

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Appellate Case No.: 2018-000913
W.C.C. Case No.: 1621577

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SC Court of Appeals

Carolyn Wilson,

Appellant,

v.

Fred's Stores of Tennessee, Inc., Employer, and
Safety National Casualty Corporation, Carrier,

Respondents.

RECORD ON APPEAL

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INDEX

Orders

Order of the Full Commissioner dated April 13, 2018	1
Order of the Single Commission dated October 23, 2017	14

Transcripts

Transcript of Hearing before Full Commission dated January 22, 2018	29
Transcript of Hearing before Single Commissioner dated August 15, 2017	51

Exhibits

Deposition Transcript of Dr. Edwards dated July 20, 2017	152
Claimant's APA Submissions	197
Employer/Carrier's APA Submissions	258
Certificate of Appellant	347

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1621577

Carolyn Wilson,.....Claimant,

vs.

Fred's Stores of Tennessee, Inc., Employer, and
Safety National Casualty Corporation, Carrier.....Defendants.

HEARING: Held in Columbia, South Carolina
January 22, 2018

APPEARANCES: Claimant represented by:
Andrea C. Roche, Esquire
Mickle & Bass, LLC
Post Office Box 5639
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Defendants represented by:
Matthew C. LaFave
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PURPOSE OF HEARING: To determine issues as set forth on Claimant's Form 30,
Request for Commission Review.

DECISION AND ORDER: Commissioners Gene McCaskill, Chair, Aisha Taylor, and
Susan S. Barden

FILED: ~~April~~ 13, 2018

BACKGROUND

Pursuant to Forms 50 and 51, a hearing was held on August 15, 2017, before Commissioner Avery B. Wilkerson to determine compensability of Claimant's alleged injuries to her back and bilateral lower extremities, which she claimed to be as a result of repetitive lifting activities. Further, Commissioner Wilkerson was asked to render a conclusion, if the claim was found compensable, as to Claimant's entitlement to an award of disability as well as her entitlement to future medical treatment. On September 14, 2017, the Single Commissioner issued his Decision and Order Instructions, which were subsequently reduced to a formal Decision and Order filed October 23, 2017. The Single Commissioner specifically found Claimant had not sustained a compensable repetitive trauma injury. Based upon the foregoing finding of the Single Commissioner, it was held that Claimant was not entitled to any applicable benefits under the Act.

On November 3, 2017, Claimant filed a Form 30, Request for Commission Review, alleging numerous errors by the Single Commissioner. The crux of the Request for Commission Review centered largely on an assertion that the Single Commissioner erred in finding Claimant failed to prove a repetitive trauma injury arising out of the course and scope of employment. As a secondary issue, it was argued that the Single Commissioner erred in providing her employer with timely notice of an alleged repetitive trauma injury. Parties submitted their briefs on the issues in a timely manner.

On January 22, 2018, oral arguments were heard by the Full Commission, which was comprised of Commissioners McCaskill, Taylor, and Barden.

STATEMENT OF THE CASE

This case involves a denied claim for a repetitive trauma injury to Claimant's back, bilateral lower extremities, and bladder. Claimant, by and through her counsel, filed a Form 50, Employee's Request for Hearing, on March 1, 2017 alleging that she sustained injuries to the aforementioned body parts, which purportedly resulted from repetitive lifting during her employment with Defendant/Employer, Fred's Stores of Tennessee, Inc. Defendants, by and through their counsel filed their Form 51, Employer's Answer to Request for Hearing contending that Claimant failed to present sufficient evidence of the existence of a repetitive trauma injury as required by S.C. Code Ann. § 42-1-172. Defendants specifically contended that there was no repetitive activities undertaken by Claimant in her employment with Defendant/Employer, Fred's Stores of Tennessee, Inc. Additionally, Defendants submitted that Claimant failed to provide notice of the injury at the time she should have known a purportedly compensable injury existed pursuant to S.C. Code Ann. § 42-15-20. Defendants contend that medical evidence coupled with Claimant's own testimony and admissions established that she knew or should have known the problems she claims are now related to her employment arose in 2012. Based upon statute and case law, Claimant should have notified her employer within 90 days from the date this alleged condition led to her need for medical treatment.

The Hearing in this case was originally scheduled for May 10, 2017 in Sumter, South Carolina; however, a postponement was needed so as to allow for the deposition of Dr. W.S. Edwards. Due to the postponement, the hearing was rescheduled for August 15, 2017, in Florence, South Carolina.

Based on the stipulations of the parties and the testimony and evidence received and produced at the hearing, as well as the Single Commissioner's personal observation of the

witnesses, the Single Commissioner found the following facts based upon the preponderance of the evidence:

FINDINGS OF FACT
(Single Commissioner)

1. The parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Steel Technologies, as the Employer, and Twin City Fire Insurance Company as the Carrier.
2. Counsel for both parties received order instructions on September 14, 2017.
3. Testimony of Claimant was clear and she was felt to be honest and trustworthy.
4. Claimant was an employee of Defendant/Employer and had been employed there since 2008.
5. Claimant knew that she had back and leg problems at least beginning in 2012.
6. Claimant believed that the problems with her back and leg beginning in 2012 were a result of the physical demands of her employment with Defendant/Employer.
7. Despite her belief that the position with Defendant/Employer was causing her back and leg problems she accepted a promotion that was more physical in nature.
8. Despite her belief that the position with Defendant/Employer was causing her back and leg problems she did not report this to any supervisors.
9. Claimant did not report an incident, accident, or repetitive issues to anyone with her employer in a supervisory capacity until 2016.
10. Michael Holstrom, District Manager for Defendant/Employer was felt to be honest and trustworthy.
11. Claimant never reported a back claim to Michael Holstrom.

12. Claimant told Michael Holstrom her back hurt on occasions but never reported and injury to her back, repetitive claim, or that her back pain was in any way connected with her employment

13. Based on the greater weight of the evidence, I do not find the positions held by Claimant to be repetitive in nature.

14. Based on the greater weight of the evidence, I find that Claimant's job responsibilities varied and included tasks such as being a cashier, stocking shelves, moving merchandise, unloading trucks, and sweeping and mopping the floors.

15. Based on the greater weight of the evidence, I find that Claimant's job had physical aspects but that hard work is not repetitive.

16. I find that Claimant back and leg problems were not caused by the cumulative effects of repetitive traumatic events occurring during her employment.

17. I find that Claimant is not entitled to benefits under the South Carolina Workers' Compensation Act, including, but not limited to temporary total disability compensation, a permanent partial disability award, or medical benefits.

CONCLUSIONS OF LAW
(Single Commissioner)

The following sections of the South Carolina Code of Laws give the appropriate definitions and provisions of the South Carolina Workers' Compensation Act as applicable to this case:

1. S.C. Code Ann. § 42-1-120 defines disability.
2. S.C. Code Ann. § 42-1-172(A) defines a repetitive trauma injury. Pursuant to this statute, Claimant did not sustain a compensable repetitive trauma injury.

3. S.C. Code Ann. § 42-9-200 provides for temporary disability benefits. Pursuant to the foregoing determination that Claimant did not sustain a compensable repetitive trauma injury Claimant is not entitled to benefits under this section.

4. S.C. Code Ann. § 42-15-60 provides for the provision of medical treatment to injured workers. Pursuant to the foregoing determination that Claimant did not sustain a compensable repetitive trauma injury Claimant is not entitled to medical treatment, past or future.

Based on the above Statement of the Case, Evidence of the Case, Findings of Fact, and Conclusions of Law, the following Order is made:

AWARD
(Single Commissioner)

Based on the foregoing, it is hereby:

ORDERED that Claimant's claim for repetitive trauma injuries during her employment with Defendant/Employer to her back and bilateral lower extremities is denied;

IT IS FURTHER ORDERED that Defendants are not obligated to pay Claimant for any time lost from her employment;

IT IS FURTHER ORDERED that Defendants are not obligated to reimburse Claimant for any medical expenses incurred; and

IT IS FURTHER ORDERED that Defendants are not obligated to provide Claimant with any future medical treatment.

FULL COMMISSION DISCUSSION

The Claimant alleges to have sustained injuries to her low back, which required surgery, and her bilateral lower extremities. Claimant's contention that the injuries sustained were a result

of repetitive activities undertaken by her in her employment with Fred's Stores of Tennessee, Inc. At the Full Commission Hearing, Counsel for Claimant focused on the contention that Claimant's job required her to engage in lifting-type activities on a daily basis in support of her argument that the evidence satisfies the requirements of S.C. Code Ann. § 42-1-172. Specifically, the foregoing section requires an employee undertake "repetitive activities ... while ... engaged in the regular duties of his employment" Counsel for Defendants countered this argument through reliance on the record wherein it was reported that only approximately 25% of the job of an assistant manager, which was Claimant's last held position, involved lifting activities. Prior to becoming an assistant manager, Claimant testified to being required to do even less lifting. Furthermore, the testimony proffered by Claimant describes a varied list of lifting-type activities that were far anything but repetitive in nature. The facts, as established in this case, was that Claimant was engaged, as an assistant manager, where 75% of her activities did not involve lifting, and as such there can be no finding that she undertook repetitive lifting activities when they accounted for such a minor percentage of her overall job duties.

Claimant also argued on appeal that the Single Commissioner erred in finding a failure to timely notify her employer of an alleged repetitive trauma claim. Counsel for Claimant argued that Claimant notified her employer timely when such notice was made to her supervisor in 2016. Counsel argued that notice was provided to her employer when the alleged repetitive trauma activity reached a culmination where Claimant could no longer work through her problems and treatment that had worked in the past was no longer effective. However, Counsel for Defendants argued that the fact that Claimant was undergoing medical treatment and believed, of her own accord, that it was a result of her job was sufficient to find that she should have, within ninety (90) days, notified her employer. The record was clear that Claimant had a history of back pain, medical

treatment therefor, and personal knowledge, or at a minimum a belief by Claimant that the back pain was attributable to the lifting she was doing in her employment with Defendant/Employer as far back as 2009. Claimant testified multiple times that she did not notify anyone other than her doctors of her belief that it was the job that was the cause of her back problems. The foregoing failure by Claimant results in her claim being barred under S.C. Code Ann. 42-15-20(C).

Claimant's Counsel argued, in the alternative, that even if Claimant had a duty to notify her employer of an alleged repetitive trauma claim previously there was a "reasonable excuse" for her failure. Specifically, it was argued that Claimant received certain medical treatment, including injections, after which she would make a complete recovery. In light of the presumed "complete recovery" that Claimant argued notice was not required previously. Claimant's counsel argued that there was a reasonable excuse to not notify her employer until the notice provided for the instant claim. In response to the "reasonable excuse" argument, Defense Counsel noted that Plaintiff required repeat injections, which she had previously maintained was a result of one "wearing off." Additionally, Claimant had testified to her inability, at times, to get certain medical care due to her not having health insurance previously. Claimant's testimony contradicted her claim of a "complete recovery" as it was clear the treatment was effective, but she did not recover as her problem, as reflected in a 2014 MRI, included a bulging disc. Counsel for Defendants argued that if a "reasonable excuse" was found there was still significant prejudice in Claimant's failure to report an alleged repetitive trauma claim when she first began receiving treatment. Counsel for Defendants pointed to the two-prong basis for the notice requirement as the clear prejudice. The notice requirement was established so employers could investigate claims while evidence was available and witnesses' recollections were unfaded. In this case, there were no witnesses to even be questioned as a result of the delay in notifying the Defendant/Employer. Second, and perhaps

most significantly, the notice requirement was designed to allow employers to provide medical care to minimize disability and consequent liability. *Hartzell v. Palmetto Collision, LLC*, 406 S.C. 233, 750 S.E.2d 97 (Ct.App. 2013). The record in this case was clear that the failure to notify the employer had the opposite of its intended effect. Claimant testified that she was, prior to becoming assistant manager, in a position that required her to do less lifting. Further, prior to becoming the assistant manager she indicated the treatment she was receiving was resulting in a complete recovery. The record established that Claimant knew, or at least believed, lifting was causing her back problems and yet she accepted a position that required her to do even more lifting without notifying her employer. Therefore, by failing to notify the employer of her belief that there was a connection between the lifting activities of her employment and back problems that required medical attention, Claimant was ultimately placed in a position of greater exposure to potentially increased disability thereby increasing the potential consequent liability of the employer.

Based on a review of the record including evidence received and produced at the hearing, applicable laws, and oral arguments of the parties, the Appellate Panel hereby finds the following facts based upon the preponderance of the evidence:

FINDINGS OF FACT
(Full Commission)

1. The parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Steel Technologies, as the Employer, and Twin City Fire Insurance Company as the Carrier.
2. Counsel for both parties received order instructions on September 14, 2017.

3. Testimony of Claimant was clear and she was felt to be honest and trustworthy.
4. Claimant was an employee of Defendant/Employer and had been employed there since 2008.
5. Claimant knew that she had back and leg problems at least beginning in 2012.
6. Claimant believed that the problems with her back and leg beginning in 2012 were a result of the physical demands of her employment with Defendant/Employer.
7. Despite her belief that the position with Defendant/Employer was causing her back and leg problems, she accepted a promotion that was more physical in nature.
8. Despite her belief that the position with Defendant/Employer was causing her back and leg problems, she did not report this to any supervisors.
9. Claimant did not report an incident, accident, or repetitive issues to anyone with her employer in a supervisory capacity until 2016, which resulted in extreme prejudice on the part of Defendants.
10. Michael Holstrom, District Manager for Defendant/Employer was felt to be honest and trustworthy.
11. Claimant never reported a back claim to Michael Holstrom.
12. Claimant told Michael Holstrom her back hurt on occasions but never reported an injury to her back, repetitive claim, or that her back pain was in any way connected with her employment.
13. Based on the greater weight of the evidence, we do not find the positions held by Claimant to be repetitive in nature.

14. Based on the greater weight of the evidence, we find that Claimant's job responsibilities varied and included tasks such as being a cashier, stocking shelves, moving merchandise, unloading trucks, and sweeping and mopping the floors.

15. Based on the greater weight of the evidence, we find that Claimant's job had physical aspects but that hard work is not necessarily repetitive.

16. We find that Claimant back and leg problems were not caused by the cumulative effects of repetitive traumatic events occurring during her employment.

17. We find that Claimant is not entitled to benefits under the South Carolina Workers' Compensation Act, including, but not limited to temporary total disability compensation, a permanent partial disability award, or medical benefits.

CONCLUSIONS OF LAW **(Full Commission)**

The following sections of the South Carolina Code of Laws give the appropriate definitions and provisions of the South Carolina Workers' Compensation Act as applicable to this case:

1. S.C. Code Ann. § 42-1-120 defines disability.
2. S.C. Code Ann. § 42-1-172(A) defines a repetitive trauma injury. Pursuant to this statute, Claimant did not sustain a compensable repetitive trauma injury.
3. S.C. Code Ann. § 42-9-200 provides for temporary disability benefits. Pursuant to the foregoing determination that Claimant did not sustain a compensable repetitive trauma injury Claimant is not entitled to benefits under this section.
4. S.C. Code Ann. § 42-15-60 provides for the provision of medical treatment to injured workers. Pursuant to the foregoing determination that Claimant did not sustain a compensable repetitive trauma injury Claimant is not entitled to medical treatment, past or future.

5. S.C. Code Ann. § 42-15-20(C) requires a claimant to notify his/her employer within ninety (90) days of the date the employee discovered, or could have discovered, that the condition was compensable.

6. A Claimant may be excused from the notice requirement of S.C. Code Ann. § 42-15-20(C) if they can show a "reasonable excuse" for not providing timely notice and there is a lack of prejudice on the employer and carrier.

Based on the above Statement of the Case, Evidence of the Case, Findings of Fact, and Conclusions of Law, the following Order is made:

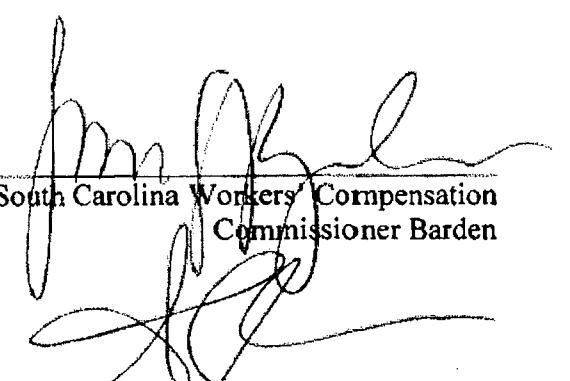
ORDER OF THE FULL COMMISSION

Pursuant to S.C Code Ann. § 42-17-50, we, the Appellate Panel, have reviewed the Decision and Order of the Single Commissioner and weighed the evidence as presented at the initial hearing and considered all issues raised in the briefs of the Parties, as well as those issues raised at the Full Commission Review hearing.

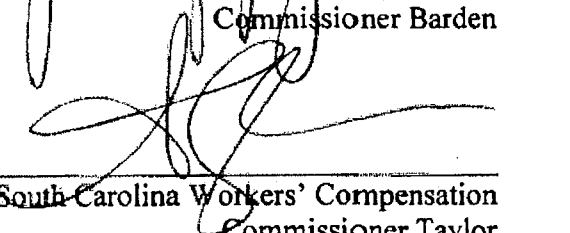
After careful review, The Appellate Panel of the South Carolina Workers' Compensation Commission, by unanimous vote, AFFIRMED with AMENDMENTS the Single Commissioner's order consistent with our Findings of Fact and Conclusions of Law as above.

IT IS THEREFORE ORDERED that, the findings of fact and conclusions of law of the Single Commissioner are incorporated herein as if set forth verbatim unless specifically reversed in the Order of the Full Commission.

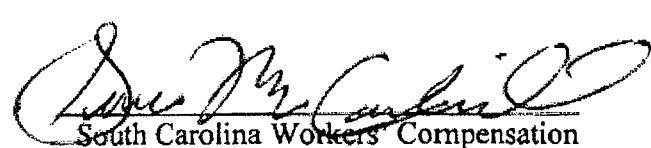
AND IT IS SO ORDERED.



South Carolina Workers' Compensation
Commissioner Barden



South Carolina Workers' Compensation
Commissioner Taylor



South Carolina Workers' Compensation
Commissioner McCaskill

Columbia, South Carolina

CERTIFICATE OF SERVICE

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

By Eugenia on April 13, 2018

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1621577

Carolyn Wilson,.....Claimant,

vs.

Fred's Stores of Tennessee, Inc., Employer, and
Safety National Casualty Corporation, Carrier.....Defendants.

HEARING: Held in Florence, South Carolina
August 15, 2017

APPEARANCES: Claimant represented by:
Andrea C. Roche, Esquire
Mickle & Bass, LLC
Post Office Box 5639
Columbia, SC 29250

Defendants represented by:
Matthew C. LaFave
Crowe LaFave, LLC
500 Taylor Street, Suite 401
Post Office Box 1149
Columbia, SC 29202

PURPOSE OF HEARING: To determine issues as set forth on Claimant's Form 50,
Request for Hearing and Defendants' Form 51, Answer to
Request for Hearing.

DECISION AND ORDER: Commissioner Avery B. Wilkerson, Jr.

FILED: October 23, 2017

APA SUBMISSIONS

The APA submissions are as follows:

For Claimant:

APA#	MEDICAL PROVIDER	DATE(S)	PAGE(S)
(1)	Pee Dee Orthopaedic Associates, PA	4/21/15-7/27/17	1-52
(2)	CareSouth Carolina	2/19/16	53-59

For Defendants:

APA#	MEDICAL PROVIDER	DATE(S)	PAGE(S)
(3)	CareSouth Carolina	12/30/08-2/15/17	60-98
(4)	Hartsville Orthopedics and Sports Med.	8/6/12-5/21/14	99-113
(4)	Carolina Pines	11/29/16-12/21/16	114-136

EXHIBIT#

(1)	Fred's Personnel Records	137-140
(2)	Transcript of Dr. W.S. Edwards's Deposition (July 20, 2017)	Supplement

STIPULATIONS

1. The Commission has jurisdiction to hear the matters presented.
2. Venue is proper in Lee County, South Carolina.
3. The parties were timely and properly notified of the Hearing on August 15, 2017.
4. All parties were represented by counsel.
5. The Claimant's average weekly wage was \$360.95, with a corresponding compensation rate of \$240.65.
6. The Commission's file is part of the record with the exception of self-serving declarations and unstipulated medical reports.
7. The APA submissions of both parties are admitted without objection.

STATEMENT OF THE CASE

This case involves a denied claim for a repetitive trauma injury to Claimant's back, bilateral lower extremities, and bladder. Claimant, by and through her counsel, filed a Form 50, Employee's Request for Hearing, on March 1, 2017 alleging that she sustained injuries to the

aforementioned body parts, which purportedly resulted from repetitive lifting during her employment with Defendant/Employer, Fred's Stores of Tennessee, Inc. Defendants, by and through their counsel filed their Form 51, Employer's Answer to Request for Hearing contending that Claimant failed to present sufficient evidence of the existence of a repetitive trauma injury as required by S.C. Code Ann. § 42-1-172. Defendants' specifically contended that there was no repetitive activities undertaken by Claimant in her employment with Defendant/Employer, Fred's Stores of Tennessee, Inc. Additionally, Defendants' submitted that Claimant failed to provide notice of the injury at the time she should have known a purportedly compensable injury existed pursuant to S.C. Code Ann. § 42-15-20. Defendants' contend that medical evidence coupled with Claimant's own testimony and admissions established that she knew or should have known the problems she claims are now related to her employment arose in 2012. Based upon statute and case law Claimant should have notified her employer within 90-days from the date this alleged condition led to her need for medical treatment.

The Hearing in this case was originally scheduled for May 10, 2017 in Sumter, South Carolina; however, a postponement was needed so as to allow for the deposition of Dr. W.S. Edwards. Due to the postponement the hearing was rescheduled for August 15, 2017 in Florence, South Carolina.

EVIDENCE OF THE CASE

Claimant's Testimony

Direct Examination

Claimant testified that she worked for Defendant/Employer, Fred's Stores of Tennessee, Inc. for approximately eight (8) years. Her employment started when she was hired as a cashier where she was paid \$7.00 per hour. After holding the cashier position she became the Third Key

Holder before she was ultimately promoted to the position Assistant Manager. Claimant testified that she held the title of Assistant Manager until her employment ended in 2016. Claimant testified that she had to lift on a daily basis, which included one day per week where she was tasked with assisting in the off-loading of the delivery truck. The process for unloading the truck including getting U-boats set up to place the merchandise on as it comes down rollers from the back of the truck. Once the U-boats were filled they would have to push them out to the floor and begin stocking the shelves. In addition to the lifting associated with the delivery truck Claimant testified that she was responsible for planograms, which was essentially the process for moving merchandise around the store or otherwise repositioning merchandise on shelves. Finally, Claimant testified that the other physically challenging aspect of her job related to mopping and sweeping the store, which was done daily at the end of the workday.

Claimant was then questioned about her history as it related to back problems, which included the issues back in 2012. Claimant testified that she had problems with her back in 2012, which required injections. In light of the injections Claimant testified that she could go long periods of time, sometimes a full year, without any problems. During the treatment previously Claimant testified that she would report to the doctor what type of work she did and stated that she was told to "take it easy, you know, take some days off, you know, don't -- don't go back and lifting and pulling." (Tr. P. 21, lls. 13-15). Claimant testified that she would get better for a period of time before needing additional treatment, which eventually culminated in her having problems in 2016 that became unbearable. It was as a result of these problems that her primary doctor referred her to Dr. W.S. Edwards of Pee Dee Orthopedics. At her first appointment with Dr. Edwards Claimant testified that she was telling him that the work she was doing was "just tearing my back up." (Tr. P. 23, lls. 1-5).

Shortly after her treatment commenced with Dr. Edwards Claimant was written out of work for approximately one (1) month from June to July in 2016 to undergo physical therapy. Claimant testified that during this time and in the months after she reported this problem to her manager as well as her district manager, Mick Holstrom. After the completion of the physical therapy, which she testified was helpful; she was returned to return to work without restrictions though she periodically was allowed to just work in the office so she did not have to do any lifting. However, Claimant testified that not long after her return her back started bothering her again, which culminated in a surgery in September of 2016. Claimant testified to having been released by Dr. Edwards though she indicated she continues to have problems, specifically testifying to issues with her back and her right leg only. (Tr. 27, lls. 3-6). Furthermore, Claimant testified that she does not think she can work in her current condition as she has difficulty standing for long periods of time.

Cross Examination

On cross, Claimant acknowledged, that she sustained a lifting injury in 2008 prior to her beginning her employment with Fred's despite denying any history of back injuries in the health questionnaire she completed on or about November 8, 2008. Claimant also testified that she was receiving medical treatment as far back as 2009 for pain in both of her legs, which required treatment with a muscle relaxer. The Claimant continued requiring treatment with muscle relaxers for, as she testified, a year or two, despite evidence indicating this treatment continued at least into January of 2012. (Tr. P. 42, lls. 6-9). Furthermore, Claimant began receiving treatment in May of 2009 for low back pain. Claimant testified that it was her understanding in 2009 to 2012 that the problem with her legs was attributable to her being tired and overworked.

Specifically she testified that it was related to her standing for long periods of time as a cashier. (Tr. P. 43, lls. 5-9).

In 2012 Claimant testified that she was required by Defendant/Employer to engage in physical activities that included lifting. Significantly, Claimant testified that in 2012 she believed that the lifting was causing the back and leg problems. (Tr. Ps. 43-44, lls. 24-25, 1). Despite her personal belief that the lifting was the cause of her problems Claimant testified that she did not report this to anyone in 2012 other than her doctor. (Tr. P. 44, lls. 2-6). Furthermore, although Claimant believed the lifting required in her position was the cause of her leg and back problems in 2012 she took on the additional responsibilities associated with being the Assistant Manager. Claimant testified that as the assistant manager she was more involved with the truck and had to handle additional planograms. Claimant initially indicated that she required no treatment between 2012 through 2016 though she later clarified by testifying that she required periodic injections. In fact, Claimant testified that she required an injection in 2014 for her leg and back because "the last one wore off." (Tr. P. 48, lls. 16-1-9). Claimant testified that she did not request any changes in her job description nor did she seek any alternative positions of employment despite her belief that there existed a connection between her condition and the physical requirements of her employment. Likewise, Claimant never asked or stated that the position as Third-Key was causing too much pain such that Defendant/Employer was not given the opportunity to accommodate her physically.

Claimant was then questioned about the physicality of her position with a particular focus on the trucks and planograms. Claimant testified that they would often have three (3) to four (4) employees working to help unload the truck. In fact, Claimant testified that she often worked truck days with the other Assistant Manager. In the process of unloading the truck Claimant

testified that they would have heavier items such as air conditioners and microwaves, but that they would engage in "team lifting" on those heavier items. (Tr. P. 52, lls. 15-17). Claimant stated that the process of unloading the truck would often take forty-five (45) minutes on average out of her eight (8) hour shift. In addition to the truck unloading Claimant testified to get between twenty (20) and thirty (30) planograms per month of which she would handle approximately eight (8) or nine (9) during the time when there was a store manager. In handling the planograms Claimant would at times have to unload a shelf, reposition the metal shelf, which she described as weighing up to five (5) pounds, and having to restock the merchandise on the newly positioned shelf. Of the eight (8) to nine (9) planograms Claimant handled she described five (5) as easy and three (3) as hard. The easy ones would take between thirty (30) minutes and an hour with the harder ones taking up to three (3) hours.

In conclusion Claimant testified that she did not request, from anyone associated with Defendant/Employer, that they provide her with any medical treatment. Claimant indicated that whenever her back started hurting that she would go to the doctor on her own. Claimant finally testified to having received an employee handbook on what to do relative to an on-the-job injury and agreed that she did not follow the protocol for handling her job related problems.

Redirect Examination

Claimant testified that she, in completing the health questionnaire, did not believe she had a back injury because she had recovered. Claimant further testified to the issues with her legs being attributed to arthritis. However, Claimant acknowledged that in 2012 she did not tell any "authorities" at work that her back was hurting because of the lifting she was doing at the store. (Tr. P. 75, lls. 9-13). Claimant testified that she would go for periods of time without pain such

that she did not believe she had a workers' compensation claim as she understood she was required to report by the handbook.

Recross Examination

Claimant testified that she, in completing the health questionnaire, did not believe she had a back injury because she had recovered. Claimant further testified to the issues with her legs being attributed to arthritis. However, Claimant acknowledged that in 2012 she did not tell any "authorities" at work that her back was hurting because of the lifting she was doing at the store. (Tr. P. 75, lls. 9-13).

Mick Holstrom's Testimony

Direct Examination

Mr. Holstrom testified that he began his employment with Defendant/Employer in 2007 as an Assistant Manager. As the Assistant Manager Mr. Holstrom stated that he was responsible for running the store in the absence of the Store Manager. Physically, the Assistant Manager is required to be able to lift up to fifty-five (55) pounds though this only occurred once or twice per week. Moreover, lifting in general for an Assistant Manager was confined to eight (8) to nine (9) hours a week out of a thirty-six (36) to forty (40) hour workweek.

Ultimately, Mr. Holstrom was named District Manager in October of 2014, which included the store Claimant worked at as part of his district. Mr. Holstrom testified that when he took over the store and became familiar with Claimant he noted that she was always wearing back brace. Mr. Holstrom testified that he believed her back would hurt at times but was never advised that it was related to her job. On a typical truck shipment Mr. Holstrom testified that only about four (4) to five percent (5%) would exceed forty (40) pounds. (Tr. P. 88, lls. 13-15). Additionally, Mr. Holstrom explained the specific activities entailed in a planogram when he

indicated it required removing merchandise from a shelf, cleaning the shelf, adjusting the shelf height and restocking shelves.

Finally, Mr. Holstrom testified that he understood Claimant to have "regular back issues." (Tr. P. 89, lls. 19-22). Specifically, he indicated that Claimant had told him previously about arthritis and aches and pains. (Tr. P. 89, lls. 22-24). Mr. Holstrom specifically denied Claimant ever having told him that her job was the cause of her back problems or was causing them to become worse. (Tr. P. 90, lls. 1-4). Mr. Holstrom also indicated that during a period of time where Claimant worked more hours because her store was without a store manager that she should have had additional staff because of payroll related issues. In the foregoing time period where Claimant worked without a manager there were never any requests by her to accommodate her in so far as limiting the lifting she had to do, nor did she ever indicate a worsening of her back pain. Mr. Holstrom's testimony was summed up when he categorically denied Claimant ever indicating to him from the date he became District Manager until her last date of employment, September 29, 2016, that she was having back pain due to the lifting that she had to do at the store. (Tr. P. 95, lls. 4-8).

Cross-Examination

On cross-examination Mr. Holstrom agreed that the job in question is physical in nature and some of the lifting would be felt differently to a woman than a man. However, Mr. Holstrom maintained that, despite his knowledge that Claimant wore a back brace and had aches and pains, at no time did Claimant ever indicate to him that the problems were in any way related to her employment.

Summary of the Medical Evidence

Claimant's medical history relative to back and lower extremity problems, as established in the record, began as far back as 2008 when she sustained a lifting injury prior to her beginning her employment with Defendant/Employer. Claimant was seen on multiple occasions by her primary care physician with complaints of pain in her bilateral lower extremities, which was believed to have been arthritis related but clearly continued to be problematic as she continued with complaints and requiring medication and even diagnostic testing of her lumbar spine and both hips on February 24, 2009. On May 4, 2009 Claimant was seen with complaints of lower back pain, which was felt to be acute in nature. However, on July 9, 2012 Claimant was sent for an MRI, which was noted to be a result of a history that included lower back and bilateral leg pain on and off for two (2) years and an old lifting injury greater than five (5) years ago. The results of the MRI indicated the existence of degenerative disk disease and osteoarthritis at L3-4, L4-5 and L5-S1 with mild constriction of the spinal canal at L3-4 and L4-5, and a possibly symptomatic annular tear at L5-S1.

As a result of the MRI Claimant was referred to Hartsville Orthopedics and Sports Medicine where she was first seen on August 6, 2012. Specifically, it was noted that she was being seen for bilateral lower extremity radiculopathy right more than left with occasional back pain. Though she did not return to Hartsville Orthopedics until 2014 she was seen by her primary care physician again July 24, 2013 with lower back pain, pain in the back of her legs and numbness in her toes. Claimant returned again to her primary care physician on April 7, 2014 with low back pain and was once again referred for spinal injections, which she underwent on May 21, 2014. However, prior to this injection Dr. Umesh Metkar Hartsville Orthopedics and

Sports Medicine mentioned that Claimant could need surgery depending on her response to the steroid injections.

Claimant was first seen by Dr. W.S. Edwards of Pee Dee Orthopaedic Associates on March 8, 2016 wherein he noted an onset of her condition as January 1, 2015. At this initial visit Claimant reportedly indicated having undergone an epidural steroid injection that reportedly helped for about three (3) months. Also during the initial evaluation it was noted that "she does a good bit of physical demand activities on her job that continue to bother her." Claimant was sent for a repeat injection before ultimately being sent for a MRI. Dr. Edwards concluded, following the injection and MRI that she did not appear to be a surgical candidate, though a repeat injection was ordered. Following her second injection Claimant was taken out of work on June 28, 2016 and was sent for physical therapy. Claimant completed the therapy before returning to work, which led to a return to Dr. Edwards on July 26, 2016 wherein she was noted to have claimed to have undergone three injections without any improvement. Due to her failure to improve through conservative measures Claimant was recommended for and did undergo a hemilaminotomy L4-5 right side with excision of herniated nucleus pulposus on September 30, 2016. Claimant remained under the care of Dr. Edwards until her last appointment of May 4, 2017, when she was found to have reached maximum medical improvement. Dr. Edwards, at the request of Claimant's counsel, completed a questionnaire and opined that Claimant had no permanent work restrictions, sustained 5% impairment of the spine, and may need future medical care in the form of medication and therapy. Following his deposition Dr. Edwards completed a Form 14B, Physician's Statement where he altered the impairment rating as a result of the AMA Guides to the Evaluation of Permanent Impairment 5th Edition to 15%. However, as evidenced in his

deposition he did testify that despite a willingness to complete this form he stood by his rating of 5% to the lumbar spine.

Based on the stipulations of the parties, the testimony and evidence received and produced at the hearing, as well as my personal observation of the witnesses, the undersigned Commissioner finds the following facts based upon the preponderance of the evidence:

FINDINGS OF FACT
(Single Commissioner)

1. The parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Steel Technologies, as the Employer, and Twin City Fire Insurance Company as the Carrier.
2. Counsel for both parties received order instructions on September 14, 2017.
3. Testimony of Claimant was clear and she was felt to be honest and trustworthy.
4. Claimant was an employee of Defendant/Employer and had been employed there since 2008.
5. Claimant knew that she had back and leg problems at least beginning in 2012.
6. Claimant believed that the problems with her back and leg beginning in 2012 were a result of the physical demands of her employment with Defendant/Employer.
7. Despite her belief that the position with Defendant/Employer was causing her back and leg problems she accepted a promotion that was more physical in nature.

8. Despite her belief that the position with Defendant/Employer was causing her back and leg problems she did not report this to any supervisors.

9. Claimant did not report an incident, accident, or repetitive issues to anyone with her employer in a supervisory capacity until 2016.

10. Michael Holstrom, District Manager for Defendant/Employer was felt to be honest and trustworthy.

11. Claimant never reported a back claim to Michael Holstrom.

12. Claimant told Michael Holstrom her back hurt on occasions but never reported an injury to her back, repetitive claim, or that her back pain was in any way connected with her employment.

13. Based on the greater weight of the evidence, I do not find the positions held by Claimant to be repetitive in nature.

14. Based on the greater weight of the evidence, I find that Claimant's job responsibilities varied and included tasks such as being a cashier, stocking shelves, moving merchandise, unloading trucks, and sweeping and mopping the floors.

15. Based on the greater weight of the evidence, I find that Claimant's job had physical aspects but that hard work is not repetitive.

16. I find that Claimant back and leg problems were not caused by the cumulative effects of repetitive traumatic events occurring during her employment.

17. I find that Claimant is not entitled to benefits under the South Carolina Workers' Compensation Act, including, but not limited to temporary total disability compensation, a permanent partial disability award, or medical benefits.

CONCLUSIONS OF LAW

The following sections of the South Carolina Code of Laws give the appropriate definitions and provisions of the South Carolina Workers' Compensation Act as applicable to this case:

1. S.C. Code Ann. § 42-1-120 defines disability.
2. S.C. Code Ann. § 42-1-172(A) defines a repetitive trauma injury. Pursuant to this statute, Claimant did not sustain a compensable repetitive trauma injury.
3. S.C. Code Ann. § 42-9-200 provides for temporary disability benefits. Pursuant to the foregoing determination that Claimant did not sustain a compensable repetitive trauma injury Claimant is not entitled to benefits under this section.
4. S.C. Code Ann. § 42-15-60 provides for the provision of medical treatment to injured workers. Pursuant to the foregoing determination that Claimant did not sustain a compensable repetitive trauma injury Claimant is not entitled to medical treatment, past or future.

Based on the above Statement of the Case, Evidence of the Case, Findings of Fact, and Conclusions of Law, the following Order is made:

AWARD

Based on the foregoing, it is hereby:

ORDERED that Claimant's claim for repetitive trauma injuries during her employment with Defendant/Employer to her back and bilateral lower extremities is denied

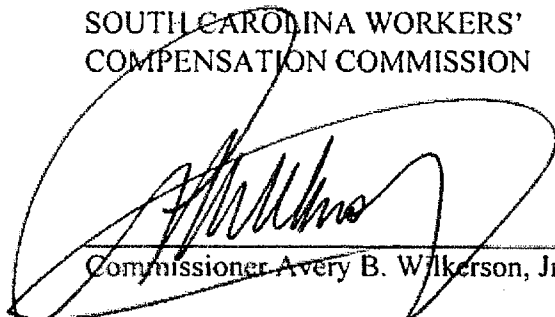
IT IS FURTHER ORDERED that Defendants are not obligated to pay Claimant for any time lost from her employment;

IT IS FURTHER ORDERED that Defendants are not obligated to reimburse Claimant for any medical expenses incurred; and

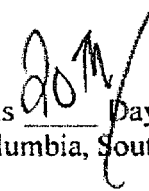
IT IS FURTHER ORDERED that Defendants are not obligated to provide Claimant with any future medical treatment.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Commissioner Avery B. Wilkerson, Jr.



This 20th Day of October 2017
Columbia, South Carolina

CERTIFICATE OF SERVICE

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

By Deborah Hutto on October 23, 2017

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1621577

Carolyn Wilson,)
)
Claimant, -)
)
v.)
)
Fred's, Incorporated,)
)
Employer,)
)
and)
)
Safety National Casualty,)
)
Carrier/Defendants.)
-----)

COPY

FULL COMMISSION HEARING

Monday, January 22, 2018
1:33 p.m. - 1:54 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Aisha Taylor and Gene McCaskill; Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 22nd day of January, 2018, before Roderick S. Fitzgerald, Court Reporter and Notary Public in and for the State of South Carolina.

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INDEX

<u>CALL TO ORDER:</u>	<u>PAGE</u>
COURT REPORTER	3
 <u>APPELLANT'S ARGUMENT:</u>	
MS. ROCHE	3
 <u>RESPONDENT'S ARGUMENT:</u>	
MR. LAFAVE	9
 <u>APPELLANT'S REPLY:</u>	
MS. ROCHE	17
Certificate	22

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

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

1 CALL TO ORDER:

2 COURT REPORTER: Today is January 22, 2018. This is
3 the South Carolina Workers' Compensation Case
4 Number 1621577. This is the case of Carolyn
5 Wilson, Claimant, versus Fred's, Incorporated,
6 Employer, and Safety National Casualty. The
7 Appellant is the Claimant represented by Andrea
8 C. Roche. The Respondent is represented by
9 Matthew C. LaFave. Each side is allowed ten
10 minutes for oral argument and the Appellant
11 three minutes in reply. You are requested to
12 argue the grounds of exception and stay within
13 the record.

14 MR. CHAIR: All right. Ms. Roche.

15 APPELLANT'S ARGUMENT:

16 MS. ROCHE: Thank you, Commissioner. May it please
17 the Commission. Carolyn Wilson is a very nice
18 lady who loved her job at Fred's. She was a
19 hard worker and a single commissioner found her
20 to be credible. Now, we filed a repetitive
21 trauma claim to -- for her back due to her
22 repetitive lifting at Fred's. Now, at the
23 hearing she testified regarding all the lifting
24 that she had to do in her employment. She
25 testified she had to lift on a daily basis and

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1 she described what all that lifting entailed at
2 the hearing. Once per week a truck came in and
3 they had to unload the truck. They would spend
4 hours lifting on truck day. They had to lift
5 the rollers to set them up for the boxes to
6 come down, and when the boxes started coming
7 off the truck, they would have to take those
8 boxes and lift them off and put them on a cart,
9 and then they would have to take the cart out
10 and then they would have to stock the store.
11 All of that required lifting. She testified
12 that she had to stock the store every single
13 day and that that required lifting. She
14 testified that -- she had talked about these
15 things called planograms where they were kind
16 of like end caps and you would get a whole new
17 way of arranging things. So she would have to
18 take it all off, rearrange the shelves on most
19 of them and put it all back on. She testified
20 about lifting a mop bucket, a full mop bucket,
21 over the lip where they had to fill it every
22 day. She testified about lifting trash bags,
23 full trash bags every day. Now, the employer
24 witness -- and the commissioner found him
25 credible too. The was -- this was a nice

1 hearing. Everybody liked each other and
2 everybody, I think, you know, was honest. He
3 testified that assistant managers, which is
4 what Ms. Wilson was, would normally lift at
5 least four hours on truck day and four to five
6 hours the rest of the week they would spend
7 lifting. So that's -- when you do the math,
8 that's approximately 25 percent of her work
9 week that she spends lifting. So even if you
10 just disregard her testimony, which I'm not
11 asking that you do, but even if you did, the
12 employer's testimony is enough there to
13 establish repetitive lifting. Just truck day,
14 once per week, repetitively that they lifted
15 for four hours, that's enough to show that she
16 had repetitive lifting duties on her job. The
17 single commissioner -- or the Order of the
18 single commissioner seems to require that the
19 Claimant do the same activity or that her job
20 be repetitive. That's not what the statute
21 requires. The statute requires that it has to
22 be repetitive activities while in the
23 employment, not that the job itself -- you
24 don't have to lift the same thing over and over
25 and over again. You don't have to do the same,

1 like an assembly line thing over and over
2 again. You just have to have repetitive
3 activities. I think this record is very clear
4 that she repetitively lifted throughout the
5 day. So it would be based on the testimony of
6 both witnesses. So we would request that the
7 Order of the single commissioner be reversed on
8 the repetitive issue. Now, the Commissioner
9 didn't make a finding of fact of notice in his
10 -- in his legal conclusions, but in the event
11 that notice was reached -- I'm not sure that
12 we're here on it today, but it would be our
13 position that notice -- the notice statute has
14 been satisfied here. The Defense argued that
15 she should have given notice back in 2012 when
16 she started having back problems on and off at
17 that time. It's our position that she did.
18 She testified that she told her various
19 managers that the lifting was causing her back
20 trouble. They had a defense witness there who
21 was a district manager. He said, Well, she
22 didn't tell me. But that's not who she's
23 supposed to tell. He says she's supposed to
24 tell the manager and then the manager sends it
25 up to corporate. Now, she said, I didn't

1 report it, you know, report it, but she said,
2 I told them that the lifting was causing that
3 back problem. But it's our position that her
4 injury, her repetitive trauma injury, actually
5 didn't occur until 2016, and we rely on the
6 Rhame versus Charleston County School District
7 case in which the Court looked at when a
8 Claimant knew or should have known that he had
9 a compensable claim. And it's very similar to
10 the facts here. In that case the Claimant had
11 a progressive and intermittent back pain that
12 he received medical attention on and off for 13
13 years. So he's going to the doctor some,
14 getting better, going back to work, going to
15 the doctor some, getting better, going back to
16 work. And this is exactly what Ms. Wilson --
17 happened to her. In May of 2009, the Rhame
18 case, the nature of the back pain by the
19 Claimant in that case changed from this on and
20 off nature to a constant throbbing pain that
21 finally interfered with his ability to do his
22 job. And so the Court held that May 2009, not
23 all these 13 years before, that's when he
24 became aware of a compensable injury. It's the
25 same thing in this case. Ms. Wilson has some

1 treatment, she would improve with her
2 treatment, she would become completely pain
3 free and she would work and not have any
4 problems. And then in 2016 her pain returned
5 and at that point it became unbearable and did
6 not go away and then she had to have surgery.
7 It was not until 2016 that she had to miss
8 work. She was written out of work because of
9 her back problems. And she told -- in 2016 she
10 told her manager, Robert Moore or Robert Morris
11 -- he's called two different things in the
12 record, I'm not sure which is his proper name
13 -- but everybody know's we're talking about the
14 same fellow. She told him then that she was
15 having back problems due to her job. And
16 that's uncontradicted testimony in the record.
17 So it's our position that she gave notice, both
18 in 2012 and in 2016, but it would certainly be
19 our position that she didn't need to give
20 notice until 2016 when her problems actually
21 became a repetitive trauma injury based on the
22 Rhame case. Now, even -- if this commission
23 somehow finds that she's supposed to have given
24 notice in 2012 and didn't give notice, which we
25 think she did, but even if it finds that she

1 did not, there's a reasonable excuse. She got
2 better. She was 100 percent pain free for a
3 year she said at the time. So what is there to
4 give notice about? It would be our position
5 that if there's -- she's pain free, there's no
6 reason to pursue Workers' Comp and there's no
7 reason to give notice about it. So we would
8 request that the Order of the single
9 commissioner be reversed or at the very least
10 remanded if you find that she did not give
11 notice and had to give notice in 2012 for a
12 determination about whether or not there was a
13 reasonable excuse. Now, unless y'all have any
14 further questions, that's it.

15 MR. CHAIR: Thank you, ma'am.

16 MS. ROCHE: Thank you.

17 MR. CHAIR: Mr. LaFave, is the ---

18 MR. LAFAVE: Thank you, Commissioners.

19 MR. CHAIR: --- job repetitive?

20 RESPONDENT'S ARGUMENT:

21 MR. LAFAVE: May it please the Commission. It was
22 not repetitive. Some points of clarification
23 on the record, the employer representative that
24 we had there actually spent time in the same
25 role that Ms. Wilson occupied when she went out

1 of work in 2017 at -- or 2016, excuse me. He
2 was an assistant manager at one point, and if
3 you look at the record, his testimony was he as
4 an assistant manager would spend as much as
5 four hours lifting. It did not say that Ms.
6 Wilson in her capacity spent as much as four
7 hours lifting on truck day. In fact, in the
8 hearing transcript she herself testified when
9 asked directly about her involvement, her role
10 in the offloading of the truck, she said the
11 process itself took about 45 minutes.
12 Beginning to end she spent 45 minutes with the
13 process of unloading the truck. From opening
14 the door to getting the rollers out, to getting
15 the stuff offloaded to closing the door behind
16 the truck when it leaves. Also, she said in
17 her testimony that the process was accomplished
18 by not just her. It was three to four other
19 individuals. Well, we would certainly
20 acknowledge that 42-1-172 clearly says,
21 Repetitive activities in the regular scope of
22 their employment. There's nothing repetitive
23 about the lifting that she does. I'm not going
24 to stand before the commission today and
25 represent that Ms. Wilson in her capacity did

1 not do any lifting. She certainly did. But
2 even if you can take her testimony and accept
3 that there's this 25 percent, which she herself
4 never utilized those particular figures, but
5 let's say she did, that gives you out of a 36
6 to 40 hour work week, which was her schedule,
7 she did 25 percent of that was spent lifting,
8 so nine to ten hours which means she spends 26
9 to 30 hours where she's not lifting, where
10 she's just doing other jobs. And the single
11 commissioner correctly notes that simply
12 because the job requires some physical aspects,
13 some heavy lifting from time to time, that in
14 and of itself does not make the job repetitive.
15 There's simply -- lifting is a part of her job.
16 It's not a repetitive activity, it's not
17 something that she does over and over and over,
18 because there's certain portions of her day
19 that are spent lifting on a regular basis.
20 That's true, she does lift periodically
21 throughout the day. She does not lift
22 repetitively throughout the day. There's
23 different things that she's lifting, different
24 weights. She even testified during the
25 offloading of trucks they will oftentimes

1 engage in team lifting of heavier items --
2 heavier objects. So this job certain aspects
3 are physical, there's no question, but there's
4 nothing as far as the activities that she does
5 that would meet the definition of repetitive,
6 and it's our position that while the statutes
7 are to be construed broadly in terms of
8 coverage, you can't torture the language. You
9 give the terms that are used in the statute if
10 there's not a definition of them, and there is
11 not a definition in the statute of what the
12 term repetitive means, you have to give them
13 the ordinary and popular name, which repetitive
14 simply means something that's done continuously
15 or over and over and over and that's simply not
16 the case here with the lifting. Secondly,
17 and we believe that the notice issue remains an
18 issue. We believe that in 2012 she was
19 obligated to give her employer a notice because
20 she testified --

21 **COMMISSIONER BARDEN:** And a notice issue is
22 mentioned in Finding of Fact Number 9, so once
23 it became an issue at the hearing, I mean,
24 wouldn't it be up to -- I mean, I don't know
25 whether that issue of excuse was explored.

1 **MR. LAFAVE:** Well, and counsel did argue about the
2 reasonable excuse. And it's our position that
3 she testified at least twice in the hearing
4 that she did not report it. And she actually
5 testified directly on, I think, it was a re-
6 direct examination by her attorney. And the
7 question is -- and this is cited at Page 11 --
8 Page 8 of our brief. It says, In 2012 -- did
9 you tell anybody in 2012 that you were having
10 -- that your back hurt because of lifting at
11 the store? And her direct response to that
12 question is, Not nobody as far as actually, you
13 know, no authorities that worked there. She
14 acknowledged in 2012 that she did not report
15 the problems with her lifting and her back to
16 her employer, despite her testimony clearly
17 being that she knew or at least she believed
18 all of the lifting that she was doing at Fred's
19 was causing increased problems in her back and
20 her lower extremities.

21 **COMMISSIONER BARDEN:** But I knew this was
22 adjudicated issue if notice was adjudicated by
23 Commissioner Wilkerson the way I read this
24 Order.

25 **MR. LAFAVE:** It was, and it was found that she did

1 not give notice in 2012. It was found that she
2 gave notice eventually in 2016. So,
3 Commissioner Barden, to address -- perhaps the
4 question that you're asking is the reasonable
5 excuse issue. Reasonable excuse is permitted
6 so as long as there is no prejudice that's
7 experienced by the employer and/or its carrier.
8 In this particular case the fact that notice
9 wasn't given as it should have been in 2012
10 subjected the employer to extreme prejudice,
11 because you have an individual who by their own
12 testimony was doing some lifting as a third key
13 holder in 2012. She eventually gets promoted
14 to an assistant manager's role in 2015 or '16,
15 she couldn't quite recall which according to
16 her testimony required her to do more
17 planograms, it required her to spend more time
18 offloading trucks where she would do it
19 sporadically as the third key holder. So what
20 she has done by not providing her employer the
21 notice in 2012 it contradicts the whole purpose
22 of the notice requirement, which is to allow an
23 employer to investigate a claim timely, when
24 it's fresh in the minds of the witnesses,
25 obviously none of the managers, and she's

1 testified to this, that were there in 2012, Mr.
2 Morris himself wasn't even available to be
3 deposed or questioned about the issue of notice
4 to him, but there is nobody to question about
5 2012 because she told us she didn't tell
6 anybody. So we have no names to go with an
7 alleged report. The problem then exacerbates
8 itself, if you will, because she takes a job
9 that requires more lifting than what she was
10 doing in 2012 when she said the lifting was
11 causing increased low back and bilateral leg
12 pains. She takes a job that requires more
13 lifting. Fred's is not allowed to provide her
14 with suitable accommodations or limit the
15 amount of lifting that she does so that the
16 problem doesn't get worse. Ultimately, the
17 problem accumulates gradually as a repetitive
18 trauma claim would if that was what this is.
19 It would accumulate gradually and she would
20 eventually need surgery; whereas, our argument
21 is, had she told us in 2012, why would we add
22 more lifting to her responsibilities if she
23 tells us that lifting is requiring her -- or
24 causing her back to become worse and her legs
25 to become more symptomatic to where she needs

1 an MRI, she needs injections. And so our
2 argument is not under Rhame but under King
3 versus International knife and saw, which
4 states you have to give your employer notice as
5 soon as you know or reasonably become aware
6 that your condition is compensable,
7 compensability meaning you're entitled benefits
8 under the act. That doesn't mean the first day
9 that you start missing time. If you're
10 entitled to benefits in the form of medical
11 treatment, which arguably if her back was a
12 problem in 2012 and it was related to the job,
13 she would have been entitled to treatment as
14 far back as then, potentially, and obviously I
15 know it's somewhat speculative, maybe she
16 doesn't get to the point where in 2016 she
17 needs a surgery because she doesn't take on the
18 increased responsibilities. So, again, the
19 reasonable excuse while her back by her own
20 testimony she wasn't experiencing the problems
21 after she would get an injection, I would argue
22 that's the purpose of an injection is to quell
23 the pain. While she wasn't getting those on a
24 regular basis, I think she had one in 2012, '13
25 and '14 and then treatment progressively picked

1 up a little bit more. The problem is that
2 right there would have otherwise entitled to
3 her -- entitled her to have this been a
4 repetitive trauma pain in '12, would have
5 entitled her to benefits, which obligates her
6 to put her employer on notice. So, again, we
7 don't believe that this is a repetitive trauma
8 claim. We don't believe there are repetitive
9 activities in her job and we also don't believe
10 that as commissioner found that she satisfied
11 the notice requirement. And even if she did
12 satisfy the notice requirement the employer was
13 greatly prejudiced by the delay. Thank you.

