the claimant alleged he sustained injuries to his low back, neck, left shoulder and left hand as a result of the accident. The claimant requested additional medical care for his injuries; compensation for temporary total disability (TTD) from September 20, 2010, and continuing, as well as permanent partial disability (PPD) benefits for his injuries. The claimant also asserted fines and penalties were due as his TTD benefits were improperly terminated without an Order of the Commission.
3. The defendants filed a Form 51 admitting the claimant sustained a motor vehicle accident on the date alleged. However, the defendants questioned the filing of the Form 50, as the claimant was on a running award of TTD and was receiving authorized medical care.
4. A Hearing was scheduled before Commissioner David W. Huffstetler on January 13, 2011, pursuant to the Forms 50 and 51 filed on behalf of the parties.
5. While the defendants disagreed with the claimant's assertion that penalties or fines were due in this case, the defendants forwarded payment for the alleged penalties, as the cost of litigation substantially exceeded that of the fines/penalties. The claimant's counsel subsequently withdrew his Form 50, and the Hearing was removed from the docket.
6. Since that time the defendants have authorized medical care for the claimant's injuries, including but not limited to physical therapy and injections. The claimant is currently on a running award of TTD.
7. On March 9, 2011, the defendants received a medical report from Dr. Anthony Alexander dated February 22, 2011, wherein he acknowledges the claimant was involved in a new motor vehicle accident on February 17, 2011, which resulted in an increase in his low back pain.
8. The defendants maintain this motor vehicle accident constitutes a subsequent intervening accident, which broke the causal chain. Therefore, the claimant's current problems and need for medical care arise from that accident and are no longer compensable. Sanders v. Wal-Mart Stores, Inc., 379 S.C. 554, 666 S.E.2d 297 (Ct. App. 2008).
9. Therefore, the defendants request a Hearing as soon as possible to determine whether they may stop payment of TTD benefits and medical care, as the claimant's current condition is not related to the admitted accident; rather a subsequent intervening cause.

WHEREFORE, the defendants respectfully Petition the Commission to schedule a Hearing in the above-referenced matter "as soon as practicable" pursuant to S.C. Code Ann. § 42-17-20.

Respectfully Submitted,

SOWELL GRAY STEPP & LAFFITTE, L.L.C.

By: 
Grady L. Beard, Esquire
Post Office Box 11449 (29211)
1310 Gadsden Street
Columbia, South Carolina 29201
(803) 929-1400

ATTORNEYS FOR DEFENDANTS

Columbia, South Carolina

April 29, 2011

CERTIFICATE OF SERVICE

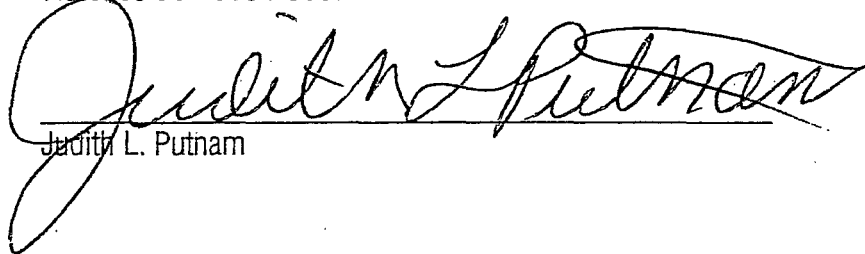
I, the undersigned legal assistant of the law offices of Sowell Gray Stepp & Laffitte, L.L.C., attorneys for Employer/Carrier, do hereby certify that I have served counsel of record with the foregoing document(s) by mailing a copy of the same by United States Mail, postage prepaid, to the following address(es):

PLEADING:

PETITION FOR HEARING

COUNSEL:

Steve Wukela, Jr., Esquire
Wukela Law Firm
403 Second Loop Road
Post Office Box 13057
Florence SC 29504-3057



Handwritten signature of Judith L. Putnam in cursive script, written over a horizontal line.

Judith L. Putnam

Columbia, South Carolina

April 29, 2011

18	Claimant's Return to Carrier's Petition for Hearing	04/14/11	000255- 000258
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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER: 1009259

Jeffrey McFadden, Employee,)
)
 Claimant,)
)
 vs.)
)
 City of Lake City, Employer,)
)
 and)
)
 SC Municipal Insurance Trust)
 % Companion TPA, LLC, Carrier,)
)
 Defendants.)

