THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FOR BERKELEY COUNTY
Court of Common Pleas

The Honorable Kristi Lea Harrington

Case No. 2011-CP-08-00396

Robert Russell.. ...Employee, Claimant/Respondent,

v.

Department of Health and Environmental Control, Employer, and State Accident Fund, Carrier...Appellants.

RECORD ON APPEAL

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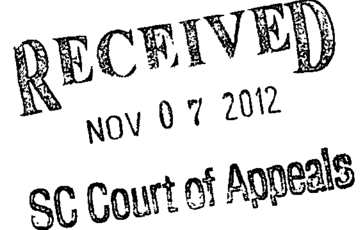

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STATE OF SOUTH CAROLINA	)	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF BERKELEY	)	**CASE NO.: 2011-CP-08-00396**

ROBERT RUSSELL,

EMPLOYEE/CLAIMANT, RESPONDENT,

vs.

DEPARTMENT OF HEALTH and ENVIRONMENTAL CONTROL,

EMPLOYER,

and

THE STATE ACCIDENT FUND,

CARRIER/APPELLANT.

ORDER AFFIRMING THE DECISION AND ORDER OF THE APPELLATE PANEL OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

2012 APR 16 PM 4:28
CLERK OF COURT
BERKELEY COUNTY, SC

APPEARANCES:

Employee/Claimant/Respondent represented by J. David Murrell, Esquire, of Charleston, South Carolina.

Employer/Carrier/Appellants represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.

STATEMENT OF THE CASE

Employee/Claimant/Respondent (hereinafter "Claimant") had a hearing before the Single Commissioner of the South Carolina Workers' Compensation Commission on July 1, 2008. The issues presented at the hearing were payment of causally-related medical treatment, past temporary total disability benefits, mileage reimbursement and whether Claimant was permanently and totally disabled. Thereafter, Claimant received a Decision and Order from the Single Commissioner on August 26, 2008, that held he was totally and permanently disabled pursuant to the Ellison decision and Employer/Carrier/Appellant (hereinafter "Carrier") must pay all past and future causally-related medical care and mileage reimbursement.

Carrier appealed the Hearing Commissioner's Decision and Order on September 8, 2008. The Appellate Panel ruled on March 27, 2009, to remand the case back to the Hearing Commissioner and instructed that a new order be issued resolving the conflict between Finding of Fact No. 18 and Finding of Fact No. 24. On April 13, 2010, the Hearing Commissioner issued a new Decision and Order that again found Claimant totally and permanently disabled; however, Finding of Fact No. 18 from the prior Decision and Order dated August 26, 2008, was deleted

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thereby resolving the conflict as ordered by the Appellate Panel. On April 22, 2010, Carrier again appealed the Hearing Commissioner's Decision and Order.

The Appellate Panel ruled on January 19, 2011, and again upheld the Single Commissioner's Decision and Order that Claimant was totally and permanently disabled pursuant to the Ellison decision and that Carrier must pay all past and future causally-related medical care and mileage reimbursement. Thereafter, Carrier filed its third appeal of Claimant's award rendered in the Appellate Panel's Decision and Order and filed a Notice of Intent to Appeal and Petition for Judicial Review with the Berkeley County Court of Common Pleas on February 3, 2011.

All proffered testimony has been taken. Such, together with all medical, documentary and testimonial evidence, has been delivered to, and presented by oral argument to, the Court of Common Pleas and has been under study and consideration.

STANDARD OF REVIEW

The Administrative Procedures Act establishes the standard of judicial review of decisions by the Appellate Panel of the Workers' Compensation Commission. Lark v. Bi-Lo, 276 S.C. 130, 276 S.E.2d 304 (1981). A reviewing court may only reverse or modify a decision of an administrative agency if "such decision is affected by errors of law, characterized by abuse of discretion, or clearly erroneous in view of the reliable, probative and substantial evidence on the whole record." Suburban Propane Gas Co. v. Deschamps, 298 S. C. 230, 379 S.E.2d 301 (S.C. App. 1989). The Appellate Panel is the ultimate fact-finder in workers' compensation cases. Jordan v. Kelly Co., 381 S.C. 483, 674 S.E.2d 166 (2009). As a general rule, this court must affirm the findings of fact made by the Appellate Panel if they are supported by substantial evidence. Pierre v. Seaside Farms, Inc., 386 S.C. 534, 689 S.E.2d 615 (2010). "Substantial evidence is that evidence which, in considering the record as a whole, would allow reasonable minds to reach the conclusion the [Appellate Panel] reached." Hill v. Eagle Motor Lines, 373 S.C. 422, 645 S.E.2d 424 (2007). "The possibility of drawing two inconsistent conclusions from the evidence does not prevent the [Appellate Panel's] finding from being supported by substantial evidence." Id. Substantial evidence is more than a mere scintilla, but less than a preponderance. Bilton v. Best Western Royal Motor Lodge, 282 S.C. 634, 321 S.E.2d 63 (S.C. App. 1984).