14 MR. CHAIR: Any questions? Thank you, sir. Ms.
15 Roche.

16 APPELLANT'S REPLY:

17 MS. ROCHE: Thank you. Commissioner, it's not that
18 the law requires the job itself be repetitive.
19 I think there has to be repetitive activities
20 on the job. And I think it's clear, I mean,
21 you mentioned lifting from time to time. That
22 is not what she did. She lifted every single
23 day. I mean, this record is clear with that.
24 She lifted 25 percent of the time, according to
25 their witness, while she was at work.

1 According to her she lifted even more than
2 that. She was lifting in every single day.
3 It's irrelevant to how many other people were
4 unloading the truck at the same time and
5 whether they were team lifting. That doesn't
6 mean that she wasn't lifting. The -- when she
7 took the assistant manager's role, she was
8 completely pain free. She was not having any
9 problems. She had been released completely to
10 full duty. The doctor said you can work all
11 you want, she's pain free. There's no reason
12 for her to say, Well, you need to accommodate
13 me in some way. There were no accommodations
14 to be made back then. So she takes the
15 assistant manager's roll, her -- the nature of
16 her back injury changes from an intermittent,
17 from time to time, to something that's just
18 killing her all the time. And that is when the
19 notice began to run. In any event, she did
20 give notice back in 2012. Did you ever tell
21 anybody in 2012 about the -- that caused you to
22 have low back pain? This is Page 78 of the
23 transcript. Well, I did tell someone. I can't
24 name them. I -- I can't -- the managers,
25 which is exactly who she was supposed to tell.

1 And then in -- on Page 81 I said, Let's not
2 talk about reporting. Did you tell your
3 managers in 2012 at the store at anytime that
4 your back was hurting you because you were
5 lifting? Yes, a lot. So the witness they put
6 up, they put up, the witness about -- said,
7 Well, that's what he -- the assistant manager,
8 that's what he was doing as an assistant
9 manager, they put him up to show what an
10 assistant manager's job was. So we need to be
11 able to rely on his testimony that that's how
12 much an assistant manager lifted. And he also
13 testified, I'm not the one that would be told,
14 she would tell her manager, not me. And all
15 they put up as a witness is, she didn't tell
16 me. Okay. Well, he wasn't the one she was
17 supposed to tell anyway. He said, She report
18 it to the manager, the manager would then
19 report it to home office and I ---

20 **COMMISSIONER BARDEN:** But isn't that a problem for
21 the four years that elapsed to not be able to
22 have that particular manager as a witness that
23 y'all didn't call that manager ---

24 **MS. ROCHE:** Oh, the manager that they mentioned, he
25 just mentioned is a manager from 2016, so ---

1 COMMISSIONER BARDEN: No. I'm talking about the one
2 from 2012 that you said ---

3 MS. ROCHE: It was -- it was absolutely no testimony
4 in this record, Commissioner, they couldn't
5 find those managers. None. And she said I
6 told him.

7 COMMISSIONER BARDEN: But you didn't call that
8 person as a witness?

9 MS. ROCHE: I did not. I did not, because she said
10 I told them and I can rely on the credible
11 testimony of my client saying, yeah, I told
12 them. There was no -- there was -- their
13 witness didn't say, hey, we tried to find these
14 guys and we couldn't find them. There was no
15 kind of testimony like that in there. So I
16 think it's very clear that not only she told
17 them in 2012, but I really think the
18 responsibility to tell did not accrue until
19 2016 when the nature of that -- of her injury
20 changed from its intermittent flare up from
21 time to time. And you'll see it talked about
22 in the record's, it's a flare up from time to
23 time to time to time and then it becomes
24 constant. Thank you.

25 COMMISSIONER BARDEN: Thank you.

1 MR. CHAIR: Thank you both. Good to see both of
2 y'all.

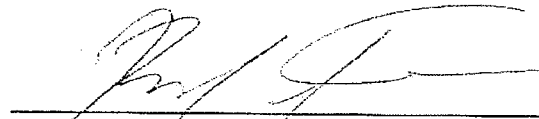
3 (There being nothing further, the full commission
4 hearing concluded at 1:54 p.m.)
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CERTIFICATE

This is to certify that the within hearing consisting of twenty one (21) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenotype with Backup.

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

IN WITNESS WHEREOF I have hereunto set my hand and seal on May 24, 2018.



Roderick S. Fitzgerald
Court Reporter

Notary Public for South Carolina
My Commission Expires: May 12, 2020



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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1621577

CAROLYN WILSON	)	
	)	
CLAIMANT,	)	
	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	
	)	HEARING OF
FRED'S INC.	)	
	)	CAROLYN WILSON
EMPLOYER,	)	
AND	)	VS
	)	
SAFETY NATIONAL	)	FRED'S, INCORPORATED
CASUALTY CORPORATION)	)	
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Carolyn Wilson versus Fred's, Incorporated, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 1:10 P.M., Tuesday, August 15, 2017, at South Carolina Vocational Rehabilitation Department, 1947 West Darlington Street, Florence, South Carolina.

COPY

REPORTED

BY

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ALSO PRESENT:

Mr. Michael Holstrom

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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I N D E X

WITNESSES

All witnesses:	Page
Ms. Wilson for Claimant	
Direct Examination by Ms. Roche	13:16
Cross-Examination by Mr. LaFave	35:13
Redirect Examination by Ms. Roche	74:7
Recross-Examination by Mr. LaFave	78:3
Further Redirect by Ms. Roche	81:4
Further Recross by Mr. LaFave	82:10
Further Redirect by Ms. Roche	83:6
Mr. Holstrom for Defense	
Direct Examination by Mr. LaFave	85:23
Cross-Examination by Ms. Roche	95:13

EXHIBITS

For Defense:

D-1 (DEFENDANT'S EXHIBIT NUMBER ONE WAS MARKED FOR IDENTIFICATION PREVIOUS TO GOING Received	5:6
Certificate	101

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STIPULATIONS

Commissioner Wilkerson: Today's date is the 15th day of August, 2017. We're here in reference to Workers' Comp file number 1621577. The Claimant in today's case is Carolyn Wilson, represented by Andrea Roche. The Employer is Fred's Incorporated, Fred's Stores of Tennessee. The Carrier is Safety National Casualty Corporation represented by Matthew LaFave. The date of accident or date of repetitive trauma as reported, 9/29 of '16. The average weekly wage is three sixty, ninety-five (\$360.95); thus the comp rate would be two forty, sixty-five (\$240.65). We're here to determine the issues that are set forth of a Form 50 and 51. Are there any objections to the APA's, jurisdiction, venue or any other items by the moving party, Ms. Roche?

Ms. Roche: No objection, Commissioner.

Commissioner Wilkerson: Okay. Any objections from the adverse party?

Mr. LaFave: None, Commissioner.

Commissioner Wilkerson: Okay. Then I will accept your APA's and I think we did mark doctor --

Ms. Roche: Edwards.

1 Commissioner Wilkerson: -- Edwards'
2 deposition as D-1. So, we'll let the record
3 reflect that as well.

4 (DEFENDANT'S EXHIBIT NUMBER ONE WAS MARKED FOR

5 IDENTIFICATION PREVIOUS TO GOING ON THE RECORD)

6 Commissioner Wilkerson: Okay. At this point
7 in time, the Commission's file becomes part of the
8 record with the exception of self-serving
9 declarations and unstipulated medical reports.
10 The position of the Claimant in today's case and
11 then we'll take the adverse party's position.
12 Please, Ms. Roche.

13 Ms. Roche: Thank you, Commissioner.

14 Commissioner Wilkerson: Thanks.

15 Ms. Roche: It's the position of Ms. Wilson
16 that she sustained a repetitive trauma injury to
17 her back. Her job at Fred's was -- it was daily
18 lifting and lots of lifting. Ms. Wilson had some
19 prior problems in 2012. She would -- she would
20 have problems with her back, she would get
21 treatment and she would get better, and get
22 completely better. She had some problems in 2015,
23 she got treatment and got back -- and better but
24 by the time she made it back to the doctor in
25 March of 2016, she was having problems that never

1 did get better. The -- Dr. Edwards has supported
2 causation both through questionnaire and in his
3 deposition. We are requesting temporary total
4 disability benefits from June 28th, 2016 through
5 July 28th, 2016, and then temporary total
6 disability benefits from September 30th, 2016
7 through the present and continuing. We are not
8 requesting permanency or a finding of MMI at this
9 time. We are requesting past causally related
10 medical treatment and would ask for additional
11 medical treatment and in particular a return to
12 Dr. Edwards. She's -- she did have surgery and
13 was doing okay but she's recently been having a
14 lot of increased pain and would like to have Dr.
15 Edwards check her back out again. It would be our
16 position that she gave notice on this case; that
17 there will be uncontradicted testimony that she
18 gave notice and that -- ant that this case is
19 compensable.

20 Commissioner Wilkerson: Please.

21 Mr. LaFave: Thank you, Commissioner. Our
22 contention is that this case notice, for it to be
23 proper under 42-15-20 subsection C, requires that
24 the Claimant have given the Employer notice within
25 ninety (90) days from the date she discovers or

1 should have discovered that she qualifies for
2 benefits, which is also in accordance with King
3 versus International Knife and Saw. In this
4 particular case we believe that she knew, by her
5 own admission, that she qualified for benefits
6 when she began undergoing medical care as far back
7 as August of 2012, in the form of an MRI, as well
8 as in the form of an epidural steroid injection.
9 In her deposition she acknowledges that she knew
10 or believed at least at that point in time it was
11 a result of the lifting that she was doing at
12 Fred's. She continues in that position for a
13 number of years. While I will acknowledge that
14 the medical treatment is sporadic, nonetheless,
15 there is continued medical treatment that she
16 undergoes prior to 2015. We don't believe whether
17 or not she thought she made a full recovery
18 absolves her of responsibility to give the
19 Employer notice that she felt the lifting was
20 causing her back problems to become worse to the
21 point that it necessitated medical treatment; we
22 think that that's contradictory to the law and we
23 believe that notice should have been given in
24 2012, by her acknowledgment it wasn't given at
25 least until 2015, but we're not really entirely

1 sure when in 2015. Furthermore, we believe that
2 she is not entitled to the temporary total
3 disability benefits sought. As of September 29th
4 she applied for and began receiving short term
5 disability benefits because at that point in time
6 she was voluntarily electing not to pursue this as
7 a Workers' Compensation claim. Only after
8 separation of employment in December of 2016, did
9 she start to explore that and not until March of
10 2017, did she file a Form 50 requesting any
11 benefits, temporary total disability or otherwise.
12 So, we believe that she would not be entitled to
13 temporary total disability benefits because of her
14 own delay in presenting this claim. Moreover, the
15 request for medical treatment we believe should be
16 denied as well. Compensability aside, we don't
17 believe that she gave the Employer an opportunity
18 to further investigate the claim, provide her
19 adequate arrangements to eliminate some of the
20 problems that she believed were a result of her
21 job and the lifting that she was being asked to do
22 but more importantly, she never gave the Employer
23 an opportunity, as the law requires, to provide
24 medical treatment. She went to the doctor of her
25 own choosing and at that point in time she ran

1 that out until March of 2017, when she finally
2 presented this claim, after which there was only
3 one (1) subsequent appointment thus far with Dr.
4 Edwards. So, we don't believe she is entitled to
5 those benefits either. Finally, comes to other
6 similitia in this case, which is the repetitive
7 nature of the job; this is not a repetitive job.
8 It -- it's undisputed and will not be disputed
9 through any testimony today that she is required
10 to do lifting on the job. She is required one (1)
11 day a week to assist with the off-loading of a
12 truck. She is required to stock shelves. She is
13 required to move merchandise throughout the store.
14 That is not in any way a repetitive position and
15 so we don't believe that that meets the definition
16 of repetitive and the simple fact that a job
17 requires certain activities that causes some
18 soreness and some pain does not rise to the level
19 of a repetitive trauma claim. And so, we would
20 ask that the claim be denied.

21 Commissioner Wilkerson: Anything in reply?

22 Ms. Roche: Just briefly, Commissioner. It's
23 our position, obviously, that she did give notice
24 but if you find that she should have given notice
25 in the 2012, even though she got better from that,

1 it would be our position that she had reasonable
2 excuse not to give notice then because she got
3 completely better and had no desire to -- to
4 pursue a workers' Comp claim because she wasn't
5 hurting anymore. As far as not -- her not getting
6 TTD because she didn't file a claim, but she told
7 her Employer that she -- that the lifting hurt her
8 back and they did nothing. So, it was upon them
9 to -- to offer her Workers' Comp and they didn't.
10 If we -- if we took every denied claim where
11 somebody waited to file a 50 nobody would get a --
12 any -- any denied claim you wouldn't get anything
13 from the time you filed your 50 forward and that's
14 not the way it works. Repetitive lifting, she
15 lifted every day, many times a day; that is the
16 definition of being repetitive. A job doesn't
17 have to be one (1) thing all day long for it to be
18 repetitive but she did lift and hurt her back
19 through the repetitive lifting and Dr. Edwards
20 supports that in this opinion.

21 Commissioner Wilkerson: Okay. Anything
22 else?

23 Mr. LaFave: The only thing that I'll touch
24 on is Dr. Edwards' opinion, as he has testified,
25 is predicated exclusively on the subjective

1 statements. He was not provided any sort of job
2 description or anything of that nature to
3 corroborate the repetitive nature of the job and,
4 in fact, in this deposition testimony he even goes
5 so far as to say in comparison of the films from
6 2012, to the films that were taken when he began
7 his treatment with her, he noticed that the disk
8 bulge that was present in 2012 was actually
9 improving. We believe that to -- to present this
10 claim under the pretenses that it's a repetitive
11 trauma claim is somewhat misleading and that if
12 the job is repetitive in nature and the job is
13 causing your problems, then it stands to -- to
14 defy logic as to how when doing that same job for
15 that many years someone could have improvements,
16 get worse, have improvements, get worse. If it's
17 the job one would think that doing the job would
18 cause that condition to get worse and, in fact, a
19 repetitive trauma claim is a series of many
20 accidents to where the condition continues to
21 gradually worsen over time and that's not what
22 happens here. In this particular case the claim
23 is she would have problems, she would get better
24 and, again, that doesn't absolve them of
25 responsibility to at least put the Employer on

1 notice as far back as 2012. The purpose of notice
2 is to give the Employer an opportunity to respond,
3 whether that is to provide medical treatment or to
4 change the person's job description so they don't
5 continue in a position that is detrimental to
6 their health and well being. And that would be
7 the position of the -- the Employer and Carrier,
8 that that's why notice should have been in 2012,
9 irrespective of whether or not her condition
10 improved and then worsened again.

11 Commissioner Wilkerson: Anything else before
12 we --

13 Ms. Roche: Just briefly, Commissioner. Mr.
14 LaFave was saying that it can't be causally
15 related because it got better and got worse and
16 got better and got worse; frankly, that's a --
17 that's for the doctors to decide and Dr. Edwards
18 did decide that; he -- he knows about all of that,
19 that it got wetter -- better, got worse, got
20 better and got worse and he still said it was
21 causally related to the repetitive lifting on the
22 job.

23 Commissioner Wilkerson: -- okay. Are we
24 ready for some testimony?

25 Ms. Roche: Yes, sir.

1 Commissioner Wilkerson: All righty. Ma'am,
2 I'll get you to raise your right hand; I'll have
3 the Court Reporter swear you in and we're going to
4 take some testimony here.

5 Whereupon;

6 Carolyn Renee Wilson, being duly sworn and cautioned to
7 speak the truth, the whole truth and nothing but the truth,
8 testified as follows:

9 Court Reporter: Please state your full name
10 for the record.

11 Witness: Carolyn Renee Wilson.

12 Court Reporter: Thank you, ma'am.

13 Commissioner Wilkerson: Thank you, Ms.
14 Wilson.

15 DIRECT EXAMINATION

16 By Ms. Roche:

17 Q. All right. Ms. Wilson, do you go by Renee?

18 A. Yes.

19 Q. Okay. You can put your hand down now, so. Okay.

20 How old are you?

21 A. Fifty-seven (57).

22 Q. All right. What town do you live in?

23 A. Bishopville, South Carolina.

24 Q. All right. How long have you been living in
25 Bishopville?

1 A. Twenty (20) --

2 Q. Okay.

3 A. -- Twenty (20) years.

4 Q. Are you married?

5 A. Yes.

6 Q. All right. Do you have any children?

7 A. Yes.

8 Q. Are they all grown?

9 A. Yes.

10 Q. Okay. Ms. Wilson, what kind of work have you done
11 in your lifetime?

12 A. In my lifetime? Teenager-wise, I worked in a
13 perfume factory, you know, perfume going inside the
14 bottles and stuff. And then, pressing clothes; I did a
15 lot of years of pressing pants and shirts. Hospital
16 stuff. Folding mechanic rags up in so many minutes
17 and, you know, McDonald's --

18 Q. All right. And how --

19 A. -- I was a Manager at McDonald's --

20 Q. -- okay.

21 A. -- for, like, eight (8) years there and that's
22 right in Bishopville. Food Lion, seven (7) years, and
23 then I worked Food Lion and Fred's and that's about it.
24 I did daycare, younger, you know --

25 Q. Okay.

1 A. -- I did childcare.

2 Q. How much education do you have?

3 A. Eleventh (11th) grade.

4 Q. All right. Did you ever have any military
5 service?

6 A. No.

7 Q. Okay. Did you ever get your GED or anything like
8 that?

9 A. No.

10 Q. All right. How long did you work for Fred's?

11 A. Eight (8) years.

12 Q. Okay. And what did you start off working for them
13 at?

14 A. Cashier.

15 Q. All right.

16 A. Oh, what I started off. Seven dollars (\$7.00).

17 Q. Did -- did you start at -- what position? That
18 was question I was asking.

19 A. Cashier.

20 Q. Okay. Did you eventually work your way up?

21 A. Yes.

22 Q. All right. What other positions did you hold with
23 Fred's?

24 A. I did Cashier, Third Key Holder then became to be
25 Assistant.

1 Q. And that was Assistant Manager?

2 A. Yeah, Assistant Manager.

3 Q. Okay. And that's what you were doing in 2017 --
4 '16?

5 A. Yes.

6 Q. Okay. 2016. Tell me about your employment with
7 Fred's. As a Manager did you just manage people or did
8 you have to work as well?

9 A. I had to work.

10 Q. All right. Did you have to lift there?

11 A. Yes.

12 Q. Did you have to lift on a daily basis?

13 A. Yes.

14 Q. All right. Let's talk about the lifting that you
15 did at Fred's. Tell me about the truck. How often did
16 you have to unload the truck?

17 A. Once a week.

18 Q. All right. What did that consist of?

19 A. That consisted of getting the U-boat set up ready
20 for the truck, help them with the rollers, you know.

21 Q. And would those be the rollers they would put on
22 the back of the truck and --

23 A. Yeah. They'd put them on the back of the truck,
24 yes.

25 Q. -- and bring the crates or the boxes down?

1 A. Uh-huh.

2 Q. Okay.

3 A. Yes. Once it rolled down, put it on the U-boat.

4 Q. You say put it, put what?

5 A. Boxes.

6 Q. Okay.

7 A. Boxes, the U-boat, once they get filled, you'd
8 have to push them to the back and if a -- if the --
9 we've got a very large truck, we have to push the out
10 -- a couple of them out on the floor where we can have
11 enough room. And when we get finished that, we go out
12 and stock.

13 Q. Okay.

14 A. And that's pushing that U-boat out the door,
15 whatever section we're going to go in, push that out
16 there; if it's chemicals, push the chemical boat --
17 boat -- U-boat out there and we start unloading it,
18 open boxes --

19 Q. Okay.

20 A. -- stocking up the shelves.

21 Q. And as you're stocking the shelves, are you
22 lifting?

23 A. Yes.

24 Q. All right. Did you get everything put out that --
25 that same day that the truck came in?

1 A. Not everything, no.

2 Q. Okay. Did you have to stock -- did some days did
3 you have to finish the U-boats the next day?

4 A. The next day.

5 Q. All right. Even when all the U-boats were empty,
6 was there still stock back in the storeroom that you
7 had to put out?

8 A. Yes.

9 Q. Was that on a daily basis?

10 A. That was a daily basis. Our stockroom was always
11 full.

12 Q. All right. What about planograms; how many
13 planograms a week did you do?

14 A. A week? I might do around about five (5) a week.

15 Q. And what did those consist of?

16 A. That consisted of taking products off of the shelf
17 and removing the shelf and putting them in order for
18 that planogram. You -- you've got squares that you've
19 got to count. Planograms start from the bottom, they
20 might say four (4), five (5), number four (4), five
21 (5), another one might say twelve (12), fifteen (15).
22 So, each one of those shelves had to be exactly at
23 those numbers on that piece of paper that the planogram
24 said do and those products that I took off, I had to
25 put, you know, put back on.

1 Q. All right. Did you -- were the shelves heavy?

2 A. Yeah.

3 Q. And you had to lift the shelves?

4 A. Yeah.

5 Q. Did you have to lift the product?

6 A. Yes. I had to lift the product, uh-huh.

7 Q. Now, mopping, I know you don't normally lift while
8 mopping but tell -- did you mop every day?

9 A. I mopped and swept every day.

10 Q. What about the mopping involved any lifting?

11 A. Well, the mop bucket is -- it has the rollers on
12 it. So, when you roll it back to the back room and
13 you've got to run the water, it's too awkward to have a
14 roller and put inside that little tub back there. So,
15 we have a bucket that we fill up and I had to lift
16 that and pour it in there.

17 Q. Okay.

18 A. You know, so as far as the mopping -- and I did
19 that every night I worked, you know, I swept, I mopped.
20 And the trash cans outside, they were so difficult to
21 -- you know, the plastic bags that's inside of them and
22 you've got people that drives up there that they put
23 their trash there; so, that makes it even harder, you
24 know, to get out. So, I'm -- I'm steady struggling
25 because normally it's just me and a cashier.

1 Q. All right. And when it is just you and a Cashier,
2 are you the one doing a lot of the lifting during the
3 day?

4 A. I'm doing the lifting; I'm getting buggies, yes.

5 Q. Okay. Have you had problems with your back
6 before?

7 A. Yeah. I had problems with my back back in 2012,
8 but, you know, I had got some shots and they worked it
9 good; they worked it -- you know, I felt -- I -- you
10 know, I felt brand new.

11 Q. All right. Did you have a long period of time
12 where you didn't have any problems at all after those
13 shots in 2012?

14 (Phone Ringing)

15 A. Yeah. Uh-huh.

16 Q. Was it as long as a year?

17 A. Yeah.

18 Q. Okay.

19 A. I had one (1) year.

20 Commissioner Wilkerson: I thought it
21 was off. I'm sorry about that.

22 Q. All right. Now, the -- if you had -- did you have
23 some problems again in -- in 2015? And I'm not -- you
24 know, these dates -- did you have some problems sort of
25 on-and-off, 2012, you had an MRI in 2012?

1 A. Yeah. That was -- I -- I dealt with pain for
2 around about two (2) years before that and didn't know
3 and when I was able to afford that -- because the
4 insurance didn't pay.

5 Q. Okay.

6 A. I was paying -- you know, I was paying out of
7 pocket. So, I was able to get that and made payments
8 for the MRI because I didn't know what it was. I
9 didn't know what was going -- you know, what that pain
10 was coming from. And he would ask me what kind of --
11 the doctor would ask me what kind of work did you do,
12 and I would tell him and he'd tell me, you know, I -- I
13 kind of need to take it easy, you know, take some days
14 off, you know, don't -- don't go back and lifting and
15 pulling.

16 Q. But when you did go -- they released you full duty
17 though?

18 A. Yeah. Yeah, full duty. I was able to go --
19 uh-huh --

20 Q. To go back full duty knowing that you did that
21 kind of work?

22 A. -- uh-huh, knowing that I did that work.

23 Q. You were not under any kind of restrictions or
24 anything when you were released?

25 A. When they -- when they released me, no.

1 Q. Okay.

2 A. Huh-uh.

3 Q. All right. Every time before what brings us here
4 today, every time before that did -- would your back
5 get better after treatment?

6 A. Yes.

7 Q. All right. Now, when did you start having
8 problems again, the most recent time?

9 A. Last year around about April it just got
10 unbearable.

11 Q. All right. So, we're leading up to about April of
12 2017 or 2016?

13 A. 2017 --

14 Q. Okay.

15 A. -- is when it got so unbearable.

16 Q. All right. And what did you do then; who did you
17 go see?

18 A. What I did was, I went to my primary doctor and
19 she recommended Dr. Edwards.

20 Q. Okay.

21 A. She -- she gave me a referral; that's what it was,
22 a referral. And when she sent me over there and he
23 started running tests and asking me questions, what
24 kind of work did I do and the lifting and everything,
25 you know. And I explained to him, you know, I unload

1 trucks, I'm using the mops and brooms and these are the
2 heavy mops and brooms, you know, and it's -- it's like
3 this, so I really was just tearing my back up. And,
4 you know, that's what -- you know, I was telling him, I
5 was just tearing it up.

6 Q. Did -- what did Dr. Edwards do for you --

7 A. He --

8 Q. -- to start with?

9 A. -- to start with? He did a x-ray and sent me to a
10 place for the MRI. He gave me some pills for my hip
11 and leg and then he set me up to get some shots.

12 Q. Did -- did you expect that you would get better
13 that time too?

14 A. Yeah. Because of the shots, I really did.

15 Q. Did he write you out of work in June of 2016
16 through July, 2016?

17 A. Yes.

18 Q. All right. Did he release you to go back to work
19 full duty at the end of that time?

20 A. At the end of the time, I wasn't aware of it, so I
21 went in for a doctor's appointment, he -- he -- that's
22 -- what's when I found out that he released me.

23 Q. All right. Did you go back to work at that point?

24 A. No.

25 Q. Now, this is in July of 2016?

1 A. Oh, yeah.

2 Q. Yeah.

3 A. Uh-huh.

4 Q. Okay.

5 A. And what I did -- I'm sorry -- what I did was, I
6 had got some therapy done, you know. And I was like,
7 oh, when I get finished with therapy I'm going to feel
8 much better and all but eventually it started right
9 back.

10 Q. Okay.

11 A. It started back right after that.

12 Q. Do -- did you want to be working --

13 A. Yes.

14 Q. -- when he released you back?

15 A. Uh-huh.

16 Q. Did he eventually do surgery on you?

17 A. Yes.

18 Q. Did you feel better for a while after the surgery?

19 A. I -- for a little while I felt better.

20 Q. All right. Were you undergoing physical therapy?

21 A. Yes.

22 Q. Did the physical therapy help you?

23 A. Yes.

24 Q. All right. Did you finish your course of physical
25 therapy?

1 A. No.

2 Q. And why not?

3 A. Fred's let me go and they left me with no
4 insurance and I couldn't pay it; I couldn't afford to
5 pay that out of pocket.

6 Q. All right. What kind of problems are you having
7 now as a result of this lifting?

8 A. My back, the standing and the sitting, my back
9 just actually aches; it just aches. And my leg, when I
10 go to bed at night I have to get up out of my bed and I
11 start from my bed, to my couch, to another bed every
12 night.

13 Q. Does some days feel better than others?

14 A. Not getting in that bed.

15 Q. And what about during the day?

16 A. During the day, some days are better than others,
17 you know, some days I can wash clothes and go to fold
18 up and I don't know what happened to my back. I -- I
19 just can't -- I can't tell you, all I did was reach the
20 clothes and I'm like, oh. So, I'm like that three (3)
21 or four (4) days because now I'm going to take some
22 muscle relaxers and my brain is telling me that when I
23 take these muscle relaxers and do these exercises, you
24 know, it's going to get back in place. You know, it's
25 got -- makes me feel like I -- I've done knocked it out

1 of place or something and all I do is reach; I'm not
2 doing anything physical. Because the standing and
3 sitting, you know, I can't sit in the easy-boy chair
4 and I sit down in that, I've got to get up. I -- wash
5 dishes, I've got to get up, you know, because all back
6 here (indicating) is just aching.

7 Q. All right. Would you like to go back and see Dr.
8 Edwards?

9 A. Yeah.

10 Q. Now, he released you; were you doing better at
11 that point?

12 A. When he released me?

13 Q. Yes.

14 A. No. I wasn't -- I wasn't -- I wasn't -- when he
15 released me I was still coming. I -- I went to the
16 therapy and I was coming to tell him that, just like I
17 said, all I did was reach for clothes and my back went
18 out. But I was doing good but every month something
19 goes wrong with this back and that's what I was going
20 back to him for. I couldn't figure out -- I do good
21 but once a month something is going on with this back.
22 So, I wanted him to do a MRI and just tell me is
23 everything all right back there because I was doing
24 good and then all of a sudden I keep getting a pain.

25 Q. All right. Are you still having pain down in your

1 legs?

2 A. Yes.

3 Q. Is it both legs or one?

4 A. Right leg.

5 Q. Right Leg?

6 A. Just only right leg.

7 Q. Okay. How often do you have right leg pain?

8 A. Every night.

9 Q. All right. Would you like to go back to Dr.
10 Edwards and have him check you out again?

11 A. Yes.

12 Q. Okay. Do you think that you're as good as you're
13 going to get right now or would you like to have a
14 doctor see if there is something else that can be done
15 for you?

16 A. I'd like to see if there is anything else that he
17 can do for me.

18 Q. All right. The way you are now, let's -- do you
19 think you can work?

20 A. No. I don't think I -- it's the standing and the
21 sitting down is my worst. If -- if I was able to find
22 something that where I'm sitting for maybe twenty (20)
23 minutes and getting up and standing for maybe thirty
24 (30) minutes, you know.

25 Q. Would you be willing to do something if you could

1 find something along those lines?

2 A. Yeah.

3 Q. Okay. Have you worked most of your life, Ms.
4 Wilson?

5 A. All the -- yes.

6 Q. Okay. Do you like being out of work?

7 A. No. Huh-uh. I love working.

8 Q. All right.

9 A. I -- I really do. I put a hundred percent (100%)
10 in it whatever I do, so.

11 Q. All right. And you -- you worked your -- did you
12 work your way up at McDonald's from a Cashier to
13 Manager?

14 A. Yes. I worked -- I worked the grill.

15 Q. All right.

16 A. I worked the grill and became the Grill Manager,
17 the register and -- and for six (6) months I personally
18 had to run the store and I was the Store Manager until
19 they actually got a Store Manager.

20 Q. Did you work yourself up from -- at Fred's from
21 being a Cashier to being a Manager?

22 A. Yes.

23 Q. All right.

24 A. A few times we didn't had -- more than a few
25 times, we hadn't had a Store Manager; so, me and

1 another Assistant Manager had to run the store and --

2 Q. Was there a period of time right before this last
3 most recent problem you'd had with your back when you
4 all were having to work a lot because there wasn't a
5 Manager?

6 A. -- there wasn't a Manager and we hadn't had days
7 off. I worked it, I know for a fact, three (3) months.

8 Q. Three (3) months with what?

9 A. Without a day off.

10 Q. Okay.

11 A. I worked every day but I had somebody open or
12 close and it was me or the other female.

13 Q. Who was the other female?

14 A. Robin Parnell.

15 Q. All right. When you started having -- this most
16 recent time when you started having trouble with your
17 back, who did you tell?

18 A. Well, basically, Robin, and we had a --

19 Q. And who --

20 A. -- in-between.

21 Q. -- what -- what was Robin there; what was her
22 position?

23 A. My understanding is that she was told that she was
24 Assistant Manager too --

25 Q. Okay.

1 A. -- since we didn't have a Store Manager but I was
2 there before her and I originally was Assistant
3 Manager, you know.

4 Q. Okay.

5 A. And she was under me but when we didn't have one,
6 she became -- we became -- that's -- that's what her
7 understanding was. So, when she told me she -- she
8 talks to Mr. Mick, which we call him Mick, it's Mike,
9 and that she was Assistant Manager and I was Assistant
10 Manager and we had to do, you know, the best we can do
11 until we actually get a Manager -- until he would get
12 us a Manager in there. And I think out of the three
13 (3) months she had two (2) days off and I had two (2)
14 days off. Well, it ended up to be one (1) because who
15 they were sending from out of town to give us a break,
16 they had a little emergency at their store so they
17 couldn't come back no more. Then we got a Manager -- a
18 Store Manager.

19 Q. And who was that?

20 A. That was Mr. Moore.

21 Q. Robert Moore?

22 A. Robert Moore.

23 Q. Okay.

24 A. And things started going better but he knew that
25 when I had to come and do the truck he knew my back was

1 messed up and he -- he was like --

2 Q. How did he know that?

3 A. -- because I had told him.

4 Q. What -- did you tell him that the lifting at the
5 store had hurt your back?

6 A. Yeah.

7 Q. Okay.

8 A. Uh-huh. Yep.

9 Q. How long was Mr. Moore the Manager there?

10 A. A year and some.

11 Q. Okay. And did he leave?

12 A. Yes.

13 Q. All right. Were you all left alone with no
14 Manager for a period of time again?

15 A. Yes.

16 Q. Did you ever speak to Mr. Holstrom, that's here
17 today, about your back?

18 A. Uh-huh. Yeah.

19 Q. What did you tell him?

20 A. I told him that I was getting shots at one point
21 and then I let him know that I was getting the surgery.
22 He knew that when I took that thirty (30) days for --
23 to do physical therapy, he knew that I had problems
24 with my back.

25 Q. All right. Did you tell him directly --

1 A. Yeah.

2 Q. -- that you were having problems with your back
3 because of the lifting on the job?

4 A. Uh-huh. Yeah, because, the therapy, for me to get
5 that leave time and get paid for that, he was the one
6 that, you know, had to give us the -- the right to be
7 able to be out.

8 Q. Okay.

9 A. Uh-huh. To be -- you know, be out for the four
10 (4) weeks.

11 Q. Okay. Now, back in 2012, did you -- you got
12 better when your back hurt you; did you not?

13 A. Uh-huh. I got better.

14 Q. Okay. And you got completely better?

15 A. Completely better.

16 Q. All right. Now, once you told your employer on
17 this most recent back problem, did they offer you any
18 medical treatment or offer to file a workers'
19 Compensation claim for you?

20 A. Huh-uh.

21 Q. Is that a no?

22 A. No.

23 Q. Okay.

24 A. I'm sorry. No. Nope, and that was Mr. Moore,
25 Robert Moore, you know. And, you know, basically he

1 would just tell me, well, Renee, you know what? I know
2 the truck is back there, just take it easy, you run the
3 front -- there was many of times I ran the register
4 because of my back, you know, and he -- he definitely
5 knew I was going to close so he didn't want me back
6 there because if I wasn't in there to close that would
7 mean he would have had to stay. So, I ran the register
8 and you have to have the key, you know. So, you needed
9 someone up there to run the register while they do the
10 truck back there, you know. And my back was just
11 messed up. I -- maybe two (2) or three (3) boxes and I
12 -- I could just feel it every time the truck came --

13 Q. Okay.

14 A. -- you know. I had done pushed my way through.

15 Q. Do you know if Mr. Moore ever talked to Mr.
16 Holstrom about this?

17 A. I know he talked to Mr. Holstrom.

18 Q. How do you know that?

19 A. I know because I think one day he told me -- I was
20 telling him my back was messed up and he told me that
21 he talked to Mick and Mick said that I can come in and,
22 you know, just be in the office where they can be
23 someone there to run the store and be able to shut the
24 store down because I was telling him, I can't do no --
25 no, you know, no lifting or anything.

1 Q. Since going out for your surgery, have you worked
2 anywhere at all?

3 A. No. No.

4 Q. Have you tried to find any employment?

5 A. Yes.

6 Q. Where all have you looked?

7 A. The Piggly Wiggly there -- they call it the Center
8 and it's -- it's actually where you -- the people get
9 Meals On Wheels and it's some volunteer but you've got
10 to stand up; it's volunteer before I can get filed to
11 be able to drive one of their little trucks. You go to
12 -- you get a route, you go to people's houses and you
13 give them their food and then, you know, I've got
14 another house to go to but it's just a certain route
15 that they give you. So, I've got to volunteer; so, I'm
16 in the kitchen preparing food for the ones that comes
17 into the center and I have to volunteer before I can
18 actually be able to get that. But the standing, I
19 wouldn't have been able to do.

20 Q. Did you try that at all or --

21 A. No. I didn't try that.

22 Q. -- okay.

23 A. The cleaners, I worked there some years ago and
24 you're kind of right there; you're just, you know,
25 moving the pants or the shirts around but you're right

1 there. You might go on this end and do that but it's
2 -- it's the standing and it's -- it's just -- I was
3 just trying jobs that I know I can do and that I know I
4 was qualified to do --

5 Q. Okay.

6 A. -- that.

7 Q. All right.

8 Ms. Roche: That's all the questions I
9 have, Commissioner.

10 Commissioner Wilkerson: Please, sir.

11 Mr. LaFave: Thank you, Commissioner.

12 CROSS-EXAMINATION

13 By Mr. LaFave:

14 Q. Ms. Wilson, good afternoon.

15 A. How are you doing?

16 Q. When did you start working for Fred's?

17 A. 2008.

18 Q. Okay. Does November 8th of 2008, sound about
19 right?

20 A. November --

21 Q. November --

22 A. -- yes --

23 Q. -- of --

24 A. -- yes.

25 Q. -- 2008?

1 A. Yes.

2 Q. Okay. Had you injured your back prior to
3 accepting your position of employment with Fred's?

4 A. No. Have I injured it? No.

5 Q. Okay. Did you not injure your back lifting a
6 table before you took a job at Fred's?

7 A. A table? Are you talking about a house table,
8 furniture?

9 Q. Well, I'm -- I'm just saying had you ever injured
10 your back lifting a table before you --

11 A. No.

12 Q. -- took a job at Fred's?

13 A. I always move furniture around. I'm trying to
14 think did I injure -- I moved a table and my husband --
15 I moved a lot of stuff. Yeah, I probably -- I'm -- I'm
16 not even sure --

17 Q. Okay.

18 A. -- I moved a table.

19 Q. Well, do you recall giving a deposition in this
20 case --

21 A. Yes.

22 Q. -- when you and I got together --

23 A. Uh-huh.

24 Q. -- one time before this and I had asked you some
25 questions?

1 A. Yes.

2 Q. Okay. And -- so, you don't recall testifying
3 about having injured your back lifting a table in 2008,
4 prior to a trip to Las Vegas?

5 A. Yes. Las Vegas.

6 Q. So, you did injure your back in 2008 --

7 A. Yes.

8 Q. -- prior to --

9 A. Going to Las Vegas.

10 Q. -- going to work for Fred's? Did you have to fill
11 out a health questionnaire when you started working for
12 Fred's?

13 A. I'm not sure. I don't remember a health
14 questionnaire. I probably did.

15 Q. Okay.

16 Mr. LaFave: Commissioner, I'm going to
17 show her what is page 140 of our APA
18 submissions.

19 Commissioner Wilkerson: Okay. I've got
20 you. 140?

21 Mr. LaFave: I'll just reach that
22 across.

23 Q. Ms. Wilson, is that your handwriting?

24 A. Yes.

25 Q. Okay. And see down there at the bottom where it

1 lists off a number of health conditions?

2 A. Uh-huh.

3 Q. Do you see that there down at the bottom?

4 A. All the checks?

5 Q. Yes, ma'am.

6 A. Uh-huh.

7 Q. And all these have been checked no; is that
8 correct?

9 A. Yes.

10 Q. Okay. And do you see there above those boxes
11 where it says, have you had or do you now have -- do
12 you see that phrase there above all those health
13 conditions?

14 A. Do you have or not have -- require your health
15 some --

16 Q. Right there above all the listed health conditions
17 there's a -- a line and it's right under your -- what's
18 listed as your height and weight, it says systems
19 history: Have you ever had or have you now --

20 A. -- oh, okay.

21 Q. -- do you see that --

22 A. Okay. Systems history --

23 Q. -- sentence there?

24 A. -- okay. Have you ever had or have --

25 Q. And do you see in the middle there where it talks

1 about back injury or surgery?

2 A. -- back injury or surgery? Back injury or
3 surgery.

4 Q. Do you see that there?

5 A. Yes.

6 Q. Okay. And you see where that's checked no,
7 correct?

8 A. Right.

9 Q. And that's not accurate, is it?

10 A. No.

11 Q. You had previously injured your back before you
12 filled that out, correct?

13 A. Yeah. But I ain't had no back pain, no back
14 problems, when I did this right here.

15 Q. And I understand --

16 A. Yeah. I -- yeah.

17 Q. -- I understand that but it's --

18 A. Okay.

19 Q. -- it -- that question asks if you've had a back
20 injury --

21 A. Yes.

22 Q. -- and you checked no --

23 A. Uh-huh.

24 Q. -- which is not correct?

25 A. It was not correct.

1 Q. Okay. Who was your primary care physician at the
2 time you began your employment with Fred's?

3 A. CareSouth.

4 Court Reporter: I'm sorry; I couldn't
5 hear. What --

6 A. Gonzales, she left --

7 Court Reporter: -- okay.

8 Ms. Roche: CareSouth, she said too.

9 A. -- Care South.

10 Court Reporter: Oh, CareSouth. Thank
11 you.

12 A. She had left and Ms. Whiteside, I ended up picking
13 her.

14 Q. Okay. Did you have health insurance when you
15 began your employment with Fred's?

16 A. No.

17 Q. Okay. How often would you go see the doctors at
18 CareSouth?

19 A. When I began Fred's?

20 Q. When you began Fred's; yes, ma'am.

21 A. Not too often but any cold, any ache and, you --
22 you know, any pain I'd, you know, go see her.

23 Q. Were you receiving treatment as far back as 2009,
24 for pain in your legs?

25 A. I don't recall --

1 Q. Okay.

2 A. -- treatment for my leg.

3 Q. Do you have any reason to dispute records from
4 CareSouth that indicate you were being seen for pain in
5 both legs and --

6 A. No, I don't.

7 Q. -- that goes back as of March --

8 A. I can --

9 Q. -- of 2009?

10 A. -- yeah. I can remember that, both legs was --

11 Q. Okay.

12 A. -- was bothering me and I -- I couldn't afford --
13 I was on a scale; so, I couldn't afford any insurance.

14 Q. Okay.

15 A. So, yeah.

16 Q. So, you -- you were having --

17 A. Both of my legs --

18 Q. -- you were having leg pains --

19 A. -- yeah.

20 Q. -- as far back as 2009?

21 A. Yeah. Uh-huh.

22 Q. What kind of treatment were you receiving relative
23 to that leg pain?

24 A. Muscle relaxer.

25 Q. Okay. Were you receiving that on a continuous

1 basis?

2 A. Yeah.

3 Q. Okay.

4 A. The muscle relaxer. The other stuff was just
5 Aleve.

6 Q. How long were you receiving -- how long did you
7 continue receiving the muscle relaxers starting back in
8 2009?

9 A. Maybe a year or two (2) but --

10 Q. Okay. Did you have to see CareSouth in May of
11 2009, for low back pain?

12 A. -- I can't recall that one.

13 Q. Okay. But if there was medical record from your
14 file that indicates you did, would you have any reason
15 to dispute that?

16 A. I have none.

17 Q. Okay. Were you also receiving pain -- or excuse
18 me -- were you also receiving treatment January of
19 2012, for leg pain?

20 A. Treatment from CareSouth?

21 Q. Yes, ma'am.

22 A. Yeah.

23 Q. Okay. And how long did that continue?

24 A. I'm not sure, two (2) years, three (3) --

25 Q. Okay.

1 A. -- you know.

2 Q. What was your understanding starting in 2009 to
3 2012, what was your understanding of the cause of the
4 problem with your legs?

5 A. Tired, overworked but that's, you know --

6 Q. Well, what do you mean over worked?

7 A. -- standing on them, just standing on them a long
8 period of time, you know, that Cashier in that one
9 spot, not getting to move, you know, move around.

10 Q. Okay. So, as far back as 2009 to 2012, did you
11 believe that the employment with Fred's was causing
12 your pain and causing your problem that you were
13 treating for at CareSouth?

14 A. I -- I didn't -- I didn't know that that was
15 causing it. I had no idea what, you know, what was
16 causing it because I was just cashiering, I wasn't
17 doing the really physical, physical work; I was just
18 standing in that one spot --

19 Q. Okay.

20 A. -- you know.

21 Q. In 2012, were you required to do lifting at
22 Fred's?

23 A. Yes.

24 Q. Okay. Did you believe in 2012, that the lifting
25 was causing the back problems and your leg problems?

1 A. Yes.

2 Q. Okay. And you didn't report that to anyone in
3 2012, correct?

4 A. No --

5 Q. Okay.

6 A. -- just my doctor.

7 Q. And you required medical treatment and you
8 required an MRI --

9 A. Uh-huh.

10 Q. -- is that right?

11 A. Yes.

12 Q. Okay. And it was your belief back then that the
13 lifting was the cause of your back problems and your
14 leg problems --

15 A. Yes.

16 Q. -- correct? Okay. And you continued in that
17 employment -- in that position of employment with
18 Fred's?

19 A. Yes.

20 Q. Did -- I know your title has changed between 2012,
21 and -- and your last date of employment; did the job
22 responsibilities change?

23 A. Yes.

24 Q. How did the job responsibilities change from 2012
25 until your last day?

1 A. I got more responsibility and I had more work on
2 me to do over the store. Planograms, 2012, I was -- I
3 really was just doing a little bit of planograms, you
4 know.

5 Q. What was your title in 2012?

6 A. Third Key Holder.

7 Q. Okay. Would you assist with the trucks --

8 A. Yes.

9 Q. -- as the Third Key Holder?

10 A. Yes.

11 Q. Okay. Would you do the same general lifting in
12 2012, as the Third Key Holder that you were doing as
13 the Assistant Manager with the trucks?

14 A. No.

15 Q. Okay.

16 A. I wasn't doing that much.

17 Q. What was different?

18 A I really hardly didn't do the truck that much.
19 When I did come in the majority of the truck was
20 already done, you know, because of my shift. They
21 always had me the closing shift. The truck normally
22 comes in the morning, maybe late afternoon, you know,
23 if it's running late.

24 Q. Okay.

25 A. So, you know, when I came -- come in, I'm

1 relieving the person, the Cashier, even though they're
2 back there doing the truck. Now, if we have a huge
3 truck and a holiday comes, yeah, they're asking me to
4 come back and help unload the truck.

5 Q. Okay. So, there were times where you're
6 off-loading the truck in 2012?

7 A. Yes.

8 Q. Okay.

9 A. Uh-huh, a lot of times.

10 Q. How often would you unload the truck as the Third
11 Key Holder?

12 A. Not that -- not really that often. Not really
13 that often; I didn't do the truck that much.

14 Q. How much lifting were you doing in 2012?

15 A. I was stocking, a good bit of lifting, stocking,
16 but I wasn't doing the truck. I was rolling the
17 U-boats, stocking up the shelves, you know, sweeping,
18 mopping, emptying trash.

19 Q. Did you require an injection in your back in 2012?

20 A. Yes.

21 Q. Okay. And did that help?

22 A. Yes.

23 Q. Okay. Did you continue to see the doctors at
24 CareSouth even after the injection for your back pain
25 and leg pain?

1 A. No.

2 Q. Okay. After the injection in 2012, when was the
3 next time you sought medical treatment for low back
4 pain or pain in your legs?

5 A. I went to CareSouth and she was re-giving me the
6 muscle relaxer, giving me for the spasms and she
7 decided to give me a referral to go to the Pee Dee
8 Orthopedics, Dr. Edwards.

9 Q. When was that?

10 A. In 2016, I do believe.

11 Q. Okay.

12 A. Because I --

13 Q. So --

14 A. -- I was just in pain. I was just hurting.

15 Q. -- so, is it your testimony that you didn't
16 require any medical treatment for your back and legs...
17 between 2012 and when you got that referral to Dr.
18 Edwards?

19 A. 2012, I got the shots.

20 Q. Okay. Right.

21 A. And I continued the shots on to the next year too.
22 I continued the shots to the next year. I got a total
23 of three (3) shots, each shots costs -- I'm sorry, but
24 each shots costs fourteen hundred dollars (\$1,400.00);
25 I was responsible for seven (\$700.00). So, as soon as

1 I would get finished with one, you know, that's when it
2 wore off and I got another one.

3 Q. Okay. Did you continue to have problems with pain
4 while doing your job at Fred's while you were getting
5 those injections?

6 A. No.

7 Q. You had no pain in your back while doing that job?

8 A. No. No, pain in my back when I got those shots.

9 Q. Okay. And was your job essentially the same then
10 as it is now?

11 A. Uh-huh.

12 Q. And that's a yes?

13 A. Yes.

14 Q. Okay.

15 A. Uh-huh.

16 Q. Did you receive an injection in 2014?

17 A. I do believe so.

18 Q. Okay. And what was the reason for that injection?

19 A. It -- the last one wore off.

20 Q. Okay.

21 A. It was for my leg and my back.

22 Q. You were referred by Caresouth again for that
23 injection; is that right?

24 A. Yes. I had to go back and get a referral from her
25 again.

1 Q. Am I understanding your testimony correctly that
2 you received the medical care in the form of the
3 injections when you could afford it?

4 A. Yeah.

5 Q. Okay. Did you require any other medical care
6 during that period of time that you couldn't afford to
7 get for your back?

8 A. Did I require any? The only one was the therapy
9 but that was already after those shots you are talking
10 about.

11 Q. Okay. So, you were also getting physical therapy
12 before you saw Dr. Edwards?

13 A. Yeah. I had -- I had went and got the physical
14 therapy.

15 Q. During this period of time, did you ever request a
16 change in your job duties because of all the problems
17 you were having with your back?

18 A. No, because I do believe in that job description
19 we're supposed to be able to lift a certain many
20 pounds. In that job description we're supposed to been
21 able to lift a certain many pounds and we was required
22 to be able to do planograms, multitask, be able to do
23 this and do that, you know, we was -- we was required
24 in that job.

25 Q. Were there other jobs that you could have done

1 within the store that wouldn't have had to do as much
2 lifting?

3 A. No.

4 Q. Not even a Cashier's position?

5 A. Well, I could have did the Cashier's position but
6 I'm not quite understanding your question. Who was
7 going to run the store?

8 Q. Well, my -- my question to you was, were there
9 other jobs available, other positions available within
10 the store, that did not require you to do as much
11 lifting as you had to do as the Assistant Manager?

12 A. Yeah. It would have been Cashier.

13 Q. Okay.

14 A. It still would have been lifting because we bring
15 the U-boat up to the Cashier and they have to lift
16 those boxes and put it -- put the stuff up as long as
17 they're around in the vicinity of the Cashier where you
18 can see the cash register and stuff. They still have
19 to lift.

20 Q. Okay. What are some other types of positions
21 within the Fred's store?

22 A. Stocking. It's just not anybody that just only do
23 planograms. So, you know, stocking.

24 Q. Now, didn't you testify earlier that your position
25 as a Third Key didn't require as much lifting?

1 A. Not as much lifting.

2 Q. Okay. So, that would have been a position
3 potentially that you could have explored that would
4 have reduced the amount of lifting?

5 A. I already had a Third Key but I -- I didn't think
6 to say, can you take my position down and I'll take a
7 Third Key. I -- you know.

8 Q. Did you ever give Fred's an opportunity in 2012,
9 when your back problems started, to change your
10 position or to minimize the amount of lifting you had
11 to do?

12 A. No. They gave me that position.

13 Q. Okay.

14 A. I was a Cashier back then.

15 Q. But did you ever ask and say, this is causing me
16 too much pain; I need to do something else?

17 A. No.

18 Q. Okay. So, you never gave Fred's the opportunity
19 to try and accommodate --

20 A. As a Third --

21 Q. -- your back problem?

22 A. -- as a Third Key, no. As a Third Key, no. As
23 Assistant Manager, there was no job.

24 Q. Okay.

25 A. What you're asking me -- when I was Assistant

1 Manager, no, I didn't give them that opportunity to --
2 to do that because it was nothing else.

3 Q. When you were the Assistant Manager what shift did
4 you work?

5 A. The majority night but I work all shifts.

6 Q. Okay. How often were you the Assistant Manager on
7 duty for the truck days?

8 A. Every truck day.

9 Q. Okay.

10 A. Every truck day.

11 Q. Did Robin not work truck days?

12 A. Yeah, we both worked truck days.

13 Q. Did you work the truck together?

14 A. Yes.

15 Q. Okay. Did you do team lifting on the heavier
16 items?

17 A. Yeah. Uh-huh.

18 Q. Okay. How long were you and Robin essentially
19 co-Assistant Managers?

20 A. Around about a year.

21 Q. Okay. During that three (3) month period, would
22 you work with Robin in the process of unloading the
23 truck?

24 A. Yes.

25 Q. Okay. What are some of the items that you would

1 have to do team lifting to remove during truck day?

2 A. Air conditioner, microwave wasn't too bad but it
3 was heavy when my back was bothering me but, you know,
4 when my back was hurting me. So, huh-uh, Renee, let me
5 help you get it. Huh-uh, Renee, or I'll get it; that's
6 -- that's how that was. We had a lot of heavy stuff,
7 you know, the pools that comes in those boxes that's
8 packed down like -- you know, a lot of heavy stuff, the
9 cat litter, the washing powders. What I used to do was
10 move the U-boat back where the roller is at or, you
11 know, when I didn't have Robin with me, you know, and I
12 -- I would have a Cashier helping unload the truck. I
13 have had days where it just was two (2) people, me and
14 that person unloading the truck.