**CLAIMANT'S RETURN TO CARRIER'S
PETITION FOR HEARING
DATED APRIL 7, 2011**

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
GRADY L. BEARD, ESQUIRE, ATTORNEY FOR EMPLOYER/ CARRIER:**

The Claimant responding to the Petition for Hearing of the Carrier dated April 7, 2011
asserts the following:

1. The Claimant sustained an injury by accident to his low back, legs, neck, left shoulder and left hand on Friday, July 16, 2010, arising out of and in the course of his employment, while driving a vehicle on behalf of the Employer. Claimant lost control of the vehicle when the vehicle fishtailed while coming around a curve, traveled toward a ditch on the opposite side of the road, and flipped over.

2. The Carrier admitted the accident, assigned Anthony Alexander, M.D. as the authorized treating orthopaedic physician, and commenced payment of temporary total disability benefits to the Claimant effective July 24, 2010.

3. The Carrier paid the temporary total disability benefits in a timely fashion until September 24, 2010 when without benefit of a Form 15 or a properly documented Form 21 the Carrier terminated Claimant's weekly benefits. A Form 50 was filed on October 22, 2010 seeking penalties for failure to pay benefits. A Form 51 was filed on November 19, 2010 on behalf of the Carrier. The Carrier has never advised the Commission or the Claimant why he was not paid his weekly benefits between September 24, 2010 and October 15, 2010, for which a check was ultimately issued for the unpaid benefits on October 21, 2010.

4. A hearing was scheduled for January 13, 2011 for penalties. On January 6, 2011, the Claimant accepted a partial payment of the penalties in lieu of the hearing scheduled for January 13, 2011.

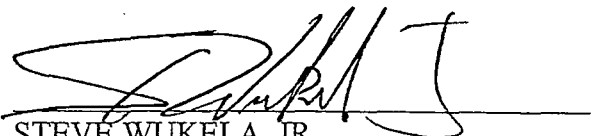
5. The Carrier maintains they should not have paid those penalties but has not requested the hearing for penalties be rescheduled. Instead, the Carrier filed a Petition for Hearing pursuant to §42-17-20. Again, the Carrier has disregarded the rules of the South Carolina Workers' Compensation Commission and are attempting to circumvent § 42-9-260(F), in so far that it has been 265 days since the date of the accident and injuries to the Claimant on July 16, 2010 and the filing of the Petition for Hearing dated April 7, 2011.

6. The Carrier is well aware of the requirements of § 42-9-260(F) and Regs. 67-506(B), in as much as no health care provider has, "reported the claimant may return to work at the same or other suitable job and such job has been offered by the employer but the claimant refuses to return to work...", pursuant to Regs. 67-506(C).

7. Additionally, Regs. 67-506(E) maintains, "To request a hearing for permission to terminate temporary compensation, the employer's representative shall file a Form 21 with the Judicial Department." This requirement, likewise, has not been complied with by the Carrier.

Notwithstanding the fact that if the Carrier had complied with the filing of the Form 21 and properly served the Claimant, § 42-9-260(D) maintains that the carrier is entitled to a hearing within 60 days.

WHEREFORE, the Claimant asserts that since the Carrier has not complied with the proper requirements of § 42-9-260 and is attempting to subvert the many statutes and rules that regulates hearings pursuant to § 42-17-20, the Petition for Hearing should be dismissed, with costs and attorney's fees assessed.



STEVE WUKELA, JR.
Wukela Law Firm
Attorney for Claimant
P.O. Box 13057
Florence, SC 29504-3057
(843) 669-5634

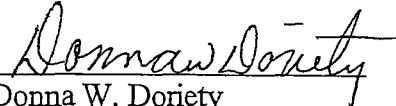
April 19, 2011

CERTIFICATE OF SERVICE

The undersigned, Donna W. Doriety, secretary for the Wukela Law Firm, hereby certifies that on the 14th day of April, 2011 she did place in an envelope with first class postage prepaid a copy of the Claimant's Return to Carrier's Petition for Hearing dated April 7, 201, regarding Jeffrey McFadden v. City of Lake City, WCC No. 10009259, and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

Hon. Virginia L. Crocker
Judicial Director
SC Workers' Compensation Comm.
P. O. Box 1715
Columbia, SC 29202-1715

Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211


Donna W. Doriety

Florence, South Carolina

19	Commission Order granting Petition for Hearing	05/06/11	000259- 000260
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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1009259

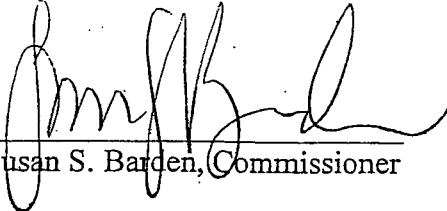
Jeffrey L. McFadden,)
)
 Claimant,)
 vs.)
)
 City of Lake City,)
)
 Employer,)
)
 SC Municipal Insurance Trust,)
)
 Carrier,)
 Defendants)
)

A Motion regarding the following issue(s) has been received.

- ☐ Discovery or Subpoena
☐ Appointment of guardian Ad Litem
☐ Attorney's appearance before the Commission
☐ Withdrawal of Representation
☐ Attorney's Fee
☐ Claim Pending Commission Review
☐ Postpone
☐ Adjourned the Scheduled Hearing
☐ Self Insurance Privileges
☐ Penalties and Interest
☐ Third Party Practice
☒ Other: Motion for Petition for Hearing

The following disposition has been made: ☒ Granted ☐ Denied

Columbia, SC


Susan S. Barden, Commissioner

000259

CERTIFICATE OF SERVICE

WCC FILE NO. 1009259

This is to certify that the undersigned has this date served this Order in the above-captioned action upon all parties to this cause depositing a copy hereof, first class postage paid, or if indicated below by certified mail, return receipt requested, in the United States mail addressed to the attorney or attorneys for said parties.

This 4th day of May, 2011.

BY Kristi Love
Kristi Love, Assistant to Commissioner Barden

cc:

Grady Beard, Esquire
Sowell Gray
PO Box 11449
Columbia, SC 29211

Steve Wukela, Jr.
Wukela Law Firm
PO Box 13057
Florence, SC 29504

20	Hearing Notice Email from Commission	05/12/11	000261-
	Email from defense counsel to Commission	06/08/11	000266
	Email from Commission to defense counsel	06/09/11	
	Email from defense counsel to Commission	06/09/11	
	Email from Commission to defense counsel	06/09/11	
	Email from defense counsel to Commission	06/15/11	
	Email from defense counsel to Commission	06/20/11	
	Email from Commission to defense counsel	06/20/11	
	Email from Commission to defense counsel	06/20/11	

Jeannie Bailey

From: Tamela Gordon <tgordon@wukelalaw.com>
Sent: Tuesday, June 21, 2011 9:15 AM
To: Jeannie Bailey
Subject: Fw: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Tamela C. Charles
Legal Assistant to Steve Wukela, Jr.
Wukela Law Firm
403 Second Loop Road (29505)
P.O. Box 13057 (29504)
(843) 669-5634
(843) 669-5150 (facsimile)
Florence, South Carolina

----- Original Message -----

From: Steve Wukela Jr
To: tgordon@wukelalaw.com
Sent: Monday, June 20, 2011 12:31 PM
Subject: FW: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

From: Love, Kristi [<mailto:klove@wcc.sc.gov>]
Sent: Monday, June 20, 2011 12:27 PM
To: Beard, Grady L.; Waymer, Mimi; STEVE@WUKELALAW.COM; Tamela Gordon
Subject: RE: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

I think I forgot to say that the hearing set for Thursday on the Motion is cancelled.

Thanks,
Kristi

From: Beard, Grady L. [<mailto:gbeard@sowellgray.com>]
Sent: Wednesday, June 15, 2011 6:37 AM
To: Love, Kristi; Waymer, Mimi; STEVE@WUKELALAW.COM; Tamela Gordon
Subject: RE: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Good Morning Kristi:

I have never heard back regarding the last e-mail on this matter. It appears this case was set for Hearing in the wrong District (Columbia) for a Florence merits Hearing. As indicated below, my clients request the matter be returned to the Florence County District and be reset before whomever may be the appropriate Commissioner in that District. We will be filing our Form 51 shortly in response to the Form 50 filed by Mr. Wukela, and have no objection to the Hearing Notice in Florence waiting to be sent after our Form 51 is filed so all issues can be covered at one Hearing. Please confirm the 6/23/11, Hearing in Columbia is off, and the file is returned to Judicial to be set for Hearing before the jurisdictional Commissioner in Florence County. I am happy to have a Conference Call if necessary to have this resolved. Please advise.

Thanks-Grady
----- Original Message -----

Jeannie Bailey

From: Tamela Gordon <tgordon@wukelalaw.com>
Sent: Tuesday, June 21, 2011 9:14 AM
To: Jeannie Bailey
Subject: Fw: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Morning Ms. Bailey:

This is the most recent email regarding McFadden. Mr. Wukela has instructed me to update and request additional medicals and I expect that we will have a hearing notice shortly.