15 Q. How many people typically are employed to unload
16 the truck?

17 A. Three (3).

18 Q. Okay.

19 A. My mind wants to say four (4) but three (3).

20 Q. How long does the process take for unloading the
21 truck?

22 A. Forty-five (45) minutes.

23 Q. Okay. So --

24 A. According to how many pieces --

25 Q. -- okay.

1 A. -- that we have.

2 Q. That forty-five (45) minutes, is that an average?

3 A. Yeah.

4 Q. Okay. And on truck day, how long is your shift?

5 A. On a truck day, I'm doing a -- between a eight (8)
6 -- eight (8) hour shift.

7 Q. So, of that eight (8) hour shift, forty-five (45)
8 minutes is spent lifting items from the truck?

9 A. Yes.

10 Q. Okay. What else is entailed in that eight (8)
11 hour shift on a truck day?

12 A. Locking up the back, signing the paperwork,
13 getting the paperwork up there, any damage that's done
14 to any of the projects -- products, you know, scan that
15 in. Get finished the truck, go up the people that was
16 already there or was doing the truck give them a break;
17 so, I would have to step in. If that Cashier had
18 needed a break and that's my closing Cashier, I need to
19 give her a break. So, I need to give everybody a break
20 before we start unloading, you know, well, stocking
21 because we had done unloaded the truck, the warehouse
22 back there is full. You know, so, I need to give
23 everybody a break and I need to find out where
24 everybody is working. If you're doing chemicals,
25 you're doing that, you're doing that. But everybody,

1 once they get their break, we all start working up
2 until around about two (2) hours before it's time to go
3 home.

4 Q. On truck day was there a particular department
5 that you were responsible for stocking the merchandise?

6 A. Not really; I was working all.

7 Q. Okay. How many other employees were working to
8 stock the merchandise after the truck was off-loaded?

9 A. Off-loaded? It would be -- with me it would be
10 around about three (3) to four (4) more people but they
11 didn't close. You'll have some get off at 4:00, you
12 would have some get off 6:00, some 7:00 and every now
13 and then 8:00 and the stores closed at 9:00.

14 Q. What time would the truck usually arrive?

15 A. Eight o'clock, nine o'clock and it switched to
16 twelve o'clock, it's supposed to be in at 11:15, twelve
17 o'clock sometimes one o'clock; the truck was late a
18 lot.

19 Q. But you had other employees on duty who you were
20 delegating the -- the responsibilities for stocking
21 shelves, correct?

22 A. Right.

23 Q. Okay.

24 A. Uh-huh.

25 Q. How many people closed the store?

1 A. Two (2). Two (2), I'm sorry.

2 Q. When was this -- when was the mopping done?

3 A. The mopping was done like eight o'clock at night.

4 Q. Okay.

5 A. The store closed at 9:00.

6 Q. So, the mopping was being done while the store was
7 still open?

8 A. Yes.

9 Q. Okay.

10 A. It's slow.

11 Q. Tell me about the planograms, how many would you
12 get per month?

13 A. Sometimes we'll get -- when we're doing good we'll
14 get twenty (20), twenty-five (25), thirty (30); they'd
15 be small planograms. So, you know, everybody wants to
16 get the small ones done first because they're easier,
17 you know, they -- they're just easier to do.

18 Q. What -- what makes the smaller ones easier?

19 A. It's kind of like just one (1) shelf has got to be
20 changed, you know, like going from there to there
21 (demonstrating).

22 Q. When you say there to there, you're saying move
23 something down from high --

24 A. Yeah.

25 Q. -- or something --

1 A. Uh-huh. It was up there and all of a sudden this
2 planogram -- everything is the same besides that one
3 (1) shelf that's got to literally go down there but
4 you've got to take everything off and put on.

5 Q. -- and do you have to remove the shelf in that
6 situation?

7 A. Yeah.

8 Q. And why do you have to remove the shelf?

9 A. Because the -- the planogram tells you how many
10 pins. We done might have gotten something new that's a
11 little taller, you know, and it's got to have enough
12 room on the shelf.

13 Q. How big is a shelf?

14 A. Four feet (4'), three feet (3'), metal -- metal
15 high.

16 Q. Three (3) -- three feet (3') wide, four feet (4')
17 wide; is that what you're saying?

18 A. Yeah. Yeah, I guess that's -- yeah.

19 Q. How much does a shelf weigh?

20 A. I don't know. I have no idea. I don't know, five
21 (5) pounds? I don't know. I know if -- if I -- I know
22 I can't hold it with one hand.

23 Q. How much of your week -- well, let me ask you this
24 question. How many hours a week would you typically
25 work?

1 A. With a Store Manager or without a Store Manager?

2 I -- I don't --

3 Q. Well, as --

4 A. -- I haven't had one --

5 Q. -- with a -- with a Store Manager.

6 A. -- with a Store Manager? Between thirty-two (32)
7 to thirty-six (36) --

8 Q. Okay.

9 A. -- between that, with a Store Manager.

10 Q. Okay. When did you first become the Assistant
11 Manager of that store?

12 A. I can't recall. I can't recall. I don't know. I
13 can't recall, '15, the end of '15, 2015. I cannot
14 recall.

15 Q. Okay. During -- when you first became the
16 Assistant Manager of the Bishopville store, did you
17 have another Assistant Manager?

18 A. No.

19 Q. Okay. Did you have a Store Manager at that time?

20 A. Yes.

21 Q. Were you the only one responsible for the
22 planograms?

23 A. No.

24 Q. Who else was responsible for the planograms?

25 A. The Store Manager, Third Key, you know, we all

1 open the box up and decided, you're going to do this
2 one and you're going to do this one and I'm going to do
3 that one; that's how.

4 Q. Okay. The planograms come in the shipments on
5 truck day or do they come differently?

6 A. They come differently.

7 Q. How do they come?

8 A. FedEx.

9 Q. Okay. Of the twenty-five (25) to thirty (30) that
10 you would average per month, how many of those are you,
11 yourself, personally responsible for?

12 A. As many as I can get done. It's -- it's not even,
13 you -- you know, I didn't have no Store Manager.

14 Q. Well, back when you had a --

15 A. Now, the Store --

16 Q. -- back when you had a Store Manager?

17 A. -- now, the Store Manager, yeah; he'd have us do
18 maybe around about five (5) out of those --

19 Q. Okay.

20 A. -- because he's actually doing them too.

21 Q. Okay. So, when you had a Store Manager, you were
22 only responsible for about five (5) planograms per
23 month?

24 A. No. Five (5), if I finished that five (5), if the
25 other Key Holder finished that five (5) and our Store

1 Manager had done did -- he comes in early in the
2 morning and I know what he's already doing when he
3 comes early in the morning; he's doing planograms. He
4 stays late at night to knock those planograms out. So,
5 whatever is left, he just tells us to do.

6 Q. So, when you had a Store Manager would you agree
7 that you were doing fewer planograms yourself?

8 A. Yeah. I was doing fewer, uh-huh.

9 Q. Okay. How many would you say you would do when
10 you had a Store Manager?

11 A. When I had a Store Manager? I'd say that I'd do,
12 I don't know, between eight (8) or nine (9). Eight (8)
13 or nine (9), maybe five (5) easy ones and three (3)
14 hard ones that takes three (3) hours because it
15 actually tells you how long it takes for you to do the
16 planogram.

17 Q. So, you're saying five (5) easy ones that would
18 take how long?

19 A. Between thirty (30) minutes to an hour, no more
20 than two (2) hours. They actually have the time on it.

21 Q. And you're saying three (3) hard ones that would
22 take up to three (3) hours?

23 A. The next day, you know, you can't finish it, the
24 store closes, you're back there; so, if you get called
25 up, you know, that slows your system up of trying to

1 finish a -- a big planogram.

2 Q. Well, what made the planograms big in your -- from
3 your perspective; what made them hard?

4 A. The new items; that's what made them hard. I felt
5 like the new items.

6 Q. What do you mean the new items?

7 A. New items added to the planogram. They come in
8 different sizes, you know, the planogram, you're
9 sitting there this whole shelf is full of planograms
10 and these jars might be this low (demonstrating) and
11 you've got a new item that came where it got higher, so
12 now you've got to remove these shelves, all these
13 shelves, and put them in different pinholes, you know,
14 to make your hand be able to reach in there without
15 bumping and hurting your hand to grab the product as
16 you walk down, you know, walk down the aisle; I --
17 that's what I felt.

18 Q. So, if I'm understanding you correctly, are you
19 saying that the movement of shelves is what made the
20 larger planograms hard?

21 A. Oh, that was the hardest; the movement of shelves
22 was the hardest --

23 Q. Okay.

24 A. -- of messing with the planograms. Putting --
25 taking everything off the shelf, putting them in a

1 buggy, you know, because you don't want to put them
2 down there on the floor, you know, so you put them in a
3 buggy and you take your shelves down, then you've got
4 to clean those shelves. You get your planogram paper;
5 square just like this right here (indicating), and it's
6 going to tell you from -- starting from the bottom how
7 many pegs that you're going to go up and that's where
8 that shelf is going to go. So, now, them shelves that
9 you took off of there, now you're picking up one and
10 putting them in there, that's number ten (10); you look
11 in there again, that one might say twenty-four (24).
12 So, you're picking up this shelf, because you can't
13 pick it up with one hand, you're picking up this shelf
14 and sometimes it just gets a little rough because the
15 higher you get the -- all this (indicating) stretches,
16 you know, because the shelf, you know, down here.
17 (indicating) is pretty good, maybe down at the bottom
18 kind of hurts a little bit, the middle is good but once
19 you get the -- get your hand with them -- that metal in
20 your hand just like that (demonstrating) and holding
21 it, trying to stick it in there in them sockets, you
22 know, that -- that -- that -- that hurts. You go home
23 with sore muscles.

24 Q. So, during the time you had a Manager, from my
25 understanding, you were doing eight (8) to nine (9)

1 planograms per month?

2 A. Yes.

3 Q. Okay. The easier ones no more than two (2) hours;
4 the harder ones no more than three (3) hours?

5 A. Yes.

6 Q. Okay.

7 A. And it's according to when you started.

8 Q. Okay. When you're not doing planograms, what are
9 you doing as the Assistant Manager?

10 A. Recovering, you're doing recovering.

11 Q. What does that mean, recovering?

12 A. I'm going down the aisle pulling up the product
13 and picking up stuff that people has done stole,
14 damaged, you know, because now I'm pulling all of this
15 up. Well, there's washing powders, they got -- they've
16 done picked one and they're sitting in the back; so, I
17 pull them up. And I go to the next and pull it up down
18 this whole aisle. So, you've got a bottom shelf; so,
19 you're bending. You've got a top shelf; so, you're
20 reaching. You've got a middle shelf too but, you know,
21 that is not as bad as the bottom and the top.

22 Q. So, when you're talking recovering, you're talking
23 about moving merchandise forwards towards the front of
24 the shelves --

25 A. Yeah.

1 Q. -- and straightening the shelves essentially?

2 A. Straightening the shelf up and whatever is in
3 between the shelf, whether it's, you know, people leave
4 trash, open containers, something that got stolen.
5 And, you know, I've got a buggy and -- and that was the
6 deal because I've got to get the trash off of there,
7 you know. I can't walk around and just, you know, as
8 I'm recovering just holding the trash in my hand; so, I
9 normally get a small buggy. And it's not really busy,
10 you know, it's not busy when you go do that because you
11 can't do it when it's busy because the Cashier will be
12 calling you up, you know, I've got return or -- you
13 know, because I've got to turn the key -- you've got a
14 return or you need a -- I can't even think of the name
15 of it now -- you need a -- where if we don't have
16 something in the store -- I can't even think of the
17 name right now -- we don't have something in the store,
18 we have to write out a thing where they can come back
19 when we do get it in stock. I can't even think of it
20 right now.

21 Q. Okay. When was the period of time that you did
22 not have the Store Manager? The period that you've --
23 you've testified today that you worked for
24 approximately three (3) months --

25 A. Uh-huh.

1 Q. -- without a day off; I think you might have said
2 one (1) day off.

3 A. That was in -- yeah, that was in 2015.

4 Q. Do you recall when in 2015?

5 A. The summer of 2015 and the winter of 2015, because
6 it was twice.

7 Q. Okay.

8 A. It was twice I had --

9 Q. When was the period that you worked for the three
10 (3) months without a break?

11 A. -- May, June.

12 Ms. Roche: I'd object, Commissioner;
13 she just answered that.

14 A. May June.

15 Ms. Roche: That was asked and answered.

16 A. I -- I just -- I can't give you the exact date but
17 it was summertime.

18 Commissioner Wilkerson: Summer and
19 winter.

20 Witness: It was warm weather.

21 Commissioner Wilkerson: Yes.

22 Mr. LaFave: Okay.

23 Witness: That I was saying summer --

24 Commissioner Wilkerson: Of '15.

25 Ms. Roche: So, it happened twice,

1 during the summer and then --

2 witness: -- and then winter but it
3 happened twice. I think it --

4 Commissioner Wilkerson: Summer and
5 winter of '15?

6 witness: -- yeah. Uh-huh.

7 Commissioner Wilkerson: I thought
8 that's what -- that's what I wrote down.

9 witness: It happened twice, yes.

10 Commissioner Wilkerson: It happened in
11 summer/winter of '15?

12 witness: Yeah, summer and winter, yeah.

13 Commissioner Wilkerson: Of '15?

14 witness: Of '15, 2015.

15 Commissioner Wilkerson: Yes. Okay.

16 That's what I --

17 witness: I'm sorry, 2015.

18 Commissioner Wilkerson: -- yes, okay.

19 That's what I wrote down.

20 Q. Was Robin working with you during that period of
21 time?

22 A. Yes, twice.

23 Q. Okay. And if I understand correctly, Robin was
24 the same role as you, correct?

25 A. Yes.

- 1 Q. You --
- 2 A. Uh-huh.
- 3 Q. -- you did not report to her and she was not your
- 4 supervisor; is that right?
- 5 A. We'd report to each other. But we reported to
- 6 each other. We was the only ones.
- 7 Q. Well, I mean, did -- was Robin your direct
- 8 supervisor?
- 9 A. Oh, no.
- 10 Q. Okay.
- 11 A. No.
- 12 Q. Who was your direct supervisor during that period
- 13 of time?
- 14 A. Mick.
- 15 Q. Oh --
- 16 A. Mike?
- 17 Q. -- okay.
- 18 A. Mike, we addressed him as Mick.
- 19 Q. That was Mr. Holstrom?
- 20 A. Yes.
- 21 Q. Okay.
- 22 A. Mr. Holstrom, that -- that's who -- that's who we
- 23 informed with everything; whatever was going on in the
- 24 store, he was the one we had to call and talk to.
- 25 Q. Okay. If I understood your earlier testimony,

1 that was when your problems with your back really kind
2 of resurfaced, correct?

3 A. Uh-huh.

4 Q. Is that a yes?

5 A. Yes.

6 Q. Okay.

7 A. I'm sorry.

8 Q. Tell me about the conversation that you had with
9 Mr. Holstrom at that time in 2015; what specifically
10 did you tell him?

11 A. That I was taking -- my back -- my back was
12 bothering me and that I really had needed to take some
13 time off, you know, I had needed to take some time off
14 to go see the doctor, do some therapy; eventually, I
15 did it but my back was bothering me. Because at this
16 time, I had another Manager, a Store Manager, that used
17 to come over and help us out. At this time, I'm
18 working two (2) stores; I'm working Camden store and
19 Bishopville store.

20 Q. Okay.

21 A. And that Manager knew about my back. Renee, just
22 -- I don't want you to do anything, just come on over
23 there and run the store.

24 Q. Now, who was --

25 A. My back was bothering me.

1 Q. -- who was that Manager?

2 A. Dion Wilson. I was running -- I would open there
3 and come back to Bishopville and close.

4 Q. Now -- now, you've testified that they knew about
5 your back --

6 A. Uh-huh.

7 Q. -- right? were you wearing a back brace at that
8 time?

9 A. Yeah.

10 Q. Okay.

11 A. Their -- the store's back -- back brace.

12 Q. Okay. There was a store issued back brace?

13 A. No. No. No. I got a -- a store brace, you know,
14 just to -- that -- that was when I'd do the truck; a
15 store brace. Well --

16 Q. Were you --

17 A. -- kind of with the suspenders and the little
18 thing that just strapped like that (demonstrating).

19 Q. -- were you prescribed a brace?

20 A. No.

21 Q. Okay. Did you wear it on the outside of your
22 clothes?

23 A. Both inside -- you know, I had the apron on; so,
24 the apron is kind of covering and you're seeing the
25 black thing back here (indicating).

1 Q. Okay. Did you say anything to Mr. Holstrom in May
2 or June timeframe of 2015, that the job that you were
3 doing was the cause of your problems with your back?

4 A. Yes. I do believe I said that to him because we
5 hadn't had a break and my back was hurting me and
6 that's what I had said to him. And he said he was
7 going to send somebody over to give us a relief. My
8 back was killing me then. And he did eventually; we
9 did get someone to come but they couldn't come back.

10 Q. And just so we're clear, I'm not -- I'm not sure
11 you're necessarily understanding -- asking the --
12 answering the question I'm asking. Did you tell him
13 the job was causing your back problems? I'm not
14 talking about the fact --

15 A. Oh, okay.

16 Q. -- that you hadn't had a day off.

17 A. Oh, okay.

18 Q. Did --

19 A. You're saying -- you're saying the job.

20 Q. -- did you tell him --

21 A. No. I didn't --

22 Q. -- the work --

23 A. -- no, I don't recall telling him that.

24 Q. -- okay.

25 A. I don't recall telling him that the job -- I -- I

1 -- not those words.

2 Q. Or -- or -- and -- and obviously you didn't use
3 the same words that I'm using here today --

4 A. Uh-huh.

5 Q. -- but did you tell him the lifting that I have to
6 do is causing my back problems?

7 A. It's got my back hurting. I -- I -- somewhat like
8 just what you just said. No day off, my back is
9 hurting, every night I go home, I get up and I just
10 need a break; we don't have any days off. Robin was
11 having the same problem but not the same identical
12 problem; she was just tired, overworked.

13 Q. Now, you were asked some questions about once --
14 once you started treatment with Dr. Edwards and you had
15 a time that you were written out of work in June of
16 2016.

17 A. Uh-huh.

18 Q. If I understood your testimony correctly, you said
19 you had to go to Mr. Holstrom to get time off; is that
20 right?

21 A. Yeah.

22 Q. Okay.

23 A. I had to -- yeah, because I had to let him know.

24 Q. What specifically did you tell him --

25 A. That I had to do --

1 Q. -- when you needed that time off?

2 A. -- I had to do therapy; my back was hurting me
3 from the job.

4 Q. Did --

5 A. From the job. From unloading trucks, you know,
6 everything I was doing at the store; it was just
7 overworked --

8 Q. -- okay. So --

9 A. -- and I was hoping that I can do therapy and
10 don't have to worry about no surgery or anything --

11 Q. -- okay.

12 A. -- you know.

13 Q. So, your testimony is that when you told him when
14 you requested that time off, that it was because of the
15 work that you were doing?

16 A. Yes.

17 Q. Okay. Did you ever ask him or anyone else within
18 Fred's to provide you with medical treatment for your
19 problems with your back?

20 A. No. I -- I don't -- I -- can you say that
21 question one more time?

22 Q. Sure.

23 A. I'm just not understanding.

24 Q. Did you ever ask Mr. Holstrom or anyone else with
25 Fred's to provide you medical treatment for your back?

1 A. What you mean providing me with it? What do -- I
2 -- I'm not --

3 Q. Well, to send you to a doctor. Did you ever ask
4 anybody from Fred's to send you to a doctor?

5 A. -- no.

6 Q. Okay.

7 A. Huh-uh. Because when I was hurting I -- I
8 actually went to the doctor --

9 Q. Okay.

10 A. -- myself.

11 Q. But that was on your own --

12 A. Yeah.

13 Q. -- correct?

14 A. Right.

15 Q. Okay. You never asked anyone from Fred's. Did
16 you receive treatment or -- or excuse me -- did you
17 receive training on how to handle a Workers'
18 Compensation claim?

19 A. No.

20 Q. Okay. Did you have a handbook --

21 A. Yes.

22 Q. -- on what to do relative to an on the job injury?

23 A. Yes.

24 Q. Okay. Did you follow that protocol for handling
25 your on the job problems?

1 A. No, I don't think so.

2 Q. Okay.

3 Mr. LaFave: I don't have any further
4 questions.

5 Ms. Roche: All right.

6 REDIRECT EXAMINATION

7 By Ms. Roche:

8 Q. Ms. Wilson, when you filled that sheet out in
9 2008, did -- did you think you'd had a back injury
10 before?

11 A. No, because my back was fine.

12 Q. All right. Were you trying to hide anything from
13 Fred's at the time that you filled that out --

14 A. Huh-uh.

15 Q. -- or conceal anything from them?

16 A. No.

17 Q. Okay. Now, the pain you were having in your legs
18 in 2009, did you get told at that time that you had
19 arthritis in your legs?

20 A. Yeah.

21 Q. Okay.

22 A. They mentioned arthritis probably, so.

23 Q. And were you having charley horses in your legs --

24 A. That's what they --

25 Q. -- too?

1 A. -- yeah, that's what I called them --

2 Q. Okay.

3 A. -- charley horses.

4 Q. All right.

5 A. Yeah, cramps.

6 Q. Was that the same kind of pain you were having in
7 your leg in 2016 and 2015?

8 A. No. Huh-uh. Huh-uh, no.

9 Q. In 2012, did you tell anybody in 2012, that you
10 were having -- that your back hurt because of lifting
11 at the store?

12 A. Not nobody as far as actually, you know, no
13 authorities that works there.

14 Q. All right. Did you get better and -- and
15 eventually become pain free?

16 A. Yes.

17 Q. Were you pain free for months and months and
18 months?

19 A. A lot of months --

20 Q. Okay.

21 A. -- a year --

22 Q. Okay.

23 A. -- a year and a half, two (2) years.

24 Q. So, when you were asked about changing position,
25 did -- did you feel like you needed to change positions

1 if you weren't having any pain?

2 A. Huh-uh.

3 Q. Okay.

4 A. No. No. I'm sorry.

5 Q. And were you, as far as you knew, released to --
6 to work full duty?

7 A. As far as I know.

8 Q. Okay.

9 A. My back is hurting me.

10 Q. When you all went through that period of time
11 where you all were working so hard because you didn't
12 have a Manager, did you let Mr. Holstrom that your back
13 was hurting because there was no break?

14 A. Right. Yes, I did.

15 Q. All right.

16 A. Yes, I did.

17 Q. Did you believe at that time that he understood
18 that that meant because you all were working so hard
19 and lifting so much?

20 A. I believed that, you know. We called him all the
21 time for whatever little complaints that we had; we
22 called him. And I was just doing -- well, you -- you
23 say you want this done? I was doing the best I could
24 --

25 Q. Did you like --

1 A. -- to keep my job.

2 Q. -- working at Fred's?

3 A. Yeah, I loved it.

4 Q. Okay.

5 A. And everybody loved me.

6 Q. Okay.

7 A. I'm serious, I really loved working at Fred's; I
8 always did.

9 Q. Did you ever feel like that -- that based on the
10 handbook that you had about reporting workers' Comp
11 injures, did -- did you ever feel like that you had an
12 actual accident on the job that you had to report to
13 somebody?

14 A. No.

15 Q. Okay.

16 A. I didn't feel like that.

17 Q. Did you understand that you might have a
18 compensable workers' Compensation claim until you
19 talked to a lawyer; did you understand that?

20 A. No.

21 Q. Okay.

22 A. I didn't.

23 Ms. Roche: That's all I've got,
24 Commissioner.

25 Commissioner Wilkerson: Anything else?

1 Mr. LaFave: Just briefly.

2 RE CROSS-EXAMINATION

3 By Mr. LaFave:

4 Q. Ms. Wilson, you continued in 2012, and after, to
5 require treatment, even if it was months later, for
6 problems with your back, correct?

7 A. Yes.

8 Q. Okay. And you required the MRI in 2012, because
9 you were having low back pain and pain in your legs,
10 correct?

11 A. Yes. My doctor.

12 Q. And in 2012, you believed that that was a result
13 of the lifting you had to do at Fred's, correct?

14 A. Correct.

15 Q. And you never told anybody about that in 2012,
16 correct?

17 A. Tell, like, who?

18 Q. Tell anyone with Fred's that the lifting was
19 causing you to have low back pain and pain in both of
20 your legs?

21 A. Well, I did tell someone; I can't even name them.
22 I can't -- I -- the Managers.

23 Q. Well, ma'am, I had asked you that question earlier
24 and your attorney had just asked you if you reported
25 that to anyone in 2012, and you just said no?

1 A. No. I'm saying the Managers that I had. I had so
2 many Managers I can't even recall their names. They
3 give me the key, they leave out the door. I went
4 through eleven (11) Managers within the eight (8) years
5 I worked there --

6 Q. Okay.

7 A. -- Store Managers.

8 Q. So, to spite your earlier testimony when I asked
9 you if you reported it to anyone, you're now saying
10 that you actually did?

11 A. I didn't report, you know, I was just saying my
12 back, you know, my back is hurting, I -- I'm lifting up
13 too much. It's not like I -- like, oh, I went back
14 there and I hurt my back on the truck or I was doing
15 this and I hurt my back.

16 Q. Okay. Do you recall seeing the doctor at
17 Hartsville Orthopedic in 2014?

18 A. Yes.

19 Q. Okay.

20 A. '14.

21 Q. And do you recall that doctor talking to you about
22 the potential need for surgery at that time?

23 A. In Hartsville? No, I don't recall that --

24 Q. If his operative --

25 A. -- the surgery.

1 Q. -- if -- if he -- if his medical note indicates
2 that he discussed surgery in 2014, do you have any
3 reason to refute that?

4 A. No. If he -- if he said it; no, I don't have no
5 reason but I -- I don't recall that, the surgery.

6 Q. Okay.

7 A. I think Dr. Davis was the first time mentioning
8 surgery to me.

9 Q. Who --

10 A. Doctor --

11 Q. -- was the first time?

12 A. -- doctor -- Dr. Edwards.

13 Q. Okay.

14 A. I'm sorry.

15 Q. All right. But if there is a --

16 A. If there was a --

17 Q. -- record that --

18 A. -- if there was a record, I don't recall it but --

19 Q. -- you just don't recall it --

20 A. -- I just don't --

21 Q. -- it doesn't mean it didn't happen, correct?

22 A. -- it doesn't mean that it didn't happen.

23 Q. Okay.

24 Mr. LaFave: I don't have any further
25 questions.

1 Witness: I mean, I can't remember all
2 back there; I just can't.

3 FURTHER REDIRECT EXAMINATION

4 By Ms. Roche:

5 Q. Ms. Wilson, let me ask you in a different way and
6 not use the word report. The Managers that you had
7 back in 2012, did they know that your back was hurting
8 because you were lifting in the -- at the store?

9 Mr. LaFave: Object to the form --
10 object. She's asking -- she's -- the way
11 that the question is phrased is, what did the
12 Managers know.

13 Commissioner Wilkerson: Right.

14 Ms. Roche: All right. I will rephrase
15 it.

16 Commissioner Wilkerson: Yes. Rephrase
17 it, yes.

18 Q. Ms. Wilson, back in 2012, did you tell Managers at
19 the store, at any time, that your back was hurting
20 because you were lifting?

21 A. Yes, a lot.

22 Q. Okay.

23 A. I -- I can't name them all. I -- I've done forgot
24 all of those, you know, but I originally started with
25 Ms. -- Ms. Genny Choice. I was just a Cashier but I'm

1 just saying I originally started with her before I
2 became the Third Key; she's the one trained me and, you
3 know, showed me a lot of stuff, you know, but a lot of
4 them knew.

5 Q. Okay.

6 Ms. Roche: That's all I've got,
7 Commissioner.

8 Witness: All I want to do is work.

9 FURTHER RECROSS-EXAMINATION

10 By Mr. LaFave:

11 Q. And I don't want to belabor the point but in 2012,
12 you were not an Assistant Manager, correct?

13 A. In 2012?

14 Q. You were not an Assistant Manager?

15 A. No. Third Key.

16 Q. And you began doing more lifting after 2012,
17 correct?

18 A. Yes.

19 Q. Okay. So, you knowingly accepted a different
20 position that requires you to do more lifting after
21 2012, correct?

22 A. Yes, I accepted.

23 Q. Despite knowing that or at least believing that
24 the lifting you were doing was causing your back
25 problems, correct?

1 A. Correct.

2 Q. Okay.

3 A. And when I didn't have a Manager they was pushing
4 me up the line.

5 FURTHER REDIRECT EXAMINATION

6 By Ms. Roche:

7 Q. Ms. Wilson --

8 A. I'm sorry but --

9 Q. -- at the time that you took the Manager's job had
10 you had treatment in your back; was your back hurting
11 at all then?

12 A. -- the Assistant --

13 Q. Assistant Manager.

14 A. -- the Assistant Manager?

15 Q. Yes, ma'am.

16 A. When I took that job, no --

17 Q. Okay.

18 Ms. Roche: Thank you, Commissioner.

19 A. -- there wasn't -- it wasn't.

20 Mr. LaFave: That's all I've got.

21 Commissioner Wilkerson: Anything else?

22 Mr. LaFave: No.

23 Commissioner Wilkerson: How long have
24 we been on the record?

25 Court Reporter: Oh, one (1) hour,

1 fifteen (15) minutes, forty-four (44)
2 seconds.

3 Commissioner Wilkerson: Okay. There is
4 a reason I asked that.

5 Ms. Roche: Okay.

6 Commissioner Wilkerson: Not necessarily
7 how long we've been on the record, there is a
8 reason I asked that; I'll tell you all later.
9 I'm sorry. I think you told me before we
10 started no other --

11 Ms. Roche: No other witness --

12 Commissioner Wilkerson: -- witnesses
13 for the Claimant?

14 Ms. Roche: -- no other witnesses for
15 the Claimant.

16 Commissioner Wilkerson: Okay.
17 Witnesses from the Defense?

18 Mr. LaFave: Just Michael Holstrom.

19 Commissioner Wilkerson: Okay. And
20 spell, for the record, your last name.

21 Mr. Holstrom: Holstrom,
22 H-O-L-S-T-R-O-M.

23 Commissioner Wilkerson: Okay. Mr.
24 Holstrom, thank you. I'll have her -- the
25 Court Reporter swear you in and we're going

1 to take some testimony.

2 whereupon;

3 Michael Holstrom, being duly sworn and cautioned to
4 speak the truth, the whole truth and nothing but the truth,
5 testified as follows:

6 Court Reporter: Please state your full
7 name for the record.

8 Witness: Michael Holstrom.

9 Court Reporter: Thank you, ma'am.

10 Commissioner Wilkerson: Thank you.

11 Court Reporter: I'm sorry. Thank you,
12 sir.

13 Commissioner Wilkerson: Please.

14 Mr. LaFave: Thank you.

15 Commissioner Wilkerson: I'm sorry. I
16 just wanted to get --

17 Mr. LaFave: Thank you, Commissioner.

18 Commissioner Wilkerson: -- it's
19 probably in here, I just -- that way I can
20 write it down.

21 Mr. LaFave: That's fine.

22 DIRECT EXAMINATION

23 By Mr. LaFave:

24 Q. Mr. Holstrom, where do you currently work?

25 A. Fred's.

1 Q. How long have you been an employee of Fred's?

2 A. Since 2007. I started off as an Assistant
3 Manager.

4 Q. Okay. From your perspective, what are the job
5 responsibilities of an Assistant Manager?

6 A. Assistant Manager is, quite frankly, the Manager
7 when the Manager is not there; they are to run the
8 store, guide the people, including all aspects of
9 running the store.

10 Q. Okay. How much lifting are you required to do as
11 an Assistant Manager?

12 A. There's not a -- a set requirement. You are to be
13 doing the things within the store. Sometimes you'll be
14 running the register; sometimes you'll be doing, you
15 know, freight. We do require that they be able to lift
16 up to fifty-five (55) pounds and do team lifting sort
17 of things on heavy items.

18 Q. How often as an Assistant Manager are you called
19 on to lift something up to fifty-five (55) pounds?

20 A. Most things we get in are less than that. The
21 fifty-five (55) pound limit is, you know, once, twice a
22 week, maybe; there's not that much that's that heavy
23 for the individual items.

24 Q. And I know you said that there is not a set
25 requirement for lifting, but how much of your week

1 would you say you spent as an Assistant Manager lifting
2 merchandise?

3 A. On truck day probably about four (4) hours and
4 then maybe the rest of the week a grand total of around
5 four (4) to five (5) hours.

6 Q. And that's out of how many hours per week that
7 you'd work?

8 A. An Assistant Manager should work thirty-six (36)
9 to forty (40).

10 Q. Okay. All right. What is your current position?

11 A. I'm currently the District Manager for Fred's.

12 Q. Okay. And does your district include the store
13 located in Bishopville?

14 A. Yes. I took over that store starting in October
15 of 2014.

16 Q. Okay. And so, obviously, you are familiar with
17 Ms. Wilson, correct?

18 A. Yes.

19 Q. Okay.

20 Commissioner Wilkerson: Go ahead. No,
21 I'm --

22 Mr. LaFave: Okay. All right.

23 Commissioner Wilkerson: -- I thought I
24 heard something go ding but I didn't. Go
25 ahead.

1 Q. As of October of 2014, do you recall whether or
2 not Ms. Wilson was wearing a back brace to work?

3 A. She won -- wore one all the times that I've seen
4 her.

5 Q. Okay. And would that go all the way back to 2014?

6 A. Yes.

7 Q. All right. Do you know why she had to wear that
8 back brace in 2014?

9 A. No. All she had ever said is, you know, sometimes
10 her back hurt or whatnot and several people wear them,
11 you know, to protect themselves in unloading and
12 loading of trucks and --

13 Q. Okay. How much of a typical truck shipment would
14 exceed forty (40) pounds?

15 A. -- maybe four (4) or five percent (5%).

16 Q. Okay.

17 A. I mean, most everything is smaller boxes. The --
18 the biggest general boxes you get on a regular basis
19 might be, like, laundry detergent, which would be four
20 (4) of them to a box and they're eight (8) pounds a
21 piece; so, about thirty-two (32) to thirty-five (35)
22 pounds. Bleach is a little heavier but it came in
23 three (3) packs, which would actually mitigate it down
24 to closer to twenty-five (25), twenty-eight (28)
25 pounds.

1 Q. Okay. Let's talk a little bit about the
2 planograms. How many planograms does a store typically
3 receive on a monthly basis?

4 A. Around fifteen (15), on a big month twenty (20).

5 Q. Okay. And explain, for the benefit of the
6 Commissioner, what a planogram entails.

7 A. A planogram is just, you know, to change over the
8 merchandise. You take the stuff off; clean the shelf
9 like she was saying. As far as moving the shelves, you
10 look to see what the shelves heights were and then
11 you'd move them if need be. Shelves are like five (5)
12 pounds that -- to put them in it does take two (2)
13 hands but that's simply because it's awkward to kind of
14 balance the two (2); it's not a heavy thing, it's more
15 of a just awkward to hit two (2) sides at the same
16 time.

17 Q. Do all planograms require movement of shelves?

18 A. No.

19 Q. Okay. What was, as the District Manager, your
20 understanding of Ms. Wilson's back problems?

21 A. I just -- my understanding was she just had
22 regular back issues. You know, I -- she had told me
23 before about the arthritis, you know, that caused her
24 some aches and pains sometimes; so, I figured it was
25 just something along those lines.

1 Q. Okay. Do you ever recall her indicating anything
2 about her job as having caused her back problems to
3 become worse?

4 A. No.

5 Q. Okay. Did you ever understand the aches and pains
6 that you had just discussed from previous occasions to
7 be anything different than what she would talk to you
8 about on a daily basis?

9 A. No.

10 Q. Okay. Do you recall a period of time in 2015,
11 where that store didn't have a Manager?

12 A. From the 1st of January to -- till April we were
13 short handed; at that point in time they received help,
14 as needed, from the Sumter store. And then, we had a
15 Manager in place from April to June and then we had a
16 -- about a three (3) week gap between June and July,
17 and then a two (2) week gap in September to October.

18 Q. Was the Assistant Manager, and thus Ms. Wilson,
19 called on to do more during those gaps?

20 A. Yes.

21 Q. Okay. Work more hours?

22 A. Yes.

23 Q. All right. Would they lift more weight as a
24 result?

25 A. Well, they actually had -- we -- the way our

1 payroll is crazy but when they don't have a Manager,
2 they -- the Manager's pay doesn't come out of payroll,
3 so they had more employees in the store getting more
4 hours to help them do the extra work that a Manager
5 would do. So, they would have more work than regular
6 but they also had more people to help them with that
7 work.

8 Q. Okay. Is it the store's Assistant Manager, is it
9 their responsibility to delegate duties to the other
10 store employees?

11 A. In the absence of a Manager, yes.

12 Q. Okay. Would that include tasks such as lifting
13 and perhaps moving merchandise?

14 A. Yes.

15 Q. Okay. How many employees would typically work on
16 a truck day?

17 A. The store should have around ten (10) employees
18 and you should have -- on a typical truck day everybody
19 should work at least some point in the time but
20 probably about five (5) to six (6) at once.

21 Q. Okay. And how many of those would be actually in
22 the back helping off-load the truck itself?

23 A. Everybody but the Cashier. So, four (4) to five
24 (5) unloading --

25 Q. Okay.

1 A. -- at least one of those has to be a Key Holder.

2 Q. Okay. How long -- okay, I'm bouncing around on
3 you -- but how long does a typical planogram take?

4 A. There's planograms that take fifteen (15) minutes
5 and there's planograms that take four (4) hours. So,
6 on average I would say an hour and a half to two (2)
7 hours.

8 Q. How much lifting is involved in the completion of
9 a planogram?

10 A. Well, you do have to take everything off but the
11 average product is ten (10) pounds or less and you
12 would take them off, basically, one (1) at a time.

13 Q. Okay.

14 A. If that answers it.

15 Q. Was there ever a period of time from October of
16 '14, when you took over as District Manager until her
17 last day, September 29th of '16, that you were asked to
18 accommodate her in so far as limiting the amount of
19 lifting that she had to do?

20 A. No.

21 Q. Okay.

22 A. Not to my knowledge.

23 Q. Did she ever ask you to give her assignments
24 within the store where she wasn't called on to lift so
25 much?

1 A. No. And in that January to April thing, they were
2 getting tired of working a lot. So, they were talking
3 about, you know, what can we do to reduce and I talked
4 about some scheduling things with them to get them
5 extra time off along with the other person, but then I
6 also explained to them, you know, you all can be the
7 Cashier so you're not out on the floor to help reduce.

8 Commissioner Wilkerson: And we're still
9 talking about 2015; is that right?

10 Witness: Yes.

11 Commissioner Wilkerson: Okay. I just
12 wanted to make sure I got all of that.

13 Q. During that time, in January to April of 2015, did
14 she ever indicate to you that she was experiencing a
15 worsening of her back pain?

16 A. No.

17 Q. So, was the call to you simply a plea for help as
18 far as hours and scheduling goes?

19 A. Yes.

20 Q. Okay. How often would you interact with her on a
21 monthly basis as District Manager during the entirety
22 of your time?

23 A. Well, going back to when they were shorthanded, I
24 would talk to them at the store, at least one of them,
25 once a week. One -- once the Manager was in place

1 then, you know, once -- once or twice monthly --

2 Q. Okay.

3 A. -- just upon store visits, whoever was there.

4 Q. Did you ever have any interaction with Ms. Wilson
5 when she was written out of work in June of 2016?

6 A. I'm sorry?

7 Q. Did you ever have any interaction with her when
8 she was written out of work in June of 2016?

9 A. No.

10 Q. Did that store have an acting Store Manager as of
11 June of 2016?

12 A. It was Robert Delveney. Oh, 2016. I'm sorry;
13 that was -- that was Robert Morris, yes.

14 Q. Okay. Would it have been your responsibility at
15 that time then to have approved time off for an
16 Assistant Manager?

17 A. No. And all Workman's Comp claims the Manager
18 sends in the forms and the Workman's Comp people at the
19 corporate office take care of that. All I get is a --
20 you know, what's going on with the case.

21 Q. Okay. But let me -- let me ask you the question
22 and I don't think you -- the -- the question was, would
23 you in June of 2016, have been the person to whom she
24 would have directed a request for time off?

25 A. No. That would have been the Store Manager.

1 Q. Okay.

2 Commissioner Wilkerson: Mr. Morris?

3 Witness: Mr. Morris, yes.

4 Q. At any point from October of 2014 until September
5 29th of 2016, did she ever indicate to you that she was
6 having back pain because of a -- the lifting that she
7 had to do at the store?

8 A. No.

9 Mr. LaFave: I don't have any further
10 questions, Commissioner.

11 Ms. Roche: All right.

12 CROSS-EXAMINATION

13 By Ms. Roche:

14 Q. Mr. Holstrom, thanks for being here. You'd agree
15 that this is a physical job working as Assistant
16 Manager, right?

17 A. Yes.

18 Q. Okay. And you would also agree you have no
19 experience in lifting as a woman; isn't that right?
20 You're not a woman and haven't been before in your
21 life?

22 A. Not that I'm aware of.

23 Q. Okay. So -- and you would probably agree with me
24 too that some things are heavier for women than they
25 are for men?

1 A. I'm sure.

2 Q. Okay. So, did she go a long period of time
3 without a day off when you all were shorthanded?

4 A. No -- no more than about twelve (12) days. The
5 instructions were -- because they were -- her and Robin
6 were controlling the schedule -- for them to get with
7 me and I would get somebody. I had people from Sumter
8 go in there. I actually had people from Johnsonville
9 go in there and I had people from Camden. I had people
10 from different areas going in to help them; that way
11 they -- they wouldn't be too bad.

12 Q. Okay. Now, when you talked about four (4) or five
13 (5) people unloading the truck, that's really -- that's
14 what's ideal, right, that four (4) or five (5) people
15 would go back and help unload the truck?

16 A. Uh-huh.

17 Q. And there are days where it's not ideal; is that
18 correct, people are missing and that kind of thing?

19 A. Yeah. You --

20 Q. You could be shorthanded, in fact, like you all
21 were for periods of time?

22 A. -- usually, yeah. Well, not usually, you can be
23 short like one (1) but if you get shorted the Assistant
24 Managers or the Manager that -- should then call
25 someone else in to fill up because you really need that

1 to help unload.

2 Q. Now, the Assistant Managers have to unload the --
3 help unload the trucks, correct?

4 A. Yes.

5 Q. All right. And help stock when the truck comes
6 in; is that correct?

7 A. Yes.

8 Q. And help stock during the week if things run out
9 on the shelves and you have more in the back; is that
10 correct?

11 A. Yes.

12 Q. Okay. And -- and do these planograms as well;
13 they have to help with those?

14 A. Uh-huh.

15 Q. All right. And you would agree the Store Manager
16 -- the Assistant Manager has to sweep and mop in the --
17 in the store?

18 A. Well, yes.

19 Q. Okay. And a mop full of water can be heavy as
20 well, can't it?

21 A. I guess so, yeah.

22 Q. Okay. So, did Ms. Wilson never just say to you
23 and complain about physical pains from working so much?

24 A. No, not from work. She never said that this is
25 related to work.

1 Q. Did she ever say, wow, I'm working a lot and this
2 is killing me; anything along those lines?

3 A. She -- I thought it was the -- anything she would
4 have said along those lines I would have was hour
5 related. She never said I'm physically hurting or
6 anything like that.

7 Q. So, she didn't complain about her back on the job?

8 A. Well, she always wore the back brace; so, from the
9 moment I met her she was complaining.

10 Q. So, she did complain about her back on the job?

11 A. From day one (1).

12 Q. Okay. When did you first meet Ms. Wilson?

13 A. In October of 2014.

14 Q. So, you didn't meet her until October of 2014?

15 A. (Nodded head in an up-and-down motion).

16 Q. Okay. So, you knew then that she was complaining
17 about her back?

18 A. She was wearing the back brace and stuff; so, I
19 mean, a natural assumption there I guess. I don't
20 remember -- recall a conversation where she
21 specifically said my back is hurting, it's because of
22 work or anything like that but --

23 Q. Well, you mentioned you knew she had some
24 complaints of arthritis; so, you must have had some
25 sort of conversation with her?

1 A. -- yeah, just in general conversations, I mean,
2 but nothing specific.

3 Q. okay. All right. So, the whole time you've known
4 her she's never just said, oh, all this lifting is
5 killing me or something along those lines or it's
6 hurting my back to lift these things?

7 A. Not that I recall.

8 Q. okay. All right.

9 Ms. Roche: That's all I've got,
10 Commissioner.

11 Commissioner Wilkerson: Anything else?

12 Mr. LaFave: I don't have anything
13 further.

14 Commissioner Wilkerson: Okay. So, how
15 long did it take?

16 Court Reporter: Oh, one (1) hour, ^{REP}
17 thirty (30) minutes, thirty-two (32) seconds.

18 Commissioner Wilkerson: Okay. All
19 right.

20 Mr. LaFave: I'd like to say he was --

21 Commissioner Wilkerson: This concludes
22 the hearing.

23 Mr. LaFave: -- he was pretty brief.

24 Commissioner Wilkerson: What?

25 Mr. LaFave: You were pretty brief.

1 Commissioner Wilkerson: I'll meet with
2 the attorneys and I'll tell you why I asked
3 that question.

4 (THERE BEING NO FURTHER QUESTIONS, THE HEARING CONCLUDED AT
5 2:43 P.M.)
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25

STATE OF SOUTH CAROLINA)
)
 COUNTY OF FLORENCE) CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Carolyn Wilson, vs. Fred's, Incorporated;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 100 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 22nd Day of September, 2017.

Gloria G. Davis
 Gloria G. Davis
 Notary Public for South Carolina
 My Commission Expires 12/21/21

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In The Matter Of:
Carolyn Wilson v.
Fred's Stores of Tennessee, Inc.

Dr. W.S. Edwards, Jr.
July 20, 2017

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SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. # 1621577

CAROLYN WILSON,

Employee/Claimant,

-vs-

FRED'S STORES of TENNESSEE, INC.,

Employer,

-and-

SAFETY NATIONAL CASUALTY CORPORATION,

Carrier/Defendant.

DEPOSITION OF W.S. EDWARDS, JR., M.D.

DATE TAKEN: July 20, 2017

TIME BEGAN: 5:14 p.m.

TIME ENDED: 6:08 p.m.

LOCATION: McLeod Orthopaedic Spine Center
101 Johns Street
Florence, South Carolina 29506

REPORTED BY: Rita Rodriguez
Court Reporter
Notary Public for South Carolina

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21 ALSO ATTENDING: (None)

22 STIPULATIONS: The within deposition was taken pursuant
23 to the South Carolina Rules of Civil Procedure.

24 WAIVER: Examination and reading of the deposition are
25 waived by the witness and by the parties.

INDEX

PAGE

Examination by Mr. Lafave	04
Examination by Ms. Roche	34
Reexamination by Mr. Lafave	41
Certificate	44
Exhibits:	
DEFENDANT'S EXHIBITS MARKED FOR IDENTIFICATION:	
1. Questionnaire filled out by Dr. Edwards, dated February 9, 2017	27
2. Questionnaire filled out by Dr. Edwards, dated May 13, 2017	27

1 W.S. EDWARDS, JR., M.D., being duly sworn, testified as
2 follows:

3 EXAMINATION BY MR. LAFAVE:

4 Q. Good evening, Dr. Edwards. We met a minute ago
5 but, again, my name is Matt Lafave. I'm here
6 today to take your deposition. I represent
7 Fred's Stores of Tennessee in a workers'
8 compensation matter that was brought by Carolyn
9 Wilson who was, I believe, last seen by you in
10 May of this year but has been a patient of yours
11 for, if my dates are correct, dating back until
12 about April of 2015. Does that sound right?

13 A. Yes, it does.

14 Q. I'm here today obviously to take your deposition.
15 I know you have probably been through this
16 before. But the main thing that I'll remind you
17 of is if I'm asking you a medical question, I am
18 looking for your opinion within a reasonable
19 degree of medical certainty. Is that understood?

20 A. Yes.

21 Q. And I would ask, for the purpose of your
22 testimony today, if you're not able to give me an
23 answer within a reasonable degree of medical
24 certainty, will you state that and make that
25 clear for the record?

1 A. Yes, sir.

2 Q. Can you, please, state your full name for the
3 record?

4 A. Willie Stanley Edwards, Junior.

5 Q. Mr. Edwards or, excuse me, Dr. Edwards, will you
6 walk me through your education starting with
7 undergrad?

8 A. Yes, sir. I graduated from the University of
9 North Carolina Chapel Hill in 1977, and the
10 University of North Carolina School of Medicine
11 with an M.D. degree in 1981. I did an orthopedic
12 surgery residency at the Medical University of
13 South Carolina in Charleston, and finished that
14 five-year program in 1986. I then did a one year
15 spine surgery fellowship at the South Texas
16 Spinal Clinic in San Antonio, Texas.

17 I came to practice here in, I believe
18 1988, and have been practicing spine surgery with
19 this group since that time. I have been
20 certified by the American Board of Orthopedic
21 Surgery initially in 1990 and two subsequent
22 times recertification has been accomplished.

23 Q. When was your last recertification?

24 A. I think it was 2010 or 2012. I'm due for
25 recertification in about 2020, I believe.

1 Q. And you're certified in spine surgery?

2 A. Orthopedic surgery. There is not a separate
3 Board certification for spine surgery. It's a
4 subspecialty within orthopedic surgery. That's
5 what the Board says.

6 Q. And you said you have been with Pee Dee
7 Orthopaedics since '88?

8 A. Yes, sir.

9 Q. Have you ever been a party to any sort of medical
10 malpractice disputes?

11 A. Yes.

12 Q. Can you tell me when that was and what the
13 outcome was?

14 A. I have had a suit brought against me by a patient
15 for a shoulder injection about 25 years ago that
16 was dismissed on summary judgment.

17 I have had one spine malpractice suit
18 brought by a convicted felon in a federal
19 penitentiary in Pennsylvania not from a surgical
20 procedure, but about refusing to operate on him.
21 He was a pro se plaintiff. And that too was
22 dismissed in a summary judgement. They're the
23 only two that I can recall.

24 I have been an expert witness in several
25 medical malpractice cases in the past, the

1 details which escape me, and none within the last
2 five or 10 years.

3 Q. Let's cut to the case. We're here obviously, as
4 I mentioned, to talk to you about your treatment
5 of Carolyn Wilson. As I have it, your first date
6 of treatment for her was April 21, 2015; is that
7 right?

8 A. Yes.

9 Q. How did you become involved in her care?

10 A. She was referred for evaluation of her back by
11 her primary care provider, Betsy Whiteside.

12 Q. What were her specific complaints when she first
13 reported to your office?

14 A. Back and bilateral leg pain.

15 Q. Any particular area of the back?

16 A. The lower part of her back.

17 Q. Did you order, at that time, any diagnostic
18 testing?

19 A. We obtained X-rays on that date.

20 Q. What were your treatment recommendations?

21 A. Well, she clearly had had some problems with her
22 back in the past as it was confirmed on MRI scan
23 that had been done several years previously
24 showing some degenerative changes and a disk
25 protrusion. And I recommended continued

1 conservative treatment with an epidural steroid
2 injection at that time.

3 Q. How much information did you have available to
4 you at that 2015 initial visit as far as her
5 medical history?

6 A. Just what she would have given me, and that MRI
7 scan that I referenced from July 2012.

8 Q. And I see that here on the second page of your
9 note. Did you actually have the benefit of the
10 film or was that the radiology report that you
11 reviewed?

12 A. That would have been the pictures, the images
13 themselves I would have reviewed.

14 Q. So your review of that is what you've referenced
15 as far as degenerative changes and a disk bulge;
16 is that right?

17 A. Yes, sir.

18 Q. That disk bulge, as I've noted here in your
19 record, was L-4/L-5?

20 A. Yes, sir.

21 Q. Just so we're on the same page, that MRI scan was
22 dated July 2012?

23 A. Yes.

24 Q. So you recommended conservative care with an
25 injection; is that right?

1 A. Yes, sir.

2 Q. What was your next visit with her?

3 A. It looks like the next visit was March 8, 2016.

4 Q. Do you have any indication as to whether or not
5 she was treating anywhere else for her lumbar
6 spine during that time?

7 A. I believe she was having the epidural steroid
8 injections in our practice by our pain management
9 specialist, Dr. Alexander, in that intervening
10 period of time, I believe.

11 Q. Would you have been made privy to those records?

12 A. Yes, sir. And I do have at least one note from
13 Dr. Alexander's care of her that dates actually
14 after that visit. It dates from April 1, 2016.
15 So it looks like that might have been done after
16 that visit that I was referencing from March 8th
17 even though it said in my history that she had
18 had previous injection that did help for about
19 three months. So somewhere before that time she
20 had an injection, perhaps elsewhere, but I don't
21 have that record.

22 Q. Leading into the March 8th visit, what was your
23 working diagnosis as far as Miss Wilson?

24 A. I thought she had disk degeneration in her low
25 back with a disk protrusion on the right side at

1 L-4/5.

2 Q. With a radicular component as well?

3 A. Yes, sir.

4 Q. Did you appreciate, from the 2012 MRI, any nerve
5 compression or anything of that sort?

6 A. Certainly the disk was bulging on that scan from
7 2012 on the right side.

8 Q. So would that actually lead to compression of the
9 nerve root?

10 A. Yes.

11 Q. I know you mentioned Dr. Alexander's note from
12 April 1st. Do you not have any record then of
13 her having any injections after you made that
14 recommendation in 2015?