Tamela C. Charles
Legal Assistant to Steve Wukela, Jr.
Wukela Law Firm
403 Second Loop Road (29505)
P.O. Box 13057 (29504)
(843) 669-5634
(843) 669-5150 (facsimile)
Florence, South Carolina

— Original Message —

From: Steve Wukela, Jr
To: tgordon@wukelalaw.com
Sent: Monday, June 20, 2011 12:32 PM
Subject: FW: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Monday, June 20, 2011 12:25 PM
To: Beard, Grady L.; Waymer, Mimi; STEVE@WUKELALAW.COM; Tamela Gordon
Subject: RE: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Mr. Beard (et al):

I spoke with Ginger and she says to just send it back to her.

The reason we set it out of district was that it was sent to us as a Motion (because you had no other avenue to get the hearing). Motions only require 10 days to set for hearing. The parties would have needed 30 days to prepare and we had left the Pee Dee by then, so that is why I set it in Columbia.

As Mr. Wukela has now filed a Form 50, you may address the issues at that hearing which will be proper.

Thanks,
Kristi

From: Beard, Grady L. [mailto:gbeard@sowellgray.com]
Sent: Wednesday, June 15, 2011 6:37 AM
To: Love, Kristi; Waymer, Mimi; STEVE@WUKELALAW.COM; Tamela Gordon
Subject: RE: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

From: Beard, Grady L.

Sent: Thu 6/9/2011 12:50 PM

Rcvd: Thu 6/9/2011 12:50 PM

To: Love, Kristi (klove@wcc.sc.gov); Waymer, Mimi; STEVE@WUKELALAW.COM

CC: Tamela Gordon (tgordon@wukelalaw.com)

Subject: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Kristi:

My Petition "motion" was already ruled upon and Granted by Commissioner Barden that we are entitled to a merits Hearing. Therefore, I cannot withdraw since already resolved. As for the merits Hearing, I am not sure why that was then set in Columbia which is the problem. This simply needs to be transferred back to the Judicial Director and sent to the proper Commissioner whomever that may be. Also, the Forms 50/51 could be set in conjunction with same.

Thanks-Grady

Grady L. Beard v-card

Member

803 231.7824

www.sowellgray.com

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-----Original Message-----

From: Love, Kristi [mailto:klove@wcc.sc.gov]

Sent: Thursday, June 09, 2011 10:42 AM

To: Beard, Grady L.; Waymer, Mimi; STEVE@WUKELALAW.COM

Cc: Tamela Gordon

Subject: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Mr. Wukela has filed a 50 - and the Form 50 has previously been withdrawn - so if your Motion were to be withdrawn then the file would be returned immediately to Judicial to process the 50/51.

-----Original Message-----

From: Beard, Grady L. [mailto:gbeard@sowellgray.com]

Sent: Thursday, June 09, 2011 10:08 AM
To: Love, Kristi; Waymer, Mimi; STEVE@WUKELALAW.COM
Cc: Tamela Gordon
Subject: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Kristi:

My clients oppose a Hearing in Columbia as they are Municipal officials who cannot be that far away from the Town. The Venue law requires a Hearing be set in the County where the accident occurred, so I do not understand why the case would have followed you when Commissioner Barden left the District. Thus, if the only avenue is to have the matter pulled and reset in the proper Venue please advise, because I do not understand the "no-punt rule" since it should have been with the Commissioner in that District now. Please advise so we can get this matter reset in the proper Venue of Florence. Moreover, since Mr. Wukela has now filed a Form 50, we can have it reset in Florence County for a 50/51 Hearing, once we file our Form 51 in the next few days.

Thanks-Grady

Grady L. Beard v-card

Member

803 231.7824
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-----Original Message-----

From: Love, Kristi [mailto:klove@wcc.sc.gov]
Sent: Thursday, June 09, 2011 9:47 AM
To: Waymer, Mimi; Beard, Grady L.; STEVE@WUKELALAW.COM
Cc: Tamela Gordon
Subject: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

This is indeed set in Columbia.

Mr. Beard filed a Motion for a hearing based upon the fact that he had no other avenue to get this before the Commission, as it is an intervening accident. A Motion only requires ten days notice - and this was sent to Commissioner Barden toward the end of her jurisdiction in the Pee Dee district.

As this was a hearing - not a Motion - we gave 30 days notice. As Commissioner Barden is in the Richland district in June and July - and due to number of cases and the Commissioner's schedule, we were not able to send her back to Florence for one hearing so I set it in Columbia (in order to allow the 30 days). The hearing notices were sent May 12, 2011.