15 A. Just my note. I said in the history she had had
16 previous injection that helped for about three
17 months. There are several different physicians
18 that we would ask to do epidural steroid
19 injections for us and Alexander is one of them.
20 It may have been that she had it elsewhere out of
21 this office where I might not would have had that
22 note.

23 Q. The reference of the injections and the benefit
24 being three months, is that in your March 2016
25 note or is that from the previous visit in April

1 of 2015?

2 A. No, that was in the March 2016 note.

3 Q. Let's move forward then to your next visit. If
4 my notes are correct, it's April 12, 2016; is
5 that right?

6 A. Yes, sir.

7 Q. Can you tell me what was done for her at that
8 visit?

9 A. Well, it was my impression that she had improved
10 in terms of results from the epidural steroid
11 injection. She indicated to me that her job was
12 physically demanding and she felt that perhaps
13 affected her ability to get better long-term.

14 Q. According to your notes, is that reference that
15 you just talked about as far as her job being
16 physically demanding, is that the first time
17 there was a discussion in your records with her
18 about her work as it related to her back
19 problems?

20 A. I believe in my original note on April 21, 2015,
21 the history said patient's job requires her to do
22 a lot of lifting, physical activity. She was
23 assistant manager and finds she had to wear a
24 lumbar corset quite often at work in order to
25 gain symptomatic relief. That was the only

1 reference to a work issue earlier.

2 Q. What recommendations did you have after the
3 April 2016 visit, April 12th?

4 A. Well, I recommended she get a new MRI scan at
5 that time just because she was still having some
6 ongoing symptoms of buttock and leg pain.

7 Q. And that was done two days later; is that right,
8 the MRI?

9 A. Yes, sir, April 14, 2016.

10 Q. When was your next follow-up visit with her after
11 the MRI was completed?

12 A. I saw her on May 5, 2016, and reviewed that MRI
13 scan.

14 Q. What was your impression of that MRI scan at that
15 point in time?

16 A. Again, I thought she had a fairly small bulge.
17 She had disk degeneration at the lower three
18 lumbar levels, i.e. L-3/4, L-4/5 and L-5/S-1,
19 that was similar to what we had seen on the
20 earlier scan.

21 Q. So that leads me to my next question. Did you
22 actually make a visual comparison between the two
23 films from 2012 to the films in 2016?

24 A. Yes, sir, it looked like the disk bulge was
25 perhaps a bit smaller.

1 Q. What is that indicative of?

2 A. Well, you hope it's indicative of improvement in
3 symptoms and decreases the likelihood of surgical
4 intervention as opposed to going in the opposite
5 direction and getting bigger with time.

6 Q. So your impression was the disk bulge was smaller
7 in 2016 than it appeared in 2012?

8 A. Yes.

9 Q. Is that consistent with an increase in
10 symptomatology?

11 A. We see it from time to time. I think it casts a
12 little bit of doubt on how much surgical
13 intervention may help when you have that.
14 Obviously from a common sense perspective, the
15 bigger the herniation, the more compression on
16 the nerve, the more likely that surgical
17 intervention is going to be helpful for that, the
18 bigger the problem.

19 And, also, makes you assume that, in fact,
20 that bulge or protrusion is what is actually
21 causing all the symptoms and that's not
22 necessarily the case either. I mean, some people
23 that have completely no symptoms at all might
24 have an MRI scan that shows a disk bulge or
25 herniation.

1 Q. Is there any inference that you can draw from the
2 fact that she reported an approximate three month
3 relief from previous injection?

4 A. I think that's a good sign, generally, that
5 patients won't have to have surgery when they get
6 some benefit. Typically we'll try an epidural
7 steroid injection before we recommend surgery.
8 If they don't get any improvement from an
9 injection that usually points us down that
10 surgical path.

11 Sometimes a patient says, yeah, I got a
12 day or two relief from an injection and that
13 doesn't mean a whole lot. But three months is
14 usually a pretty good sign.

15 Q. Do you use those as a diagnostic tool as well, to
16 an extent?

17 A. I think that's probably reaching a little bit
18 much for me. I think, generally speaking, it can
19 tell you you're barking up the right tree. If
20 you do an injection and if they get a little bit
21 of relief, you know that's where the pathology is
22 even if it's not long lasting. So, yeah, I mean,
23 in a way it is kind of a diagnostic tool.

24 Q. Did you notice any worsening or negative change
25 in her MRI films between 2012 and 2016?

1 A. No.

2 Q. I think she was then seen for another injection
3 May 25, 2016; is that right?

4 A. Yes, sir.

5 Q. And your follow-up visit came almost one month
6 later, June 28th; is that correct?

7 A. Yes, sir.

8 Q. What were your findings as of June 28, 2016?

9 A. I thought her exam was pretty good, actually, at
10 that point in time. There was no focal
11 neurologic deficit and not really any significant
12 sciatic stretch signs, which kind of tells you
13 that there is not a lot of impingement on the
14 nerve structures.

15 Q. At that point in time, had you given her any work
16 restrictions or limitations?

17 A. It looks like she was on short-term disability
18 from work. That's what my plan said down at the
19 bottom. So I'm assuming we had her out of work.

20 And looking back at a separate return to
21 work slip dated June 28, 2016, we said she was
22 unable to return to work at that time. And we
23 recommended physical therapy for aggressive
24 reconditioning. That was on June 28, 2016.

25 Q. What was the point of concern on June 28th as far

1 as her ability to continue working?

2 A. I don't recall independently but my suspicion,
3 based on some of the wording in these notes, is
4 that her belief was that she was not getting the
5 level of improvement with conservative efforts,
6 because she was continuing to do a fair bit of
7 physical demand activities, and a rest from that
8 in the hopes of pointing her in that right
9 direction towards getting better. Though I'm not
10 100 percent certain about that.

11 Q. Do you know if she actually underwent the therapy
12 that you had recommended?

13 A. It looks like there was a physical therapy report
14 from Carolina Pines Regional Medical Center that
15 was dated in the July 2016 time frame that looks
16 like a plan of care for physical therapy
17 involving therapeutic exercise and some
18 instruction in body mechanics and pain management
19 type.

20 Q. Do you recall if you established or wrote a
21 specific prescription for her therapy, meaning
22 this many days per week for this many weeks?

23 A. I suspect I did. I don't see the note itself but
24 that would have been typical for me to say that I
25 recommended therapy in the plan. But I might not

1 have outlined exactly the volume of those visits.

2 Q. So sitting here today, you don't know one way or
3 another whether she went to therapy for the full
4 extent of your recommendation, is that fair?

5 A. I really don't know.

6 Q. She followed up next with you July 26th.

7 A. The 30-gauge was done on July 14th by Dr.
8 Alexander it appears. And then I saw her on
9 July 26, 2016 for followup.

10 Q. What was the status of her condition as of that
11 appointment?

12 A. Well, she didn't really think overall that the
13 therapeutic injections helped significantly. She
14 thought therapy may be helping some so that kind
15 of implies that she was going to therapy. I
16 don't know, again, how much. I recommended
17 against her smoking and talked to her about the
18 risk factor that relates to back problems with
19 that habit.

20 We talked after that about risk factor
21 modification and trying to return to work later
22 in the week.

23 Q. And I have a work note from you. It looks like
24 you wrote her back to work with no restrictions
25 July 28th. Is that consistent with your records?

1 A. Yes.

2 Q. Was there any particular reason that you did not
3 return her to work with any work restrictions at
4 that point based on her past complaints?

5 A. No. I mean, I thought it was reasonable for her
6 to try to do her routine work activities. And it
7 could have been something as simple as her
8 telling me there may not have been modified duty
9 available. Frequently that's the case in many of
10 these types of jobs. I don't recall if I had
11 that conversation with her or not.

12 Q. Now, I know she returned to work it looks like,
13 and reports back to you on September 13th
14 indicating an increase in her pain; is that
15 right?

16 A. Yes.

17 Q. Is it at that point that you make the surgical
18 recommendation?

19 A. Yes, sir. I mean, she had had pretty thorough
20 conservative effort. Certainly enough time had
21 gone by. She had therapeutic injections, she had
22 physical therapy, she had work restrictions, then
23 she had a work trial. So it kind of puts you at
24 the fork in the road where you discuss surgery at
25 that point. It's not me recommending it, it's me

1 offering it. More from that perspective.

2 Q. When did she actually undergo surgery?

3 A. September 30, 2016.

4 Q. What type of procedure did you perform?

5 A. We did a microlumbar diskectomy of the L-4/5 on
6 the right side. Basically a procedure just to
7 remove the protruding part of that L-4/5 disk,
8 hoping that it would help with some of her right
9 leg pain.

10 Q. Do you have any indication, at that point,
11 whether or not she started to improve as far as
12 her symptomatology after the surgery?

13 A. Let's see. When I saw her back on October 11,
14 2016, she had excellent relief of her symptoms,
15 that is, in her buttock and leg, for about ten
16 days. And then she had a recrudescence of her
17 radiating leg pain that occurred. She came in
18 complaining of that.

19 And it was felt that that was more likely
20 than not to represent just some normal
21 postoperative swelling and we put her on some
22 steroid medication at that time.

23 Q. Her work status at that point was out of work; is
24 that right?

25 A. Yes, sir.

1 Q. You next saw her, as far as my notes,
2 November 3rd?

3 A. Yes.

4 Q. Was she improving at that visit?

5 A. She still had had some radiating leg symptoms
6 that were bothersome. She didn't take the
7 steroid medicine that I had recommended but she
8 did have some evidenced of some sciatic
9 inflammation. I recommended she take the
10 steroids that we had previously offered and
11 thought that it would be appropriate to get an
12 MRI scan.

13 One of the things we have to think about
14 in the postoperative period is could the disk
15 have sustained another herniation. What we call
16 a recurrent herniation. Most of the time it's
17 just postoperative swelling but sometimes the
18 disk can herniate again, especially in the short
19 postoperative period, because the outer lining of
20 the disk just hasn't had time to heal itself or
21 knit itself back together. So the disk is a
22 little bit vulnerable for that four- to six-week
23 period.

24 Q. When you had the repeat MRI done on November 17,
25 2016, did you have any concerns with the

1 findings?

2 A. No, I thought it actually looked pretty good. It
3 ruled out the recurrent herniation that we were
4 considering as a possibility and it let us know
5 there were no postoperative complications, no
6 postop swelling, fluid built up or spinal fluid
7 leak or evidence of infection. Those things are
8 always on our minds when patients have surgery.
9 It's complications. We didn't see any of that.

10 Q. Did you order her to go to any additional
11 physical therapy following the surgery?

12 A. I thought that would be appropriate for her to
13 maybe help loosen up some of that inflammation in
14 her back.

15 Q. Are you aware of whether or not she underwent
16 therapy at that point?

17 A. No.

18 Q. You saw her -- I know there was another visit in
19 November but let's move one step ahead to January
20 of this year. What were her complaints when you
21 saw her on the 31st of January?

22 A. She had some continued back pain and right leg
23 pain. This note does say that she had had
24 conservative efforts including physical therapy.

25 So, to answer your earlier question, it

1 appears that she did at least do some therapy. I
2 don't know how much or whatever.

3 We also put her on some anti-inflammatory
4 medication and talked a little bit about one of
5 the other medicines that I had ordered, this
6 Gabapentin, that apparently caused some side
7 effects and didn't feel like that was worth
8 taking so we discontinued it.

9 Q. Did you have any concerns given you're now, what,
10 four months removed from surgery, that there are
11 still some complaints of radiculopathy?

12 A. It's always of concern to us. I mean, that's the
13 one thing we kind of hang our hat on, thinking
14 that we have had a pretty good success rate in
15 the field of improving on the radicular nerve
16 root pain. Surgery for the disk problem doesn't
17 really help backaches much, as we know. But
18 generally it's going to help the leg pain.

19 In her case, I don't know what she would
20 say if you asked her today, but it was my
21 impression that surgery didn't help her very much
22 in terms of that relief.

23 Q. Did you reach any conclusions at that point as to
24 what the source or origin might be of her
25 continued complaints?

1 A. Well, I mean, I think when we do surgery for disk
2 compression upon a nerve, we can certainly give
3 the nerve a good environment by removing whatever
4 compressing structure there is, in her case, the
5 disk fragment. But we don't really have any
6 control how the nerve heals especially if there
7 is a chronic process.

8 Sometimes patients have medical conditions
9 that make it less likely that they're going to
10 enjoy excellent relief from nerve symptoms, such
11 as a diabetic condition, for example, with
12 neuropathy.

13 I mean, it's certainly disheartening for
14 the patient and for the surgeon as well to have
15 had a procedure that doesn't seem to have helped
16 very much. But I think we can give it a few
17 months and hope things get better. And if it
18 doesn't, it's kind of the way it is.

19 Q. Were there any additional treatment
20 recommendations you made during that January 31st
21 visit?

22 A. It was felt that there was a little bit of
23 inflammation in her hip area, some bursitis. And
24 we see that sometimes. Maybe it's just a patient
25 compensating for the fact that their back doesn't

1 feel well and their hip gets a little bit
2 inflamed.

3 If I feel some tenderness right over that,
4 sometimes we'll do an injection in that area.
5 And that's what we did with her on that day just
6 to try to decrease a little bit of that
7 inflammation.

8 Q. Do you have any notes, and I know we talked a
9 little bit about this before we got started,
10 about her work status as of January 31st?

11 A. Actually, the last note I have about work stuff
12 is on November 22nd and I had her unable to
13 return to work on that date. And I don't see in
14 my notes any other work notes but, like I was
15 mentioning before we got started, we're on a
16 different computer system now then we were before
17 December 10th last year and it's possible I might
18 not have been able to access it.

19 Q. I note on the second page of that January 31st
20 visit there is a reference to repetitive bending
21 and lifting, repetitive twisting and turning, any
22 lifting greater than 25 pounds should be avoided.
23 Do you see that there?

24 A. Yes, sir, I do see that. I recommended the
25 avoidance of repetitive bending and lifting,

1 repetitive twisting and turning, and at any one
2 time lifting greater than 25 pounds at that time.

3 Q. Would that be consistent with essentially what
4 amounted to a return to work with restrictions?

5 A. It would be that exactly.

6 Q. Beyond that visit, tell me just generally what
7 additional treatment you have provided her? I
8 know we've talked about a last visit of May 4th
9 this year. What additional treatment have you
10 rendered?

11 A. When I saw her on May 4th, I really didn't
12 recommend any additional treatment at that time?

13 Q. So you did not have a follow-up visit scheduled
14 for her at that point?

15 A. No, I discharged her.

16 Q. When you discharged her, does your note indicate
17 whether or not there were any restrictions placed
18 upon that discharge, any lifting restrictions,
19 anything of that sort?

20 A. Well, I think I would have to assume if I didn't
21 say anything different in this note of May 4th,
22 which it does not appear that I did, then I would
23 have probably carried on those earlier
24 recommendations.

25 And then I come over to my second page of

1 this visit where I did say that she should
2 continue conservative efforts. There was not
3 anything else to do from a treatment standpoint.
4 I did remind her that she had a degenerative
5 condition in her spine, and a home exercise
6 program was emphasized along with proper body
7 mechanics and lifting techniques.

8 So it's a teeny bit ambiguous,
9 unfortunately, but I would have to stand by my
10 earlier work restriction note that you asked me
11 about from January 31st because I don't have any
12 other specific note of that. And, again, if it's
13 in there, I just don't have it before me.

14 Q. Going back to her employment. I know you had
15 indicated even as early as April 21, 2015 that
16 there was reference to the work that she was
17 doing being physically demanding. What
18 information specifically did she provide you with
19 about her job?

20 A. Just that it was physically demanding, that it
21 required a lot of bending and lifting, and she
22 felt that that's what led her to this point where
23 she was presenting with the back and leg pain.

24 Q. Did she provide you with a job description of any
25 sort?

1 A. No, just a general statement that I just
2 referenced is all that I remember.

3 Q. And there wasn't even any discussion about weight
4 of what she was lifting, how frequent, anything
5 of that sort, just her indicating that her job
6 was physically demanding?

7 A. I think that's pretty accurate, yes, sir.

8 Q. Do you know how long she had been working for
9 Fred's?

10 A. No.

11 MR. LAFAVE: I guess if we need to we
12 can mark these since I don't know that he had
13 them in his records. Just throw stickers on
14 these two questionnaires real quick.

15 (QUESTIONNAIRE FILLED OUT BY DR. EDWARDS, DATED
16 FEBRUARY 9, 2017 MARKED FOR IDENTIFICATION AS
17 DEFENDANT'S EXHIBIT NO. 1)

18 (QUESTIONNAIRE FILLED OUT BY DR. EDWARDS, DATED
19 MAY 13, 2017 MARKED FOR IDENTIFICATION AS
20 DEFENDANT'S EXHIBIT NO. 2)

21 BY MR. LAFAVE:

22 Q. Dr. Edwards, what I'm going to show you now I
23 have marked as Defendant's Exhibit No. 1. This
24 is a questionnaire that was provided to me by
25 Miss Wilson's counsel. Can you take a look at

1 that and see if you recognize that document
2 (handling)?

3 A. Yes, sir, it's a questionnaire that I answered
4 regarding Miss Wilson.

5 Q. Let's specifically, on that one, go to number
6 two, question number two, where you were asked
7 about an aggravation or worsening of a
8 preexisting condition. Do you see that there?

9 A. Yes.

10 Q. We talked earlier about her MRI results. And my
11 understanding was your testimony was the MRI
12 results actually looked better from 2016 than
13 they did in 2012. Is that still accurate?

14 A. Yes.

15 Q. What objective findings during the time that you
16 saw her led you to conclude that she had a
17 worsening of her condition?

18 A. None.

19 Q. Was it all subjective, relying on her complaints
20 of pain?

21 A. Yes.

22 Q. Was there anything else that you relied on to
23 arrive at the conclusion that she had a worsening
24 of her preexisting condition?

25 A. No, unless I had seen her before she had this

1 lifting situation at work and had that visit
2 documented, there would be no way I would know
3 with any objective data. I mean, it's strictly
4 based on what the patient's history is that's
5 given to me.

6 Q. And that's inclusive of the fact that you didn't
7 see any of her previous medical records to
8 indicate here were the complaints, whether or not
9 they were consistent or in some way different; is
10 that accurate?

11 A. Yes. I mean, sometimes I get presented in
12 meetings like this with information from other
13 medical providers before this event supposedly
14 occurred showing that there was ongoing medical
15 care for the same problem and obviously that
16 would change my mind. But that was the history
17 that was given to me, and I don't have any
18 contradictory information that would make me
19 answer differently at this time.

20 Q. But you were aware, at least at some point, her
21 back problem had reached a point to where she
22 underwent an MRI in 2012; correct?

23 A. Absolutely.

24 Q. And that showed at least similar conditions of
25 her spine?

1 A. I'm not trying to rephrase your question but
2 certainly the MRI scan was essentially unchanged
3 from 2016. So I don't think there is any data
4 that says objectively, either from a physical
5 examination standpoint or a radiographic
6 standpoint, was there any worsening of the
7 condition.

8 Q. Is it accurate to say then you relied exclusively
9 on her reports that her job was physically
10 demanding to reach your conclusion that the job
11 caused the worsening of her condition?

12 A. Yes, sir. Again, I rely on the voracity of the
13 information that's given to me by the patient.
14 And I really don't have any reason to doubt it at
15 this point in time.

16 Q. I'm going to show you also what we have now
17 marked as Exhibit 2 (handing). And let me first
18 ask you, I don't think it was touched on in this
19 questionnaire. I know you said you discharged
20 her as of May 4, 2017. Did you conclude at that
21 time that she was at maximum medical improvement?

22 A. Yes.

23 Q. Is it your opinion here today, July 20, 2017,
24 within a reasonable degree of medical certainty,
25 that she remains at maximum medical improvement?

1 A. Yes.

2 Q. In this questionnaire, and I know we touched on
3 your medical records, but in this questionnaire,
4 what did you indicate as far as permanent work
5 restrictions for Miss Wilson?

6 A. That there were none.

7 Q. Sitting here today, July 20th, within a
8 reasonable degree of medical certainty, do you
9 have any position or opinion that she has or
10 needs any permanent work restrictions?

11 A. No.

12 Q. The next section there you assigned her an
13 impairment rating. And that's a five percent; is
14 that correct?

15 A. Yes, sir.

16 Q. Is that a five percent to the spine?

17 A. Yes.

18 Q. Is that your opinion still to this day, within a
19 reasonable degree of medical certainty?

20 A. Yes, sir.

21 Q. I know one of the things that doesn't often get
22 done in situations like this, you previously
23 concluded in Exhibit 1 that she had a preexisting
24 condition; correct?

25 A. Yes, sir.

1 Q. Can you, within a reasonable degree of medical
2 certainty, determine how much of that five
3 percent that you assigned her as of, and the date
4 of this questionnaire is May 13, 2017, how much
5 of that was related to her preexisting condition?

6 A. I wouldn't be able to do that. I just don't have
7 any knowledgeable way to answer the question.

8 It's a good one, I just don't know the answer.

9 Q. Would you be able, within a reasonable degree of
10 medical certainty, to conclude that the entirety
11 of the five percent impairment she now has is a
12 result of the aggravation of her preexisting
13 condition?

14 A. I don't think I could do that either.

15 Q. Finally, we get down to the medical treatment
16 issue. I know it's sort of guess work for you as
17 a doctor and where you haven't seen her in a few
18 months. Do you have any opinion, within a
19 reasonable degree of medical certainty, that
20 there is medical treatment that she will need to
21 either lessen her period of disability or so that
22 she can maintain her present level of
23 functioning?

24 A. I think I would answer in the affirmative with
25 that.

1 Q. What type of medical treatment do you believe
2 that she needs more likely than not?

3 A. She probably will need some medication for what
4 is likely to be some inevitable ongoing
5 mechanical and radicular pain. And if there is
6 significant flare-up of symptoms and she saw me
7 as a provider, I would probably suggest that she
8 consider physical therapy for that.

9 Q. Do you know from your May 4th record if you wrote
10 her any prescriptions at the time of discharge?

11 A. She was taking ibuprofen and some pain
12 medication. It doesn't look like any
13 prescriptions were given on that date.

14 Q. Is there a particular prescription that you
15 believe she would need to either maintain her
16 present level of functioning or to lessen her
17 overall disability?

18 A. On a regular basis, none.

19 Q. And any medical treatment that she would need,
20 more likely than not, can you, within a
21 reasonable degree of medical certainty, establish
22 that it is a result of the worsening of her
23 condition?

24 A. Again, if the information I have been provided is
25 accurate, I would say it is related to the

1 worsening of her condition because she didn't
2 have treatment before this injury or this episode
3 of her physical demand activities at work. And,
4 again, my opinion could change if I'm given some
5 information saying that she needed treatment and
6 she had symptoms and she was receiving some type
7 of intervention before this time.

8 Q. That's all the questions I have. I appreciate
9 your time, Doctor.

10 A. Yes, sir.

11 EXAMINATION BY MS. ROCHE:

12 Q. Dr. Edwards, thank you for being here today. My
13 name is Andrea Roche, and I represent Miss Wilson
14 in her workers' compensation claim. I just have
15 a few questions.

16 Do you have an independent recollection of
17 Miss Wilson?

18 A. Yes.

19 Q. Now, Miss Wilson told you when she first saw you
20 that she did a lot of lifting, physical activity
21 at work, did she not?

22 A. Yes.

23 Q. And when she first saw you, she told you she had
24 prior problems with her back, she wasn't trying
25 to hide that or anything, was she?

1 A. No, absolutely not.

2 Q. In fact, she mentioned that she had, I think in
3 this visit, the first visit, that she had had
4 some relief with injections in the past. I'm not
5 sure if it was this visit or the next one. But
6 that's your understanding, that she had epidural
7 injections previously and they had done fine for
8 her for a period of time?

9 A. Yes.

10 Q. So would it be your understanding that if she had
11 an injection and she did okay for a period of
12 time, she'd have long periods of time where her
13 back was not bothering her before she saw you in
14 April?

15 A. Yes.

16 Q. On the December 22nd note, which we did not go
17 over, she was still continuing to have problems
18 then, was she not?

19 A. Yes.

20 Q. But she did mention that her symptoms were
21 improving some with physical therapy, did she
22 not?

23 A. Yes.

24 Q. So that did indicate that she had some physical
25 therapy that you had recommended; is that true?

1 A. Yes.

2 Q. Before she came to you for surgery, she went back
3 to work for a period of time, did she not?

4 A. Yes, she did.

5 Q. Does that show that she was motivated at least to
6 return to work at that period in time?

7 A. I believe so.

8 Q. When we talk about objective verses subjective
9 complaints and objective findings, isn't it true,
10 Doctor, that often what you diagnose is based on
11 subjective complaints of your patient?

12 A. Certainly that's a vital part of the examination.

13 Q. Do you have any reason at all to doubt what Miss
14 Wilson has been telling you about her complaints?

15 A. No.

16 Q. In the January visit, at that time you told her
17 no lifting greater than 25 pounds, that it should
18 be avoided, repetitive bending and lifting,
19 repetitive twisting and turning, and to follow up
20 PRN. That was in January.

21 And then you saw her again in May, and
22 then thereafter filled out that questionnaire
23 from me. Did anything change to make her better
24 to the point where she could not have those
25 restrictions?

1 A. I'm sorry for the confusion about that.
2 Unfortunately, sometime when we're asked to fill
3 these things out some period of time has passed
4 and we don't have it fresh in our mind and we
5 don't have all of the data before us.

6 The other thing sometimes we as physicians
7 do to take care of spinal problems, when we try
8 to encourage patients to try to stay active even
9 if they have some chronic symptoms or some
10 chronic problems, we try to let them know that
11 doing physical activities while perhaps may be
12 uncomfortable or painful even, that they're not
13 damaging their spine.

14 Once a patient gets a certain period of
15 time out from, for example, the disk procedure
16 that she had, we're not so much worried about her
17 overdoing it and harming herself. We know that
18 if she does certain activities she's more likely
19 to have some increased pain, but that's not the
20 same as damaging your spine.

21 And when I get to the point where I'm
22 filling out an equivalent like a 14B, what I'm
23 referencing here is what's going to be needed to
24 be avoided for protecting her from further
25 injury, not necessarily what she feels good or

1 bad about doing. So there is a little bit of an
2 inconsistency and I'm trying to explain it away a
3 little bit.

4 But the use of her back, bending, stooping
5 and twisting and turning while certainly may be
6 uncomfortable, and my educated guess is that it
7 would be uncomfortable for her on a repetitive
8 basis, but it wouldn't damage her spine. And
9 that's simply what I was trying to address with
10 my nonresponse to that, number two in the
11 questionnaire that was done in May.

12 Q. If she were to return to employment where she was
13 doing a fair amount of lifting and what she
14 considered heavy physical activity, would you
15 agree that that would increase her pain and make
16 it difficult for her to perform her duties?

17 A. Yes.

18 Q. The five percent rating, is that a whole person
19 rating or was that to the spine?

20 A. That was to the spine.

21 Q. Did you use a particular edition of the AMA
22 Guide?

23 A. No.

24 Q. Would you be willing to look at a 5th Edition of
25 the AMA Guide and render an impairment rating?

1 A. Yes. It would be higher.

2 Q. What would it be under the 5th Edition?

3 A. I would probably use the DRA category and it
4 could be, it's entirely a guess, but 12 to
5 15 percent.

6 Q. I think that would probably put her DRA category
7 2?

8 A. 2 or 3, I would have to look. With the residual
9 radicular discomfort it might tip it over to that
10 other category. And I'm happy to do that. If
11 you guys want me to do it at a later date, I'll
12 be glad to do it, send you that information.

13 Q. She would not fall under DRA category 1, would
14 you agree with that?

15 A. I need to see the Guide before I really respond
16 with reasonable medical certainty.

17 Q. The injection you gave to her hip, you mentioned
18 sometimes when people have back pain it could --
19 tell me if there is a link between her hip pain
20 and her back pain that she has?

21 A. She doesn't have any intrinsic hip pathology. In
22 other words, there is no arthritic process or
23 anything in her hip. But a lot of times they
24 will get tendonitis and bursitis around the hip
25 and it usually comes from the way they alter

1 their gait dynamics or their physical activities
2 because their back is uncomfortable and
3 secondarily it gets that area inflamed.

4 It's kind of like sometimes you have a
5 neck problem and the next thing you know your
6 shoulder is giving you problems. It's just the
7 way those things are close to one another
8 geographically. And it's just an effort to try
9 to help with some of her symptoms.

10 Q. In Miss Wilson's case, would you think that the
11 tendonitis or bursitis that she may have
12 developed in her hip would be causally related to
13 her back problems for which you treated her?

14 A. Yes.

15 Q. And that's to a reasonable degree of medical
16 certainty?

17 A. Yes.

18 Q. Dr. Edwards, is there anything that you have been
19 asked or shown today that would change your mind
20 regarding the questionnaires, especially the one
21 regarding causation and the questionnaire about
22 her impairment rating or restrictions today?

23 A. Not really. I mean, you hit on the
24 inconsistencies in my impairment rating as it
25 relates to the 5th Edition of the AMA Guides.

1 There is some difference there. And my
2 restrictions placed on her being different than
3 what was given to her in that note.

4 The answer to no restrictions was based on
5 my interpretation of what might damage her spine
6 not what might be uncomfortable for her spine.

7 Q. That's all the questions I have.

8 REEXAMINATION BY MR. LAFAVE:

9 Q. I have just a few quick follow-up questions for
10 you. One of the things you had touched on
11 specifically with regards to the causation
12 question, number two in Defendant's Exhibit No.
13 1, was the fact that you didn't have any evidence
14 of any previous complaints or treatment; is that
15 right?

16 A. Well, none in the immediate preceding time.
17 Again, as opposing counsel asked in my original
18 history, it was obtained based on the history the
19 patient gave me that she had had an epidural
20 steroid injection, I think it had been maybe
21 eight months before, so there was some discomfort
22 in her back.

23 Q. In your April 21st note, you also see where there
24 is a reference that she had been having a
25 worsening of her problems over the last few

1 years?

2 A. Yes.

3 Q. Was there anything other than her complaints of
4 pain and the radiculopathy that led you to
5 believe she had a worsening or change of her
6 condition?

7 A. No.

8 Q. And is pain alone an indicator of a worsening of
9 a condition?

10 A. I think it can be, yes.

11 Q. I'm trying to follow along on this impairment
12 rating issue. Are you effectively then
13 retracting your five percent?

14 A. No, I think that's the impairment rating that I
15 signed. I'm just saying if someone followed the
16 AMA Guide laterally that the number may be
17 different than what my opinion was. That's my
18 opinion.

19 Q. But you're standing by your five percent
20 regardless of whether it's DRA category 2 or 3
21 pursuant to the AMA Guide, it's still your
22 opinion that she has a five percent impairment to
23 the lumbar spine?

24 A. Yes. I won't say that I don't utilize the Guide
25 for some part of my opinion either directly or

1 indirectly, but my opinion is my opinion only.

2 Q. And back to the injection on the hip. I know we
3 oftentimes get into the alteration of gait
4 affects one leg and a back situation might affect
5 the hip. Do you have any indication that she has
6 any permanent or long-standing issues, that she's
7 going to continue to have problems with her hip?

8 A. No, I don't.

9 Q. When she returned to you in May, I believe that
10 was after she had the injection of the hip;
11 correct?

12 A. Yes.

13 Q. Were there any complaints in that visit that she
14 was still having problems with her hip?

15 A. It just says that previous trochanteric
16 injection, which is the hip injection, helped
17 some. I don't really say anything else and I
18 don't remember her mentioning anything
19 specifically about her hip at that time. I did
20 note in the physical examination her hip motion
21 was full.

22 Q. That's all the questions I have.

23 MS. ROCHE: Nothing in follow-up.

24 (Time noted: 6:08 p.m.)

25

C E R T I F I C A T E

I, the undersigned, Rita Rodriguez, Notary Public in and for the State of South Carolina, do hereby certify that the foregoing statement under oath was taken on the aforementioned date;

That the within deponent was sworn to tell the truth, and that the foregoing is an accurate transcription of the testimony taken under oath;

That all exhibits entered herein are attached hereto (if requested by counsel) and made a part of this statement under oath.

I further certify that I am neither counsel nor solicitor to any of the parties in said suit, nor interested in the event of the cause.

In witness whereof, I have hereunto set my hand and seal on July 28, 2017.



Rita Rodriguez
Notary Public for South Carolina

My Commission Expires: 07/28/2025

STATE OF SOUTH CAROLINA

COUNTY OF LEE

CAROLYN WILSON,

Claimant,

vs.

FRED'S INC.,

Employer,

And

SAFETY NATIONAL CASUALTY
CORPORATION,

Carrier/Defendants.

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

WCC File No.: 1621577

**NOTICE OF WITNESSES AND WRITTEN
REPORT(S)/PHYSICIAN OR OTHER
EVIDENCE TO BE INTRODUCED ON
BEHALF OF THE CLAIMANT**

**TO: SC WORKERS' COMPENSATION COMMISSION AND MATTHEW LAFAVE,
ESQ., ATTORNEY FOR EMPLOYER/DEFENDANTS:**

YOU ARE HEREBY NOTIFIED THAT the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann §1-23-330 (1985), submits the following medical reports as direct evidence on behalf of the Claimant:

<u>NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT</u>	<u>NUMBER OF PAGES</u>
1. Pee Dee Orthopaedic Associates, PA	04/21/15-07/27/17	1-52
2. CareSouth Carolina	02/19/16	53-59

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the

South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

All witnesses listed on both parties pre-trial briefs, to include but not be limited to the Claimant. Claimant reserves the right to amend this list of witnesses.

MICKLE & BASS, LLC

BY: 

Andrea C. Roche
Attorney for Claimant
1519 Richland Street
PO Box 5639
Columbia, SC 29250
Telephone: 803-929-0029
Facsimile: 803-929-1024

Columbia, South Carolina

July 27, 2017



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: April 21, 2015 Patient: Carolyn Willson Page: 28
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

901 E. CHIEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
 (843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Lumbar Initial Examination

PATIENT ID: 362442

Patient: Carolyn Willson
Address: 78 L Pac Cemetary Rd
 Bishopville SC 29010
DOB: [REDACTED]
Employer: Fred's Dollar Store

Date of Service: 4/21/2015
Gender: female
Age: 55 year(s)
Occupation: Manger

Referring Physician: Betsy Whiteside
Other Physicians:

Date of Injury/onset:

Date 01/01/2015
Type onset

Chief Complaint: Lumbar pain

(X) Low back pain (X) Leg pain (X) L (X) R () Thoracic back pain
 () Neck pain () Arm pain () L () R

History of Present Illness: 55-year-old female complains today of pain in the lateral thighs and down the lateral aspects into the lateral calves made worse with lying supine. Her symptoms have been worsening over the last few years. Complains today of low back pain as well central with radiation laterally into the PSIS regions. Back pain worsens in the morning and in the evening and with sitting for extended periods. Patient also has intermittent flareups of back pain at come and go without preceding factors. In the past she has tried physical therapy however she is found that she cannot afford it. Patient's job requires her to do a lot of lifting, physical activity. She is an assistant manager. She finds she has to wear her lumbar corset quite often at work in order to gain symptom relief. Patient admits that epidural steroid injections have helped in the past with the last one being 8 months ago. She is wondering today if she may get a referral for an epidural steroid injection. She does use muscle relaxers as well. Denies standing or walking intolerance to leg pain or weakness. However she does have buttock pain it bothers her intermittently. Denies changes in bladder or bowel function. No constitutional symptoms.

Medications: cyclobenzaprine (Dosage:), diclofenac (Dosage:)
Allergies: NKDA
Surgical History: None reported
Medical History: sinusitis
Family History: High Cholesterol; Parents: Father Living; Parents: Mother-Living
Social History: Light tobacco smoker Alcohol use: Occasionally; Drug Use: Never; Employment: Full Time; Marital Status: Married

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems have been reviewed and are negative except:
EENT: Sinus Problems; Musculoskeletal: Joint swelling/stiffness

PHYSICAL EXAM:



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: April 21, 2015 Patient: Carolyn Wilson Page: 29
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
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 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 200 lbs 0 oz BMI: 33.3 TEMPERATURE: 98.6
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.

LUMBAR FOCUSED EXAM: Rises slowly from sitting to standing without appearing uncomfortable. Lumbar lordosis adequate. No list. Diffuse tenderness lumbosacral region centrally extending into the right PSIS region. No palpable step off of the spinous processes. No spasm. Palpable right sciatic notch tenderness. Forward flexion at the waist to 80° limited by low back pain. Mild generalized central low back pain with hyperextension to 5°. Lateral bending bilaterally limited by 20% secondary to low back pain and lateral rotation without pain or limitation. Patient able to stand on toes and heels. Motor strength in the lower extremities is 5/5. Reflexes 2+ and symmetric. No dermatomal paresthesias. No sciatic stretch signs or low back pain with straight leg raising bilaterally. Hip and knee motion is full. Pulses full. Gait is normal.

Xrays: Plain films of the lumbar spine today without significant disc space narrowing or loss of lordosis. No apparent degenerative changes of the hips or the SI joints.

MRI: MRI scan of the lumbar spine from July 2012 shows signal intensity changes of the discs at L4-L5 and L5-S1. There is a broad-based disc bulge at L4-L5 extending into the right neural foramen causing mild to moderate central stenosis. There is ligamentum flavum hypertrophy and bilateral facet arthropathy at this level as well.

ASSESSMENT:

ICD9/10 Code: 722.52-LUMBAR DEGENERATIVE DISC DISEASE; 724.4-LUMBAR RADICULOPATHY

Diagnosis: Degenerative disc disease L4-L5 L5-S1. Lumbar stenosis with right foraminal stenosis L4-L5. Mechanical low back pain.

PLAN:

Discussion today with regard to the patient's symptoms, imaging studies, and diagnosis. Referral today for an epidural steroid injection at L4-L5 on the right. Follow up appointment in one to two weeks after the epidural steroid injection to assess for efficacy. If symptoms are not efficacious the patient will need a new MRI scan. Patient instructed to call the office with questions or concerns, particularly if her symptoms should worsen. Thank you for this consultation.

W. S. Edwards, M.D.
 Spine Surgeon
 Pee Dee Spine Center

John A. Gartung, Jr., PA-C

This document was electronically signed on 4/21/2015

Referral/Reply Letter(s) Dated 5/18/2015
 Betsy Whiteside - SPECIALTY: Family Practice



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: March 8, 2016 Patient: Carolyn Wilson Page: 26

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Follow Up Examination

PATIENT ID: 362442

PATIENT: Carolyn Wilson
DOB: [REDACTED]
Employer: Fred's Dollar Store

Date of Service: 3/8/2016
Age: 56 year(s)
Occupation: Manger

Referring Physician: Betsy Whiteside
Other Physicians:

Date of Injury/onset:

Date	Type
01/01/2015	onset

Chief Complaint: Back and right thigh and hip pain.

History of
Present Illness: This very pleasant 55 year old black female underwent epidural steroid injection previously that helped for about three months. Previous imaging studies showed disc protrusion at L4-5 central and to the right side compatible with her symptoms. She does a good bit of physical demand activities on her job that continue to bother her and she asked about repeating the injection.

Allergies: NKDA
Current Meds: cyclobenzaprine (Dosage:), diclofenac (Dosage:)

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 200 lbs 0 oz BMI: 33.3 TEMPERATURE: 98.2
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:

Mild sciatic stretch signs right side. She has some unrelated anterior knee discomfort. No effusion or limitation of motion was noted. Lumbar flexibility is full though she complained of some discomfort in the right buttock with flexion to 80 degrees.

X-ray: Plain films show no change in spinal alignment. Disc space narrowing at L4-5 without evidence of instability.

ASSESSMENT:

ICD9/10 Code: M51.36-Other intervertebral disc degeneration, lumbar region

PLAN:

Epidural steroid Injection at L4-5 is offered as a repeat procedure. It would not be appropriate to consider surgical treatment at this time especially given the good initial results from her first epidural. Follow up as needed.



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: March 8, 2016 Patient: Carolyn Wilson Page: 27

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
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W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

This document was electronically signed on 3/8/2016

Fax Created: Name: Whiteside, Betsy Number: 18433789962 Dated: 3/10/2016 12:39:39 PM



**Pee Dee
Orthopaedic
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Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Procedure Note

PATIENT ID: 362442

Right L4 transforaminal epidural steroid Injection #1

PATIENT: Carolyn Wilson

Date of Service: 4/1/2016

DOB: [REDACTED]

Age: 56 year(s)

Referring Physician: Betsy Whiteside

Other Physicians:

History of Present Illness: Carolyn Wilson is a 56 year old female who presents today to undergo her first epidural steroid injection of the lumbar spine. She rates her pain as a 5/10 in low back and legs.

Procedure: Right L4 Transforaminal Epidural Steroid Injection:

The patient was placed prone on the fluoro table. The C-arm was rotated ipsilaterally until the foramen could be visualized. The skin over the target area was sterilized with Betadine solution then the target area was anesthetized with 2 cc's of 1% Lidocaine. Once anesthesia was obtained a 22 gauge spinal needle was carefully inserted into the skin over the target at the superior medial aspect of the foramen. The needle was advanced until the trajectory was established. Needle placement was confirmed with a lateral view. On AP view the needle tip did not pass beyond the mid pedicular line. Aspiration was negative. There were no radiating pains or paresthesias with needle placement. 1 cc of Omnipaque was instilled into the right L4 neural foramen outlining the right L4 nerve root. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 1 cc of Methylprednisolone 80 mg. and 4 cc's of 0.9% Sodium Chloride solution was combined and instilled proximally and distally along the right L4 spinal nerve root. The spinal 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 approximately 2 weeks for a reevaluation.

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 202 lbs 0 oz BMI: 33.6 TEMPERATURE: 98.6

ICD9/10 Code: M51.36-Other Intervertebral disc degeneration, lumbar region; M54.16-Radiculopathy, lumbar region

Diagnosis: Lumbar disc disease; Lumbar radiculopathy.

PRESCRIPTION: No data for Prescription

Anthony W. Alexander, M.D.



**Pee Dee
Orthopaedic
Associates, PA**

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Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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ESI CHECK-OFF LIST

PATIENT ID: 362442

PATIENT NAME: Carolyn Wilson
DATE: 4/1/2016

CHART#: 362442

ESI JOURNAL:

DATE	PAIN RATING	PAIN RATING AFTER LAST INJECTION	EFFECTS OF LAST INJECTION
04/01/2016	5/10	First ESI of the LS	Low back pain and bilateral leg pain 5/10

HAVE YOU TAKEN ANY?

Aspirin or aspirin products in the last 10 days?	☐	YES	☒	NO
Arthritic medicine in the last 10 days?	☐	YES	☒	NO
Anti-inflammatory medicine in the last 10 days?	☐	YES	☒	NO
Herbal medicine in the last 10 days?	☐	YES	☒	NO
Vitamin E in the last 10 days?	☐	YES	☒	NO
Prescription blood thinners in the last 10 days?	☐	YES	☒	NO
Bleeding disorder?	☐	YES	☒	NO

Date stopped taking blood thinner: none PT PTT INR

ARE YOU PREGNANT?

☐ Yes ☒ No Last menstrual cycle: menopause 2 yrs

DIABETIC

☐ Yes ☒ No BSL:

BLOOD PRESSURE: 143/88

PREOP MEDICINE: none TIME TAKEN:

COMMENTS:

ALLERGIES: NKDA

CURRENT MEDICATION: cyclobenzaprine (Dosage: {}), diclofenac (Dosage: {})



**Pee Dee
Orthopaedic
Associates, PA**

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Patient Name: Carolyn Wilson

DATE: 4/1/2016

☐ 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:

Return Appointment:

May return to work with no restrictions on Monday April 4, 2016

Anthony W. Alexander, M.D.

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**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: April 12, 2016 Patient: Carolyn Wilson Page: 21
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Follow Up Examination

PATIENT ID: 362442

PATIENT: Carolyn Wilson
DOB: [REDACTED]
Employer: Fred's Dollar Store

Date of Service: 4/12/2016
Age: 56 year(s)
Occupation: Manager

Referring Physician: Betay Whiteside
Other Physicians:

Date of Injury/onset:

Date	Type
01/01/2015	onset

Chief Complaint: Follow up after epidural steroid injection.

History of Present Illness: Patient with disc protrusion L4-5 much improved after injection. She exerts herself in physically demanding manner at work which she feels is keeping her from improving. MRI scan was done quite a long time ago in 2012.

Allergies: NKDA
Current Meds: cyclobenzaprine (Dosage: {}), diclofenac (Dosage: {})

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 202 lbs 0 oz BMI: 33.6 TEMPERATURE: 98.3
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:

Mild sciatic stretch signs persist on the right side but no motor weakness. She does have some dermatomal dysesthesias in the L5 distribution. Lumbar flexibility is good.

X-ray: None.

ASSESSMENT:

ICD9/10 Code: M51.36-Other Intervertebral disc degeneration, lumbar region

PLAN:

New MRI scan should be obtained given the lack of complete relief of conservative efforts. She may wish to continue conservative efforts depending on the new MRI scan.



**Pee Dee
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Date of Service: April 12, 2016 Patient: Carolyn Wilson Page: 22
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
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W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

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Patient Name: WILSON CAROLYN
Physician: EDWARDS, W.S.
Study Date: 04/14/2016 07:39:55

X-RAY #: 362442
AGE: 056Y
DOB: [REDACTED] (F)

-----FINAL REPORT-----

MRI OF LUMBAR SPINE:

CLINICAL INFORMATION: DDD.

COMPARISON: No comparison films.

FINDINGS: Visualized osseous elements intact with no evidence of fracture. Marrow signals within normal limits. Normal lordotic curvature of lumbar spine. Conus medullaris & cauda equina normal.

T12-L1: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L1-L2: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L2-L3: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L3-L4: 1-mm ventral bulging disc. No disc herniation nor spinal stenosis.

L4-L5: 1-mm ventral bulging disc. No disc herniation nor spinal stenosis.

L5-S1: 1-mm ventral bulging disc. Annular fissure within the right L5-S1 disc. No disc herniation nor spinal stenosis.

Page 1 of 2

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Transcribed: McCullough, Patricia 04/14/2016 10:52 AM
Electronically signed: Hatten, H. Paul Jr. M.D. 04/14/2016 11:00:59 AM LICENSE #



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Associates
Pee Dee Spine Center**

Patient Name: WILSON CAROLYN
Physician: EDWARDS, W.S.
Study Date : 04/14/2016 07:39:55

X-RAY #: 362442
AGE: 056Y
DOB: [REDACTED] (F)

IMPRESSION:

1. L3-L4: 1-MM VENTRAL BULGING DISC. NO DISC HERNIATION NOR SPINAL STENOSIS.
2. L4-L5: 1-MM VENTRAL BULGING DISC. NO DISC HERNIATION NOR SPINAL STENOSIS.
3. L5-S1: 1-MM VENTRAL BULGING DISC. ANNULAR FISSURE WITHIN THE RIGHT L5-S1 DISC. NO DISC HERNIATION NOR SPINAL STENOSIS.

Page 2 of 2

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**Pee Dee
Orthopaedic
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Date of Service: May 5, 2016 Patient: Carolyn Wilson Page: 20
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
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MRI Review

PATIENT ID: 382442

PATIENT: Carolyn Wilson
DOB: [REDACTED]
Employer: Fred's Dollar Store

Date of Service: 5/5/2016
Age: 56 year(s)
Occupation: Manger

Referring Physician: Jane Elizabeth Whiteside,
Other Physicians: NP

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 202 lbs 0 oz BMI: 33.6 TEMPERATURE: 98.3
Allergies: NKDA
Current Meds: cyclobenzaprine (Dosage:), diclofenac (Dosage:)

Chief Complaint: Right buttock and leg pain. History of HNP L4-5.

MRI Review:

MRI scan performed 4/14 was personally reviewed and discussed with the patient in detail. This study demonstrates disc degeneration at L3-4, L4-5 and L5/S1. Small disc bulge L4-5 but compared to the earlier scan from February 22nd, there is improvement in the overall level of compressive pathology.

Plan:

There does not appear to be any surgical necessity. Encouraged activity level and went over conservative efforts. Offered epidural steroid injection at L4-5 and this may help some of her radicular symptoms. Follow up with us as needed.

ICD9/10 Code: M51.36-Other intervertebral disc degeneration, lumbar region

W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

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Date of Service: May 5, 2016 Patient: Carolyn Wilson Page: 6
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Patient Name: Carolyn Wilson

DATE: 5/5/2016

(X) Please excuse patient from Jury Duty on 05/09/2016 due to her back issues. Patient can not sit for long periods of time.

() 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:

Return Appointment: PRN

Willie S. Edwards, M.D.

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**Pee Dee
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Procedure Note

PATIENT ID: 362442

Right L4 Transforaminal Epidural Steroid Injection #2

PATIENT: Carolyn Wilson

DOB: [REDACTED]

Date of Service: 5/25/2016

Age: 56 year(s)

Referring Physician: Jane Elizabeth Whitaside, NP

Other Physicians:

History of

Present Illness:

Carolyn Wilson is a 56 year old female who presents today to undergo her second epidural steroid injection of the lumbar spine. She rates her pain as 3/10 in the bilateral legs and No back pain.

Procedure: Right L4 Transforaminal Epidural Steroid Injection:

The patient was placed prone on the fluoro table. The C-arm was rotated ipsilaterally until the foramen could be visualized. The skin over the target area was sterilized with Betadine solution then the target area was anesthetized with 2 cc's of 1% Lidocaine. Once anesthesia was obtained a 22 gauge spinal needle was carefully inserted into the skin over the target at the superior medial aspect of the foramen. The needle was advanced until the trajectory was established. Needle placement was confirmed with a lateral view. On AP view the needle tip did not pass beyond the mid pedicular line. Aspiration was negative. There were no radiating pains or paresthesias with needle placement. 1 cc of Omnipaque was instilled into the right L4 neural foramen outlining the right L4 nerve root. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 1 cc of Methylprednisolone 80 mg. and 4 cc's of 0.9% Sodium Chloride solution was combined and instilled proximally and distally along the right L4 spinal nerve root. The spinal 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 approximately 2 weeks for a reevaluation.

Vitals: No data for Vitals

ICD9/10 Code: M51.36-Other intervertebral disc degeneration, lumbar region; M54.16-Radiculopathy, lumbar region

Diagnosis: Lumbar disc disease; Lumbar radiculopathy.

PRESCRIPTION: No data for Prescription

Anthony W. Alexander, M.D. /dsm

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ESI CHECK-OFF LIST

PATIENT ID: 362442

PATIENT NAME: Carolyn Wilson
DATE: 5/25/2016

CHART#: 362442

ESI JOURNAL:

DATE	PAIN RATING	PAIN RATING AFTER LAST INJECTION	EFFECTS OF LAST INJECTION
05/25/2016	3-8/10	Second TFI of the lumbar spine	Low back pain 0/10, right leg hip and leg 9/10 and left hip pain 3/10
04/01/2016	5/10	First ESI of the LS	Low back pain and bilateral leg pain 5/10

HAVE YOU TAKEN ANY?

Aspirin or aspirin products in the last 10 days?	☐ YES	☒ NO
Arthritic medicine in the last 10 days?	☐ YES	☒ NO
Anti-inflammatory medicine in the last 10 days?	☐ YES	☒ NO
Herbal medicine in the last 10 days?	☐ YES	☒ NO
Vitamin E in the last 10 days?	☐ YES	☒ NO
Prescription blood thinners in the last 10 days?	☐ YES	☒ NO
Bleeding disorder?	☐ YES	☒ NO

Date stopped taking blood thinner: none PT PTT INR

ARE YOU PREGNANT?

☐ Yes ☒ No Last menstrual cycle: Menopause

DIABETIC

☐ Yes ☒ No BSL:

BLOOD PRESSURE: 119/77

PREOP MEDICINE: TIME TAKEN:

COMMENTS:

ALLERGIES: NKDA

CURRENT MEDICATION: cyclobenzaprine (Dosage: {}), diclofenac (Dosage: {})



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 28, 2016 Patient: Carolyn Wilson Page: 15
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Follow Up Examination

PATIENT ID: 362442

PATIENT: Carolyn Wilson

DOB: [REDACTED]

Employer: Fred's Dollar Store

Date of Service: 6/28/2016

Age: 58 year(s)

Occupation: Manger

Referring Physician: Jane Elizabeth

Other Physicians: Whiteside, NP

Date of Injury/onset:

Date	Type
01/01/2015	onset

Chief Complaint: Right lumbar radiculopathy, follow up after epidural steroid injection.

History of First epidural helped 30%, the second one did not help at all. She has difficulty walking.
Present Illness: Previous MRI scan in April showed a minimal bulge at L4-5 and degenerative changes at the lower three levels not felt to be of surgical importance.

Allergies: NKDA

Current Meds: cyclobenzaprine (Dosage:), diclofenac (Dosage:)

PHYSICAL EXAM:

Vitals: No data for Vitals
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:

Unchanged. Motor strength in the lower extremities is 5/5. Reflexes 2+ and symmetric. Hip and knee motion is full and painless. Peripheral pulses full. No dermatomal paresthesias. No sciatic stretch signs. No long tract findings. Gait is normal.

X-ray: None.

ASSESSMENT:

ICD9/10 Code: M54.16-Radiculopathy, lumbar region

PLAN:

Third epidural steroid injection. Short term disability from work. Aggressive physical therapy for reconditioning. No surgical treatment anticipated. Recheck in four weeks.



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 28, 2016 Patient: Carolyn Willson Page: 16
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

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**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 28, 2016 Patient: Carolyn Wilson Page: 5
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Patient Name: Carolyn Wilson

DATE: 6/28/2016

☒ (X) UNABLE TO RETURN TO WORK until after next appointment.

☐ () 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:

Return Appointment: 4 Weeks

May return to work with no restrictions on

Willie S. Edwards, M.D.

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**Pee Dee
Orthopaedic
Associates, PA**

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

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Procedure Note

PATIENT ID: 362442

Right L4 Transforaminal Epidural Steroid Injection #3

PATIENT: Carolyn Willson

Date of Service: 7/14/2016

DOB: [REDACTED]

Age: 56 year(s)

Referring Physician: Jane Elizabeth Whiteside, NP

Other Physicians:

History of Present Illness: Carolyn Willson is a 56 year(s) old who returns today to undergo her third lumbar epidural steroid injection. The patient rates her low back pain as a 4/10 and her right leg pain as a 9/10.

Procedure: Right L4 Transforaminal Epidural Steroid Injection:

The patient was placed prone on the fluoro table. The C-arm was rotated ipsilaterally until the foramen could be visualized. The skin over the target area was sterilized with Betadine solution then the target area was anesthetized with 2 cc's of 1% Lidocaine. Once anesthesia was obtained a 22 gauge spinal needle was carefully inserted into the skin over the target at the superior medial aspect of the foramen. The needle was advanced until the trajectory was established. Needle placement was confirmed with a lateral view. On AP view the needle tip did not pass beyond the mid pedicular line. Aspiration was negative. There were no radiating pains or paresthesias with needle placement. 1 cc of Omnipaque was instilled into the right L4 neural foramen outlining the right L4 nerve root. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 1 cc of Methylprednisolone 80 mg. and 4 cc's of 0.9% Sodium Chloride solution was combined and instilled proximally and distally along the spinal nerve root. The spinal 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 approximately 2 weeks for a reevaluation.

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 202 lbs 0 oz BMI: 33.6 B/P Left Arm Sitting 126/89

ICD9/10 Code: M54.16-Radiculopathy, lumbar region

Diagnosis: Lumbar radiculopathy.

PRESCRIPTION: No data for Prescription

Anthony W. Alexander, M.D. /mkp

This document was electronically signed on 7/14/2016

Referral/Reply Letter(s) Dated 7/18/2016



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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ESI CHECK-OFF LIST

PATIENT ID: 362442

PATIENT NAME: Carolyn Wilson
DATE: 7/14/2016

CHART#: 362442

ESI JOURNAL:

DATE	PAIN RATING	PAIN RATING AFTER LAST INJECTION	EFFECTS OF LAST INJECTION
07/14/2016	4-9 /10	Third LESI of the lumbar spine	Low back pain 4/10 and her right leg pain as a 9/10.
05/25/2016	3-9/10	Second TFI of the lumbar spine	Low back pain 0/10, right leg hip and leg 9/10 and left hip pain 3/10
04/01/2016	5/10	First ESI of the LS	Low back pain and bilateral leg pain 5/10

HAVE YOU TAKEN ANY?

Aspirin or aspirin products in the last 10 days?	()	YES	(X)	NO
Arthritic medicine in the last 10 days?	()	YES	(X)	NO
Anti-Inflammatory medicine in the last 10 days?	()	YES	(X)	NO
Herbal medicine in the last 10 days?	()	YES	(X)	NO
Vitamin E in the last 10 days?	()	YES	(X)	NO
Prescription blood thinners in the last 10 days?	()	YES	(X)	NO
Bleeding disorder?	()	YES	(X)	NO

Date stopped taking blood thinner: none PT PTT INR

ARE YOU PREGNANT?

() Yes (X) No Last menstrual cycle: menopause

DIABETIC

() Yes (X) No BSL:

BLOOD PRESSURE: 126/89

PREOP MEDICINE: none

TIME TAKEN:



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COMMENTS:

ALLERGIES: NKDA

CURRENT MEDICATION: cyclobenzaprine (Dosage: {}), diclofenac (Dosage: {})



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: July 26, 2016 Patient: Carolyn Wilson Page: 9
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Follow Up Examination

PATIENT ID: 382442

PATIENT: Carolyn Wilson
 DOB: [REDACTED]
 Employer: Fred's Dollar Store

Date of Service: 7/26/2016
 Age: 58 year(s)
 Occupation: Manger

Referring Physician: Jane Elizabeth
 Other Physicians: Whiteside, NP

Date of Injury/onset:

Date: 01/01/2015
 Type: onset

Chief Complaint: Back and right leg pain, follow up after epidural steroid injection.

History of Present Illness: Patient has had three injections without any improvement. Increased pain especially at night time in her right leg and foot. Physical therapy may be helping some. Smokes against medical advice and understands the risk factors associated with increased spinal pathology in this regard.

Allergies: NKDA
Current Meds: cyclobenzaprine (Dosage: {}), diclofenac (Dosage: {})

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 202 lbs 0 oz BMI: 33.6 TEMPERATURE: 97.9
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:

Mechanical findings: No tenderness in the sciatic notch and no sciatic stretch signs. Motor strength is 5/5.

X-ray: Plain films show no abnormality in the lumbar region. Previous MRI scan back in April showed three level disc degeneration with some right sided disc protrusion at L4-5.

ASSESSMENT:

ICD9/10 Code: M54.18-Radiculopathy, lumbar region; M51.36-Other Intervertebral disc degeneration, lumbar region

PLAN:

Finish physical therapy and wants to return to work later this week. Risk factor modification with home exercise program and avoidance of surgery if possible Follow up prn.



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: July 26, 2016 Patient: Carolyn Wilson Page: 10
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

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**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: July 26, 2016 Patient: Carolyn Wilson Page: 4
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Patient Name: Carolyn Wilson

DATE: 7/26/2016

() 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:

Return Appointment: PRN

May return to work with no restrictions on 07/28/2016

Willie S. Edwards, M.D.

This document was electronically signed on 7/26/2016



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 13, 2016 Patient: Carolyn Wilson Page: 7
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Eryin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Follow Up Examination

PATIENT ID: 382442

PATIENT: Carolyn Wilson
 DOB: [REDACTED]
 Employer: Fred's Dollar Store

Date of Service: 9/13/2016
 Age: 56 year(s)
 Occupation: Manger

Referring Physician: Jane Elizabeth
 Other Physicians: Whiteside, NP

Date of injury/onset:

Date Type
 08/04/2016 onset

Chief Complaint: Right lumbar radiculopathy, history of disc protrusion L4-5.

History of
Present Illness: Patient has failed conservative treatment. When she went back to work she had marked increased pain. She had three epidural steroid injections without any significant improvement.

Allergies: NKDA
 Current Meds: cyclobenzaprine (Dosage:), diclofenac (Dosage:)

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 6" WEIGHT: 202 lbs 0 oz BMI: 33.6 TEMPERATURE: 98.2
 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:

Sits and stands with a list to the left side. Straight leg raising is positive on the right side. Dysesthesias in the L5 distribution.

X-ray: Previous plain films done August 26th when she was not seen showed no evidence of instability on bending films.

ASSESSMENT:

ICD9/10 Code: M51.26-Other intervertebral disc displacement, lumbar region

PLAN:

Discectomy L4-5 right side is offered with the full understanding that complete relief of symptoms may be an unrealistic expectation. She feels that she has failed all forms of conservative treatment and I would concur in this regard. Patient could be done as an outpatient at the surgery center if approved.



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 13, 2016 Patient: Carolyn Wilson Page: 8
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Eryin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

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Fax Created: Name: Whiteside, Jane Elizabeth Number: 18433789962 Dated: 9/15/2016 8:47:06 AM



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 27, 2016 Patient: Carolyn Wilson Page: 6
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Panyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Pre-Operative Examination

PATIENT ID: 382442

PATIENT: Carolyn Wilson
DOB: [REDACTED]
Employer: Fred's Dollar Store

Date of Service: 9/27/2016
Age: 58 year(s)
Occupation: Manger

Referring Physician: Jane Elizabeth
Other Physicians: Whiteside, NP

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 200 lbs 0 oz BMI: 33.3 TEMPERATURE: 97.8
Allergies: NKOA
Current Med's: cyclobenzaprine (Dosage:), diclofenac (Dosage:)

PLAN: Carolyn Wilson is here today regarding a pre-operative consultation for Lumbar Microdiscectomy L4/5 (Right) at MRMC on 09/30/2016. All forms of conservative treatment have been unsuccessful and hopefully significant improvement will be enjoyed with this surgical intervention.

ICD9/10 Code: M51.26-Other intervertebral disc displacement, lumbar region

Prescription: Norco (hydrocodone-acetaminophen)(Dosage: 7.5-325 mg/tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed for pain Dispense: 80 Refills: 0 Note: Post Operative Medication)

All potential risks and complications regarding this procedure have been discussed with the patient in detail. Carolyn understands that complete relief of symptoms may not occur and desires to proceed as scheduled.

W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

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**Pee Dee
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Associates, PA**

Date of Service: September 29, 2016 Patient: Carolyn Wilson Page: 3
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Patient Name: Carolyn Wilson

DATE: 9/29/2016

(X) UNABLE TO RETURN TO WORK approx 4-6 weeks after surgery.

() 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:

Return Appointment: 10/11/2016

May return to work with no restrictions on

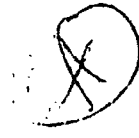
W S Edwards Jr MD

Willie S. Edwards, M.D.

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To: Willie S. Edwards, From: Medical Records

10/03/2016 08:49:17 AM Page 1 of 2



OPERATIVE REPORT

MCLEOD REGIONAL MEDICAL CENTER
555 East Cheves St
Florence, SC 29501-0551

NAME: Wilson, Carolyn Rena
MED. REC. NO.: 01-57-62-01
DR. DICTATING: Willie S. Edwards, Jr., MD
DOB: [REDACTED]
PATIENT NO.: 000132847153
DATE OF SURGERY: 09/30/2016

DAYH112D01

PREOPERATIVE DIAGNOSIS: Herniated nucleus pulposus L4-5 with right lumbar radiculopathy

POSTOPERATIVE DIAGNOSIS: Herniated nucleus pulposus L4-5 with right lumbar radiculopathy.

PROCEDURE: Hemilaminotomy L4-5 right side with excision of herniated nucleus pulposus

SURGEON: Willie Edwards, M.D.

FIRST ASSISTANT: None.

ANESTHESIA: General endotracheal.

INDICATIONS: This 56-year-old, black female presented with radicular right buttock and leg pain after an industrial injury some time ago. Extensive conservative treatments have been unsuccessful and she desired to proceed with surgical treatment with a full understanding that complete relief of symptoms would be an unrealistic expectation.

DESCRIPTION OF THE OPERATION: The patient brought to the operating room in a premedicated state and general endotracheal anesthesia was achieved with the patient supine on the stretcher. Prophylactic antibiotics were administered intravenously and she was turned prone onto the Wilson frame with all bony prominences carefully padded. This operative procedure was done with microsurgical dissection. A 1-inch incision was placed at the tip of the L4 spinous process and carried down through the subcutaneous tissue with a hot knife. The dorsal lumbar fascia was incised on the right side of the midline. A subperiosteal exposure of the L4-5 interspace was developed and a hemilaminotomy retractor was inserted. Lateral C-arm images were taken to ensure anatomic localization at L4-5. The inferior portion of the L4 lamina was removed with a Kerrison rongeur. The facet joint was not disturbed. Ligamentum flavum was incised with a scalpel and removed with the Kerrison. The L5 nerve root was identified and gently retracted towards the midline with a nerve root retractor revealing a small focal subligamentous disk protrusion. A cruciform incision was placed in the attenuated, but intact fibers of the posterior longitudinal ligament and subligamentous disk material was evacuated with a blunt nerve hook and micro pituitary rongeurs. Only loose nuclear material was retrieved, and no attempt was made to scrape the cartilaginous endplates. The disk space was also irrigated with antibiotic solution through a Joquin syringe for prophylaxis against infection, removing loose bits of nuclear material. Hemostasis within the spinal canal was obtained by use of bipolar Bovie, Gelfoam pledgets soaked in thrombin, and cottonoid patties. Neurologic structures were protected at all times with meticulous microsurgical technique, and the dura was not violated. At the completion of this portion of the procedure, the ventral portion of the canal above and below the level of the disk space was inspected to ensure there were no other occult disk fragments, and there were none. A small amount of Depo-Medrol was placed over the dorsum of the nerve root and covered with a piece of Gelfoam to act as an interposition membrane to minimize epidural fibrosis. The dorsal lumbar fascia was reapproximated with 0 Vicryl interrupted sutures. The subcutaneous layer was irrigated and closed with 2-0 Vicryl and the skin was closed with 3-0 Monocryl subcuticular stitch, followed by Steri-Strips and sterile dressing. Blood loss was minimal. She was returned to the supine position, anesthesia was reversed, and taken to the recovery room in satisfactory condition.

POST-OPERATIVE COURSE: The patient was transferred to the recovery room and remained stable. She was extubated in the recovery room and remained stable. She was transferred to the medical floor and remained stable. She was discharged on the medical floor and remained stable.

COMPLICATIONS: There were no complications during the procedure. The patient remained stable throughout the procedure and was discharged on the medical floor.

Page 1 of 2

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30

228

To: Willie S. Edwards, From: Medical Records

10/03/2016 08:50:19 AM Page 2 of 2

OPERATIVE REPORT**MCLEOD REGIONAL MEDICAL CENTER**
555 East Cheves St
Florence, SC 29501-0551NAME: Wilson, Carolyn Rena
MED. REC. NO.: 01-67-62-01
DR. DICTATING: Willie S. Edwards, Jr., MD
PATIENT NO.: 000132847153
DATE OF SURGERY: 09/30/2016

DAYH112D01

There were no complications.

Willie S. Edwards, Jr., MD

meq

DD : 09/30/2016 02:32 P

DT : 09/30/2016 11:34 P

Job #: 1225837

cc: Willie S. Edwards, Jr., MD

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Associates, PA**

Date of Service: October 11, 2016 Patient: Carolyn Wilson Page: 4
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
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 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Post-op Examination

PATIENT ID: 382442

PATIENT: Carolyn Wilson

DOB: [REDACTED]

Employer: Fred's Dollar Store

Date of Service: 10/11/2016

Age: 56 year(s)

Occupation: Manger

Referring Physician: Jane Elizabeth

Other Physicians: Whiteside, NP

ICD9/10 Code: M51.26-Other Intervertebral disc displacement, lumbar region; Z48.89-Encounter for other specified surgical aftercare

Procedure hemilaminotomy L4-5 right side with excision of herniated nucleus pulposus

DATE OF SURGERY: 9-30-16

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 200 lbs 0 oz BMI: 33.3 TEMPERATURE: 98.3

Allergies: NKDA

Current Meds: cyclobenzaprine (Dosage: 1), diclofenac (Dosage: 1), Norco (hydrocodone-acetaminophen) (Dosage: 7.5-325 mg/tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed for pain Dispense: 80 Refills: 0 Note: Post Operative Medication)

FOCUSED EXAM / XRAY/PLAN:

Post op disc excision L4-5 right. Excellent relief of symptoms for 10 days, then recrudescence of radicular pain occurred this past Saturday without inciting event or injury. Incision site healed. Staples removed and steri-strips applied today. X-ray alignment is unchanged. Medrol Dose Pak given for post op swelling after informed consent. Recheck in three weeks. Routine post operative instructions were given.

PRESCRIPTION: Medrol (Pak) (methylprednisolone) (Dosage: 4 mg/tablets, dose pack SIG: Take as directed Dispense: 1 Note: Take with food)

W.S. Edwards, Jr. MD

W. S. Edwards, M.D.
 Spine Surgeon
 Pee Dee Spine Center

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**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: October 11, 2016 Patient: Carolyn Wilson Page: 5
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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**Pee Dee
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Associates, PA**

Date of Service: November 3, 2016 Patient: Carolyn Wilson Page: 2
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Post-op Examination

PATIENT ID: 362442

PATIENT: Carolyn Wilson

DOB: [REDACTED]

Employer: Fred's Dollar Store

Date of Service: 11/3/2016

Age: 56 year(s)

Occupation: Manger

Referring Physician: Jane Elizabeth

Other Physicians: Whiteside, NP

ICD9/10 Code: M51.26-Other Intervertebral disc displacement, lumbar region; Z48.89-Encounter for other specified surgical aftercare

Procedure hemilaminotomy L4-5 right side with excision of herniated nucleus pulposus

DATE OF SURGERY: 9-30-16

Vitals: HEIGHT / LENGTH: 5' 5" WEIGHT: 200 lbs 0 oz BMI: 33.3 TEMPERATURE: 98.3

Allergies: Medrol (Pak) (methylprednisolone): unspecified: Headaches

Current Meds: cyclobenzaprine (Dosage: 1), diclofenac (Dosage: 1), Medrol (Pak) (methylprednisolone) (Dosage: 4 mg/tablets, dose pack SIG: Take as directed Dispense: 1 Note: Take with food), Norco (hydrocodone-acetaminophen) (Dosage: 7.5-325 mg/tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed for pain Dispense: 80 Refills: 0 Note: Post Operative Medication)

FOCUSED EXAM / XRAY/PLAN:

Four weeks out from surgery, L4-5 right side. Some recurrent radicular leg pain has been very uncomfortable. Medrol Dose Pak was not obtained last visit. Symptoms feel very similar to her pre-operative condition. Mild sciatic stretch signs are noted. Medrol Dose Pak given today and new MRI scan should be obtained to evaluate the possibility of recurrent herniation. Follow up after that study.

PRESCRIPTION: Medrol (Pak) (methylprednisolone) (Dosage: 4 mg/tablets, dose pack SIG: Take as directed Dispense: 1 Note: Take with food)

W.S. Edwards, Jr. MD

W. S. Edwards, M.D.
 Spine Surgeon
 Pee Dee Spine Center



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 3, 2016 Patient: Carolyn Wilson Page: 3
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Deway N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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This document was electronically signed on 11/3/2016

Fax Created: Name: Whiteside, Jane Elizabeth Number: 18433789962 Dated: 11/11/2016 9:58:45 AM



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 3, 2016 Patient: Carolyn Wilson Page: 2
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
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Patient Name: Carolyn Wilson

DATE: 11/3/2016

(X) UNABLE TO RETURN TO WORK until after next appointment.

() 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:

Return Appointment: after MRI

May return to work with no restrictions on

Willie S. Edwards, M.D.

This document was electronically signed on 11/3/2016



**Pee Dee
Orthopaedic
Associates
Pee Dee Spine Center**

Patient Name: WILSON CAROLYN
Physician: EDWARDS, W.S.
Study Date: 11/17/2016 09:43:31

X-RAY #: 362442
AGE: 056Y
DOB: [REDACTED] (F)

-----FINAL REPORT-----

MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST:

CLINICAL HISTORY: Bilateral leg pain. Low back pain. History of surgery.

COMPARISON: Current study is correlated with previous MRI lumbar spine dated 04/14/2016.

FINDINGS: Visualized osseous elements intact with no evidence of fracture. Marrow signals within normal limits. Normal lordotic curvature of lumbar spine. Conus medullaris & cauda equina normal.

T12-L1: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L1-L2: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L2-L3: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L3-L4: A 1 mm ventral bulging disc. Borderline spinal stenosis. AP dimension bony spinal canal measured to 10 mm. No disc herniation.

L4-L5: A 1 mm ventral bulging disc. Borderline spinal stenosis. AP dimension bony spinal canal measured to 10 mm. No disc herniation.

L5-S1: A 1 mm ventral bulging disc. Annular fissure within the posterior margin of the L5-S1 disc unchanged for 04/14/2016. No disc herniation or spinal stenosis.

Page 1 of 2

Dictated: Hatten, H. Paul Jr. M.D. 11/17/2016 01:30 PM

Transcribed: Ware, Robin 11/17/2016 01:39 PM

Electronically signed: Hatten, H. Paul Jr. M.D. 11.17.2016 03:09:05 PM LICENSE #



**Pee Dee
Orthopaedic
Associates**
Pee Dee Spine Center

Patient Name: WILSON CAROLYN
Physician: EDWARDS, W.S.
Study Date: 11/17/2016 09:43:31

X-RAY #: 362442
AGE: 056Y
DOB: [REDACTED] (F)

No abnormal gadolinium enhancement.

IMPRESSION:

1. L3-L4: A 1 MM VENTRAL BULGING DISC. BORDERLINE SPINAL STENOSIS. AP DIMENSION BONY SPINAL CANAL MEASURED TO 10 MM. NO DISC HERNIATION.
2. L4-L5: A 1 MM VENTRAL BULGING DISC. BORDERLINE SPINAL STENOSIS. AP DIMENSION BONY SPINAL CANAL MEASURED TO 10 MM. NO DISC HERNIATION.
3. L5-S1: A 1 MM VENTRAL BULGING DISC. ANNULAR FISSURE WITHIN THE POSTERIOR MARGIN OF THE L5-S1 DISC UNCHANGED FOR 04/14/2016. NO DISC HERNIATION OR SPINAL STENOSIS.
4. NO ABNORMAL GADOLINIUM ENHANCEMENT.

Page 2 of 2

Dictated: Hatten, H. Paul Jr. M.D. 11/17/2016 01:30 PM

Transcribed: Ware, Robin 11/17/2016 01:39 PM

Electronically signed: Hatten, H. Paul Jr. M.D. 11.17.2016 03:09:05 PM LICENSE #



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 22, 2016 Patient: Carolyn Wilson Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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MRI Review

PATIENT ID: 362442

PATIENT: Carolyn Wilson
DOB: [REDACTED]
Employer: Fred's Dollar Store

Date of Service: 11/22/2016
Age: 56 year(s)
Occupation: Manger

Referring Physician: Jane Elizabeth Whiteside,
Other Physicians: NP

Vitals: No data for Vitals

Allergies: Medrol (Pak) (methylprednisolone): unspecified: Headaches: Norco
(hydrocodone-acetaminophen): unspecified

Current Meds: cyclobenzaprine (Dosage: {}), diclofenac (Dosage: {})

Chief Complaint: Six weeks out from discectomy L4-5 right with persistent radicular right leg pain.

MRI Review:

Lumbar MRI scan was personally reviewed and discussed with the patient in detail. This study demonstrates excellent decompression at L4-5 on the right side without evidence of recurrent herniation.

Plan:

Continued conservative treatment. She is on short term disability. A course of physical therapy for flexibility and strengthening. Follow up in four weeks with bending films and probable release.

ICD9/10 Code: M51.26-Other Intervertebral disc displacement, lumbar region; Z48.89-Encounter for other specified surgical aftercare

W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

This document was electronically signed on 11/22/2016

Fax: Created: Name: Whiteside, Jane Elizabeth Number: 18433789962 Dated: 12/6/2016 12:32:17 PM



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 22, 2016 Patient: Carolyn Wilson Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

901 E. CHIEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
 (843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Patient Name: Carolyn Wilson

DATE: 11/22/2016

☒ (X) UNABLE TO RETURN TO WORK until after next appointment.

☐ () 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:

Return Appointment: 1 months

May return to work with no restrictions on

W S Edwards Jr MD

Willie S. Edwards, M.D.

This document was electronically signed on 11/22/2016

Patient: WILSON, CAROLYN**Account Number:** e1127922**Provider:** Willie S. Edwards, MD**DOB:** [REDACTED] **Age:** 56 Y **Sex:** Female**Date:** 12/22/2016**Phone:** 803-428-5312**Address:** 76 PAC CEMETERY RD, L, BISHOPVILLE, SC-29010-7071**Pcp:** Unknown Unknown**Subjective:****Chief Complaints:**

1. Post PT.

HPI:Spine Notes:

Ms. Wilson presents today in follow-up from a right-sided L4 5 discectomy and from a course of physical therapy. She states that she is still experiencing some continued right lower extremity pain that radiates from her buttock to her ankle but that it is improving with physical therapy. She is previously tried a Medrol Dosepak but states that she was unable to complete this regimen due to severe headaches. She denies any new onset radicular symptoms, weakness, or bowel or bladder disturbances.

ROS:General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Sinusitis.**Surgical History:** Lumbar Microdiscectomy L4/5 09/30/2016.**Family History:** Father: alive Mother: alive**Family Hx:** High Cholesterol.**Social History:**Tobacco Use: Smoking Are you a: light tobacco smoker.Drug/Alcohol: Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year?

Yes, Points 0.

Medications: Taking Cyclobenzaprine HCl, Taking Diclofenac, Medication List reviewed and reconciled with the patient**Allergies:** N.K.D.A.**Objective:****Vitals:** Wt 192 lbs, Wt-kg 87.09 kg, Ht 65 in, Ht-cm 165.1, BMI 31.95, Temp 97.7, BSA 2.00 M.**Examination:**Focused Spine Exam:

Ms. Wilson is a pleasant 56-year-old female in no acute distress. She image at 5 out of 5 motor strength with 2+ reflexes are symmetric. There is negative straight leg raise bilaterally as well as no gait abnormalities. Her incision site is well-healed and without drainage.

Assessment:**Assessment:**

1. Lumbar HNP w/o myelopathy - M51.26 (Primary)

Plan:

1. Lumbar HNP w/o myelopathy

Imaging: Lumbar-2 OR 3 V (FLEX/EXT)

WICKER, SONIA T 12/23/2016 03:00:41 PM EST > Images of the lumbar spine show degenerative disc disease without any evidence of instability at L4-5 level.

Clinical Notes: I discussed with Ms. Wilson her current symptoms in relation to this which she experienced prior to surgery and she states that her symptoms are not as severe as those which she initially experienced. I have encouraged her that the symptoms are likely postoperative nerve irritation and that they should continue to improve. I recommended a course of ibuprofen 800 mg to be taken twice daily for 7 days and then as needed to help with inflammation that she is experiencing in her lower back. She is to follow up as needed for any worsening of her symptoms or if she experiences any new onset symptoms. She is in agreement with this plan and will follow-up accordingly.

2. Others

Start Ibuprofen Tablet, 800 MG, 1 tablet, Orally, BID prn, 30 days, 60, Refills 1.

Follow Up: prn

Provider: Willie S. Edwards, MD

Patient: WILSON, CAROLYN DOB: 01/16/1960 Date: 12/22/2016



Electronically signed by WILLIE EDWARDS, MD on 01/17/2017 at 04:48 PM EST
Sign off status: Completed

Summary View for WILSON, CAROLYN

Patient: WILSON, CAROLYN
Account Number: e1127922
DOB: [REDACTED] **Age:** 57 Y **Sex:** Female
Phone: 803-428-5312
Address: 76 PAC CEMETERY RD, L, BISHOPVILLE, SC-29010-7071
Pcp: Unknown Unknown

Provider: Willie S. Edwards, MD**Date:** 01/31/2017**Subjective:****Chief Complaints:**

1. Recheck of the back.

HPI:Spine Notes:

Patient with continued back and right leg pain. Has completed conservative efforts including physical therapy. Anti-inflammatory medication has helped some. MRI scan done postop showed degenerative changes at the lower 3 lumbar levels but no continued compressive pathologic. Gabapentin had significant side effects and was discontinued.

ROS:General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Sinusitis.

Surgical History: Lumbar Microdiscectomy L4/5 09/30/2016.

Hospitalization/Major Diagnostic Procedure: see surgical hx.

Family History: Father: alive Mother: alive

Family Hx: High Cholesterol.

Social History:

Tobacco Use: Smoking Are you a: light tobacco smoker.

Medications: Taking Ibuprofen 800 MG Tablet 1 tablet BID prn, Not-Taking/PRN Cyclobenzaprine HCl, Not-Taking/PRN Diclofenac, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 192 lbs, Wt-kg 87.09 kg, Ht 65 in, Ht-cm 165.1, BMI 31.95, BP 128/78 mm Hg, BSA 2.00 M.

Examination:Focused Spine Exam:

Unchanged from before. Surgical scar at L4/5 healed. Patient rises from sitting to standing with some discomfort. Decreased lumbar lordosis noted. Mild tenderness throughout the lumbar region. No step off of the spinous processes. No flank spasm. Flexibility is limited in all planes secondary to pain. Straight leg raising produced back pain only. Motor strength lower extremities 5 over 5. Reflexes 2+ and symmetric. No dermatomal paresthesias. Hip and knee motion full. Gait nonantalgic.

Assessment:

Assessment:

1. Lumbar HNP w/o myelopathy - M51.26 (Primary)

Plan:

1. Lumbar HNP w/o myelopathy

Notes: Long discussion with patient and husband today. No indication for further intervention. Conservative efforts have been well outlined. Repetitive bending and lifting repetitive twisting and turning any one time lifting greater than 25 pounds should be avoided. Follow-up when necessary.

Follow Up: prn

Provider: Willie S. Edwards, MD

Patient: WILSON, CAROLYN **DOB:** 01/16/1960 **Date:** 01/31/2017

A handwritten signature in black ink, appearing to read 'Willie S. Edwards MD', with a stylized flourish at the end.

Electronically signed by WILLIE EDWARDS , MD on 02/16/2017 at 07:02 AM EST
Sign off status: Completed

Patient: Carolyn Wilson

1. I am an orthopedic surgeon practicing with Pee Dee Orthopaedic Associates, PA. Carolyn Wilson is my patient.

☒

Yes

☐ No

Explain, if necessary:

2. Ms. Wilson has explained the nature of the repetitive lifting she does at work. I have also reviewed my notes wherein Ms. Wilson mentions increased pain and problems from performing her duties at work. Based on the history of the patient, her repetitive lifting at work is causally related to her current back condition either directly or by aggravation or exacerbation of a preexisting condition.

☒ Yes

☐ No

Explain, if necessary:

3. All of the treatment I have rendered to my patient has been medically necessary and would tend to lessen her period of disability.

☒ Yes

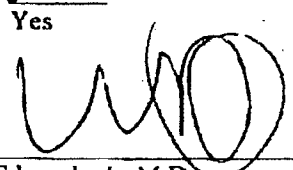
☐ No

Explain, if necessary:

4. All opinions herein and in my dictated notes are rendered most probably (greater than 50% probability) and to a reasonable degree of medical certainty.

☒ Yes

☐ No


W. S. Edwards, Jr. M.D.

2/9/17
Date

Patient: WILSON, CAROLYN**Account Number:** e1127922**Provider:** Willie S. Edwards, MD**DOB:** [REDACTED] **Age:** 57 Y **Sex:** Female**Date:** 03/28/2017**Phone:** 803-428-5312**Address:** 76 PAC CEMETERY RD, L, BISHOPVILLE, SC-29010-7071**Pcp:** Unknown Unknown**Subjective:****Chief Complaints:**

1. Lumbar follow up.

HPI:Spine Notes:

Ms. Wilson presents today in follow-up with complaints of right-sided hip pain. She states that the symptoms are worse with extended sitting or lying and that it is better with walking around. She denies any new onset weakness or gait disturbances.

ROS:General/Constitutional:

Fever no. Pain no. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion, no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Sinusitis.**Surgical History:** Lumbar Microdiscectomy L4/5 09/30/2016.**Hospitalization/Major Diagnostic Procedure:** see surgical hx .**Family History:** Father: alive. Mother: alive.**Family Hx :** High Cholesterol.**Social History:**Tobacco Use: Smoking Are you a:: light tobacco smoker .Miscellaneous: Marital status: Married. Occupation: not employed. Caffeine: yes.Drug/Alcohol: Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year? Yes, Points 0.**Medications:** Taking Ibuprofen 800 MG Tablet 1 tablet Orally BID prn, Not-Taking/PRN Cyclobenzaprine HCl , Not-Taking/PRN Diclofenac , Medication List reviewed and reconciled with the patient**Allergies:** N.K.D.A.**Objective:****Vitals:** Wt 198 lbs, Wt-kg 89.81 kg, Ht 65 in, Ht-cm 165.1, BMI 32.95, Temp 97.9, BSA 2.03 M.**Examination:**Focused Spine Exam:

Ms. Wilson is a pleasant 57-year-old female in no acute distress. Motor strength is 5 out of 5 bilaterally with 2+ reflexes are symmetric. There are no gait abnormalities and no long tract findings.

Assessment:

Assessment:

1. Lumbar HNP w/o myelopathy - M51.26 (Primary)
2. Trochanteric bursitis of right hip - M70.61

Plan:

1. Lumbar HNP w/o myelopathy

Refill Ibuprofen Tablet, 800 MG, 1 tablet, Orally, BID prn, 30 days, 60, Refills 1 ; Start Norco Tablet, 5-325 MG, 1 tablet as needed, Orally, every 6 hrs, 15 days, 60 Tablet, Refills 0 .

Imaging: LUMBAR-AP + LAT OR 2-3 VIEWS (72100)

WICKER, SONIA T 03/28/2017 11:04:01 AM EDT > Images of the lumbar spine show no evidence of instability with multilevel degenerative disc.

Clinical Notes: I reviewed with the patient her current symptoms and have stated that her symptoms are likely due to right-sided bursitis. I provided her with a trochanteric bursa injection. I injected her that she should be physically active during this time although she should continue with the restrictions as stated at her last visit with us. She will follow-up as needed.

2. Trochanteric bursitis of right hip

Procedure: Inj. Large joint bursa INJ/ASP (20610)

WICKER, SONIA T 03/28/2017 11:03:40 AM EDT > An injection was placed into the left trochanteric bursa consisting of 2 mL 0.05% Marcaine, 2 mL 1% lidocaine, and 2 mL Depo-Medrol.

Procedure Codes: 72100 Xray exam of lower spine, 20610 Drain/inject, joint bursa Office

Follow Up: prn

Provider: Willie S. Edwards, MD

Patient: WILSON, CAROLYN **DOB:** 01/16/1960 **Date:** 03/28/2017



Electronically signed by WILLIE EDWARDS, MD on 04/06/2017 at 06:51 AM EDT

Sign off status: Completed

Patient: WILSON, CAROLYN**Account Number:** e1127922**Provider:** Willie S. Edwards, MD**DOB:** [REDACTED] **Age:** 57 Y **Sex:** Female**Date:** 05/04/2017**Phone:** 803-428-5312**Address:** 76 PAC CEMETERY RD, L, BISHOPVILLE, SC-29010-7071**Pcp:** Unknown Unknown**Subjective:****Chief Complaints:**

1. Lumbar follow up.

HPI:Spine Notes:

Patient with ongoing pain in her back radiating into the right leg. Symptoms especially at nighttime. Has been sleeping in a chair. Previous trochanteric injection helped some. MRI scan done last November demonstrated 3 level disc degeneration but no evidence of compressive pathology. Ibuprofen has been somewhat helpful. Patient denies neurogenic sounding bowel or bladder dysfunction. Has had no constitutional symptoms.

ROS:General/Constitutional:

Fever no. Pain lower back ,buttock and right leg. Chills no. Energy level normal. Fatigue no.

Respiratory:

Shortness of breath no.

Cardiovascular:

Patient denies high blood pressure. Heart Problems no. Chest pain no.

Gastrointestinal:

General no abdominal pain, no difficulty swallowing, no indigestion , no nausea/vomiting.

Musculoskeletal:

General no swelling or redness in joints, no muscle or joint pain, no muscle weakness, no leg cramps.

Skin:

General no sores. Rash no. Itching no.

Neurologic:

Dizziness no. Headache no chronic headaches. Tremor no.

Medical History: Sinusitis.**Surgical History:** Lumbar Microdiscectomy L4/5 09/30/2016.**Hospitalization/Major Diagnostic Procedure:** see surgical hx .**Family History:** Father: alive. Mother: alive.**Family Hx :** High Cholesterol.**Social History:**Tobacco Use: Smoking Are you a:: light tobacco smoker .

Medications: Taking Ibuprofen 800 MG Tablet 1 tablet Orally BID prn, Not-Taking/PRN Norco (Acetaminophen-Hydrocodone) 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs, Not-Taking/PRN Cyclobenzaprine HCl , Not-Taking/PRN Diclofenac , Medication List reviewed and reconciled with the patient

Allergies: N,K,D.A.**Objective:****Vitals:** Wt 198 lbs, Wt-kg 89.81 kg, Ht 65 in, Ht-cm 165.1, BMI 32.95, Temp 98.1, BSA 2.03 M.**Examination:**Focused Spine Exam:

Healthy-appearing black female. Patient rises from sitting to standing with some discomfort. Decreased lumbar lordosis noted. Mild tenderness throughout the lumbar region. No step off of the spinous processes. No flank spasm. Flexibility is limited in all planes secondary to pain. Straight leg raising produced back pain only. Motor strength lower extremities 5 over 5. Reflexes 2+ and symmetric. No dermatomal paresthesias.

Hip and knee motion full. Gait nonantalgic.
HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.
Neck/thyroid: No thyromegaly, no mass.
Neurologic: Alert and oriented times 3.
Lymph nodes: No adenopathy.
Cardiovascular: Peripheral pulses good. No edema.
Psych: Appropriate mood and affect.

Assessment:

Assessment:

1. Lumbar DDD - M51.36 (Primary)

Plan:

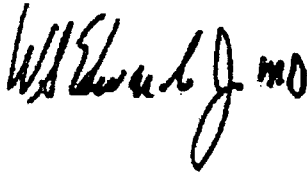
1. Lumbar DDD

Notes: Patient was reassured that there is no evidence of a surgical or dangerous problem and that conservative efforts should be successful. These were outlined in detail. The generally good natural history of degenerative conditions in the spine without the need for aggressive management was emphasized. Home exercise program was outlined along with proper body mechanics and lifting techniques.

Follow Up: prn

Provider: Willie S. Edwards, MD

Patient: WILSON, CAROLYN **DOB:** 01/16/1960 **Date:** 05/04/2017



Electronically signed by WILLIE EDWARDS, MD on 05/07/2017 at 09:13 AM EDT
Sign off status: Completed

Patient: Carolyn Wilson (DOB: 01/16/1960)

Date of Accident: 09/29/2016

1. I am an orthopaedic surgeon practicing with McLeod Orthopaedic Spine Center. Carolyn Wilson is my patient.

☒ Yes

☐ No

Explain, if necessary:

2. Ms. Wilson has progressed to the point that I can assess permanent restrictions and an impairment rating. Due to her injury and subsequent treatment, Ms. Wilson has the following permanent restrictions:

NONE

3. Due to the injury and subsequent treatment, Ms. Wilson has sustained the following impairment ratings:

5 (Five) % of the spine

4. Due to the injury, Ms. Wilson will need the following future medical treatment:

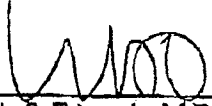
possible future treatment may include
medication and therapy

5. All of the opinions rendered herein are "most probably (greater than 50% probability) and to a reasonable degree of medical certainty."

☒ Yes

☐ No

Explain, if necessary:


Willie S. Edwards, M.D.

5/13/17
Date

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Carolyn Wilson Employer's Name: Fred's Inc.
Physician's Name: W. S. (Bill) Edwards, Jr., M.D. Insurance Carrier: Safety National Casualty Corporation
Practice/Clinic: McLeod Spine Center SCWCC File No: 1621577
Preparer's Name: _____ Phone: _____

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections 42-15-60, 42-15-80, 42-1-172, or 42-11-10.*

Date of injury: 09/29/2016 Date of first office visit: 04/21/2015 Date of last office visit: 05/04/2017

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: Lumbar HNP L4-5 without myelopathy

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

Date of maximum medical improvement: 03/28/2017

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? ☒ Yes ☐ No

If so, the permanent physical impairment is: 15 % medical impairment to the lumbar spine (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
_____ % medical impairment to the _____ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

☒ The AMA's *Guides to the Evaluation of Permanent Impairment* 5th Edition; or
____ Other medical treatise: _____ or
____ Other: _____

Does the Claimant have **permanent physical limitations** as a result of the injury? ☐ Yes ☒ No

If so, the permanent physical limitations are: _____

Does the Claimant **possess retained hardware** as a result of the injury? ☐ Yes ☒ No

If so, the retained hardware is: _____

Is there **medical, surgical, hospital or other treatment** that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: ☐ Yes ☒ No

If so, the medical care and treatment that is needed is/are: _____

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Treating or Evaluating Physician

07/27/2017
Date

WCC Form #14B
12/2016

14B

Physician's Statement

Bishopville

545 Sumter Hwy Bishopville, SC 29010
(803) 484-5317 Fax: (843) 378-9962

December 20, 2016

Page 1

Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312

Ins: BCBS Medical

02/19/2016 - Office Visit: wrist and arm pain

Provider: Jane Elizabeth Farmer Whiteside NP

Location of Care: Bishopville

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB

Checked By: Kera G Baricska LPN (February 19, 2016 9:48 AM)

Two Identifiers Checked by Lab: Patient Name, DOB

Checked By: vanessa b simon (February 19, 2016 10:34 AM)

Two Identifiers Checked by Provider: Patient Name, DOB

Checked By: Jane Elizabeth Farmer Whiteside NP (February 19, 2016 10:07 AM)

Past Medical History:

Reviewed history from 04/06/2015 and no changes required:

Unremarkable

Past Surgical History:

Reviewed history from 04/06/2015 and no changes required:

Unremarkable

Family History Summary:

Reviewed history Last on 11/24/2015 and no changes required: 02/19/2016

No Known Family History - Entered On: 2/19/2016

Social History:

Reviewed history and no changes required:

Smoking History:

Patient has never smoked.

Vital Signs:

Patient Profile: 56 Years Old Female

Height: 65 inches

Weight: 196 pounds

BMI: 32.61

Temp: 98.0 degrees F oral

Bishopville

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December 20, 2016

Page 2

Office Visit

Carolyn Wilson

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18085

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Ins: BCBS Medical

Pulse rate: 85 / minute
BP sitting: 133 / 86
Cuff size: regular

Pt. in pain? yes
Location: arms and legs
Intensity: 8
Type: aching

Vitals Entered By: Kera G Baricska LPN (February 19, 2016 9:49 AM)

Medications:

MYRBETRIQ 25 MG ORAL XR24H-TAB (MIRABEGRON) one po daily
ZITHROMAX Z-PAK 250 MG ORAL TABS (AZITHROMYCIN) as directed
AMBIEN 10 MG ORAL TABS (ZOLPIDEM TARTRATE) one po qhs
MOBIC 15 MG ORAL TABS (MELOXICAM) one po daily
CYCLOBENZAPRINE HCL 10 MG ORAL TABS (CYCLOBENZAPRINE HCL) one by mouth at bedtime

Medications:

Medications were reviewed with the patient during this visit.

Allergies:

No Known Allergies

Allergies:

Allergies were reviewed with the patient during this visit.

Risk Factors:

Smoked Tobacco Use: Current every day smoker
Cigarettes: Yes — 5 cigs pack(s) per day, Smokeless Tobacco Use: Never
Counseled to quit/cut down: yes
Passive smoke exposure: no
Drug use: no
HIV high-risk behavior: no
Caffeine use: 1 drinks per day
Alcohol use: yes
Type: wine coolers
Drinks per day: social
Has patient —
Felt need to cut down: no
Been annoyed by complaints: no
Felt guilty about drinking: no
Needed eye opener in the morning: no
Counseled to quit/cut down alcohol use: no
Exercise: no
Seatbelt use: 100 %
Sun Exposure: occasionally

Bishopville

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December 20, 2016

Page 3
Office Visit

Carolyn Wilson

Female [REDACTED]

18085

Home: (803) 428-5312

Ins: BCBS Medical

Family History Risk Factors:

Family History of MI in females < 65 years old: no

Family History of MI in males < 55 years old: no

..... Kera G Baricska LPN February 19, 2016 9:49 AM

Patient Education:**Exercise/Physical Activity Counseling**

Discussed With Patient/Guardian Verbalized Understanding

Medication Education

Discussed With Patient/Guardian Verbalized Understanding

Nutrition/Diet Instructions

Discussed With Patient/Guardian Verbalized Understanding

Weight Education

Discussed With Patient/Guardian Verbalized Understanding

Visit Type: Acute Visit

CC: left palm of hand pain and right wrist pain- charley horses in legs.

History of Present Illness:

ongoing pain in joints, wrists/back/legs. Saw ortho 4/15 for eval. Request a few days off from work to rest. Lifts heavy boxes and works long hour on her feet.

Review of Systems**General****Complains of fatigue.**

Denies fever, chills, sweats, anorexia, weakness, malaise, weight loss and sleep disorder.

Eyes

Denies vision loss - 1 eye, double vision, eye irritation, vision loss - both eyes, blurring, eye pain, halos, discharge and light sensitivity.

ENT

Denies ringing in the ears, ear discharge, earache, decreased hearing, nasal congestion, nosebleeds, difficulty swallowing, hoarseness and sore throat.

CV

Denies difficulty breathing at night, near fainting, chest pain or discomfort, racing/skipping heart beats,

Bishopville

545 Sumter Hwy Bishopville, SC 29010
(803) 484-5317 Fax: (843) 378-9962

December 20, 2016

Page 4
Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312

Ins: BCBS Medical

fatigue, lightheadedness, shortness of breath with exertion, palpitations, swelling of hands or feet, difficulty breathing while lying down, fainting, leg cramps with exertion, bluish discoloration of lips or nails and weight gain.

Resp

Denies sleep disturbances due to breathing, cough, shortness of breath, coughing up blood, chest discomfort, wheezing, excessive sputum and excessive snoring.

GI

Denies excessive appetite, loss of appetite, indigestion, vomiting blood, nausea, vomiting, yellowish skin color, gas, abdominal pain, abdominal bloating, hemorrhoids, diarrhea, change in bowel habits, constipation, dark tarry stools and bloody stools.

GU

Denies foul urinary discharge, blood in urine, urinary frequency, inability to empty bladder, urinary urgency, kidney pain, trouble starting urinary stream, painful urination, night time urination, inability to control bladder, genital sores, lack of sexual drive, excessive heavy periods, missed periods, unusual urinary color, other abnormal vaginal bleeding and pelvic pain.

MS

Complains of joint pain, back pain, stiffness and arthritis.

Denies muscle cramps, joint swelling, presence of joint fluid, muscle weakness, gout, loss of strength and muscle aches.

Derm

Denies excessive perspiration, night sweats, suspicious lesions, changes in nail beds, dryness, poor wound healing, unusual hair distribution, skin cancer, itching, changes in color of skin, flushing and rash.

Neuro

Denies difficulty with concentration, poor balance, headaches, disturbances in coordination, numbness, inability to speak, falling down, tingling, brief paralysis, visual disturbances, seizures, weakness, sensation of room spinning, tremors, fainting, excessive daytime sleeping and memory loss.

Psych

Denies sense of great danger, anxiety, thoughts of suicide, mental problems, depression, thoughts of violence and frightening visions or sounds.

Endo

Denies excessive hunger, cold intolerance, heat intolerance, excessive urination, excessive thirst and weight change.

Heme

Denies enlarged lymph nodes, bleeding, skin discoloration, abnormal bruising and fevers.

Allergy

Denies persistent infections, hives or rash, seasonal allergies and HIV exposure.

Physical Exam

General:

Bishopville
545 Sumter Hwy Bishopville, SC 29010
(803) 484-5317 Fax: (843) 378-9962

December 20, 2016

Page 5
Office Visit

Carolyn Wilson

Female DOB: 01/10/1958

18085

Home: (803) 428-5312

Ins: BCBS Medical

well developed, well nourished, in no acute distress.

Lungs:

clear bilaterally to auscultation.

Heart:

non-displaced PMI, chest non-tender; regular rate and rhythm, S1, S2 without murmurs, rubs, or gallops

Msk:

joint tenderness and decreased ROM.

Neurologic:

no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.

Psych:

depressed affect.

In House Labs

Microalbumin

Microalbumin Read by: vanessa b simon (February 19, 2016 10:36 AM)

Color:	yellow	Normal Value:	Yellow
Appearance:	clear	Normal Value:	Clear
Albumin:	30	Normal Value:	<20 mg/l
Creatinine:	200	Normal Value:	10-300 mg/dl
Alb Creatinine:	<30	Normal Value:	0-30 mg/g

Additional Labs

Additional Labs 1:

Additional Labs 1 Entered By: vanessa b simon (February 19, 2016 11:02 AM)

Hemoglobin A1C: 5.4 Normal Value: 4.5-5.7%

Additional Labs 2:

Additional Labs 2 Entered: vanessa b simon (February 19, 2016 11:02 AM)

Rapid HIV: Negative Normal Value: Negative

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December 20, 2016

Page 6
Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312

Ins: BCBS Medical

Impression & Recommendations:**Problem # 1: ARTHRITIS, LUMBAR SPINE (ICD-721.3) (ICD10-M46.96)****Orders:**

HEMOGLOBIN A1C (CPT-83036)
MICROALBUMIN (CPT-82044)
DRAWING FEE (CPT-36415)
HANDLING FEE (CPT-99000)
BMP8+eGFR (CPT-80048)
CBC With Differential/Platelet (CPT-85025)
Hepatic Function Panel (7) (CPT-80076)
Lipid Panel With LDL/HDL Ratio (CPT-80061)
TSH (CPT-84443)
Vitamin B12 (CPT-82607)
Vitamin D, 25-Hydroxy (CPT-82306)
UNI-GOLD HIV (CPT-86703IN)
OFFICE 99213 EST 15 MIN (CPT-99213)
WRIST BRACE (CPT-L3908)

Problem # 2: FATIGUE (ICD-780.79) (ICD10-R53.83)**Orders:**

HEMOGLOBIN A1C (CPT-83036)
MICROALBUMIN (CPT-82044)
DRAWING FEE (CPT-36415)
HANDLING FEE (CPT-99000)
BMP8+eGFR (CPT-80048)
CBC With Differential/Platelet (CPT-85025)
Hepatic Function Panel (7) (CPT-80076)
Lipid Panel With LDL/HDL Ratio (CPT-80061)
TSH (CPT-84443)
Vitamin B12 (CPT-82607)
Vitamin D, 25-Hydroxy (CPT-82306)
UNI-GOLD HIV (CPT-86703IN)
OFFICE 99213 EST 15 MIN (CPT-99213)
WRIST BRACE (CPT-L3908)

Problem # 3: Wrist pain, right (ICD-719.43) (ICD10-M25.531)**Orders:**

OFFICE 99213 EST 15 MIN (CPT-99213)

Bishopville

545 Sumter Hwy Bishopville, SC 29010
(803) 484-5317 Fax: (843) 378-9962

December 20, 2016

Page 7
Office Visit

Carolyn Wilson

Female DOB: [REDACTED] 18085

Home: (803) 428-5312
Ins: BCBS Medical

Problem # 4: Wrist pain, left (ICD-719.43) (ICD10-M25.532)

Orders:

OFFICE 99213 EST 15 MIN (CPT-99213)
WRIST BRACE (CPT-L3908)

Patient Instructions:

- 1) Recommended remaining out of work; out of work note provided.
- 2) f/u with ortho for eval

Process Orders

Check Orders Results (18085_24):

Laboratory: ABN not required for this insurance.

Requisition page opened for LC Direct. Order transmitted to EMR-Link February 19, 2016 10:35 AM

Tests Sent for requisitioning (February 19, 2016 10:35 AM):

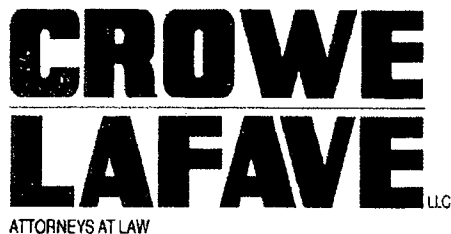
- 02/19/2016: Laboratory – BMP8+eGFR [CPT-80048] (signed)
- 02/19/2016: Laboratory – CBC With Differential/Platelet [CPT-85025] (signed)
- 02/19/2016: Laboratory – Hepatic Function Panel (7) [CPT-80076] (signed)
- 02/19/2016: Laboratory – Lipid Panel With LDL/HDL Ratio [CPT-80061] (signed)
- 02/19/2016: Laboratory – TSH [CPT-84443] (signed)
- 02/19/2016: Laboratory – Vitamin B12 [CPT-82607] (signed)
- 02/19/2016: Laboratory – Vitamin D, 25-Hydroxy [CPT-82306] (signed)

Electronically signed by Jane Elizabeth Farmer Whiteside NP on 02/19/2016 at 12:53 PM

Danny C. Crowe, Esq.
danny@crowelafave.com
Direct: 803.724.5728; Fax: 803.724.5730

Matthew C. LaFave, Esq.
mat@crowelafave.com
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Mary D. LaFave, Esq.
mary@crowelafave.com
Direct: 803.726.6756; Fax: 803.726.3621



P.O. Box 1149
Columbia, SC 29202
Phone: 803.724.5729
Fax: 803.724.5731
contact@crowelafave.com

August 9, 2017

Andrea C. Roche, Esquire
Mickle & Bass, LLC
P.O. Box 5639
Columbia, SC 29250

RE: Carolyn Wilson v. Fred's Stores of Tennessee and Safety National Casualty Corporation
SCWCC No. 1621577
Claim No. B760900911-0001-01

Dear Ms. Roche:

Please find enclosed for service upon you the Pre-Hearing Brief and Notice of Witnesses and Exhibits to be Introduced as Direct Evidence on Behalf of Defendants with regards to the above-referenced claim. Should you have any questions or concerns, please do not hesitate to contact us.

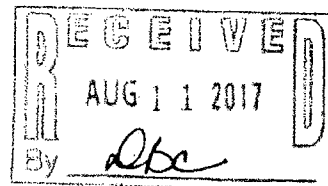
Sincerely yours,

A handwritten signature in cursive script that reads "Denise M. Brockwell".

Denise M. Brockwell
Paralegal

/dmb
Enclosure

cc: Shonda Sanders, Fred's (via email only)
Vickie Collins, Fred's (via email only)
Donna Lage, Sedgwick Claims Management Services (via facsimile only)



BEFORE THE SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION
WCC No.: 1621577

Carolyn Wilson,)
)
Employee,)
)
Claimant,)
v.)
)
Fred's Stores of Tennessee, Inc.,)
)
Employer,)
)
and)
)
Safety National Casualty Corporation,)
)
Carrier.)
)
Defendants.)
_____)

**NOTICE OF WITNESSES AND
EXHIBITS TO BE INTRODUCED
AS DIRECT EVIDENCE ON
BEHALF OF THE DEFENDANTS**

TO: THE HONORABLE AVERY B. WILKERSON SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION AND ANDREA C. ROCHE, CLAIMANT'S
COUNSEL:

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

	Doctor	Organization	Dates	Pages
APA(3)	Multiple Persons	CareSouth	December 30, 2008 - February 15, 2017	60 - 98
APA(4)	Dr. Umesh Metkar	Hartsville Orthopedics and Sports Medicine	August 6, 2012 - May 21, 2014	99 - 113
APA(5)	Multiple Therapists	Carolina Pines	November 29, 2016 - December 21, 2016	114 - 136

	Exhibits	Pages
#1	New Employee Employment Packet	137 - 140
#2	Transcript of Dr. W.S. Edwards's Deposition (July 20, 2017)	To be supplemented
#3	Transcript of Claimant's Deposition (taken May 9, 2017) if needed for impeachment purposes.	To be Supplemented

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Mick Holmstrom – District Manager – Company Representative

Any and all witnesses named by the Claimant.

RESPECTFULLY SUBMITTED,

A handwritten signature in black ink, appearing to read 'M. C. LaFave', written over a horizontal line.

Matthew C. LaFave
CROWE LAFAVE, LLC
Post Office Box 1149
Columbia, SC 29202
Phone: 803.724.5727
Facsimile: 803.724.5726
matt@crowelafave.com
ATTORNEY FOR DEFENDANTS

This 9th Day of August 2017
Columbia, South Carolina

APA 3

Carolina Pines Regional Medical Center

Account No: LA0201419397	Admit Date/Time : 11/29/16 1323	Unit No: L000078594
Room/Bed:	Service/Location: Physical Therapy	Status: REG RCR
Priority: Elective	Admit Source: Clinic or Phys Office Ref	Alt Address: N

PATIENT INFORMATION

WILSON, CAROLYN 76 I PAC CEMETERY RD BISHOPVILLE, SC 29010-0000	Birthdate: [REDACTED] Age: 56 Sex: F Race: B Marital Stat: M Religion: Unknown Home Phone: [REDACTED] Soc Sec #: [REDACTED]

PERSON TO NOTIFY

WILSON, LEVI
 76 I PAC CEMETERY RD
 BISHOPVILLE, SC 29010-0000
 (H): 803-428-5312 (W):

Rel: SP

NEXT OF KIN

WILSON, LEVI
 76 I PAC CEMETERY RD
 BISHOPVILLE, SC 29010-0000
 (H): 803-428-5312 (W):

Rel: SP

PATIENT EMPLOYER

FRED'S STORE

Phone:
 Occupation:

ACCIDENT/ILLNESS/CONDITION

Date	Time	Type
11/29/16		11 Onset of Symptoms or Illn
11/29/16		35 Date Treatment Started fo

Condition 1:

GUARANTOR

WILSON, CAROLYN
 76 I PAC CEMETERY RD
 BISHOPVILLE, SC 29010-0000
 Phone: 803-428-5312
 Relationship: Self

Soc Sec: [REDACTED]

GUARANTOR EMPLOYER

FRED'S STORE

Phone:
 Occupation:

OTHER GUARANTOR

Phone:
 Relationship:

Soc Sec:
 DOB:

OTHER GUARANTOR EMPLOYER

Phone:
 Occupation:

Insurance Name/Address	Policy	Group#/Insured	Rel/DOB	Emp/Status
1. BLUE CROSS OUT OF STATE	FRZ905108382	111173	SA	
PO BOX 100191 COLUMBIA, SC 29202-3191		WILSON, CAROLYN		F
TX Auth #1:	TX Date:			
2.				
TX Auth #2:	TX Date:			

Admit Phys:
 PCP: Edwards Jr., Willie S., MD
 RFV: LUMBAR SPINE
 Census Comment:
 ADM Comment:

Attending Phys: Edwards Jr., Willie
 Other Phys:

Last Hosp: Through:
 Registrar: BSI7910 FC: 08

Advance Directive:
 Living Will: N
 POA Healthcare:
 Online Consent:
 Other:

NOPP: 11/29/16
 POLST:
 Genetic Research Notice:
 Genetic Research Opt Out Date:

MDRO:
 MDRO Other:



E8F6EAFFB0FB4C2BA9B6, WILSON, 9



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 22, 2016 Patient: Carolyn Wilson Page: 1
Anthony M. Alexander, M.D., Robert P. Theobald, M.D., Barry L. Clark, D.O.,
Patrick R. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Thimmon, Jr., M.D.,
Dewey H. Enloe, M.D., Jason B. O'Dell, M.D., Chadley M. Ryan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. EVANS ST., SUITE 100 - FLORENCE, SC 29506-1769
(843) 652-5233 - FAX (843) 675-9863 - WWW.PDOA.COM

PEE DEE SPINE CENTER THERAPY PRESCRIPTION

PATIENT IN OFFICE (X) YES

() NO

() OCCUPATIONAL THERAPY
(X) PHYSICAL THERAPY

DATE: 11/22/2016

PATIENT NAME: Wilson Carolyn
DATE OF BIRTH: [REDACTED]

CHART # 362442

DIAGNOSIS: Lumbar Pain
TREATMENT FACILITY: CAROLINA PINES 843-383-5370

DIAGNOSIS CODE: M54.5

APPOINTMENT DATE: 11/29/16 TIME: 1:00

TO BE TREATED:

(X) L SPINE () T SPINE () C SPINE
() OTHER:

FREQUENCY 3 X PER WEEK FOR 4 WEEKS

REHAB PLAN OF CARE: (X) EVAL AND TREAT

(X) STRETCH/STRENGTH/MODALITIES ()	CERVICAL TRACTION ()	ISOMETRIC ()
() WILLIAMS & MCKENZIE ()	WORK HARDENING ()	AQUATIC EXERCISES ()
() ANTI-INFLAM. MODALITIES ()	FCE ()	SPINAL STAB. ()
() BACK SCHOOL ()	TENS UNIT ()	ROM, ACTIVE & PASSIVE ()

PRECAUTIONS:

PHYSICIAN SIGNATURE:

Willie S. Edwards, M.D.

This document was electronically signed on 11/22/2016

Fax Created: Name: CAROLINA PINES Patient Number: 36433325250 Date: 11/22/2016 10:25:03 AM

E8F6EAFFB0FB4C2BA9B6, WILSON, 16

WILSON, CAROLYN

Fac: Carolina Pines Reg Med Ctr

Loc: Physical Therapy

Bed: -

Med Rec Num: L000078594

Visit: LA0201419397

Other treatment plans

Body mechanics

Therapeutic exercises

Pain management

Other

Joint Mob/Manual Tx, Heat/Cold

, US, ES prn, NMRE, Pt Ed,

Thera Act

STGs: Functional Goals

Pt will be independent with basic MEP for low back

Due by date

12/13/16

Pt will report VFR to less than 5/10 in back

Due by date

12/13/16

LTGs: Functional Goals

Pt will be able to perform box lifts with proper body mechanics

Due by date

12/27/16

Pt will be independent with moderate core stability exe to maintain proper spine alignment.

Due by date

12/27/16

Therapist/Physician Signatures

Therapist Signature/Credentials

Therapist

Therapist credentials

Date

Physician Signature/Date

Physician signature

Date

Wallace, Richard L

Physical Therapist

11/29/16

Monogram	Mnemonic	Name	Provider Type
RLW	LUD7842	Wallace, Richard L	Physical Therapist

Physical Therapy



PT

WILSON, CAROLYN

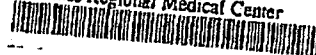
LA0201419397 RCR

DOB: 11/29/2016

ATT: Dr. Willie Edwards

PCP: Dr.

Carolina Pines Regional Medical Center



84434321022

B/G

Medoid Spine 844321022

E8F6EAFFB0FB4G2BA0B6-WILSON, 17

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F Med Rec Num: L000078594		Page: 3 Room-Bed: - Visit: LA0201419397
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Continued on Page 4 Legal Chart Copy		

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F Med Rec Num: L000078594		Page: 4 Room-Bed: - Visit: LA0201419397
Attending: W.S. Edwards, Jr, MD Reason: LUMBAR SPINE		Reg Date: 11/30/16
Beginning of Report		
Current Diagnoses		
Low back pain (11/30/16)		
Current Diagnoses Table		
Low back pain 11/30/16		
Emergency Department Activity		
Last Name: WILSON First Name: CAROLYN Middle: Birthdate: 01/16/1960 Age: 56 Sex: F Language: English	Status: Priority: Condition: Arrival Date/Time: Arrival Mode: Triage At: Time Seen by Provider:	
Stated Complaint: Chief Complaint:		
ED Location: Area: Station: Group: ED Provider: ED Midlevel Provider: ED Nurse: Primary Care Provider: Edwards, Willie S Jr.		
Continued on Page 5 Legal Chart Copy		

E8F6EAFFB0FB4C2BA9B6, WILSON, 19

WILSON, CAROLYN Page: 5
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F Med Rec Num: L000078594 Room-Bed: -
 Emergency Department Activity - Continued Visit: LA0201419397

Clinical Data Table

Are you currently participating in a research study	No
TB Point of entry screen	NEGATIVE
Contagious respiratory infection point of entry screen	NEGATIVE
Do you have an advance directive?	No
If no, do you want information?	No
Do you have a durable power of attorney for health care?	No
If no, do you want information?	No

Visit Reason	LUMBAR SPINE
Language	English

Diagnosis Code	Name
M54.5	Low back pain

Discharge Information

Recurring Discharge Date/Time: 11/30/16 09:30
 Recurring Discharge Disposition: Home or Self Care 01
 Recurring Discharge Comment:

Instructions:
 Stand-Alone Forms:
 Prescriptions:
 Visit Report
 - Forms:
 - Referrals:

CLINICAL ASSESSMENTS

Continued on Page 6
 Legal Chart Copy

WILSON, CAROLYN Page: 6
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA0201419397

13:09
 OP PT Initial Evaluation
 Freq: Once Nur Start: 11/29/16 13:09
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 13:09	RLW			
CPRMPTLTPW15	11/29/16 13:09	RLW			

NOTE Start: 11/29/16 13:09 OP PT Daily
 Freq: DAILY Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 13:09	RLW			
CPRMPTLTPW15	11/29/16 13:09	RLW			

Certification/Plan of Care Start: 11/29/16 13:09
 Freq: Once Nur Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 13:09	RLW			
CPRMPTLTPW15	11/29/16 13:09	RLW			

13:10
 OP PT Initial Evaluation
 Freq: Once Nur Start: 11/29/16 13:09
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	11/29/16 13:10	RLW			
CPRMPTLTPW15	11/29/16 13:57	RLW			

	11/29/16
	13:10
Referral/Diagnosis	
[Evaluation Date]	
-PT Initial evaluation date	11/29/16

Continued on Page 7
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 20

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F Med Rec Num: L000078594		Page: 7 Room-Bed: - Visit: LA0201419397																																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">[Physician Order/Rehab Treating Diagnosis]</td> </tr> <tr> <td style="width: 60%; padding: 2px;">- Referring physician</td> <td style="padding: 2px;">Edwards, W.S</td> </tr> <tr> <td style="padding: 2px;">- Physician diagnosis</td> <td style="padding: 2px;">Lumbar Pain - M54.5</td> </tr> <tr> <td style="padding: 2px;">- Rehab treating diagnosis</td> <td style="padding: 2px;">Same</td> </tr> <tr> <td colspan="2" style="padding: 2px;">[Patient Complaint/Goal]</td> </tr> <tr> <td style="padding: 2px;">- Patient primary complaint</td> <td style="padding: 2px;">Pain Decreased function Decreased strength Difficulty walking Other</td> </tr> <tr> <td style="padding: 2px;">- Other patient primary complaints</td> <td style="padding: 2px;">Difficulty with prolonged standing</td> </tr> <tr> <td style="padding: 2px;">- Patient goal for therapy</td> <td style="padding: 2px;">Walk better Improve movement and strength Experience less pain</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Falls/Suicide</td> </tr> <tr> <td colspan="2" style="padding: 2px;">[Falls]</td> </tr> <tr> <td style="padding: 2px;">- Falls within the past 3 months</td> <td style="padding: 2px;">No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">[Suicide]</td> </tr> <tr> <td style="padding: 2px;">- Do you currently have thoughts and/or plans about hurting yourself in any way</td> <td style="padding: 2px;">No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Prior Level of Functioning</td> </tr> <tr> <td colspan="2" style="padding: 2px;">[Ambulation/Mobility]</td> </tr> <tr> <td style="padding: 2px;">- Ambulation/Mobility</td> <td style="padding: 2px;">Independent</td> </tr> <tr> <td colspan="2" style="padding: 2px;">[Adaptive Equipment]</td> </tr> <tr> <td style="padding: 2px;">- Stairs/Steps</td> <td style="padding: 2px;">Independent</td> </tr> <tr> <td style="padding: 2px;">- Self care</td> <td style="padding: 2px;">Independent with all tasks</td> </tr> </table>	[Physician Order/Rehab Treating Diagnosis]		- Referring physician	Edwards, W.S	- Physician diagnosis	Lumbar Pain - M54.5	- Rehab treating diagnosis	Same	[Patient Complaint/Goal]		- Patient primary complaint	Pain Decreased function Decreased strength Difficulty walking Other	- Other patient primary complaints	Difficulty with prolonged standing	- Patient goal for therapy	Walk better Improve movement and strength Experience less pain	Falls/Suicide		[Falls]		- Falls within the past 3 months	No	[Suicide]		- Do you currently have thoughts and/or plans about hurting yourself in any way	No	Prior Level of Functioning		[Ambulation/Mobility]		- Ambulation/Mobility	Independent	[Adaptive Equipment]		- Stairs/Steps	Independent	- Self care	Independent with all tasks	
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WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F Med Rec Num: L000078594		Page: 8 Room-Bed: - Visit: LA0201419397																																														
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Continued on Page 9 Legal Chart Copy																																																

E8F6EAFFB0FB4C2BA9B6, WILSON, 21

WILSON, CAROLYN		Page: 9	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
56 F [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: -	
		Visit: LA0201419397	
	[Functional Coordination]		
	-Gross	Intact	
	-Fine	Intact	
	-Bilateral	Intact	
	[Cognition/Orientation]		
	-Alert and oriented x 4 for developmental age	Yes	
	[Problem solving/Directions/Visual]		
	-Problem solving	Intact	
	-Following directions	Able to follow multi-step instructions	
	Findings/Treatment Plan/Goals		
	[Findings/Recommendations]		
	-Additional findings	Per pt, she is now post-op though she doesn't know what kind of surgery that she had. Her surgery date 9/30/16 with no therapy since surgery. About 8 weeks post-op	
		Her primary complaint is a feeling of "weakness" in her low back when she is on her feet for awhile. Also, she reports having radiating pain	

Continued on Page 10
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WILSON, CAROLYN		Page: 10	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
56 F [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: -	
		Visit: LA0201419397	
		into her right lateral LE still that worsens whenever she lays down. Currently she continues to wear her brace especially when out of the house. She reports wearing when she vacuums and stands to wash dishes. **Needs to wear** Lumbar AROM - Flexion=45 Extension=4 with pain Increase Sidebending R=8 with pain Increase L=12 Rotation R=22 L= 20 Patient is very stiff and painful. She has a weak core	
		Palpation - Right piriformis is tight and tender with	

Continued on Page 11
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E8F6EAFFB0FB4C2BA9B6, WILSON, 22

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F [REDACTED] Med Rec Num: L000078594		Page: 11 Room-Bed: - Visit: LA0201419397
		radiating pain. Also, noted is bilateral lumbar paraspinals are tender. She has difficulty laying down without pain. She will benefit from skilled physical therapy to improve her core strength, instruct in proper stretching techniques, pain management and proper posture/body mechanics
	- Response of evaluation	Good
	- Rehab potential	Good
	- Home exercise program issued	Other
	- Other home exercise programs issued	Hamstrings and piriformis stretching in sitting.
	- Recommendations	Create therapy plan Other
	- Other recommendations	No metal hardware or pacemaker

Continued on Page 12
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WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F [REDACTED] Med Rec Num: L000078594		Page: 12 Room-Bed: - Visit: LA0201419397
	[Problems/Treatment Plan]	
	- Problem list	Decreased functional mobility/ transfers Decreased ROM Decreased strength Increased pain
	- Treatment plan	Improve strength Active range of motion Home exercise program Body mechanics Therapeutic exercises Pain management Other
	- Other treatment plans	Joint Mob/ Manual Tx, Heat /Cold, US, ES pm, NMRE, Pt Ed, Thera Act
	- Frequency	3x week
	- Duration	4 weeks
	[Certification Time]	
	- PT certification start date	11/29/16
	- PT certification stop date	12/27/16
	- PT number of approved visits	20
	- Date authorization for PT approved visits was obtained	07/06/16
	- PT visit #	5
	- PT cumulative number of visits	5
	[STGs: Functional Goals]	
	Pt will report VPR to less than 5/10	

Continued on Page 13
Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 23

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F [REDACTED] Mod Res Num: L000078594 Room-Bed: -
 Visit: LA0201419397 Page: 13

In back	
-Due by date	12/13/16
Pt will be independent with basic HEP for low back	
-Due by date	12/13/16
[LTGs: Functional Goals]	
Pt will be independent with moderate core stability exs to maintain proper spine alignment	
-Due by date	12/27/16
Pt will be able to perform box lifts with proper body mechanics	
-Due by date	12/27/16
Treatment Times/Evaluation Type	
[Treatment Times/Evaluation Type]	
-Treatment start time	13:15
-Treatment stop time	13:56
-Treatment total time	41
-Evaluation type	PT Evaluation
-Evaluation complexity	Intermediate

11/29/16

13:57
 OP PT Certification/Plan of Care
 Freq: Once Nur

Start: 11/29/16 13:09
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	11/29/16 13:57	RLW			
CPRMPTLTPW15	11/29/16 13:58	RLW			

	11/29/16
Evaluation Date/Certifications	13:57
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same

Continued on Page 14
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WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F [REDACTED] Mod Res Num: L000078594 Room-Bed: -
 Visit: LA0201419397 Page: 14

[Initial Evaluation]	
-PT initial evaluation date	11/29/16
[Certifications/Visits]	
-Type of certification	Initial
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	5
-PT cumulative number of visits	5
Plan of Care/Certification	
[Treatment Plan]	
-Rehab potential	Good
-Frequency	3x week
-Duration	4 weeks
-Patient primary complaint	Pain Decreased function Decreased strength Difficulty walking Other
-Other patient primary complaints	Difficulty with prolonged standing
-Problem list	Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain
-Treatment plan	Improve strength

Continued on Page 15
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E8F6EAFFB0FB4C2BA9B6, WILSON, 24

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA0201419397 Page: 15

Active range of motion	
Home exercise program	
Body mechanics	
Therapeutic exercises	
Pain management	
Other	
-Other treatment plans	Joint Mob/ Manual Tx, Heat /Cold, US, ES pm, NMRE, Pt Ed, Thera Act
[STGs: Functional Goals]	
Pt will report VPR to less than 5/10 in back	
-Due by date	12/13/16
Pt will be independent with basic HEP for low back	
-Due by date	12/13/16
[LTGs: Functional Goals]	
Pt will be independent with moderate core stability exs to maintain proper spine alignment.	
-Due by date	12/27/16
Pt will be able to perform box lifts with proper body mechanics	
-Due by date	12/27/16
Therapist/Physician Signatures	
[Therapist Signature/Credentials]	
-Therapist	Wallace, Richard L
-Therapist credentials	Physical Therapist
-Date	11/29/16
[Physician Signature/Date]	

Continued on Page 16
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WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA0201419397 Page: 16

-Physician signature	
-Date	

11/29/16

16:49
 Health History PCS
 Freq: ONCE

Start: 11/29/16 16:49
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 16:49	System			
CPRMPTLAPTOP3	11/29/16 16:49	System			

Comprehensive

Assessment
 Freq: ONCE

Start: 11/29/16 16:49
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 16:49	System			
CPRMPTLAPTOP3	11/29/16 16:49	System			

MRSA

Screening II
 Freq: ONCE

Start: 11/29/16 16:49
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 16:49	System			
CPRMPTLAPTOP3	11/29/16 16:49	System			

Height 4

Weight
 Text:

Start: 11/29/16 16:49
 Status: Discharge

Freq: ONCE

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	11/29/16 16:49	System			

Continued on Page 17
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E8F6EAFFB0FB4C2BA9B6, WILSON, 25

WILSON, CAROLYN		Page: 21
Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy		Room-Bed: -
56 F Med Rec Num: L000078594		Visit: LA0201419397
-Treatment date	11/30/16	
-Data authorization for PT approved visits was obtained	07/06/16	
-PT visit #	6	
-PT cumulative number of visits	6	
PT Plan of Care		
(Treatment)		
-Frequency	3x week	
-Duration	4 weeks	
-Patient's subjective report	Other	
-Other patient's subjective report	Patient states that she is sore this morning. She reports that she has some pain along the buttocks and leg. She reports a 7/10 on the pain scale.	
-Problem list	Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain	
-Treatment plan	Improve strength Active range of motion Home exercise program Body mechanics Therapeutic	

Continued on Page 22
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WILSON, CAROLYN		Page: 22
Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy		Room-Bed: -
56 F Med Rec Num: L000078594		Visit: LA0201419397
	exercises Pain management Other	
-Other treatment plans	Joint Mob/ Manual TX, Heat /Cold, US, ES pm, NMRE, Pt Ed, Thera Act	
-Patient goal for therapy	Walk better Improve movement and strength Experience less pain	
[STGs: Functional Goals]		
Pt will report VPR to less than 5/10 in back		
-Due by date	12/13/16	
-Goal	In Progress	
Pt will be independent with basic HEP for low back		
-Due by date	12/13/16	
-Goal	In Progress	
[LTGs: Functional Goals]		
Pt will be independent with moderate core stability exs to maintain proper spine alignment.		
-Due by date	12/27/16	
-Goal	In Progress	
Pt will be able to perform box lifts with proper body mechanics		
-Due by date	12/27/16	
-Goal	In Progress	
Therapy Provided/Treatment Response [Specific Therapy Exercise]		
Sci-fit		
-Type	Resistive	

Continued on Page 23
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E8F6EAFFB0FB4C2BA9B6, WILSON, 28

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F [REDACTED] Med Rec Num: L000078594		Page: 23 Room-Bed: - Visit: LA0201419397
	- Accessory - Position - Number of sets/reps - Therapy exercise response	Recumbent bike Sitting 7 mins level 3 Assumes requested position Performs task without difficulty
	Stretch - Type - Other types - Position - Number of sets/reps - Therapy exercise response	Stretch Other HSS, Hamstring Sitting 3x30s each Assumes requested position
	(Additional Therapeutic Treatment) - Additional therapeutic treatment - Other additional therapeutic treatments	Other IFC with moist heat x 15 mins to low back with patient in sitting for pain relief
	(Response to Treatment/Plan) - Response to treatment - Therapy: clinical findings	Responded fairly Patient tolerated new exercises well today. She reports some soreness from her previous visit. Patient

Continued on Page 24
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WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F [REDACTED] Med Rec Num: L000078594		Page: 24 Room-Bed: - Visit: LA0201419397
		was instructed to continue with stretches at home. Instructed patient to use a heating pad as needed for pain.
	- Plan/Recommendations	Continue with treatment plan
	Pain Management	
	(Patient Population)	
	- Pain comment	7/10 pain before treatment; 5/10 after treatment
	Therapy Units & Tx Times-PT	
	(Estim Unattended)	
	- Estim unattended	Yes
	- Total Estim unattended minutes	15
	(Therapeutic Exercise)	
	- Therapeutic exercise	Yes
	- Total therapeutic exercise minutes	10
	(Whirlpool Bath)	
	(*Untimed*)	
	(Therapy Minutes)	
	- Total timed therapy minutes	25
	- Total timed therapy units	2
	- Total minutes reviewed	Yes
	(Timed Therapies)	
	- Estim unattended units	1
	- Total therapeutic exercise units	1

Continued on Page 25
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E8F6EAFFB0FB4C2BA9B6, WILSON, 29

Carolina Pines Regional Medical Center

Account No: LA0201441185
Room/Bed:
Priority: Elective

Admit Date/Time : 12/02/16 1022
Service/Location: Physical Therapy
Admit Source: Clinic or Phys Office Ref

Unit No: L000078594
Status: REG RCR
Alt Address: N

PATIENT INFORMATION

WILSON, CAROLYN
76 I PAC CEMETERY RD
BISHOPVILLE, SC 29010-0000

Birthdate: ██████████ Age: 56 Sex: F Race: B
Marital Stat: M Religion: Unknown
Home Phone: 803-428-5312 Soc Sec #: ██████████

PERSON TO NOTIFY

WILSON, LEVI
76 I PAC CEMETERY RD
BISHOPVILLE, SC 29010-0000
(H): 803-428-5312 (W):

Rel: SP

NEXT OF KIN

WILSON, LEVI
76 I PAC CEMETERY RD
BISHOPVILLE, SC 29010-0000
(H): 803-428-5312 (W):

Rel: SP

PATIENT EMPLOYER

FRED'S STORE

Phone:
Occupation:

ACCIDENT/ILLNESS/CONDITION

Date	Time	Type
11/29/16		11 Onset of Symptoms or Illn
11/29/16		35 Date Treatment Started fo

Condition 1:

GUARANTOR

WILSON, CAROLYN
76 I PAC CEMETERY RD
BISHOPVILLE, SC 29010-0000
Phone: 803-428-5312
Relationship: Self

Soc Sec: ██████████

GUARANTOR EMPLOYER

FRED'S STORE

Phone:
Occupation:

OTHER GUARANTOR

Phone:
Relationship:

Soc Sec:
DOB:

OTHER GUARANTOR EMPLOYER

Phone:
Occupation:

Insurance Name/Address Policy
1. BLUE CROSS OUT OF STATE FRZ905108382
PO BOX 100191 COLUMBIA, SC 29202-3191
TX Auth #1: TX Date:
2.
TX Auth #2: TX Date:

Group#/Insured	Rel/DOB	Emp/Status
111173	SA	F
WILSON, CAROLYN		

Admit Phys:
PCP: Edwards Jr., Willie S., MD
RFV: LUMBAR SPINE
Census Comment:
ADM Comment:

Attending Phys: Edwards Jr., Willie
Other Phys:

Last Hosp: Through:
Registrar: BSI7910 FC: 08

Advance Directive:
Living Will: N
POA Healthcare:
Online Consent:
Other:

NOPP: 12/02/16
POLST:
Genetic Research Notice:
Genetic Research Opt Out Date:

MDRO:
MDRO Other:



E8F6EAFFB0FB4C2BA9B6, WILSON, 33

Fax



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 22, 2016 Patient: Carolyn Wilson Page: 1
 Anthony W. Alexander, M.D., Robert F. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denson, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley R. Ranyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

501 E. OCEAN ST., SUITE 100 - FLORENCE, SC 29506-1769
 (843) 667-5253 FAX (843) 678-9813 WWW.PDOA.COM

PEE DEE SPINE CENTER THERAPY PRESCRIPTION

PATIENT IN OFFICE (X) YES

() NO

() OCCUPATIONAL THERAPY
 (X) PHYSICAL THERAPY

DATE: 11/22/2016

PATIENT NAME: Wilson Carolyn
 DATE OF BIRTH: ~~11/22/1968~~

CHART # 362442

DIAGNOSIS: Lumbar Pain
 TREATMENT FACILITY: CAROLINA PINES 843-383-5370

DIAGNOSIS CODE: M54.5

APPOINTMENT DATE: 11/29/16

TIME: 1:00

TO BE TREATED:

(X) L SPINE () T SPINE () C SPINE
 () OTHER:

FREQUENCY 3 X PER WEEK FOR 4 WEEKS

REHAB PLAN OF CARE: (X) EVAL AND TREAT

(X) STRETCH/STRENGTH/MODALITIES ()	CERVICAL TRACTION	() ISOMETRIC
() WILLIAMS & MCKENZIE ()	WORK HARDENING	() AQUATIC EXERCISES
() ANTI-INFLAM. MODALITIES ()	FCE	() SPINAL STAB.
() BACK SCHOOL ()	TENS UNIT	() ROM, ACTIVE & PASSIVE

PRECAUTIONS:

PHYSICIAN SIGNATURE:

W S Edwards Jr MD

Willie S. Edwards, M.D.

This document was electronically signed on 11/22/2016

Fax Created Name: CAROLINA PINES Patient Number: 8433325250 Dated: 11/22/2016 10:25:03 AM

E8F6EAFFB0FB4C2BA9B6, WILSON, 40

Carolina Pines Sports Medicine and Rehabilitation

WILSON, CAROLYN
LA0201441185 REG RCR 12/05/2016
DOB: [REDACTED] 56 F MR# L000078394
ATT: Dr. Willie S. M Edwards Jr.
PCP: Dr. Willie S. MD Edwards Jr.
Carolina Pines Regional Medical Center

SOAP Note

DATE:	INSURANCE:	
PATIENT:	DATE OF BIRTH:	
DIAGNOSIS:	PROBLEM SITE:	
SITE DESCRIPTION:	REFERRAL:	
START TIME: 10:31	END TIME: 11:11	

Subjective

Pt. reports some pain in the low back today. She reports a 7/10 on the pain scale. Pt. reports performing Core exercises at home. Pt. states that she also had some knee pain.

Objective

Satit 10 mins. level 5

Wall Squats 2 PB X 15

Stretch - LTR, HSS, piriformis - 3X30s each

Core Strengthening - Arm/leg press 10x5s each

Short-Term Goal

IFC 2 Mth to low back in sitting for pain relief

Long-Term Goal

Assessment

Pt. reports significant pain in the back today. Pt. was instructed to perform exercises to tolerance, avoiding an increase in pain.

Plan Pt. reports 4/10 pain after e-stim.

Continue PT

Billing Code

Billing Description

Units

Minutes

Therapeutic Exercise

2

25

Electrical Stimulation

1

15

Kin Zedler, PTA

E8F6EAFFB0FB4C2BA9B6, WILSON, 41

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F Med Rec Num: L000078594		Page: 7 Room-Bed: - Visit: LA0201441185
	-Rehab treating diagnosis	MS4.5
	Treatment Date/Visit #	Same
	[Treatment Date/Visits]	
	-Treatment date	12/02/16
	-Date authorization for PT approved visits was obtained	07/06/16
	-PT visit #	7
	-PT cumulative number of visits	7
	PT Plan of Care	
	[Treatment]	
	-Frequency	3x week
	-Duration	4 weeks
	-Patient's subjective report	Other
	-Other patient's subjective report	Patient reports that her pain is a 7/10 on the pain scale. Patient reports some aching and weakness in the back.
	-Problem list	Decreased functional mobility/ transfers Decreased ROM Decreased strength Increased pain
	-Treatment plan	Improve strength Active range of motion Home exercise program

Continued on Page 8
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WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 56 F Med Rec Num: L000078594		Page: 8 Room-Bed: - Visit: LA0201441185
		Body mechanics Therapeutic exercises Pain management Other
	-Other treatment plans	Joint Mob/ Manual Tx, Heat /Cold, US, ES pm, NMRE, Pt Ed, Thera Act
	[STGs: Functional Goals]	
	Pt will report VPR to less than 5/10	
	In back	
	-Due by date	12/13/16
	-Goal	In Progress
	Pt will be independent with basic HEP for low back	
	-Due by date	12/13/16
	-Goal	In Progress
	[LTGs: Functional Goals]	
	Pt will be independent with moderate core stability exs to maintain proper spine alignment.	
	-Due by date	12/27/16
	-Goal	In Progress
	Pt will be able to perform box lifts with proper body mechanics	
	-Due by date	12/27/16
	-Goal	In Progress
	Therapy Provided/Treatment Response	
	[Specific Therapy Exercise]	
	Core strengthening	
	-Type	Active Other
	-Other types	PPT, Bridging, Abdominal squeezes

Continued on Page 9
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E8F6EAFB0FB4C2BA9B6, WILSON, 45

WILSON, CAROLYN		Page: 9
Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy		Room-Bed: -
56 F Med Rec Num: L000078594		Visit: LA0201441185
- Position	Supine	
- Number of sets/ reps	10x3-5s each	
- Therapy exercise response	Assumes requested position	
- Other therapy exercise responses	Other	
- Other therapy exercise responses	Verbal cues for technique	
Sci-fit		
- Type	Resistive	
- Accessory	Recumbent bike	
- Position	Sitting	
- Number of sets/ reps	7 mins level 3	
- Therapy exercise response	Assumes requested position	
- Therapy exercise response	Performs task without difficulty	
Stretches		
- Type	Stretch	
- Other types	Other	
- Position	LTR, HSS, Plirforms	
- Position	Sitting	
- Position	Supine	
- Number of sets/ reps	3x30s each	
- Therapy exercise response	Assumes requested position	
[Additional Therapeutic Treatment]		
- Additional therapeutic treatment	Other	
- Other additional therapeutic treatments	IFC with moist heat x 15 mins to back with patient in sitting for	

Continued on Page 10
Legal Chart Copy

WILSON, CAROLYN		Page: 10
Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy		Room-Bed: -
56 F Med Rec Num: L000078594		Visit: LA0201441185
[Response to Treatment/Plan]	pain relief	
- Response to treatment	Responded fairly	
- Therapy: clinical findings	Patient tolerated additional exercises fair today. She reports that her pain is along the mid to low back. She was wearing her brace this morning. Patient was instructed to continue her core strengthening exercises at home.	
- Plan/Recommendations	Continue with treatment plan	
Pain Management		
[Patient Population]		
- Pain comment	7/10 before treatment; and a 5/10 after treatment	
Therapy Units & Tx Times-PT		
[Estim Unattended]		
- Estim unattended	Yes	
- Total Estim unattended minutes	15	
[Therapeutic Exercise]		
- Therapeutic exercise	Yes	

Continued on Page 11
Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 46

WILSON, CAROLYN Page: 11

Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy Room-Bed: -
 56 F Med Rec Num: L000078594 Visit: LA0201441185

-Total therapeutic exercise minutes	28
[Whirlpool Basic]	
[*Untimed*]	
[Therapy Minutes]	
-Total timed therapy minutes	43
-Total timed therapy units	3
-Total minutes reviewed	Yes
[Timed Therapies]	
-Estim unattended units	1
-Total therapeutic exercise units	2

12/02/16

09:37
 OP PT Daily Note
 Freq: DAILY

Start: 12/02/16 09:37
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 09:37	KWT			
CPRMPTLAPTOP3	12/02/16 09:37	KWT			

12/02/16

10:51
 Health History PCS
 Freq: ONCE

Start: 12/02/16 10:51
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

12/02/16

Assessment
 Freq: ONCE

Start: 12/02/16 10:51
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Continued on Page 12
 Legal Chart Copy

WILSON, CAROLYN Page: 12

Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy Room-Bed: -
 56 F Med Rec Num: L000078594 Visit: LA0201441185

Screening II
 Freq: ONCE

Start: 12/02/16 10:51
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Weight
 Text:

Start: 12/02/16 10:51
 Status: Discharge

Height:

Freq: ONCE

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Risk Assessment Scale
 Freq: Q12

Start: 12/02/16 10:51
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Risk Assessment Scale
 Freq: QSHIFT

Start: 12/02/16 10:51
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Continued on Page 13
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 47

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 Room: 56 Med Rec Num: L000078594 Room-Bed: - Visit: LA0201441185
 Page: 15

Start: 12/02/16 10:51
 Text: Status: Discharge

Freq: 06,14,22

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Log Start: 12/02/16 10:51 Notification

Freq: PRN

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

Screening Start: 12/02/16 10:51 Sepsis

Freq: QSHIFT

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/02/16 10:51	System			
CPRMPTLAPTOP3	12/02/16 10:51	System			

10:31
 OP PT Daily Note Start: 12/02/16 09:37
 Freq: DAILY Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/05/16 10:31	KWT			
CPRMPTLAPTOP3	12/05/16 11:18	KWT			

Continued on Page 16
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WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 Room: 56 Med Rec Num: L000078594 Room-Bed: - Visit: LA0201441185
 Page: 16

Evaluation Date/Weight Bearing	12/05/16 10:31
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/05/16
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	8
-PT cumulative number of visits	8
PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	Patient reports that her pain is a 6/10 on the pain scale. Patient reports that she fell against the wall on her right side over the weekend when she had

Continued on Page 17
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E8F6EAFB0FB4C2BA9B6, WILSON, 49

WILSON, CAROLYN		Page: 17
Facility: Carolina Pines Reg Med Ctr		Room-Bed: -
56 F [REDACTED]		Visit: LA0201441185
Location: Physical Therapy		
Med Rec Num: L000078594		
	some pain/throbbing in her right LE.	
-Problem list	Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain	
-Treatment plan	Improve strength Active range of motion Home exercise program Body mechanics Therapeutic exercises Pain management Other	
-Other treatment plans	Joint Mob/ Manual Tx, Heat /Cold, US, ES prn, NMRE, Pt Ed, Thera Act	
[STGs: Functional Goals]		
Pt will report VPR to less than 5/10 in back		
-Due by date	12/13/16	
-Goal	In Progress	
Pt will be independent with basic HEP for low back		
-Due by date	12/13/16	
-Goal	In Progress	
[LTGs: Functional Goals]		
Pt will be independent with moderate		

Continued on Page 18
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WILSON, CAROLYN		Page: 18
Facility: Carolina Pines Reg Med Ctr		Room-Bed: -
56 F [REDACTED]		Visit: LA0201441185
Location: Physical Therapy		
Med Rec Num: L000078594		
	core stability exs to maintain proper spine alignment.	
-Due by date	12/27/16	
-Goal	In Progress	
Pt will be able to perform box lifts with proper body mechanics		
-Due by date	12/27/16	
-Goal	In Progress	
Therapy Provided/Treatment Response		
[Specific Therapy Exercise]		
Core strengthening		
-Type	Active Other	
-Other types	PPT, Bridging, Arm & leg press	
-Position	Supine	
-Number of sets/reps	10x3-5s each	
-Therapy exercise response	Assumes requested position Other	
-Other therapy exercise responses	Verbal cues for technique	
Sci-fit		
-Type	Resistive	
-Accessory	Recurrent bike	
-Position	Sitting	
-Number of sets/reps	7 mins level 5	
-Therapy exercise response	Assumes requested position Performs task without difficulty	
Stretches		
-Type	Stretch Other	

Continued on Page 19
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E8F6EAFFB0FB4C2BA9B6, WILSON, 50

WILSON, CAROLYN Page: 19
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F Med Rec Num: L000978594 Room-Bed: -
 Visit: LA0201441185

-Other types	LTR, HSS, Piriformis
-Position	Sitting Supine
-Number of sets/reps	3x30s each
-Therapy exercise response	Assumes requested position
[Additional Therapeutic Treatment]	
-Additional therapeutic treatment	Other
-Other additional therapeutic treatments	IFC with moist heat x 15 mins to back with patient in sitting for pain relief
[Response to Treatment/Plan]	
-Response to treatment	Responded fairly
-Therapy: clinical findings	Patient is not able to fully extend with bridging, but does well with other exercises. Instructed patient to perform exercises through a pain-free ROM.
-Plan/Recommendations	Continue with treatment plan
Pain Management	
[Patient Population]	
-Pain comment	6/10 before treatment; and

Continued on Page 20
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WILSON, CAROLYN Page: 20
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 56 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA0201441185

	a 4/10 after treatment
Therapy Units & Tx Times-PT	
[Estim Unattended]	
-Estim unattended	Yes
-Total Estim unattended minutes	15
[Therapeutic Exercise]	
-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	27
[Whirlpool Basic]	
[*Untimed*]	
[Therapy Minutes]	
-Total timed therapy minutes	42
-Total timed therapy units	3
-Total minutes reviewed	Yes
[Timed Therapies]	
-Estim unattended units	1
-Total therapeutic exercise units	2

12/19/16

12:48
 OP PT Daily Note
 Freq: DAILY

Start: 12/02/16 09:37
Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Edit Status	12/19/16 12:48	BKG DAEMON			Active=>Discharge
NACAWPMBGMDT01I	12/19/16 12:48	BKG DAEMON			

History PCS Health
 Freq: ONCE

Start: 12/02/16 10:51
Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Edit Status	12/19/16 12:48	BKG DAEMON			Active=>Discharge
NACAWPMBGMDT01I	12/19/16 12:48	BKG DAEMON			

Continued on Page 21
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E8F6EAFFB0FB4C2BA9B6, WILSON, 51

Carolina Pines Reg Med Ctr

Account # LA3000003743 Admit Date/Time: 12/21/16 11:30 Unit No: L000078594
 Room-Bed: Service/Location: Physical Therapy Status: DIS RCR
 Priority: EL Admit Source: Clinic or Phys Office Referred Alt Address: N

WILSON, CAROLYN 76 L PAC CEMETERY RD BISHOPVILLE SC 29010-0000	PATIENT INFORMATION Birthdate: [REDACTED] Age: 56 Sex: F Race: B Marital Status: M Religion: Unknown Primary Phone: 803-428-5312 Home Ph SSN: [REDACTED]

PERSON TO NOTIFY
 WILSON, LEVI Rel: SP
 76 L PAC CEMETERY R
 BISHOPVILLE, SC 29010-000
 (P): 803-428-5312 Home Ph
 (P):

NEXT OF KIN
 WILSON, LEVI Rel: SP
 76 L PAC CEMETERY R
 BISHOPVILLE, SC 29010-000
 (P): 803-428-5312 Home Ph
 (P):

PATIENT EMPLOYER
 FRED'S STORE

ACCIDENT/ILLNESS/CONDITION

Date	TIME	Type
11/29/16		11 Onset of Symptoms or Illn
11/29/16		35 Date Treatment Started fo

Phone:
 Occupation:

Condition:

GUARANTOR
 WILSON, CAROLYN
 76 L PAC CEMETERY RD
 BISHOPVILLE, SC 29010-0000
 Phone: 803-428-5312
 Relationship: SA

GUARANTOR EMPLOYER
 FRED'S STORE

Phone:
 Occupation:

OTHER GUARANTOR

OTHER GUARANTOR EMPLOYER

Phone:

Phone:
 Occupation:

Insurance #1
 BLUE CROSS OUT OF STATE
 PO BOX 100191
 COLUMBIA, SC 29202-3191

INSURANCE INFORMATION

Insured WILSON, CAROLYN
 Group# 111173
 Policy# FRZ905108382
 Auth#

Emp Status
 INS #1: F
 INS #2:

Insurance #2
 System Assigned Code

Insured#2
 Group2#
 Policy2#
 Auth #:

Admit Phys:
 PCP: Edwards, Willie S Jr.
 RFV: LUMBAR SPINE
 ADM Comment:
 Registrar: MT BSI7910

Other Phys:

Attending Phys: Edwards, Willie S Jr., MD

Emergency Provider:

Advance Directive: N
Living Will:
POA Healthcare: N

NOPP: 2 12/06/16
POLST:

Genetic Research Notice:
Genetic Research Opt Out Date:

MDRO:

E8F6EAFFB0FB4C2BA9B6, WILSON, 55



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 22, 2016 Patient: Carolyn Wilson Page: 1
Anthony W. Alexander, M.D., Fakhri P. Chokshi, M.D., Barry L. Gent, D.O.,
Patrick R. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey M. Ervin, M.D., Jason B. O'Dell, M.D., Chadley B. Ruyon, M.D.,
Higdon R. Watt, M.D., Matthew D. Walker, M.D.

901 E. OCEAN ST., SUITE 100 FLORENCE, SC 29506-1769
843.667.5333 FAX (843) 678.9883 WWW.PDOA.COM

PEE DEE SPINE CENTER THERAPY PRESCRIPTION

PATIENT IN OFFICE (X) YES

() NO

() OCCUPATIONAL THERAPY
(X) PHYSICAL THERAPY

DATE: 11/22/2016

PATIENT NAME: Wilson Carolyn
DATE OF BIRTH: [REDACTED]

CHART # 362442

DIAGNOSIS: Lumbar Pain
TREATMENT FACILITY: CAROLINA PINES 843-383-5370

DIAGNOSIS CODE: M54.5

APPOINTMENT DATE: 11/29/16 TIME: 1:00

TO BE TREATED:

(X) L SPINE () T SPINE () C SPINE
() OTHER:

FREQUENCY 3 X PER WEEK FOR 4 WEEKS

REHAB PLAN OF CARE: (X) EVAL AND TREAT

(X) STRETCH/STRENGTH/MODALITIES ()	CERVICAL TRACTION ()	ISOMETRIC ()
() WILLIAMS & MCKENZIE ()	WORK HARDENING ()	AQUATIC EXERCISES ()
() ANTI-INFLAM. MODALITIES ()	FCE ()	SPINAL STAB. ()
() BACK SCHOOL ()	TENS UNIT ()	ROM, ACTIVE & PASSIVE ()

PRECAUTIONS:

PHYSICIAN SIGNATURE:

Willie S. Edwards, M.D.

This document was electronically signed on 11/22/2016

Fax Created - Name: CAROLINA PINES P.T. Number: 8433325250 Dated: 11/22/2016 10:25:03 AM

E8F6EAFFB0FB4C2BA9B6, WILSON, 62

WILSON, CAROLYN		Page: 5																																																																																								
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy																																																																																								
57 F	Med Rec Num: L000078594	Room-Bed: -																																																																																								
Emergency Department Activity - Continued		Visit: LA3000003743																																																																																								
Plan of Care Review																																																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Review Date/Time</th> <th>User</th> <th>Esign</th> <th>Client</th> </tr> </thead> <tbody> <tr><td>12/09/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/10/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/11/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/12/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/13/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/14/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/15/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/16/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/17/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/18/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/19/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/20/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/21/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/22/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/23/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/24/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/25/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/26/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/27/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/28/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> <tr><td>12/29/16 11:54</td><td>Missed Review</td><td></td><td></td></tr> </tbody> </table>			Review Date/Time	User	Esign	Client	12/09/16 11:54	Missed Review			12/10/16 11:54	Missed Review			12/11/16 11:54	Missed Review			12/12/16 11:54	Missed Review			12/13/16 11:54	Missed Review			12/14/16 11:54	Missed Review			12/15/16 11:54	Missed Review			12/16/16 11:54	Missed Review			12/17/16 11:54	Missed Review			12/18/16 11:54	Missed Review			12/19/16 11:54	Missed Review			12/20/16 11:54	Missed Review			12/21/16 11:54	Missed Review			12/22/16 11:54	Missed Review			12/23/16 11:54	Missed Review			12/24/16 11:54	Missed Review			12/25/16 11:54	Missed Review			12/26/16 11:54	Missed Review			12/27/16 11:54	Missed Review			12/28/16 11:54	Missed Review			12/29/16 11:54	Missed Review		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Are you currently participating in a research study</td> <td>No</td> </tr> <tr> <td>Do you have an advance directive?</td> <td>No</td> </tr> <tr> <td>If no, do you want information?</td> <td>No</td> </tr> <tr> <td>Do you have a durable power of attorney for health care?</td> <td>No</td> </tr> <tr> <td>If no, do you want information?</td> <td>No</td> </tr> </table>			Are you currently participating in a research study	No	Do you have an advance directive?	No	If no, do you want information?	No	Do you have a durable power of attorney for health care?	No	If no, do you want information?	No																																																																														
Are you currently participating in a research study	No																																																																																									
Do you have an advance directive?	No																																																																																									
If no, do you want information?	No																																																																																									
Do you have a durable power of attorney for health care?	No																																																																																									
If no, do you want information?	No																																																																																									
Continued on Page 6 Legal Chart Copy																																																																																										

WILSON, CAROLYN		Page: 6				
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy				
57 F	Med Rec Num: L000078594	Room-Bed: -				
Clinical Data Table - Continued		Visit: LA3000003743				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Visit Reason</td> <td>LUMBAR SPINE</td> </tr> <tr> <td>Language</td> <td>English</td> </tr> </table>			Visit Reason	LUMBAR SPINE	Language	English
Visit Reason	LUMBAR SPINE					
Language	English					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Diagnosis Code</td> <td>Name</td> </tr> <tr> <td>M54.5</td> <td>Low back pain</td> </tr> </table>			Diagnosis Code	Name	M54.5	Low back pain
Diagnosis Code	Name					
M54.5	Low back pain					
Discharge Information						
Recurring Discharge Date/Time: 12/30/16 08:00 Recurring Discharge Disposition: Home or Self Care 01 Recurring Discharge Comment:						
Instructions: Stand-Alone Forms: Prescriptions: Visit Report - Forms: - Referrals:						
Notes						
02/13/17 09:54 Physical Therapy by Neptuno-Addison, Aimee C OP PT DISCHARGE NOTE *Late Discharge Note entry. This patient has been seen in PT 14x from 11/29/2016 to 12/21/2016 and will be discharged from skilled PT due to the following reason/s: x Pt did not return for PT tx and no communication received from pt since last PT visit. Pt has met all STG's & partially met all LTG's. No new objective measurements or goals were assessed during time of last PT visit. Initialized on 02/13/17 09:54 - END OF NOTE						
Continued on Page 7 Legal Chart Copy						

E8F6EAFFB0FB4C2BA9B6, WILSON, 65

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743
 Page: 11

10:18
 OP PT Daily Note
 Freq: DAILY
 Start: 12/09/16 10:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/09/16 10:18	KWT			
CPRMPTLAPTOP3	12/09/16 10:18	KWT			

10:23
 OP PT Daily Note
 Freq: DAILY
 Start: 12/09/16 10:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/09/16 10:23	KWT			
CPRMPTLAPTOP3	12/09/16 11:18	KWT			

	12/09/16 10:23
Evaluation Date/Weight Bearing	
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/09/16
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	9
-PT cumulative number of visits	9

Continued on Page 12
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WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743
 Page: 12

PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	Patient reports that the pain in her back is a 4/10 on the pain scale. She reports that she has some pain in her buttocks and hip this morning. Patient reports that her back feels better since surgery, but reports that she still has lower leg pain.
-Problem list	Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain
-Treatment plan	Improve strength Active range of motion Home exercise program

Continued on Page 13
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 68

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 57 F [REDACTED] Mod Rec Num: L000078594		Page: 13 Room-Bed: - Visit: LA3000003743
		Body mechanics Therapeutic exercises Pain management Other
	-Other treatment plans	Joint Mob/ Manual TX, Heat /Cold, US, ES prn, NMRE, Pt Ed, Thera Act
	[STGs: Functional Goals]	
	Pt will report VPR to less than 5/10 in back	
	-Due by date	12/13/16
	-Goal	In Progress
	Pt will be independent with basic HEP for low back	
	-Due by date	12/13/16
	-Goal	Met
	-Goal comment	12/9/16
	[LTGs: Functional Goals]	
	Pt will be independent with moderate core stability exs to maintain proper spine alignment.	
	-Due by date	12/27/16
	-Goal	In Progress
	Pt will be able to perform box lifts with proper body mechanics	
	-Due by date	12/27/16
	-Goal	In Progress
	Therapy Provided/Treatment Response	
	[Specific Therapy Exercise]	
	Stretches	
	-Type	Stretch Other
	-Other types	LTR, HSS, Piriformis,

Continued on Page 14
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WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 57 F [REDACTED] Mod Rec Num: L000078594		Page: 14 Room-Bed: - Visit: LA3000003743
		DKTC
	-Position	Supine
	-Number of sets/reps	3x30s each
	-Therapy exercise response	Assumes requested position
	Core strengthening	
	-Type	Active Other
	-Other types	PPB, Bridging, Arm & leg press
	-Position	Supine
	-Number of sets/reps	10x3-5s each
	-Therapy exercise response	Assumes requested position
	Sci-fit	
	-Type	Resistive
	-Accessory	Recumbent bike
	-Position	Sitting
	-Number of sets/reps	10 mins level 5
	-Therapy exercise response	Assumes requested position Performs task without difficulty
	[Additional Therapeutic Treatment]	
	-Additional therapeutic treatment	Other
	-Other additional therapeutic treatments	IFC with moist heat x 15 mins to back with patient in sitting for pain relief
	[Response to Treatment/Plan]	
	-Response to treatment	Responded

Continued on Page 15
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E8F6EAFFB0FB4C2BA9B6, WILSON, 69

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743 Page: 15

-Therapy: clinical findings	fairly Patient has met one goal today. She reports that her back is feeling better, but states that she continues to have some leg pain. She reports that it feels like spasms. Patient demonstrates some improvement with transfers for bed mobility. Patient was instructed to add core strengthening exercises to her current HEP
-Plan/Recommendations	Continue with treatment plan
Pain Management	
[]	
-Does patient complain of pain	Yes
[Patient Population]	
-Patient population	Verbal
-Patient's goal for pain management	
-Pain comment	4/10 pain in the back before

Continued on Page 16
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WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743 Page: 16

treatment; 3/10 after treatment	
Therapy Units & Tx Times-PT	
[Estim Unattended]	
-Estim unattended	Yes
-Total Estim unattended minutes	15
[Therapeutic Exercise]	
-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	30
[Whirlpool Basic]	
[*Untimed*]	
[Therapy Minutes]	
-Total timed therapy minutes	45
-Total timed therapy units	3
-Total minutes reviewed	Yes
[Timed Therapies]	
-Estim unattended units	1
-Total therapeutic exercise units	2

11:18
 Pain
 Freq: Start: 12/09/16 11:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/09/16 11:18	KWT			
CPRMPTLAPTOP3	12/09/16 11:18	KWT			

Start: 12/09/16 11:18
 Freq: SHIFTEO Status: Discharge Target:

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Created	12/09/16 11:18	KWT			
CPRMPTLAPTOP3	12/09/16 11:18	KWT			

Continued on Page 17
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 70

WILSON, CAROLYN		Page: 17	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	Room-Bed: -
57 F [REDACTED]	Med Rec Num: L000078594	Visit: LA3000003743	
08:59		12/12/16	
OP PT Daily Note		Start: 12/09/16 10:18	
Freq: DAILY		Status: Discharge	

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/12/16 08:59	KWT			
CPRMPTLAPTOP3	12/12/16 09:36	KWT			

	12/12/16 08:59
Evaluation Date/Weight Bearing	
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/12/16
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	10
-PT cumulative number of visits	10
PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	Patient states that the pain in her back is

Continued on Page 18
Legal Chart Copy

WILSON, CAROLYN		Page: 18	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	Room-Bed: -
57 F [REDACTED]	Med Rec Num: L000078594	Visit: LA3000003743	

		a 4/10 today. She states that she has realized that she will always have the leg pain.
-Problem list		Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain
-Treatment plan		Improve strength Active range of motion Home exercise program Body mechanics Therapeutic exercises Pain management Other
-Other treatment plans		Joint Mob/ Manual Tx, Heat/Cold, US, ES pm, NMRE, Pt Ed, Thera Act
[STGs: Functional Goals]		
Pt will report VPR to less than 5/10 in back		
-Due by date		12/13/16
-Goal		Met
-Goal comment		12/12/16
Pt will be independent with basic HEP		

Continued on Page 19
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E8F6EAFFB0FB4C2BA9B6, WILSON, 71

WILSON, CAROLYN		Page: 19	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
57 F [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: -	
		Visit: LA3000003743	
for low back			
- Due by date		12/13/16	
- Goal		Met	
- Goal comment		12/9/16	
[LTGs: Functional Goals]			
Pt will be independent with moderate core stability exs to maintain proper spine alignment.			
- Due by date		12/27/16	
- Goal		In Progress	
Pt will be able to perform box lifts with proper body mechanics			
- Due by date		12/27/16	
- Goal		In Progress	
Therapy Provided/Treatment Response (Specific Therapy Exercise)			
Stretches			
- Type		Stretch	
		Other	
- Other types		LTR, HSS, Piriformis, DKTC	
- Position		Supine	
- Number of sets/reps		3x30s each	
- Therapy exercise response		Assumes requested position	
Core strengthening			
- Type		Active	
		Other	
- Other types		PPT, Bridging, Arm & leg press	
- Position		Supine	
- Number of sets/reps		10x3-5s each	
- Therapy exercise response		Assumes requested position	

Continued on Page 20
Legal Chart Copy

WILSON, CAROLYN		Page: 20	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
57 F [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: -	
		Visit: LA3000003743	
Sci-fit			
- Type		Resistive	
- Accessory		Recumbent bike	
- Position		Sitting	
- Number of sets/reps		10 mins level 5 (Hill program)	
- Therapy exercise response		Assumes requested position Performs task without difficulty	
[Additional Therapeutic Treatment]			
- Additional therapeutic treatment		Other	
- Other additional therapeutic treatments		IFC with moist heat x 15 mins to back with patient in sitting for pain relief	
[Response to Treatment/Plan]			
- Response to treatment		Responded well	
- Therapy: clinical findings		Patient has met one additional goal this morning. Patient reports minimal pain in the back today. She states that she always has leg pain.	
- Plan/Recommendations		Continue with treatment plan	
Pain Management			
(Patient Population)			

Continued on Page 21
Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 72

WILSON, CAROLYN Page: 21

Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 XXXXXXXXXX Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743

-Pain comment	4/10 before treatment; 3/10 after treatment
Therapy Units & Tx Times-PT	
[Estim Unattended]	
-Estim unattended	Yes
-Total Estim unattended minutes	15
[Therapeutic Exercise]	
-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	30
[Whirlpool Basic]	
[*Untimed*]	
[Therapy Minutes]	
-Total timed therapy minutes	45
-Total timed therapy units	3
-Total minutes reviewed	Yes
[Timed Therapies]	
-Estim unattended units	1
-Total therapeutic exercise units	2

12/14/16

14:15
 OP PT Daily Note
 Freq: DAILY

Start: 12/09/16 10:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/14/16 14:15	KHW			
CPRMPTLTPW12	12/14/16 15:00	KHW			

	12/14/16
	14:15
Evaluation Date/Weight Bearing	
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16

Continued on Page 22
 Legal Chart Copy

WILSON, CAROLYN Page: 22

Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 XXXXXXXXXX Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743

-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/14/16
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	11
-PT cumulative number of visits	11
PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	Im feeling better today. 2 /10 low back pain
-Problem list	Decreased functional mobility/ transfers Decreased ROM Decreased strength Increased pain
-Treatment plan	Improve strength Active range of motion Home exercise program Body mechanics Therapeutic

Continued on Page 23
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 73

WILSON, CAROLYN		Page: 23	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
57 F. [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: - Visit: LA3000003743	
	exercises Pain management Other		
-Other treatment plans	Joint Mob/ Manual Tx, Heat /Cold, US, ES prn, NMRE, Pt Ed, Thera Act		
[STGs: Functional Goals]			
Pt will report VPR to less than 5/10 in back			
-Due by date	12/13/16		
-Goal	Met		
-Goal comment	12/12/16		
Pt will be independent with basic HEP for low back			
-Due by date	12/13/16		
-Goal	Met		
-Goal comment	12/9/16		
[LTGs: Functional Goals]			
Pt will be independent with moderate core stability exs to maintain proper spine alignment.			
-Due by date	12/27/16		
-Goal	In Progress		
Pt will be able to perform box lifts with proper body mechanics			
-Due by date	12/27/16		
-Goal	In Progress		
Therapy Provided/Treatment Response			
[Specific Therapy Exercise]			
Stretches			
-Type	Stretch		
-Position	Supine		
	Other		
-Other positions	sitting trunk flexion, lat		
Continued on Page 24 Legal Chart Copy			

WILSON, CAROLYN		Page: 24	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
57 F. [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: - Visit: LA3000003743	
	rotation w blue ex ball x5 held 30 sec		
-Number of sets/reps	LTR, HSS, piriformis, DKTC, 2# yellow ball		
-Specific muscle group	3x30 sec		
-Therapy exercise response	Assumes requested position		
Core strengthening			
-Type	Active		
-Position	Supine		
-Number of sets/reps	PPT, bridging, piriformis, DKTC		
-Specific muscle group	3x30 sec each		
-Therapy exercise response	Assumes requested position		
[Additional Therapeutic Treatment]			
-Other additional therapeutic treatments			
[Response to Treatment/Plan]			
-Response to treatment	Responded well		
-Plan/Recommendations	Continue with treatment plan		
Pain Management			
[]			
-Does patient complain of pain	Yes		
[Patient Population]			
-Patient population	Verbal		
-Patient's goal for pain management			
-Pain comment	2/10		
Therapy Units & Tx Times-PT			
[Therapeutic Exercise]			
Continued on Page 25 Legal Chart Copy			

E8F6EAFB0FB4C2BA9B6, WILSON, 74

Page: 25

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743

-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	25
[Whirlpool Basic]	
[*Untimed*]	
[Therapy Minutes]	
-Total timed therapy minutes	25
-Total timed therapy units	2
-Total minutes reviewed	Yes
[Timed Therapies]	
-Total therapeutic exercise units	2

12/15/16

15:03
 OP PT Daily Note
 Freq: DAILY

Start: 12/09/16 10:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/15/16 15:03	ACA			
CPRMPTLTPW10	12/15/16 15:30	ACA			

	12/15/16
	15:03
Evaluation Date/Weight Bearing	
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/15/16
-Date authorization for PT approved visits was obtained	07/06/16

Continued on Page 26
 Legal Chart Copy

Page: 26

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743

-PT visit #	12
-PT cumulative number of visits	12
PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	Pt states that her back feels sore today, states that she has done more exercises yesterday during her PT session.
-Problem list	Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain
-Treatment plan	Improve strength Active range of motion Home exercise program Body mechanics Therapeutic exercises Pain management Other
-Other treatment plans	Joint Mob/ Manual Tx, Heat/Cold, US, ES

Continued on Page 27
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 75

WILSON, CAROLYN		Page: 27
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy
57 F [REDACTED]		Med Rec Num: L000078594
		Room-Bed: - Visit: LA3000003743
-Patient goal for therapy [STGs: Functional Goals] Pt will report VPR to less than 5/10 in back -Due by date -Goal -Goal comment Pt will be independent with basic HEP for low back -Due by date -Goal -Goal comment [LTGs: Functional Goals] Pt will be independent with moderate core stability exs to maintain proper spine alignment. -Due by date -Goal Pt will be able to perform box lifts with proper body mechanics -Due by date -Goal Therapy Provided/Treatment Response [Specific Therapy Exercise] Stretches -Type -Other types	pm, NMRE, Pt Ed, Thera Act Improve movement and strength Experience less pain 12/13/16 Met 12/12/16 12/13/16 Met 12/9/16 In Progress 12/27/16 In Progress 12/27/16 In Progress Stretch Other Piriformis Stretch, Lumbar Prayer Stretch with ball	

Continued on Page 28
Legal Chart Copy

WILSON, CAROLYN		Page: 28
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy
57 F [REDACTED]		Med Rec Num: L000078594
		Room-Bed: - Visit: LA3000003743
-Accessory -Other accessories -Position -Number of sets/ reps -Therapy exercise response Core strengthening -Type -Other types -Position -Specific muscle group -Therapy exercise response Sci-fit -Type -Accessory -Position -Number of sets/ reps -Therapy exercise response [Response to Treatment/Plan] -Response to treatment -Therapy: clinical findings	Other physioball Sitting 30" x 2 each Assumes requested position Resistive Other PPT, Supine SLR, Pelvic Bridge with physioball, Hip Abd (red band) Supine 5" hold x 10-15 reps Assumes requested position Performs task without difficulty Stretch Recumbent bike Sitting level 5 x 10 mins, Hills Performs task without difficulty Responded well Pt is able to	

Continued on Page 29
Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 76

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: Visit: LA3000003743 Page: 29

tolerate all thera ex today in good form with no inc in back pain or discomfort. Pt reports feeling stronger each session and able to stand longer to do her ADL's and kitchen chores.	
-Plan/Recommendations	Continue with treatment plan
Therapy Units & Tx Times-PT	
[Therapeutic Exercise]	
-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	26
[Whirlpool Basic]	
(*Un timed*)	
[Therapy Minutes]	
-Total timed therapy minutes	26
-Total timed therapy units	2
-Total minutes reviewed	Yes
[Timed Therapies]	
-Total therapeutic exercise units	2
Therapy Treatment Times	
[Therapy Treatment Times]	
-Treatment start time	15:03
-Treatment stop time	15:30
-Treatment total time	27

Continued on Page 30
 Legal Chart Copy

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: Visit: LA3000003743 Page: 30

11:15
 OP PT Daily Note
 Freq: DAILY

Start: 12/09/16 10:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/19/16 11:15	KHW			
CPRMPTLTPW12	12/19/16 12:02	KHW			

12/19/16	
Evaluation Date/Weight Bearing	11:15
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/19/16
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	13
-PT cumulative number of visits	13
PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	3/10 back pain and it feels weak washing

Continued on Page 31
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 77

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 57 F Med Rec Num: L000078594		Page: 31 Room-Bed: - Visit: LA3000003743
	-Problem list -Treatment plan -Other treatment plans -Patient goal for therapy	dishes Decreased functional mobility/ transfers Decreased ROM Decreased strength Increased pain Improve strength Active range of motion Home exercise program Body mechanics Therapeutic exercises Pain management Other Joint Mob/ Manual Tx, Heat /Cold, US, ES prn, NMRE, Pt Ed, Thera Act Improve movement and strength Experience less pain
(STGs: Functional Goals) Pt will report VPR to less than 5/10 in back		
-Due by date		12/13/16
-Goal		Met
-Goal comment		12/12/16
Pt will be independent with basic HEP for low back		
Continued on Page 32 Legal Chart Copy		

WILSON, CAROLYN Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy 57 F Med Rec Num: L000078594		Page: 32 Room-Bed: - Visit: LA3000003743
	-Due by date -Goal -Goal comment (LTGs: Functional Goals) Pt will be independent with moderate core stability exs to maintain proper spine alignment. -Due by date -Goal Pt will be able to perform box lifts with proper body mechanics -Due by date -Goal Therapy Provided/Treatment Response (Specific Therapy Exercise) Stretches -Type -Position -Number of sets/reps -Specific muscle group -Therapy exercise response Core strengthening -Type -Position -Other positions -Number of sets/reps	12/13/16 Met 12/9/16 12/27/16 In Progress 12/27/16 In Progress Stretch Sitting piriformis stretch, lumbar prayer stretch w ball 30" x2 each Assumes requested position Resistive Supine Other step ups x15, SKTC x3 held 15 sec PPT, supine SLR, pelvic bridge w FB, hip abd x10, leg extx10
Continued on Page 33 Legal Chart Copy		

E8F6EAFFB0FB4C2BA9B6, WILSON, 78

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 Med Rec Num: L000078594 Room-Bed: -
 57 F Visit: LA3000003743 Page: 33

-Specific muscle group	5" hold x10-15 reps
-Therapy exercise response	Assumes requested position Performs task without difficulty
Sci-fit	
-Type	Stretch
-Accessory	Recumbent bike
-Position	Sitting
-Number of sets/reps	level 5 x5 min
-Therapy exercise response	Loses balance quickly without recovery
[Response to Treatment/Plan]	
-Response to treatment	Responded well
-Plan/Recommendations	Continue with treatment plan
Pain Management	
[]	
-Does patient complain of pain	Yes
[Patient Population]	
-Patient population	Verbal
-Patient's goal for pain management	
-Pain comment	3/10 low back
Therapy Units & Tx Times-PT	
[Therapeutic Exercise]	
-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	25
[Whirlpool Basic]	
[*Untimed*]	
[Therapy Minutes]	
-Total timed therapy minutes	25
-Total timed therapy units	2
-Total minutes reviewed	Yes

Continued on Page 34
 Legal Chart Copy

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 Med Rec Num: L000078594 Room-Bed: -
 57 F Visit: LA3000003743 Page: 34

[Timed Therapies]	
-Total therapeutic exercise units	2

12/21/16

11:15
 OP PT Daily Note
 Freq: DAILY

Start: 12/09/16 10:18
 Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Document	12/21/16 11:15	KHW			
CPRMPTLTPW12	12/21/16 12:04	KHW			

	12/21/16
	11:15
Evaluation Date/Weight Bearing	
[Initial Evaluation/Certification]	
-PT initial evaluation date	11/29/16
-PT certification start date	11/29/16
-PT certification stop date	12/27/16
-PT number of approved visits	20
[Physician/Rehab Treating Diagnosis]	
-Physician diagnosis	Lumbar Pain - M54.5
-Rehab treating diagnosis	Same
Treatment Date/Visit #	
[Treatment Date/Visits]	
-Treatment date	12/21/16
-Date authorization for PT approved visits was obtained	07/06/16
-PT visit #	14
-PT cumulative number of visits	14
PT Plan of Care	
[Treatment]	
-Frequency	3x week
-Duration	4 weeks
-Patient's subjective report	Other
-Other patient's subjective report	4/10 like a

Continued on Page 35
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 79

WILSON, CAROLYN		Page: 35	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
57 F [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: - Visit: LA3000003743	
		muscle spasm in low back, it was 7-8/10 while washing dishes in her upper part of the back	
-Problem list		Decreased functional mobility/transfers Decreased ROM Decreased strength Increased pain	
-Treatment plan		Improve strength Active range of motion Home exercise program Body mechanics Therapeutic exercises Pain management Other	
-Other treatment plans		Joint Mob/ Manual TX, Heat/Cold, US, ES pm, NMRE, Pt Ed, Thera Act	
-Patient goal for therapy		Improve movement and strength Experience less pain	
[STGs: Functional Goals]			
Pt will report VPR to less than 5/10			
Continued on Page 36 Legal Chart Copy			

WILSON, CAROLYN		Page: 36	
Facility: Carolina Pines Reg Med Ctr		Location: Physical Therapy	
57 F [REDACTED]		Med Rec Num: L000078594	
		Room-Bed: - Visit: LA3000003743	
In back			
-Due by date		12/13/16	
-Goal		Met	
-Goal comment		12/12/16	
Pt will be independent with basic HEP for low back			
-Due by date		12/13/16	
-Goal		Met	
-Goal comment		12/9/16	
[LTGs: Functional Goals]			
Pt will be independent with moderate core stability exs to maintain proper spine alignment.			
-Due by date		12/27/16	
-Goal		In Progress	
Pt will be able to perform box lifts with proper body mechanics			
-Due by date		12/27/16	
-Goal		In Progress	
Therapy Provided/Treatment Response			
[Specific Therapy Exercise]			
Stretches			
-Type		Stretch	
-Position		Sitting	
-Number of sets/reps		piriformis stretch, lumbar prayer stretch w ball	
-Specific muscle group		30"x2 each	
-Therapy exercise response		Assumes requested position	
Core strengthening			
-Type		Resistive	
-Position		Supine	
-Other positions		Other	
step ups x15,			
Continued on Page 37 Legal Chart Copy			

E8F6EAFFB0FB4C2BA9B6, WILSON, 80

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743 Page: 37

-Number of sets/ reps	SKTC x3 held 15 sec PPT, supine SLR, pelvic bridge w PB, hip abd x10, leg ext x10
-Specific muscle group	5" hold x10-15 reps
-Therapy exercise response	Assumes requested position
Sci-fit	
-Type	Stretch
-Accessory	Recumbent bike
-Position	Sitting
-Number of sets/ reps	level 5 x8 min
-Therapy exercise response	Assumes requested position
[Response to Treatment/Plan]	
-Response to treatment	Responded well
-Plan/Recommendations	Continue with treatment plan
Pain Management	
[]	
-Does patient complain of pain	Yes
[Patient Population]	
-Patient population	Verbal
-Patient's goal for pain management	
-Pain comment	4/10
Therapy Units & Tx Times-PT	
[Therapeutic Exercise]	
-Therapeutic exercise	Yes
-Total therapeutic exercise minutes	30
[Whirlpool Basic]	
[*Untimed*]	

Continued on Page 38
 Legal Chart Copy

WILSON, CAROLYN
 Facility: Carolina Pines Reg Med Ctr Location: Physical Therapy
 57 F Med Rec Num: L000078594 Room-Bed: -
 Visit: LA3000003743 Page: 38

[Therapy Minutes]	
-Total timed therapy minutes	30
-Total timed therapy units	2
-Total minutes reviewed	Yes
[Timed Therapies]	
-Total therapeutic exercise units	2

12/30/16

08:58
 Health History PCS Start: 12/08/16 11:54
 Freq: ONCE Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Edit Status	12/30/16 08:58	BKG DAEMON			Active=>Discharge
NACAWPMBGMDT01I	12/30/16 08:58	BKG DAEMON			

Comprehensive

Assessment Start: 12/08/16 11:54
 Freq: ONCE Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Edit Status	12/30/16 08:58	BKG DAEMON			Active=>Discharge
NACAWPMBGMDT01I	12/30/16 08:58	BKG DAEMON			

MRSA

Screening II Start: 12/08/16 11:54
 Freq: ONCE Status: Discharge

Activity Type	Activity Date	Activity User	E-Sign	Co-Sign	Detail
Recorded Client	Recorded Date	Recorded By			
Edit Status	12/30/16 08:58	BKG DAEMON			Active=>Discharge
NACAWPMBGMDT01I	12/30/16 08:58	BKG DAEMON			

Continued on Page 39
 Legal Chart Copy

E8F6EAFFB0FB4C2BA9B6, WILSON, 81

WILSON, CAROLYN		Page: 5
Facility: Carolina Pines Reg Med Ctr Location: Mammography		Room-Bed: -
57 E	Med Rec Num: L000078594	Visit: LA0300163516
Emergency Department Activity - Continued		
Stated Complaint:		
Chief Complaint:		
ED Location:		
Area:		
Station:		
Group:		
ED Provider:		
ED Midlevel Provider:		
ED Nurse:		
Primary Care Provider: Whiteside, Jane E		
Clinical Data Table		
Are you currently participating in a research study		No
Do you have an advance directive?		No
If no, do you want information?		No
Do you have a durable power of attorney for health care?		No
If no, do you want information?		No
Visit Reason		ROUTINE
Language		English
Diagnosis Code	Name	
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast	
Discharge Information		
Clinical Discharge Date/Time: 02/28/17 08:54		
Clinical Discharge Disposition: Home or Self Care 01		
Clinical Discharge Comment:		
Instructions:		
Stand-Alone Forms:		
Prescriptions:		
Visit Report		
- Forms:		
Continued on Page 6 Legal Chart Copy		

WILSON, CAROLYN		Page: 6
Facility: Carolina Pines Reg Med Ctr Location: Mammography		Room-Bed: -
57 E	Med Rec Num: L000078594	Visit: LA0300163516
Discharge Information - Continued		
- Referrals:		
CLINICAL ASSESSMENTS		
09:09		02/28/17
Discharge Information and Education		Start: 02/28/17 08:53
Freq: NOW		Status: Discharge
Activity Type	Activity Date	Activity User
Recorded Client	Recorded Date	Recorded By
Created	02/28/17 09:09	System
NACAWPMBGMDT01I	02/28/17 09:09	System
00:02		03/01/17
Discharge Information and Education		Start: 02/28/17 08:53
Freq: NOW		Status: Discharge
Activity Type	Activity Date	Activity User
Recorded Client	Recorded Date	Recorded By
Edit Status	03/01/17 00:02	BKG DAEMON
NACAWPMBGMDT01I	03/01/17 00:02	BKG DAEMON
User Key		
Monogram	Mnemonic	Name
	BKG DAEMON	Daemon, Background
Credentials	Provider Type	
Printed on 03/03/17 04:54 Legal Chart Copy		

E8F6EAFFB0FB4C2BA9B6, WILSON, 96

APA 4

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WILSON, CAROLYN (id #12476, dob: [REDACTED])

Admin Documents

May. 23. 2017 3:17PM

No. 9736 P. 2

Initial Examination

PATIENT ID: 0039063H

Patient name: Wilson Carolyn

Date of Service: 08/06/12

Address: 76 L Pac Cemetery Road

Bishopville, SC 29010

Gender: female

DOB: [REDACTED]

Age: 52 years old

Employer:

Occupation: No data for occupation

Referring Physician: Carcellano, Miriam,

Date of Injury/ Onset: 2 years

Chief Complaint:

Right lower extremity radiculopathy left lower extremity radiculopathy

History of Presenting Illness:

Ms. Wilson is a pleasant 58-year-old lady who is seen today in consultation for bilateral lower extremity radiculopathy right more than the left. She denies any tingling numbness or weakness. The pain is worse when she lays down. She does have occasional back pain. She describes the pain as throbbing to sharp in nature, which is 1/10 at rest and 8/10 on laying down. She has had recent aggravation of the symptoms which have been persistent on and off since last 2 years. She denies any bowel or bladder symptoms. She has not had any conservative management so far except for medications.

Past Medical History: No data for Serious Illnesses/Hospitalizations

Past Surgical History: No data for Operations

81B0A269F811407DA99F, WILSON, 9

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WILSON, CAROLYN (id #12476, dob: [REDACTED])
May 23, 2017 3:17PM

No. 9736 P. 3

Report Date: May 22, 2017 **Patient:** Wilson, Carolyn **DOS:** 08/06/12

Allergies: No data for Allergies

Medications: No data for Medication

Social History: No data for Social History

Family History: No data for Family History

REVIEW OF SYSTEMS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, Blood and lymph, ENT, musculoskeletal, skin and endocrine systems are normal except noted below.

Easy bruising

PACEMAKER: . None

BLOOD THINNER: . None

PHYSICAL EXAM:

Vitals:

No Data for Weight No Data for Body Mass Index No Data for Pulse No Data for Pulse Ox
No Data for Temperature No data for Blood Pressure

Appearance: Well developed and well nourished, in no acute distress.

HEENT: Normocephalic, atraumatic skull, EOMI, throat clear.

Neck: No thyroid enlargement or lymphadenopathy, no masses, FROM.

Lungs: Clear to auscultation bilaterally in all lung fields.

Cardiovascular: No swelling, pulses well felt, skin warm.

Skin: Clean, dry, no lesions or rashes over bilateral upper and lower extremities.

There is absence of any lymph node enlargement in neck or groin.

Musculoskeletal Examination:

Neck:

Examination of the cervical spine shows full ROM in flexion, extension, side to side rotation and side bending with no restriction and no pain.

There is absence of tenderness over cervical spine. The cervical spine has normal alignment in sagittal and coronal planes. There is no evidence of instability.

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WILSON, CAROLYN (id #12476, dob: [REDACTED])
May 23, 2017 3:17PM

No. 9736 P. 4

Report Date: May 22, 2017 Patient: Wilson, Carolyn DOS: 08/06/12

Back:

Examination of thoracolumbar spine shows absence of tenderness over lumbar spine with absence of tenderness over paraspinal muscles. Examination of lumbar spine shows full ROM of flexion, extension and rotation with no pain. Examination of thoracolumbar spine shows normal alignment in sagittal and coronal plane with no evidence of instability.

Bilateral Hip examination is normal. Absence of tenderness over trochanteric area.

SI joint examination: Normal with negative FABER test.

Gait: Gait examination is within normal limits with normal tandem gait.

Evaluation of bilateral lower extremities shows absence of any deformity or asymmetry. Palpation shows absence of any palpable defects, masses or effusion. There is full ROM in bilateral hip, knee and ankle joints with no evidence of instability. There is absence of any atrophy, rigidity or abnormal movements.

Evaluation of bilateral upper extremities shows absence of any deformity or asymmetry. Palpation shows absence of any palpable defects, masses or effusion. There is full ROM in bilateral shoulder, elbow and wrist joints with no evidence of instability. There is absence of any atrophy, rigidity or abnormal movements.

Mental status: Alert, oriented x3 Co-operative and pleasant. Normal affect.

Cranial nerve examination is within normal limits.

Neurological Examination:

Upper extremity neurological examination shows 5/5 strength in bilateral deltoids, biceps, brachioradialis, triceps, interossei and lumbricals. Sensations are intact to light touch in C4-T1 bilaterally. Reflexes are 2+ in biceps, triceps and brachioradialis reflexes with no clonus. Hoffmann sign is negative bilaterally. Spurling sign is negative bilaterally.

Co-ordination: Normal.

Lower extremity neurological examination shows presence of 5/5 strength in bilateral iliopsoas, quadriceps, hamstrings, EHL, FHL and hamstrings. Sensations are intact to light touch in L2-S1 bilaterally. Reflexes are 2+ in bilateral knee and ankle jerks with no evidence of clonus. Toes are downgoing with normal reflex response.

Co-ordination: Heel-shin test normal. Straight leg raising test is negative. Crossed leg SLR is negative.

Femoral nerve: Patellar test is negative. Flip test is negative.

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WILSON, CAROLYN (id #12476, dob: [REDACTED])
May 23, 2017 3:17PM

No. 9736 P. 5

Report Date: May 22, 2017 **Patient:** Wilson, Carolyn **DOS:** 08/08/12

Imaging:

Independent review of the radiographs show slight instability at the level of L4-5 with early arthritic changes. She has normal alignment in sagittal and coronal plane.

Independent review of the lumbar spine MRI shows presence of multilevel degenerative disc disease with facet joint arthropathy. She has mild to moderate lumbar spinal stenosis at L4-5 with a right-sided foraminal and extra foraminal stenosis. There is presence of grade 1 retrolisthesis at L4-5.

ASSESSMENT AND PLAN:

Diagnosis:

Lumbar spinal stenosis, lumbar radiculitis, low back pain, lumbar degenerative disease

Plan:

Ms. Wilson is a 50-year-old lady who is seen today in consultation for active aggravation of lower extremity radiculopathy. Her MRI does show presence of lumbar spinal stenosis with mild to moderate foraminal and extra foraminal stenosis with a hard disc osteophyte complex impinging on the right L5 nerve root. Considering her symptoms I would like to send her for epidural steroid injection. I would like to see her back in 4 weeks for reassessment. If her symptoms don't improve after the injection and she would need surgical intervention. The disease process, and the treatment options and the radiographic picture was explained to her in details and she is in agreement.



Umesh S. Mehta, M.D.

Spine Surgeon

Hartsville Orthopedics and Sports Medicine.

cc: Garcelon, [REDACTED]

DISABILITY CERTIFICATE

HARTSVILLE ORTHOPEDICS & SPORTS MEDICINE

TERENCE W. HASSLER, M.D.

DAVID H. WILEY, M.D.

700 MEDICAL PARK DRIVE

HARTSVILLE, SC 29550

TELEPHONE: 383-3742

Date 8/6/12

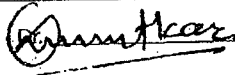
This is to certify that Carolyn Wilson
has been under my professional care and was totally

incapacitated from _____ to _____.

As of this date he/she is

- ☐ Still unable to return to work / school
- ☒ Sufficiently recovered to resume a normal workload
- ☐ Sufficiently recovered to return to work / school with the following limitations.

Ms. Wilson has no work
restrictions.



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WILSON, CAROLYN (id #12476, dob: [REDACTED])

May. 23, 2017 3:17PM

No. 9736 P. 6

HARTSVILLE ORTHOPEDICS AND SPORTS MEDICINE
700 MEDICAL PARK DRIVE
HARTSVILLE, SC 29550
PHONE (843) 383-3742 FAX (843) 383-3745

UMESH METKAR, M.D.
08/31/2012 9:16 AM

NAME: CarolynWilson 52 years old

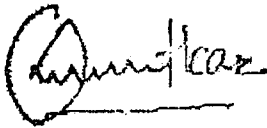
WP: (803)428-2080 x HP: (803)428-5312

ADDRESS: 76 L Pac Cemetery Road
Bishopville, SC 29010

INSURANCES: No data for insurances

Diagnosis: Lumbar Spinal Stenosis

Epidural Steroid Injection L3-4



Umesh Metkar, M.D.
CP 4146140373
08/31/2012 9:16 AM

81B0A269F811407DA99F, WILSON, 13

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WILSON, CAROLYN (id #12476, dob: [REDACTED])

May. 23. 2017 3:17PM

No. 9736 P. 7

TMG_HARTSVILLE MEDICAL GROUP LLC - 700 Medical Park Dr, Hartsville SC 29550-4765

WILSON, CAROLYN (id #130550, dob: 01/16/1960)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 04/17/2014 (Last amended by Umesh Metkar, MD on 05/13/2014 at 4:52pm)

Patient

Name	WILSON, CAROLYN (54, F) ID# 130550	Appt. Date/Time	04/17/2014 03:20PM
DOB	[REDACTED]	Service Dept.	TMG_Hartsville Ortho Sports Med
Provider	UMESH METKAR MD		
Insurance	Med Primary: BCBS-SC (PPO) Insurance #: FR2905108382 Policy/Group #: 111173 Prescription: No check performed in the last 72 hrs.		

Chief Complaint

Bilateral back pain, radiating to both hips

Problems

Reviewed Problems

- Arthritis of hip
- Arthritis of knees
- Degeneration of lumbosacral intervertebral disc
- Degeneration of lumbar intervertebral disc
- Spinal stenosis of lumbar region
- Lumbosacral radiculitis
- Backache

Medications

No medications reported

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History

Mother

- Hypercholesterolemia
- Hypertensive disorder

Social History

Reviewed Social History

Ortho

Smoking Status: Current every day smoker.

Smoker (1/4 PPD).

Alcohol intake: Occasional.

Marital status: Married.

Vitals

04/17/2014 02:07 pm

Wt: 197 lbs

BP: 114/76 sitting L arm

BP Cuff Size: large adult

Pulse: 78 bpm regular

RR: 18

T: 97.5 F° oral

Ht: 5 ft 5 in

BMI: 32.8

Pain Scale: 7

Pain Scale Type: Numeric

HPI

81B0A269F811407DA99F, WILSON, 15

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WILSON, CAROLYN (id #12476, dob: [REDACTED])

May. 23, 2017 3:17PM

No. 9736 P. 8

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WILSON, CAROLYN (id #130550, dob: [REDACTED])

Ms. Wilson is a pleasant 54 LAD with seen today for a followup visit for her low back pain and bilateral lower extremity radiculopathy. She was previously seen in August 2012 for the same. She complains of bilateral leg pain mainly in the knees and hips. She denies any numbness or weakness. She denies any bowel or bladder symptoms. The pain is moderate in nature.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 54-year-old female.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: active and alert.

Gait and Station: Appearance: normal gait.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament and tenderness of the paraspinal region at L4. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament and tenderness of the paraspinal region at L4. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Results / Interpretations

EXTERNAL RESULT

her lumbar spine MRI was reassessed and shows evidence of mild to moderate lumbar spine surgeons at L4-5 with the forearm stenosis at L4-5 on the right side.

Assessment / Plan

Ms. Wilson is a pleasant 54 year lady with low back pain and leg pain. she continues to have knee and hip pain. I would like to send her for physical therapy and would like to see her back in 3 months for reassessment. Is the disease process and the treatment plan was explained to her in detail and she is in agreement.

1. Arthritis of hip

716.60: Unspecified monoarthritis, site unspecified

PHYSICAL THERAPY REFERRAL - Schedule Within: provider's discretion

Note to Provider:

Diagnosis/Surgery: Degenerative disc disease Lumbar

Goal of Treatment: Improve functionality

Back strengthening exercises, abdominal strengthening exercises, home exercises program, aquatherapy. Hip and knee ROM exercises, quadriceps, hamstring and hip abductors, extensors strengthening exercises. Use both flexion and extension exercises. Use modalities as needed. Please evaluate and treat.

Area to be Treated: Back

Frequency/Week: 3 x Duration: 6 weeks

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WILSON, CAROLYN (id #12476, dob: [REDACTED])

May. 23, 2017 3:18PM

No. 9736 P. 9

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WILSON, CAROLYN (id #130550, dob: [REDACTED])

2. Arthritis of knee

716.66: Unspecified monoarthritis, lower leg

3. Backache

724.5: Backache, unspecified

4. Lumbosacral radiculitis

724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified

5. Degeneration of lumbosacral intervertebral disc

722.52: Degeneration of lumbar or lumbosacral intervertebral disc

6. Degeneration of lumbar intervertebral disc

722.52: Degeneration of lumbar or lumbosacral intervertebral disc

7. Spinal stenosis of lumbar region

724.02: Spinal stenosis, lumbar region, without neurogenic claudication

• ANESTHESIA PAIN CLINIC - Schedule Within provider's discretion Note to Provider: epidural steroid injection at L4-5 for lumbar spinal stenosis and degenerative disc disease. Repeat up to 3 necessary.

Return to Office

• Umesh Metkar, MD for Established Patient 10 at TMG_Hartsville Ortho Sports Med on 07/17/2014 at 09:40 AM

Amendment Sign-Off

Encounter signed-off by Umesh Metkar, MD, 05/13/2014.

Encounter performed and documented by Umesh Metkar, MD

Encounter reviewed & signed by Umesh Metkar, MD on 04/23/2014 at 4:14pm

Amendment closed by Umesh Metkar, MD on 05/13/2014 at 4:52pm

81B0A269F811407DA99F, WILSON, 17

31d07

HARTSVILLE MEDICAL GROUP LLC • 701 Medical Park Dr Ste 204, HARTSVILLE SC 29550-4778

WILSON, CAROLYN (id #12476, dob: [REDACTED])
May 23, 2017 3:18PM

No. 9736 P. 13

TMG HARTSVILLE MEDICAL GROUP LLC • 700 Medical Park Dr, Hartsville SC 29550-4765

WILSON, CAROLYN (id #130550, dob: [REDACTED])

From:

04/25/2014 10:50 #293 P.028/044

Report Date: April 17, 2014 Patient: Wilson, Carolyn DOB: [REDACTED]

Allergies: No data for Allergies

Medications: No data for Medication

Social History: No data for Social History

Family History: No data for Family History

REVIEW OF SYSTEMS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, Blood and lymph, ENT, musculoskeletal, skin and endocrine systems are normal except noted below.

Easy bruising

PACEMAKER: . None

BLOOD THINNER: . None

PHYSICAL EXAM:

Vitals:

No Data for Weight No Data for Body Mass Index No Data for Pulse No Data for Pulse Ox
No Data for Temperature No data for Blood Pressure

Appearance: Well developed and well nourished, in no acute distress.

HEENT: Normocephalic, anatomic skull, BOML, throat clear.

Neck: No thyromegaly or lymphadenopathy, no masses, FROM.

Lungs: Clear to auscultation bilaterally in all lung fields.

Cardiovascular: No swelling, pulses well felt, skin warm.

Skin: Clean, dry, no lesions or rashes over bilateral upper and lower extremities.

There is absence of any lymph node enlargement in neck or groin.

Musculoskeletal Examination:

Neck:

Examination of the cervical spine shows full ROM in flexion, extension, side to side rotation and side bending with no restriction and no pain.

There is absence of tenderness over cervical spine. The cervical spine has normal alignment in sagittal and coronal plane. There is no evidence of instability.

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WILSON, CAROLYN (id #12476, dob: [REDACTED])

May 23, 2017 3:18PM

No. 9736 P. 14

TMG, HARTSVILLE MEDICAL GROUP LLC • 700 Medical Park Dr, HARTSVILLE SC 29550-4765

WILSON, CAROLYN (id #130550, dob: [REDACTED])

From:

04/25/2014 10:51

#293 P.029/044

Report Date: April 17, 2014 Patient: Wilson, Carolyn DOS: 08/06/12

Back:

Examination of thoracolumbar spine shows absence of tenderness over lumbar spine with absence of tenderness over paraspinal muscles. Examination of lumbar spine shows full ROM of flexion, extension and rotation with no pain. Examination of thoracolumbar spine shows normal alignment in sagittal and coronal plane with no evidence of instability.

Bilateral Hip examination is normal. Absence of tenderness over trochanteric area.

SI joint examination: Normal with negative FABER test.

Gait: Gait examination is within normal limits with normal tandem gait.

Evaluation of bilateral lower extremities shows absence of any deformity or asymmetry. Palpation shows absence of any palpable defects, masses or effusion. There is full ROM in bilateral hip, knee and ankle joints with no evidence of instability. There is absence of any atrophy, rigidity or abnormal movements.

Evaluation of right and left upper extremities shows absence of any deformity or asymmetry. Palpation shows absence of any palpable defects, masses or effusion. There is full ROM in bilateral shoulder, elbow and wrist joints with no evidence of instability. There is absence of any atrophy, rigidity or abnormal movements.

Mental status: Alert, oriented x3 Co-operative and pleasant. Normal affect.

Cranial nerve examination is within normal limits.

Neurological Examination:

Upper extremity neurological examination shows 5/5 strength in bilateral deltoids, biceps, brachioradialis, triceps, interossei and lumbricals. Sensations are intact to light touch in C4-T1 bilaterally. Reflexes are 2+ in biceps, triceps and brachioradialis reflexes with no clonus. Hoffmann sign is negative bilaterally. Spurling sign is negative bilaterally.

Co-ordination is normal.

Lower extremity neurological examination shows presence of 5/5 strength in bilateral iliopsoas, quadriceps, tibialis anterior, EHL, FHL and hamstrings. Sensations are intact to light touch in L2-S1 bilaterally. Reflexes are 2+ in bilateral knee and ankle jerks with no evidence of clonus. Toes are downgoing to plantar reflex response.

Co-ordination: Heel-shin test normal. Straight leg raising test is negative. Crossed leg SLR is negative.

Femoral nerve stretch test is negative. Flip test is negative.

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WILSON, CAROLYN (id #12476, dob: [REDACTED])
May. 23. 2017 3:19PM

No. 9736 P. 15

TMG_HARTSVILLE MEDICAL GROUP LLC • 700 Medical Park Dr, Hartsville SC 29550-4765

WILSON, CAROLYN (id #130550, dob: [REDACTED])

From:

04/25/2014 10:51 4293 P.030/044

Report Date: April 17, 2014 Patient: Wilson, Carolyn DOS: 06/06/12

Imaging:

Independent review of the radiographs show slight instability at the level of L4-5 with early arthritic changes. She has normal alignment in sagittal and coronal plane.

Independent review of the lumbar spine MRI shows presence of multilevel degenerative disc disease with facet joint arthropathy. She has mild to moderate lumbar spinal stenosis at L4-5 with a right-sided foraminal and extra foraminal stenosis. There is presence of grade 1 retrolisthesis at L4-5.

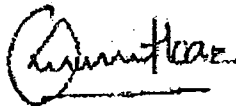
ASSESSMENT AND PLAN:

Diagnosis:

Lumbar spinal stenosis, lumbar radiculitis, low back pain, lumbar degenerative disease

Plan:

Ms. Wilson is a pleasant lady who is seen today in consultation for active aggravation of her long-standing right lower extremity radiculopathy. Her MRI does show presence of lumbar spinal stenosis with right-sided foraminal and extra foraminal stenosis with a hard disc osteophyte complex impinging on the right L4 nerve root. Considering her symptoms I would like to send her for epidural steroid injection and I would like to see her back in 4 weeks for reassessment. If her symptoms don't improve after the steroid injection and she would need surgical intervention. The disease process, and the treatment plan and the radiographic picture was explained to her in details and she is in agreement.



Umesh S. Medkar, M.D.

Spine Surgeon,

Hartsville Orthopedics and Sports Medicine.

cc: Garcello, Miriam,

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WILSON, CAROLYN (id #12476, dob: [REDACTED])

May. 23. 2017 3:18PM

No. 9736 P. 10

TMG HARTSVILLE MEDICAL GROUP LLC • 700 Medical Park Dr, Hartsville SC 29550-4765

WILSON, CAROLYN (id #130550, dob: [REDACTED])

05/21/2014 4:23 PM

Fax Services

→ Umesh S Mathkar MD

D2

CAROLINA PINES REGIONAL MEDICAL CENTER

OPERATIVE NOTE

NAME: WILSON, CAROLYN

MR #: 000078594

ROOM #:

DICTATING: Peter B Smith, MD

HOSPITAL #: 2943947

DOB: [REDACTED]

DATE: 05/21/2014

ATTENDING: Umesh S Mathkar, MD

PROCEDURE: Lumbar epidural steroid injection.

DIAGNOSES:

1. Degenerative disk disease and osteoarthritis with spinal stenosis at L3-L4 and L4-L5.
2. Lumbar radiculopathy.

HISTORY: The patient is a 54-year-old female with a history of several years of low back pain. She last had an epidural steroid injection on 08/31/2012 and states that she had months of pain relief following that injection. Over the past several months, she has had gradual increase in pain in her low back with radiation bilaterally into the hips. She denies numbness, tingling, paresthesias or weakness and presents for a lumbar epidural steroid injection.

PAST MEDICAL HISTORY: Significant for cigarette smoking.

PAST SURGICAL HISTORY: Significant for a tubal ligation.

ALLERGIES: She has no known drug allergies.

CURRENT MEDICATIONS:

1. Include Ambien.
2. Over-the-counter nonsteroidal anti-inflammatory drugs.

DESCRIPTION OF THE PROCEDURE: After informed consent was obtained, the patient had no further questions about the procedure or its risks. She was positioned seated. The skin over the lumbar spine was prepped with Betadine 3 times and sterilely draped. A skin wheal of 1 percent lidocaine was injected and then a 19-gauge Tuohy needle was inserted into the L3-L4 interspace. There was a loss of resistance without nerve, CSF, or paresthesias. A solution containing 10 mL of preservative-free normal saline and 160 mg of Dexamethasone was injected. She tolerated the procedure very well. She was given 30 mg of Toradol intramuscularly and discharged in good condition. She plans to follow up with us as needed.

Peter B Smith, MD

DATE:

TIME:

cc: Umesh S Mathkar MD

30059 \69905194 \ID: Wed May 21 16:20:26 2014 \TO: Wed May 21 16:34:49 2014

Copy for Umesh S Mathkar MD

PAGE 1

Clinical Document - Operative Note - 06/03/2014

CAROLINA PINES REG MED CENTER
Operative Report

Cofid: 833

81B0A269F811407DA99F, WILSON, 18

HARTSVILLE MEDICAL GROUP LLC • 701 Medical Park Dr Ste 204, HARTSVILLE SC 29550 4773

WILSON, CAROLYN (id #12476, dob: [REDACTED])

May. 23. 2017 3:18PM

No. 9736 P. 11

TMG_HARTSVILLE MEDICAL GROUP LLC • 700 Medical Park Dr, Hartsville SC 29550 4765

WILSON, CAROLYN (id #130550, dob: 01/16/1960)

Report Status: Transcribed

Patient Nbr: 2943847 WILSON, CAROLYN

Admit: 05/21/2014 14:05

DOB: [REDACTED]

Req By: METKAR, UMESH SHARAD

Discharge: 05/21/2014 14:14

Med. Rec. 0000078594

Pat. Type: OW

Location: 0000-

Type: MED Dict.: 05/21/2014 16:20 69965184

Transcr: 05/21/2014 16:35

Dictated by: 0094 SMITH, PETER B.

PROCEDURE: Lumbar epidural steroid injection.

DIAGNOSES:

1. Degenerative disk disease and osteoarthritis with spinal stenosis at L3-L4 and L4-L5.
2. Lumbar radiculopathy.

HISTORY: The patient is a 54-year-old female with a history of several years of low back pain. She last had an epidural steroid injection on 08/31/2012 and states that she had months of pain relief following that injection. Over the past several months, she has had gradual increase in pain in her low back with radiation bilaterally into the hips. She denies numbness, tingling, paresthesias or weakness and presents for a lumbar epidural steroid injection.

PAST MEDICAL HISTORY: Significant for cigarette smoking.

PAST SURGICAL HISTORY: Significant for a tubal ligation.

ALLERGIES: She has no known drug allergies.

CURRENT MEDICATIONS:

1. Include Ambien.
2. Over-the-counter nonsteroidal anti-inflammatory drugs.

DESCRIPTION OF THE PROCEDURE: After informed consent was obtained, the patient had no further questions about the procedure or its risks. She was positioned seated. The skin over the lumbar spine was prepped with Betadine 3 times and sterilely draped. A skin wheal of 1 percent lidocaine was injected and then a 19-gauge Tuohy needle was inserted into the L3-L4 interspace. There was a loss of resistance without heme, CSF, or paresthesias. A solution containing 10 ml of preservative-free normal saline and 160 mg of Depo-Medrol was injected. She tolerated the procedure very well. She was given 30 mg of Toradol intramuscularly and discharged in good condition. She plans to follow up with us as needed.

Peter B Smith, MD

DATE: _____

TIME: _____

cc: Umesh S Metkar MD

30059 \69965184 \DD: Wed May 21 16:20:26 2014 \TD: Wed May 21 16:34:49 2014

Authenticated by Peter B. Smith, M.D. on 06/03/2014 11:31:42 AM

Supporting Provider(s):

Ordering Provider: UMESH METKAR

Result Copies To: UMESH S METKAR, MD

Attending Doctor: METKAR, UMESH S

Referring Doctor: METKAR, UMESH S

Consulting Doctor:

Admitting Doctor: METKAR, UMESH S

Other Healthcare Provider:

81B0A269F811407DA99F, WILSON, 19

315112

HARTSVILLE MEDICAL GROUP LLC - 700 Medical Park Dr Ste 200, HARTSVILLE SC 29550-4778

WILSON, CAROLYN (id #12476, dob: 04/18/1965)
May 23, 2017 3:18PM

No. 9736 P. 12

TMG, HARTSVILLE MEDICAL GROUP LLC - 700 Medical Park Dr, Hartsville SC 29550-4765

WILSON, CAROLYN (id #130550, dob: 04/18/1965)
Medical Record Documents

From:

04/23/2014 10:50

#293 P.027/044

Initial Examination

PATIENT ID: 0039063H

Patient name: Wilson Carolyn

Date of Service: 08/06/12

Address: 76 L Pao Cemetery Road

Bishopville, SC 29010

Gender: female

DOB: 04/18/1965

Age: 52 years old

Employer:

Occupation: No data for occupation

Referring Physician: Garcellano, Miriam,

Date of Injury/ Onset: 2 years

Chief Complaint:

Right lower extremity radiculopathy left lower extremity radiculopathy

History of Presenting Illness:

Ms. Wilson is a pleasant 58-year-old lady who is seen today in consultation for bilateral lower extremity radiculopathy right more than the left. She denies any tingling numbness or weakness. The pain is worse when she lays down. She does have occasional back pain. She describes the pain as throbbing to sharp in nature, which is 1/10 at rest and 8/10 on laying down. She has had recent aggravation of the symptoms which have been persistent on and off since last 2 years. She denies any bowel or bladder symptoms. She has not had any conservative management so far except for medications.

Past Medical History: No data for Serious Illnesses/Hospitalizations

Past Surgical History: No data for Operations

81B0A269F811407DA99F, WILSON, 21

APA 5

Bishopville

545 Sumter Hwy Bishopville, SC 29010
(803) 484-5317 Fax: (843) 378-9962

March 27, 2017

Page 1

Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312
Ins: zzSliding Fee Scale

02/15/2017 - Office Visit: check up

Provider: Jane Elizabeth Farmer Whiteside NP

Location of Care: Bishopville

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB

Checked By: Nancy L King LPN (February 15, 2017 10:40 AM)

Two Identifiers Checked by Lab: Patient Name

Past Medical History:

Reviewed history from 04/06/2015 and no changes required:
Unremarkable

Past Surgical History:

Reviewed history from 04/06/2015 and no changes required:
back surgery laminectomy L4 and 5

Family History Summary:

Reviewed history Last on 02/10/2017 and no changes required:02/15/2017
Mother (biol.) - Has Family History of Hypertension - Entered On: 2/22/2016
Mother (biol.) - Has Family History of Stroke/CVA - Entered On: 2/22/2016
Mother (biol.) - Has Family History of Other Medical Problems - Glaucoma - Entered On: 2/22/2016

Social History:

Reviewed history from 02/19/2016 and no changes required:

Smoking History:

Patient has never smoked.

PHQ-9 Patient Questionnaire

1. Over the last 2 weeks how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things - Score: 0

Feeling down, depressed, or hopeless - Score: 0

Total PHQ-9 Score 0

Vital Signs:

7A52E05D8C9A4A15BDE1, WILSON , 13

31814

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March 27, 2017

Page 2

Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312

Ins: zzSliding Fee Scale

Patient Profile: 57 Years Old Female

Height: 65 inches
Weight: 200 pounds
BMI: 33.28
Temp: 98.4 degrees F oral
Pulse rate: 76 / minute
Pulse rhythm: regular
Resp: 18 per minute
BP sitting: 135 / 85
Cuff size: regular

Pt. in pain? no

Vitals Entered By: Nancy L King LPN (February 15, 2017 10:41 AM)

Medications:

MYRBETRIQ 25 MG ORAL XR24H-TAB (MIRABEGRON) one by mouth daily
CYCLOBENZAPRINE HCL 10 MG ORAL TABS (CYCLOBENZAPRINE HCL) TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED

Medications:

Medications were reviewed with the patient during this visit.

Allergies:

No Known Allergies

Allergies:

Allergies were reviewed with the patient during this visit.

Risk Factors:

Smoked Tobacco Use: Current every day smoker
Cigarettes: Yes – 5 cigs pack(s) per day, Smokeless Tobacco Use: Never
Counseled to quit/cut down: yes
Passive smoke exposure: no
Drug use: no
HIV high-risk behavior: no
Caffeine use: 1 drinks per day
Alcohol use: yes
Type: wine coolers
Drinks per day: social
Has patient –
Felt need to cut down: no
Been annoyed by complaints: no
Felt guilty about drinking: no
Needed eye opener in the morning: no

7A52E05D8C9A4A15BDE1, WILSON, 14

31915

Bishopville

545 Sumter Hwy Bishopville, SC 29010
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March 27, 2017

Page 3

Office Visit

Carolyn Wilson

Female DOB: 05/15/1958

18085

Home: (803) 428-5312
Ins: zzSliding Fee Scale

Counseled to quit/cut down alcohol use: no
Exercise: no
Seatbelt use: 100 %
Sun Exposure: occasionally

Family History Risk Factors:

Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

Patient Learning Needs

Information Obtain From: Patient

Able to Read: Yes

Communicates in: English

Preferred Method of Learning: Visual(Seeing), Auditory(Hearing)

Factors Influencing Learning: No Barriers

Patient Education:**Breast Cancer Screening**

Discussed With Patient/Guardian Verbalized Understanding

Colonoscopy Screening

Discussed With Patient/Guardian Verbalized Understanding

Pap Screening

Discussed With Patient/Guardian Verbalized Understanding

..... Nancy L King LPN February 15, 2017 10:46 AM

Visit Type: Annual Physical

CC: check up and pap.

History of Present Illness:

58 year old female in today for BCN GYN exam. Will send for colonoscopy funding program. She was not able to f/u with ortho or PT after her back surgery due to loss of insurance.

Review of Systems**General**

Denies fever, chills, sweats, anorexia, fatigue, weakness, malaise, weight loss and sleep disorder.

Eyes

Denies vision loss - 1 eye, double vision, eye irritation, vision loss - both eyes, blurring, eye pain, halos, discharge and light sensitivity.

7A52E05D8C9A4A15BDE1, WILSON , 15

Bishopville

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March 27, 2017

Page 4

Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312

Ins: zzSliding Fee Scale

ENT

Denies ringing in the ears, ear discharge, earache, decreased hearing, nasal congestion, nosebleeds, difficulty swallowing, hoarseness and sore throat.

CV

Denies difficulty breathing at night, near fainting, chest pain or discomfort, racing/skipping heart beats, fatigue, lightheadedness, shortness of breath with exertion, palpitations, swelling of hands or feet, difficulty breathing while lying down, fainting, leg cramps with exertion, bluish discoloration of lips or nails and weight gain.

Resp

Denies sleep disturbances due to breathing, cough, shortness of breath, coughing up blood, chest discomfort, wheezing, excessive sputum and excessive snoring.

GI

Denies excessive appetite, loss of appetite, indigestion, vomiting blood, nausea, vomiting, yellowish skin color, gas, abdominal pain, abdominal bloating, hemorrhoids, diarrhea, change in bowel habits, constipation, dark tarry stools and bloody stools.

GU

Denies foul urinary discharge, blood in urine, urinary frequency, inability to empty bladder, urinary urgency, kidney pain, trouble starting urinary stream, painful urination, night time urination, inability to control bladder, genital sores, lack of sexual drive, excessive heavy periods, missed periods, unusual urinary color, other abnormal vaginal bleeding and pelvic pain.

MS**Complains of back pain.**

Denies muscle cramps, joint pain, joint swelling, presence of joint fluid, stiffness, muscle weakness, arthritis, gout, loss of strength and muscle aches.

Derm

Denies excessive perspiration, night sweats, suspicious lesions, changes in nail beds, dryness, poor wound healing, unusual hair distribution, skin cancer, itching, changes in color of skin, flushing and rash.

Neuro

Denies difficulty with concentration, poor balance, headaches, disturbances in coordination, numbness, inability to speak, falling down, tingling, brief paralysis, visual disturbances, seizures, weakness, sensation of room spinning, tremors, fainting, excessive daytime sleeping and memory loss.

Psych

Denies sense of great danger, anxiety, thoughts of suicide, mental problems, depression, thoughts of violence and frightening visions or sounds.

Endo

Denies excessive hunger, cold intolerance, heat intolerance, excessive urination, excessive thirst and weight change.

Heme

Denies enlarged lymph nodes, bleeding, skin discoloration, abnormal bruising and fevers.

Bishopville

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March 27, 2017

Page 5

Office Visit

Carolyn Wilson

Female DOB: [REDACTED]

18085

Home: (803) 428-5312
Ins: zzSliding Fee Scale

Allergy

Denies persistent infections, hives or rash, seasonal allergies and HIV exposure.

Physical Exam**General:**

well developed, well nourished, in no acute distress.

Breasts:

no masses, adenopathy or nipple discharge.

Lungs:

clear bilaterally to auscultation.

Heart:

non-displaced PMI, chest non-tender; regular rate and rhythm, S1, S2 without murmurs, rubs, or gallops

Abdomen:

normal bowel sounds; no hepatosplenomegaly no ventral, umbilical hernias or masses noted.

Pelvic Exam**Vulva:**

normal appearance, normal hair distribution, no lesions or masses.

Urethra and Bladder:

Urethra--normal, no masses, non-tender, no discharge. Bladder--normal, no masses, non-tender, non-distended.

Vagina:

normal, rugated, physiologic discharge, no lesions, no masses, no cystocele, adequate pelvic support.

Cervix:

normal, midposition, no CMT, no lesions.

Uterus:

smooth, anteverted, anteflexed, mobile, non-tender, firm, adequate support, no prolapse.

Adnexa:

normal, no masses bilaterally, mobile bilaterally, nontender bilaterally.

Impression & Recommendations:

Problem # 1: Routine gynecological examination (ICD-V72.31) (ICD10-Z01.419)

Orders:

OFFICE 99213 EST 15 MIN (CPT-99213)

HANDLING FEE (CPT-99000)

Pap IG, HPV-hr (CPT-87624; 88175)

Problem # 2: Screening for mlig neop, breast, NOS (ICD-V76.10) (ICD10-Z78.9)

Orders:

7A52E05D8C9A4A15BDE1, WILSON, 17

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545 Sumter Hwy Bishopville, SC 29010
(803) 484-5317 Fax: (843) 378-9962

March 27, 2017
Page 6
Office Visit

Carolyn Wilson

Female DOB: 02/28/1954

18085

Home: (803) 428-5312
Ins: zzSliding Fee Scale

OFFICE 99213 EST 15 MIN (CPT-99213)
SCREENING MAMMOGRAPHY BILATERAL (CPT-77057)

Problem # 3: Tobacco abuse (ICD-305.1) (ICD10-F17.200)

Orders:

SNOMED-CT: 225323000 Smoking Cessation Counseling (SCT-225323000)
SNOMED-CT: 428191000124101 Current Medications Documented (SCT-428191000124101)

Medications Added to Medication List This Visit:

- 1) Myrbetriq 25 Mg Oral Xr24h-tab (Mirabegron) One by mouth daily
- 2) Cyclobenzaprine Hcl 10 Mg Oral Tabs (Cyclobenzaprine hcl) Take one tablet by mouth every 8 hours as needed

Patient Instructions:

- 1) Please schedule a follow-up appointment in 6 months.
- 2) Discussed the hazards of tobacco smoking (use). Smoking cessation recommended and techniques and options to help patient quit were discussed.

Process Orders

Check Orders Results (18085_43):

Laboratory: ABN not required for this insurance.

Requisition page opened for LC Direct. Order transmitted to EMR-Link February 15, 2017 11:08 AM

Tests Sent for requisitioning (February 15, 2017 11:08 AM):

02/15/2017: Laboratory – Pap IG, HPV-hr [CPT-87624; 88175] (signed)

Prescriptions:

MYRBETRIQ 25 MG ORAL XR24H-TAB (MIRABEGRON) one by mouth daily #30[Unspecified] x 5

Entered and Authorized by: Jane Elizabeth Farmer Whiteside NP

Electronically signed by: Jane Elizabeth Farmer Whiteside NP on 02/15/2017

Method used: Electronically to

CSC COMM PHCY BISHOPVILLE* (retail)

545 Sumter Hwy

Bishopville, SC 29010

Ph: (843) 339-5530

Fax: (843) 339-5531

RxID: 1802775955540770

Electronically signed by Jane Elizabeth Farmer Whiteside NP on 02/15/2017 at 11:14 AM

7A52E05D8C9A4A15BDE1, WILSON , 18

CARESOUTH CAROLINA PROGRESS NOTE

CSC Standard Progress Note 2013-11-27 (WHITE)

Name: Carolyn Wilson DOB: [REDACTED] Age: 54 Chart# 21577
 Ht: 5'5" Wt: 192 BMI: 32 Check ☒ Male ☐ Female ☒ Last Pap: 11/22/11 LMP medicare
 BP: 139/90 T: 97.6 P: 71 R: 18 BG(Fasting/Random): — 65-99 mg/dl
 Drug Allergies: WADA

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 6 Score ≥ 10 Refer to BH

Tobacco Use: ☐ Never ☒ Past ☒ Current 6 packs per day ☒ Advised to Quit Alcohol yes no How Much/often? COO
 Exercise: ☒ Yes ☐ No How Much/often? work Rec: Drugs: ☐ Yes ☒ No How Much/often? —

If ≥ 65 Activities: Dress Self ☐ Yes ☐ No, Drive ☐ Yes ☐ No, Cook ☐ Yes ☐ No, Live Alone ☐ Yes ☐ No, Need Help with ADLs ☐ Yes ☐ No

PAIN: ☐ Yes ☒ No Degree: 1 2 3 4 5 6 7 8 9 10 Location —

Medication Refill(s) Needed: ☒ Yes ☐ No: Ambien

CHIEF COMPLAINT:

burning and tingling in bottom of feet x 2 wks; wants
 pap smear and mammogram; cold all the time, tired

CNA/CMA/NURSE'S SIGNATURE: J. Las, RMA

Date: 4/17/14

Physical Examination	W	A	D	Comments on Findings	Physical Examination	W	A	D	Comments on Findings
	N	B	E			N	B	E	
	L	N	F			L	N	F	
General Appearance	☒			Fatigue	Genital/Rectal				Dr. Metka
HEENT	☒				Skin	☒			
Mouth/Pharynx	☒				Lymph Nodes				
Chest/Lung/ Respir.	☒				Breasts				
Heart/Cardiovascular	☒				Back/Neck				
Abdomen & GI	☒				Neurological				
Extremities	☒				Thyroid/Endocrine				

Assessment/Diagnosis/Treatment Plan:

- 1- Insomnia
Ambien Supp
TRQHS
+ Bz/a
- 2- Fatigue
✓ Labs
- 3- LBP
Refer Back to Dr. Metka.
Spinal Injections
helped to
Relief.
- 4- Tobacco Cough
CXR

Visual Check, Exp. Date
Allergies
Observations
Right Hand, Right Dose
Right Frequency
Right Route
Lab Impact
Therapy Optimization
Contraindications
Pr. Compensate/Rel.

☐ See Dictated Note

LABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☒ HbA1C ☐ PT/INR ☐ UA ☒ MicroA/Creatinine ☐ Other:

LABS (EXTERNAL): ☒ CBC ☐ CMP ☒ BMP ☒ Lipids ☒ Hepatic Panel ☒ Thyroid Panel/TSH ☐ Urine Culture ☐ CK ☐ T4 ☐ Vitamin B12 ☐
 Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other:

SELF MANAGEMENT GOALS: Do not Smoke

EDUCATION: ☒ DX ☒ TX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☒ Smoking
☐ Exercise ☐ OTHER:

Consults/Referrals: (Please $\checkmark$ all that apply): ☐ Behavioral Health ☐ Cardiology ☐ Dentistry ☐ Endocrinology ☐ Nephrology ☐ Neurology
☐ Nutrition ☐ Ophthalmology ☐ Podiatry ☐ Patient Advocate ☐ Radiology ☐ Other:

RETURN TO CARE/CLINIC (RTC): — DAYS — WEEKS — MONTHS — PRN

PROVIDER SIGNATURE: [Signature] DATE: 4.07.14

NOTES:

7A52E05D8C9A4A15BDE1, WILSON, 28

CareSouth Carolina, Inc.

Clinical Progress Note

Patient Name: Carolyn Thompson DOB: [REDACTED] Chart#: 21577

7/31/12 Added med list, problem list, DX (5/21/12,
6/28/12, + 7/24/12), Lab (5/21/12) + X-ray
reports (2/24/09, 6/28/12 + MRI (7/9/12)
to Hartsville Ortho for apt on 8/1/12

Visual Check, Exp. Date	
Allergies	
Interactions	
Right Med, Right Dose	
Right Frequency	
Right Route	
Lab Impact	
Thera Duplication	
Contraindications	
Pt. Concerns/Edu	

Visual Check, Exp. Date	
Allergies	
Interactions	
Right Med, Right Dose	
Right Frequency	
Right Route	
Lab Impact	
Thera Duplication	
Contraindications	
Pt. Concerns/Edu	

Visual Check, Exp. Date	
Allergies	
Interactions	
Right Med, Right Dose	
Right Frequency	
Right Route	
Lab Impact	
Thera Duplication	
Contraindications	
Pt. Concerns/Edu	

To be place in the chart in the progress section immediately adjacent to the progress note it corresponds to or as sequentially needed

7A52F05D8C9A4A15BDE1 WILSON, 29
MR Clinical Encounter Note 2012-06-12

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolyn Thompson DOB: [REDACTED] Age: 53 Date: 7/24/13 Chart# 21577HT: 5'5" WT: 182 BMI: 31 T: 95 P: 75 R: 116 BG(Fasting/Random): 11/22/2011 LAST PAP: menopauseMedication Refill(s) Needed: ☐ Yes ☒ No: 0 Drug Allergies: NKAFor Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 0 Dental Exam Date:

Tobacco Use:

☐ Never ☐ Past ☒ Current cigs 10 packs per day If Quit, what date? Years of smoking? 20 ☒ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☒ No Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No PAIN: ☒ Yes ☐ No Degree: 1 2 3 4 5 6 7 8 9 10 Month/Year

CHIEF COMPLAINT:

Pain in Back of legs - Body stiff & pain in Arm - Numbness in Both Great Toes
Tired all the time Start that she needs to schedule forNURSE'S SIGNATURE: [Signature] Date: 7/24/13

Physical Examination	W	N	A	B	D	E	F	Comments on Findings	Physical Examination	W	N	A	B	D	E	F	Comments on Findings
General Appearance									Genital/Rectal								a purp Swen
HEENT									Skin								and meninges
Mouth/Pharynx									Lymph Nodes								also has purp
Chest/Lung/Respir.									Breasts								and stiffen.
Heart/Cardiovascular									Back/Neck								not taking
Abdomen & GI									Neurological								not his and E level
Extremities									Thyroid/Endocrine								has seen a Dr.

Assessment/Diagnosis/Treatment Plan: A! Back pain - ? need surgery
1 day had shot in the back w
the purp.Plan. Continue vs 2 ortho-
Continue c Flerid
Soludal 125 mg Lot G23117
Exp. 2-2016
WTC. 3-4 more (B) Gluteal☐ See Dictated Note☐ See Core Element FormLABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other:LABS (EXTERNAL): ☐ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other:

SELF MANAGEMENT GOALS:

EDUCATION: ☒ DX ☒ TX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking☐ Exercise ☐ OTHER:

Consults/Referrals:

RETURN TO CARE/CLINIC (RTC): DAYS WEEKS MONTHS PRNPROVIDER SIGNATURE: [Signature] DATE: 7/24/13

NOTES:

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolyn ThompsonDOB: [REDACTED]Age: 52Chart# 2157Date: 6/28/12

COMMENTS:

SIGNATURE: _____

Ht: 5'5" Wt: 181 BP: 116/81 T: 98.5 P: 64 R: 8 BG (Fasting/Random): _____ LMP: 7/2011Medication Refill(s) Needed: ☐ Yes ☒ NoDrug Allergies: NEOAFor Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 0 Dental Exam Date: 1

Tobacco Use:

☐ Never ☐ Past ☒ Current Cigs per day 10 If Quit, what date? --- Years of smoking? 20 ☐ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☒ NoPneumonia Vaccine (As Appropriate) ☐ Yes ☒ NoPAIN: ☒ Yes ☐ No Degree: 1

Month/Year

CHIEF COMPLAINT:

Stiffness in both, ② legNURSE'S SIGNATURE: Terrie B. [Signature]DATE: 6/28/12

Physical Examination	W	A	D	Comments on Findings	Physical Examination	W	A	D	Comments on Findings
General Appearance					Genital/Rectal				
HEENT					Skin				
Mouth/Pharynx					Lymph Nodes				
Chest/Lung/Respir.					Breasts				
Heart/Cardiovascular					Back/Neck				
Abdomen & GI					Neurological				
Extremities					Thyroid/Endocrine				

4th ② finger
locked down
in flexion

Assessment/Diagnosis/Treatment Plan:

① LBP

② trigger finger 4th ② p informed consent signed
deposited 20¢ @ 2cc 1% lidocaine injected at distal palmar crease
pt tolerated well

③ ② leg pain - would like MRI when pt

pne 6-28-12 pg
Lispine, ② nics☐ See Dictated Note☐ See Core Element FormLABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other:LABS (EXTERNAL): ☐ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other:

SELF MANAGEMENT GOALS:

EDUCATION: ☒ DX ☒ TX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking☐ Exercise ☐ OTHER:

Consults/Referrals:

RETURN TO CARE/CLINIC (RTC):

DAYS

WEEKS

MONTHS

PRN

PROVIDER SIGNATURE [Signature]DATE: 6/28/12

NOTES:

7A52E05D8C9A4A15BDE1, WILSON, 31

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolyn ChapmanDOB: [REDACTED]Date: 5.21.12Age: 52Chart#: 21577

COMMENTS:

SIGNATURE: _____

Ht: 5'5" Wt: 179 BP: 116/40/90 P: 80 R: 10 BG (Fasting/Random): 0 LMP: 8/1/09Medication Refill(s) Needed: ☒ Yes ☐ No: AmbienDrug Allergies: noneFor Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 9Dental Exam Date: 1

Tobacco Use:

☐ Never ☐ Past ☒ Current packs per day: 1 1/2 If Quit, what date? 1-12 Years of smoking? 20 ☐ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☒ No 10 Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No 10PAIN: ☒ Yes ☐ No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT:

Results of blood work, both legs & back hurt, had a headache that goes away. hands sore.NURSE'S SIGNATURE: Jenni Byrd, RNDATE: 5.21.12

Physical Examination	W	N	A	B	D	E	F	Comments on Findings	Physical Examination	W	N	A	B	D	E	F	Comments on Findings
General Appearance									Genital/Rectal								had ABI's in 2009 mL
HEENT									Skin								has insurance under
Mouth/Pharynx									Lymph Nodes								
Chest/Lung/Respir.									Breasts								
Heart/Cardiovascular									Back/Neck								
Abdomen & GI									Neurological								
Extremities									Thyroid/Endocrine								

Assessment/Diagnosis/Treatment Plan:

① wt loss - would like colonoscopy

② back pain } trial gabapentin 300mg + ibuprofen 300mg get MRI L spine

③ leg cramps

④ sinusitis amoxicillin 875mg + Bio 20/0.
+ OTC claritin☐ See Dictated Note☐ See Core Element FormLABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other: 5/21/12LABS (EXTERNAL): ☐ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☒ Arthritis Panel ☐ Other: BT

SELF MANAGEMENT GOALS:

EDUCATION: ☐ DX ☐ TX ☒ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking
☐ Exercise ☐ OTHER:Consults/Referrals: order MRI when pt can get ID & married name

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE: [Signature] DATE: 5.21.12

NOTES:

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolyn Thompson DOB: [REDACTED] Date: 3/28/12 Age: 52 Chart#: 21577

COMMENTS:

SIGNATURE: _____

Ht: 55 Wt: 183 1/2 BP: 120/80 T: 97.8 P: 60 R: 20 BG (Fasting/Random): LMP: 04/109Medication Refill(s) Needed: ☐ Yes ☐ No:

65 - 99 mg/dl

Drug Allergies: NKAFor Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 9 Dental Exam Date: 2011

Tobacco Use:

☐ Never ☐ Past ☒ Current packs per day 1 1/2 If Quit, what date? Years of smoking? 20 ☐ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☒ No 1 Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No 1PAIN: ☐ Yes ☒ No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT:

NURSE'S SIGNATURE: Jennie Byrd, LPDATE: 3/28/12

Physical Examination	W	A	D	Comments on Findings	Physical Examination	W	A	D	Comments on Findings
General Appearance					Genital/Rectal				
HEENT					Skin				
Mouth/Pharynx					Lymph Nodes				
Chest/Lung/ Respir.					Breasts				
Heart/Cardiovascular					Back/Neck				
Abdomen & GI					Neurological				
Extremities					Thyroid/Endocrine				

Assessment/Diagnosis/Treatment Plan:

① leg cramps. ✓ B complex

☐ See Dictated Note

3-28-12 V.B.

☐ See Core Element FormLABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other:LABS (EXTERNAL): ☐ CBC ☒ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☒ Other: to Magnesium

SELF MANAGEMENT GOALS:

take my

EDUCATION: ☐ DX ☐ TX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking☐ Exercise ☐ OTHER:

Consults/Referrals:

RETURN TO CARE/CLINIC (RTC): DAYS WEEKS MONTHS PRNPROVIDER SIGNATURE [Signature]DATE: 3/28/12

NOTES:

CARE SOUTH CAROLINA ADULT (19-64) ANNUAL PROGRESS NOTE

Name: Carolyn Thompson DOB: [REDACTED] Date: 1/24/12 Age: 52 Chart#: 21577

COMMENTS: _____ SIGNATURE: _____

Ht: 5'5 Wt: 180 BP: 122/85 T: 97.1 P: 73 R: 20 BG (Fasting/Random): --- LMP: 04/109

Medication Refill(s) Needed: ☐ Yes ☒ No: less than 65-99 mg/dl Drug Allergies: NIL

Tobacco Use: ☐ Never ☒ Past ☒ Current packs per day 1/2 If Quit, what date? --- Years of smoking? 20 ☒ Advised to Quit

Flu Vaccine Received (Aug-Mar) ☐ Yes ☒ No 1 Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No 1

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 9

PAIN: ☒ Yes ☐ No Degree: 1 2 3 5 6 7 8 9 10

CHIEF COMPLAINT:

(1) leg pain, not able to sleep, (?) more blood work

use to take Calvit D helped

son has job husband completing

Habits:

Exercise: ☐ Yes ☒ No

Alcohol: ☐ Yes ☒ No

Rec. Drugs: ☐ Yes ☒ No

Other: _____

How much/often??

Birth Control Method: _____

Last Pap Smear: 11-22-11

Last Mammogram: 12-20-11 daughter not working

Colon Cancer Screening: _____

Last Eye Exam: _____

Last Dental Exam: 2011

Visual acuity with corrective lenses: R _____ L _____ Visual acuity without corrective lenses: R _____ L _____

NURSE'S SIGNATURE: [Signature]

Physical Examination	W	N	A	B	D	E	F	Comments on Findings	Physical Examination	W	N	A	B	D	E	F	Comments on Findings
General Appearance									Genitalia/Rectal								
HEENT									Skin								
Mouth/Pharynx									Lymph Nodes								
Chest/Lung/Respiration									Breasts								
Heart/Cardiovascular									Back/Neck								
Abdomen & GI									Neurological								
Extremities									Thyroid/Endocrine								

PREVENTION/ASSESSMENT:

(Check all that were assessed)

- ☐ ASA ☐ ACE ☐ ACEI
☐ ARB ☐ Diuretic ☐ Statin
☐ BB ☐ CCB
☐ HgA1C ☐ Lipids ☐ LFT
☐ Urinalysis ☐ BMP ☐ Potassium
☐ Microalbumin/Creatinine
☐ eGFR ☐ EKG
☐ Flu Date: _____
☐ Pneumo Date: _____
☐ Other: _____

DIAGNOSIS/TREATMENT PLAN:

- ① ② leg pain - into but go ahead + take ages
 ③ insomnia - ambien 390
 ④ fatigue ✓ CBC

☐ See Dictated Note

☐ See Core Element Form

SELF MANAGEMENT GOALS: 1-24-12 V. 8

LABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other: _____

LABS (EXTERNAL): ☒ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture
☐ CK ☐ T4 ☐ Vitamin B12 ☒ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other: _____

EDUCATION: ☐ DX ☐ TX ☐ Meds ☐ Diet ☐ Exercise ☐ STD/HIV ☐ Sexual Activity ☐ Smoking ☐ ETOH/Drugs ☐ Other: _____

Consults/Referrals: (Please ☒ all that apply): ☐ Behavioral Health ☐ Cardiology ☐ Care Manager ☐ Dentistry ☐ Endocrinology
☐ Laboratory ☐ Nephrology ☐ Neurology ☐ Nutrition ☐ Ophthalmology ☐ Podiatry ☐ Patient Advocate ☐ Radiology ☐ Other: _____

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE [Signature] DATE: 1/24/12

NOTES:

1/27/12 called pt reviewed labs, advised taking OTC Calvit D + Fedex.

7A52E05D8C9A4A15BDE1, WILSON, 35

CareSouth Carolina, Inc.

Clinical Progress Note

Patient Name: Carolyn Thompson DOB: [REDACTED] Chart#: 21577

6/25/09 Dr Connor called me back; (L) diagnostic mammogram needed. please notify pt - we will arrange

6-25-09 call pt left message - D Haggan

6-26-09 call pt left message - D Haggan

7/7/09 NO SHOW for Mammogram Scheduled at 9 AM on 7/1/09 - D Haggan

7-7-09 P had mammogram 6-5-09. waiting for old records to compare. Hospital will call for old records again. D Haggan

8-4-09 per Dr. Connor - old mammogram records reviewed.

(L) breast - streaky density in axilla

Best chance (P) dx mono (L) breast recommend surgical referral.

3:45 PM call to pt's home & cell phone - messages left. Attended to

4:30 PM pt here for discussion of chole.

(1) dx mono @ Cl pine 8/6/09

(2) Surgical referral Dr. Mark Crossie, Sunday Aug. Attended to

7-16-10 Letter mail for pt to call office of SWN Annual best chance - D Haggan

To be place in the chart in the progress section immediately adjacent to the progress note it corresponds to or as sequentially needed

MR-Clinical Encounter Note-2006-02-07

7A52E05D8C9A4A15BDE1, WILSON, 39

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolyn ThompsonDOB: [REDACTED]Date: 05/04/09Age: 49Chart# 21577

COMMENTS:

SIGNATURE: _____

Ht: _____ Wt: 200 BP: 130/70 T: 97.8 P: 76 R: 20 BG (Fasting/Random): _____ LMP: 14 months agoMedication Refill(s) Needed: ☐ Yes ☒ NoDrug Allergies: WADAFor Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: A 12/08

Tobacco Use:

☐ Never ☐ Past ☒ Current packs per day 1/2 If Quit, what date? 1 Years of smoking? 20+ ☐ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☒ No 1 Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No 1PAIN: ☒ Yes ☐ No Degree: 1 2 3 4 5 6 7 8 9 10 Month/Year

CHIEF COMPLAINT:

Go low back pain
Baileypt did some outdoor work
hook a trash can down to a pile
ran up hill to get water hose
1 & ran up again to

NURSE'S SIGNATURE: _____

Physical Examination	W	N	A	B	D	E	F	Comments on Findings	Physical Examination	W	N	A	B	D	E	F	Comments on Findings
General Appearance									Genital/Rectal								
HEENT									Skin								
Mouth/Pharynx									Lymph Nodes								
Chest/Lung/Respir.									Breasts								
Heart/Cardiovascular									Back/Neck								
Abdomen & GI									Neurological								
Extremities									Thyroid/Endocrine								

Assessment/Diagnosis/Treatment Plan:

① acute back strain - cont flexeril 10mg
Take 1/2 pill am
noon
toradol 60mg 1mx 10/11/56415 hip DN 1 pill bedtime
EXP-9-2010
if not better 2 weeks, send - cont all over OTC BID ok to take 2
to PT at a time
laught pm family stretch - darvocet 100 1 po Q4-6 PRN #64p

LABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other:LABS (EXTERNAL): ☐ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture
☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other:

SELF MANAGEMENT GOALS:

EDUCATION: ☐ DX ☐ TX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking
☐ Exercise ☐ OTHER:

Consults/Referrals:

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE: _____ DATE: 5/4/09

NOTES:

6/25/09 left VM for Dr. Connor - need to know what acid study pt needs to order.
7A52E05D8C9A4A15BDE1, WILSON, 40

CareSouth Carolina, Inc.

Clinical Progress Note

Patient Name Carolee Thompson DOB: [REDACTED] Chart#: 21577

4/14/09 please call pt - nml Pap. Next due 2 yrs. ————ny

4/16/09 pt had LE Studies today - preliminarily negative but still in pain. will wait official report + call her for F/U appt ————ny

4/24/09 left msg for pt to call back. want to give ABI/US results ————ny
4-24-09 Letter mail ————(Haggan)

To be place in the chart in the progress section immediately adjacent to the progress note it corresponds to or as sequentially needed

MR-Clinical Encounter Note-2006-02-07
7A52E05D8C9A4A15BDE1, WILSON, 41

CARE SOUTH CAROLINA GYN PROGRESS NOTE

Name: Carolea Thompson DOB: [REDACTED]Date: 4/8/09Age: 49 Chart# 21577

Reason for Visit: _____

Medication Refill(s) Needed: _____

Any New Problems Since Your Last Visit - ER Visits - Visits To Other Providers: _____

COMMENTS: _____

SIGNATURE: _____

GYN PROGRESS NOTE

Date of Office Visit: 4/8/09Drug Allergies: NKAWt: 202 BP: 110/60T: 98.6 P: 80 R: 20

BG (Fasting/Random): _____

PHQ: _____

LMP: PMExercise? ☐ Yes ☐ No

times per week

Tobacco Use: ☒ Yes ☐ No

packs per day

Birth Control Method: BYTLast Pap Smear: 8 yearsG 4T 4P 4A 1L 3PAIN: ☐ Yes ☒ No

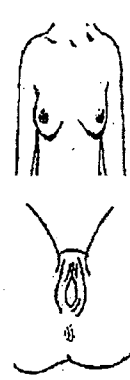
Degree: _____

CHIEF COMPLAINT: Pt for GYNBest Chance

does SBE & masses

Vaginal odor/discharge

NURSE'S SIGNATURE: [Signature]

Physical Examination	N	A	D	Comments on Findings
General Appearance	☒	☒	☒	
Breasts	☒	☒	☒	
Abdomen	☒	☒	☒	
Bartholin/Skeins/Urethra (BSU)	☒	☒	☒	
Cervix	☒	☒	☒	
Adnexa	☒	☒	☒	
Uterus	☒	☒	☒	
Rectum	☒	☒	☒	
Wet Smear	☒	☒	☒	
Hemocults	☒	☒	☒	
Urinalysis	☒	☒	☒	
PREVENTIVE: (Check all that were assessed) ☐ Wet Smear ☐ Hemocults ☐ Urinalysis ☐ Sexual Activity ☐ GC ☐ Chlamydia ☐ HIV ☒ Pap Smear ☒ Mammogram ☐ Other: _____	Assessment/Diagnosis/Treatment/Plan:  ① screen cervical CA Pap done ② screen breast CA mammogram ordered ③ ② leg pain - ABI & US - 110 DVT Best Chance			
SELF MANAGEMENT GOALS: <u>controlling labs. lipids, FBS, LFTs.</u>				
EDUCATION: ☒ DX ☒ TX ☐ Meds ☐ Diet ☐ Exercise ☐ STD/HIV ☐ Sexual Activity ☐ Smoking ☐ ETOH/Drugs ☐ Other: _____				
CONSULTS/REFERRALS: _____				

RETURN TO CARE/CLINIC (RTC): _____

DAYS

WEEKS

MONTHS

PRN

PROVIDER SIGNATURE [Signature]DATE: 4/8/09

4-14-09 Pt call call was given Pap ABG 2050 8C9A4A15BDE L WILSON, 42

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolee Thompson DOB: [REDACTED] Date: 3.24.09 Age: 49 Chart#: 21577

COMMENTS:

SIGNATURE: _____

Ht: 5'5" Wt: 201 BP: 110/70 T: 98.7 P: 80 R: 20 BG (Fasting/Random): _____ LMP: 1/1Medication Refill(s) Needed: ☐ Yes ☐ No

65 - 99 mg/dl

Drug Allergies: NKDA

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: _____

Tobacco Use:

☐ Never ☐ Past ☒ Current packs per day 10 If Quit, what date? 1 Years of smoking 23 ☐ Advised to QuitFlu Vaccine Received (Aug-Mar) ☐ Yes ☐ No 1 Pneumonia Vaccine (As Appropriate) ☐ Yes ☐ NoPAIN: ☐ Yes ☐ No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT:

worse to tired sitting tylenol doesn't help
leg pain
 Follow up on labs, Xray, need help some for sleeping
 HAs are better
 not really hot flashes

NURSE'S SIGNATURE: D. Hazzin Date: 3.24.09

Physical Examination	W	A	D	Comments on Findings	Physical Examination	W	A	D	Comments on Findings
General Appearance					Genital/Rectal				
HEENT					Skin				
Mouth/Pharynx					Lymph Nodes				
Chest/Lung/ Respir.					Breasts				
Heart/Cardiovascular					Back/Neck				
Abdomen & GI					Neurological				
Extremities					Thyroid/Endocrine				

Assessment/Diagnosis/Treatment Plan:

- ① ② Leg pain 2° arthritis
 pt didn't tolerate tylenol arthritis not working
 try allwe
- ② fatigue - likely multifactorial
 lack of sleep
 menopause
 arthritis
- ③ hypoglycemia - rec. eating Q20

☐ See Dictated Note☐ See Core Element FormLABS (INT): ☐ Hgb ☐ Strep ☐ Flu ☐ BSG ☐ UCG ☐ HIV ☐ HbA1c ☐ PT/INR ☐ UA ☐ MicroA/Creatinine ☐ Other:LABS (EXTERNAL): ☐ CBC ☐ CMP ☐ BMP ☐ Lipids ☐ Hepatic Panel ☐ Thyroid Panel/TSH ☐ Urine Culture☐ CK ☐ T4 ☐ Vitamin B12 ☐ Vitamin D ☐ PSA ☐ Uric Acid ☐ AST ☐ Arthritis Panel ☐ Other:

SELF MANAGEMENT GOALS:

EDUCATION: ☐ DX ☐ TX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking☐ Exercise ☐ OTHER: _____

Consults/Referrals: _____

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE: [Signature]DATE: 3.24.09

NOTES:

CAROLINA ADULT (18-64) ANNUAL PROGRESS NOTE

Name: Carolee Thompson DOB: [REDACTED] Date: 2/24/09 Age: 47 Chart# 21577Reason for Visit: _____ Medication Refill(s) Needed: ☐ Yes ☐ No: _____

Any - ER Visits - Visits To Other Providers - Test Performed Since Your Last Visit: _____

COMMENTS:

SIGNATURE: _____

ADULT ANNUAL (18-64) EXAM Date of Office Visit: 2/24/09 Drug Allergies: NKAHt: 5'10" Wt: 200 BP: 120/80 T: 98.1 P: 80 R: 20 BG (Fasting/Random): _____ PHQ: _____ LMP: PMTobacco Use: ☐ Never ☐ Past ☒ Current packs per day 10 - 1 cigs Quit, what date? 1/1 Years of smoking? 23Flu Vaccine Received (Aug-Mar) ☐ Yes ☒ No 1 Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No 1PAIN: ☒ Yes ☐ No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT:

HAS 3 months irritating between eyes, back of head, on left
 CHIEF COMPLAINT: HAAS pain in both legs X 3 wks
(cramping) need 2x annual. Still having HAAS
Has better if she eats on time. Daytime sleepiness
Probs coffee @ night
 Habits: drinks water How much/often?? Wkend only
 Exercise: ☐ Yes ☒ No
 Alcohol: ☐ Yes ☒ No
 Rec. Drugs: ☐ Yes ☒ No
 Other: _____

Birth Control Method: BTL - PCLast Pap Smear: 3 yearsLast Mammogram: 1 yearColon Cancer Screening: neverLast Eye Exam: never

Visual acuity with corrective lenses: R _____ L _____

Visual acuity without corrective lenses: R _____ L _____

NURSE'S SIGNATURE: [Signature]

Charlie horses in hip radiate down legs/ sitting/ getting up from bed

Physical Examination	W	N	A	B	D	E	F	Comments on Findings	Physical Examination	W	N	A	B	D	E	F	Comments on Findings
General Appearance									Genitalia/Rectal								but as soon as she moves around gets better
HEENT									Skin								feels pulsating back of knee
Mouth/Pharynx									Lymph Nodes								tightness
Chest/Lung/Respiration									Breasts								
Heart/Cardiovascular									Back/Neck								
Abdomen & GI									Neurological								
Extremities									Thyroid/Endocrine								

PREVENTION/ASSESSMENT:

(Check all that were assessed)

- ☐ ASA ☐ ACE
☐ ACEI ☐ Diuretic
☐ ARB ☐ Statin
☐ BB ☐ CCB
☐ HgA1C ☐ Lipids
☐ LFT ☐ Urinalysis
☐ Microalbumin/Creatinine
☐ BMP ☐ Potassium
☐ eGFR ☐ EKG
☐ Flu Date: _____
☐ Pneumo Date: _____
☐ Other: _____

DIAGNOSIS/TREATMENT PLAN:

- ① LE pain likely osteoarthritis
 ② HA hypoglycemia improved
 ③ fatigue > eating on time
 ✓ Vit D level.
 Zolpidem 5mg bedtime #30 qd
 good. sleep hygiene reviewed

SELF MANAGEMENT GOALS:

EDUCATION: ☐ DX ☐ TX ☐ Meds ☐ Diet ☐ Exercise ☐ STD/HIV ☐ Sexual Activity ☐ Smoking ☐ ETOH/Drugs ☐ Other

Consults/Referrals: (Please check all that apply): ☐ Behavioral Health ☐ Cardiology ☐ Care Manager ☐ Dentistry ☐ Endocrinology

☐ Laboratory ☐ Nephrology ☐ Neurology ☐ Nutrition ☐ Ophthalmology ☐ Podiatry ☐ Patient Advocate ☒ Radiology ☐ Other: _____

RETURN TO CARE/CLINIC (RTC):

DAYS

WEEKS

MONTHS

PRN

PROVIDER SIGNATURE

DATE: 2/24/09

NOTES:

7A52E05D8C9A4A15BDE1, WILSON, 45

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Carolyn Thompson DOB: [REDACTED] Age: 48 Date: 12, 30, 08 Chart#: 21577

Reason for Visit: _____

Medication Refill(s) Needed: ☐ Yes ☐ No: _____

Any - ER Visits - Visits To Other Providers - Test Performed Since Your Last Visit: _____

COMMENTS: _____

SIGNATURE: _____

PROGRESS NOTE

Date of Office Visit: 12/30/08Drug Allergies: NKA

Ht: 5'5 Wt: 197 BP: 100/70 T: 98.3 P: 78 R: 20 BG (Fasting/Random): — LMP: T 11/08
65 - 99 mg/dl

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 0 (12-18-08)Tobacco Use: ☐ Never ☐ Past ☒ Current packs per day 1/2 If Quit, what date? 1/1 Years of smoking? _____Flu Vaccine Received (Aug-Mar) ☐ Yes ☒ No 1 Month/Year Pneumonia Vaccine (As Appropriate) ☐ Yes ☒ No 1 Month/YearPAIN: ☒ Yes ☐ No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT: Benicar 20mg making dizzy, tried 1/2 (10mg) still dizzy x 2 wks, back of legs hurts x 3 days HA x 2 weeks
Not taking med x 5 days

NURSE'S SIGNATURE: [Signature]

Physical Examination	W	N	A	D	Comments on Findings	Physical Examination	W	N	A	D	Comments on Findings
General Appearance	✓				Frontal tta-	Genital/Rectal					
HEENT			✓			Skin	✓				
Mouth/Pharynx	✓					Lymph Nodes					
Chest/Lung/ Respir.	✓					Breasts					
Heart/Cardiovascular	✓					Back/Neck					
Abdomen & GI	✓					Neurological					
Extremities	✓					Thyroid/Endocrine					

Assessment/Diagnosis/Treatment Plan: Frontal tta. PN/V/D/E/CPI/visual Δ's/syncope
φ Photophobia/phonophobia/aura.

1- tta

Labs: CBC, Thyroid, Hgb

trial of Cephradine
to 24° per
#20 samples.

☐ See Dictated Note☐ See Core Element FormSELF MANAGEMENT GOALS: also recommend clearw etc.

EDUCATION: ☒ DX ☒ JX ☐ Meds ☐ Diet ☐ ETOH/Drugs ☐ STD/HIV ☐ Sexual Activity ☐ Smoking
☐ Exercise ☐ OTHER:

Consults/Referrals: (Please ✓ all that apply): ☐ Behavioral Health ☐ Cardiology ☐ Care Manager ☐ Dentistry ☐ Endocrinology

☐ Laboratory ☐ Nephrology ☐ Neurology ☐ Nutrition ☐ Ophthalmology ☐ Podiatry ☐ Patient Advocate ☐ Radiology

Other: Thyroid panel, CBC 9/11/08

RETURN TO CARE/CLINIC (RTC): _____

DAYS

WEEKS

MONTHS

PRN

PROVIDER SIGNATURE: [Signature]DATE: 12/30/08

NOTES:

Hormone Δ's causing tta. Menses are irregular + heavy
this past year.

7A52E05D8C9A4A15BDE1, WILSON, 48

CAROLINA PINES

RADIOLOGY REPORT

EXAM DATE: 20/12/0709

21577

ORDERING PHY: MIRIAM L. GARCELLANO DO
ATTENDING PHY:
PATIENT NAME: WILSON, CAROLYN
ROOM: OP BIRTH DATE: [REDACTED]

PT. ACCT. NO.: 2884761
MED REC NUMBER: 78594

HISTORY: 724.2

LBP-BILAT. LEG PAIN OFF & ON X 2 YRS.
OLD LIFTING INJURY > 5 YRS. AGO

MRI OF THE LUMBAR SPINE 07/09/12:

INDICATION: Pain.

PROCEDURE: Standard multiplanar protocol on a 1.0 Tesla scanner.

FINDINGS: Mild changes of degenerative disk disease and osteoarthritis are seen in the lower lumbar spine. No fracture, destructive lesion, or spinal stenosis is seen. There is some mild compression of the spinal canal at L3-4 and L4-5 from broad disk bulging, thickening of ligamentum flavum, and facet joint arthritis. There is an annular tear at L5-S1 to the right of the midline, which can be symptomatic.

No abnormality is seen of the paraspinal soft tissues. Coronal T1 images of the hips show no evidence of fracture or avascular necrosis.

IMPRESSION:

1. DEGENERATIVE DISK DISEASE AND OSTEOARTHRITIS AT L3-4, L4-5, AND L5-S1.
2. MILD CONSTRICTION OF SPINAL CANAL AT L3-4 AND L4-5 FROM DEGENERATIVE CHANGES.
3. POSSIBLY SYMPTOMATIC ANNULAR TEAR AT L5-S1.

DD: 07/09/2012 09:59

Dictated By: CONNOR, GREGORY S

DT: 07/09/2012 11:17 CMO

Signed By: CONNOR, GREGORY S

Sign [Signature]
Date 7/24/12

DATE DICTATED: 7/09/2012
DATE TRANSCRIBED: 7/09/2012
TRANSCRIPTIONIST: CMO

GREGORY S CONNOR
REVIEWED AND SIGNED

PAGE 1 OF 1

7A52E05D8C9A4A15BDE1, WILSON, 67

CareSouth Carolina, Inc.

P.O. Box 239
Society Hill, South Carolina 29593

P.O. Box 909
Hartsville, South Carolina 29550

P.O. Box 508
Bishopville, South Carolina 29010

X-RAY REPORT

Name: Carolyn Thompson

DOB: [REDACTED]

X-Ray No.: 4293

Chart No.: 21577

Age: 53

Date: 06/28/2012

Anatomical part or region: Views of the left hip.

Attending Physician: Miriam Garcellano, D.O.

Indication: Pain.

Findings: There is some minimal arthritis of the left hip. No acute abnormality is seen.

Anatomical part or region: Two view study of the right hip.

Findings: Minimal arthritis is present. The arthritic changes of hips are symmetrical. No fracture or evidence of avascular necrosis is seen.

Impression: Arthritis of the hip.

Anatomical part or region: Lumbar spine.

Findings: Alignment is normal. Disk spaces are maintained. Minimal facet joint arthritis is seen at the lumbosacral junction. Pedicles look normal. SI joints are not included.

Impression: Minimal facet joint arthritis of the lower lumbar spine.

This study was interpreted at Carolina Pines Regional Medical Center.

Gregory S. Connor, M.D./Acuitytype A009C0PB_1.ATF
Radiologist

SIGN: 

DATE: 7/7/12

DATE RECEIVED
7/6/12, ON

7A52E05D8C9A4A15BDE1, WILSON, 68

CareSouth Carolina, Inc.

P.O. Box 239
Society Hill, South Carolina 29593

P.O. Box 909
Hartsville, South Carolina 29550

P.O. Box 508
Bishopville, South Carolina 29010

X-RAY REPORT

Name: Carolyn Thompson

DOB: [REDACTED]

X-Ray No.: 4293

Chart No.: 21577

Age: 49

Date: 2/24/2009

Anatomical part or region: Lumbar spine series.

Attending Physician: Miriam Garcellano, D.O.

Indication: BiLat Leg Pain.

Findings: Mild arthritis is seen. Disk spaces are maintained. Pedicles and SI joints look normal.

Impression: Mild lumbar arthritis.

Anatomical part or region: AP and frog leg views of both hips.

Indication: Bilateral leg pain.

Findings: No significant abnormality is seen of either hip. There is some minimal, symmetrical arthritis.



Gregory S. Connor, M.D. / Accultype 033831723_2.doc
Radiologist

SIGN 
DATE 3/9/09

DATE RECEIVED
3/23/09 (DW)

7A52E05D8C9A4A15BDE1, WILSON, 78

Exhibit 1

NEW EMPLOYEE EMPLOYMENT PACKET

If you have any questions, contact the Personnel Department.

Sku # 360309

NEW EMPLOYEE INFORMATION

THIS FORM IS TO BE USED TO PLACE NEW EMPLOYEES ON ROLL.
THE INFORMATION YOU SUPPLY ON THIS FORM IS USED FOR STATISTICAL AND PAYROLL PURPOSES AND IS TREATED AS CONFIDENTIAL INFORMATION BY THE COMPANY.

TO BE COMPLETED BY EMPLOYEE

Employee Name (Last, First, Middle) <u>Thompson Carolyn R.</u>		Date of Employment <u>11-07-08</u>
Address (Street) (City) (State) (Zip Code) <u>76 L Pac Cemetery Rd Bishopville SC 29010</u>		Telephone <u>803-428-5312</u>
Social Security Number <u>[REDACTED]</u>	Date of Birth <u>[REDACTED]</u>	Sex ☐ M ☒ F Marital Status ☐ Married ☒ Single
Race (Must Check One) ☐ American Indian ☐ Caucasian ☐ Hispanic ☒ Black ☐ Asian		
In Case of Emergency Please Notify	Name <u>Kivrie Thompson</u>	Relationship <u>Son</u>
	Address <u>234 Sun Set Ln Bishopville SC 29010</u>	
Spouse	Name <u>France Sweetburg Bishopville SC 29010</u>	Telephone <u>803-428-6002</u>
	Address <u>134 Sun Set Ln Bishopville SC 29010</u>	
Children	Name <u>Levi Wilson 76-L Pac Cemetery Rd</u>	Date of Birth -
	Name	Date of Birth -
	Name	Date of Birth -
	Name	Date of Birth -
Have you ever been employed by Fred's? No ☒ Yes ☐ If yes, supply information requested about previous employment.		
☐ Fred's, Inc. ☒ Fred's - Store <u>Cashier</u>		Job Title Dates of Previous Employment From: <u>03-15-03</u> To: <u>11-08-08</u>

TO BE COMPLETED BY MANAGEMENT

Store Number	STATUS		RATE OF PAY	
	☐ Full Time	☐ Part Time Reg. ☐ Part Time Temp.	Hourly \$	Weekly \$
Location		City	State	Store Manager's Signature
Job Title - For Retail Employees - Indicate Only One			Pharmacy Licenses:	
☐ Store Manager ☐ Cashier ☐ Assistant Manager ☐ Merchandise Clerk ☐ Manager Trainee ☐ Pharmacist ☐ Head Cashier ☐ Pharmacy Clerk			STATE LICENSE NUMBER _____ _____ _____	

THIS SECTION FOR PERSONNEL USE ONLY

Job Title	Job Code	Employee Number
Supervisor Code	EEO Cat.	Interview Number
Approval	Personnel	Vice President
Director		Payroll

THIS FORM MUST BE SENT TO THE PERSONNEL DEPARTMENT - FRED'S, INC. MEMPHIS, TN 38118
ALL INFORMATION MUST BE SUPPLIED BEFORE PROCESSING.

SKU #726332

NEW EMPLOYEE CHECK LIST

(Retail Hourly)

Employee Name: Carolyn R. Thompson

Employee Number: _____

Items received:

- ☒ Application
- ☒ New Employee Information Sheet
- ☒ Employment Eligibility (I-9)
- ☒ W-4 Withholding
- ☒ State Tax Forms
- ☒ Health History
- ☒ Sexual Harassment Form
- ☒ Targeted Jobs Questionnaire
 - TJTC Request for Certification
 - Applicant Characteristics
 - Voucher
 - TJTC Income Status and Applicant's Statement
- ☐ Birth Certificate (under 18)
- ☒ Baler Statement
- ☐ Other: _____

Items Issued:

- ☐ Employee Handbook
- ☐ Benefit Sheet
- ☐ Credit Association Information
- ☐ Discount Rules/Card
- ☐ Time Card
- ☐ Smock/Vest
- ☐ Name Tag
- ☐ Other: _____

My signature below verifies that I have been given a Fred's, Inc. Employee Handbook on my first day of employment with Fred's, Inc. I understand that I should become familiar with the contents of this handbook as soon as possible. I also understand that neither this handbook nor any other document published or provided by Fred's, Inc. is intended to form any type of contract of employment, nor does it form any type of contract of employment between Fred's, Inc. and any employee.

11-08-08
Date

Carolyn Thompson
Employee Signature

Issuing Company Representative

Upon completion place in Employee's Personnel folder

(SKU #233749)

FRED'S, INC. HEALTH HISTORY

Note: Please Print Entries

NAME Thompson LAST Carolyn FIRST Kema MIDDLE SOC. SEC. NO. DATE
 JOB TITLE OR OCCUPATION cashier
 HOME ADDRESS 803 Sunset Ln. Bishopville SC 29010 TELEPHONE NUMBER 428-5312
 NUMBER 803 STREET Sunset Ln CITY Bishopville STATE SC AREA CODE 803 NUMBER 428-5312
 IN CASE OF EMERGENCY NOTIFY
 NAME Mrs. Suresburg ADDRESS 134 Sunset Ln PHONE NO. 803-428-0002

Fred's, Inc. requires this health history primarily to determine your capacity to work safely. Please feel free to discuss any medical problems with any Health Services Department representative as this will contribute to the effectiveness of this questionnaire. This information is confidential and will allow the Health Services Department to be of greater service to you.

WHAT MEDICATIONS OR OTHER REMEDIES DO YOU REGULARLY TAKE:

none

IMMUNIZATIONS VACCINATIONS OR INNOCULATIONS YOU HAVE HAD:

☐ TETANUS TOXOID

☐ FLU

☐ OTHER

DATE:

DATE:

DATE:

HT: 5'5

WT: 201

B/P:

ALLERGIES:

SYSTEMS HISTORY: HAVE YOU EVER HAD OR HAVE YOU NOW?

A. CHECK EACH ITEM	YES	NO	B. CHECK EACH ITEM	YES	NO	C. CHECK EACH ITEM	YES	NO
1 ASTHMA		☒	1 EPILEPSY, FITS OR CONVULSIONS		☒	1 FRACTURE OR BROKEN BONE		☒
2 ANY REACTION TO SERUM, DRUG, MEDICINE		☒	2 SEVERE HEADACHES		☒	2 RHEUMATISM OR ARTHRITIS		☒
3 REACTION TO CHEMICALS		☒	3 FREQUENT BOWEL TROUBLE		☒	3 RUPTURE OR HERNIA		☒
4 SKIN RASH OR ECZEMA		☒	4 DOUBLE VISION		☒	4 TUMOR		☒
5 BRONCHITIS		☒	5 BACK INJURY OR SURGERY		☒	5 PARALYSIS		☒
6 SHORTNESS OF BREATH		☒	6 BACK PAIN ON LIFTING		☒	6 MIGRAINE HEADACHES		☒
7 TIGHTNESS IN CHEST		☒	7 NUMBNESS OF OF HANDS, FEET		☒	7 HEMORRHOIDS OR RECTAL TROUBLE		☒
8 TUBERCULOSIS		☒	8 LIVER OR INTESTINAL TROUBLE		☒	8 EAR TROUBLE		☒
9 EMPHYSEMA		☒	9 HEPATITIS		☒	9 DIFFICULTY IN HEARING		☒
10 PALPITATING OR POUNDING HEART		☒	10 JAUNDICE		☒	10 ANY DRUG OR NARCOTIC HABIT		☒
11 CHRONIC COUGH		☒	11 GALLBLADDER TROUBLE		☒	11 EXCESSIVE WORRY OR DEPRESSION		☒
12 CHRONIC OR FREQUENT COLDS		☒	12 BLOOD IN URINE		☒	12 LOSS OF MEMORY OR AMNESIA		☒
13 NIGHT SWEATS		☒	13 KIDNEY TROUBLE		☒	13 APPENDICITIS		☒
14 SINUSITIS		☒	14 BLADDER TROUBLE		☒	14 RHEUMATIC HEART/ FEVER		☒
15 HIGH BLOOD PRESSURE		☒	15 FREQUENT OR PAINFUL URINATION		☒	15 SEVERE TOOTH OR GUM TROUBLE		☒
16 HEART TROUBLE/ ATTACK		☒	16 DIABETES OR SUGAR IN URINE		☒	16 ANEMIA		☒
17 HEART SURGERY		☒	17 THYROID TROUBLE OR GOITER		☒	17 EXCESSIVE DRINKING HABIT		☒
18 SWELLING OF ANKLES		☒	18 CANCER		☒	18 FOOT TROUBLE		☒
19 FAINTING OR DIZZY SPELLS		☒	19 HEAD INJURY/ CONCUSSION		☒			
20 VARICOSE VEINS		☒	20 SWOLLEN JOINTS		☒			
21 STOMACH ULCER		☒	21 DISLOCATED JOINTS		☒			
22 FREQUENT INDIGESTION		☒	22 KNEE SURGERY		☒			
23 FREQUENT NAUSEA OR DIARRHEA		☒	23 KNEE INJURY		☒			

F688

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. File No. 1621577

RECEIVED
NOV 02 2018
SC Court of Appeals

Carolyn Wilson,
Claimant,

v.

Fred's Stores of Tennessee, Inc.,
Employer,

and

Safety National Casualty Corporation,
Carrier,

Defendants.

CERTIFICATE OF SERVICE

I, Denise M. Brockwell, paralegal for Crowe LaFave, LLC, do hereby certify that I have served the **WCC Form #58 – Pre-Hearing Brief and the Notice of Witnesses and Exhibits to be Introduced as Direct Evidence on Behalf of the Defendants**, by placing a true and correct copy thereof in a sealed envelope sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows:

Andrea C. Roche, Esquire
Mickle & Bass, LLC
P.O. Box 5639
Columbia, SC 29250


Denise M. Brockwell
Paralegal

August 9, 2017

Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

s/ Andrea C. Roche
Andrea C. Roche, Esquire
Mickle & Bass, LLC
Post Office Box 5639
Columbia, South Carolina 29250
(803) 929-0029
aroche@mickleandbass.com
SC Bar No. 7563

Attorney for Appellant