Based upon a review of the foregoing case, the Court of Common Pleas **FULLY AFFIRMS** the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission and therefore makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

Based upon the medical, documentary and testimonial evidence received and produced at the hearing, as well as the Single Commissioner's personal observations of Claimant, and the Decision and Order of the Appellate Panel, the following facts are accordingly made based upon the preponderance of the evidence:

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page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition: by the date of the accident, Claimant's psychological condition was already spiraling downward (from sexual issues, **harassment at work**, and death of a close male friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Santi (an opinion with which I agree and give great weight to, considering the objective, diagnostic testing in this case). The nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48 Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of severe back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even "started to discuss" the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction (Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

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1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant);

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several wrecks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7,

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own without making any request for such to Defendants;

19. Claimant is permanently and totally disabled. I base this finding on the application of the Ellison decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

20. Defendants to receive credit for temporary benefits paid to Claimant;

21. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

22. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

23. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40 and the South Carolina Rules of Civil Procedure, it is the determination and findings of the Court of Common Pleas:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60 and § 42-9-400, Carrier must pay for all causally-related medical care for the June 11, 2004 work-injury and for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004 work-injury and for his treatment for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER

IT IS, THEREFORE, ORDERED that the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated January 19, 2011 is **Fully Affirmed**.

IT IS, THEREFORE, FURTHER ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004 work-injury and for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for

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his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004 work-injury and for his treatment for his psychological condition that Claimant receives from the date of the Single Commissioner's order on August 25, 2008 and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney, J. David Murrell.

AND IT IS SO ORDERED.

THE COURT OF COMMON PLEAS FOR
THE NINTH JUDICIAL CIRCUIT

The Honorable Kristi Lea Harrington

This 16th day of April, 2012.
Moncks Corner, South Carolina

APPELLATE PANEL

DECISION AND ORDER
OF THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 0414927

ROBERT RUSSELL,

Employee/Claimant/Respondent,

v.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL,

Employer,

and

STATE ACCIDENT FUND,

Carrier/Defendants/Appellants.

Appellate Panel Review held in Columbia, South Carolina on August 17, 2010 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed

1-19-11

APPEARANCES:

Claimant/Respondent represented by J. David Murrell, Esquire, of Charleston, South Carolina.

Defendants/Appellants represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.

STATEMENT OF THE CASE

The parties were heard by Commissioner Susan S. Barden on July 1, 2008 in North Charleston, South Carolina. On August 26, 2008, she issued a Decision and Order. Employer/Carrier filed an appeal and after oral argument was held, the Appellate Panel issued a Decision and Order on March 27, 2009 remanding the case to have the Hearing Commissioner resolve a conflict in the August 26, 2008 Decision and Order. On April 13, 2010, Commissioner Barden issued a new order.

Within the statutory period, counsel for Defendants Employer/Carrier filed an Application for Review in the case setting forth her reasons, copies of which were furnished to all interested parties prior to oral argument presented before the Appellate Panel on August 17, 2010. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and since been under study and consideration.

In an Appellate Review, the Panel shall, pursuant to S.C. Code Ann. § 42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make it own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Based upon a review of the foregoing, the Panel **FULLY AFFIRMS** the Single Commissioner's Decision and Order and therefore makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

Based upon the testimony and evidence received and produced at the hearing, as well as the Commissioner's personal observations of Claimant, the following facts are accordingly made based upon the preponderance of the evidence:

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant);

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several wrecks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7, page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition: by the date of the accident, Claimant's psychological condition was already spiraling downward (from sexual issues, **harassment at work**, and death of a close male

friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Santi (an opinion with which I agree and give great weight to, considering the objective, diagnostic testing in this case). The nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48 Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of severe back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even "started to discuss" the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own without making any request for such to Defendants;

19. Claimant is permanently and totally disabled. I base this finding on the application of the Ellison decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

20. Defendants to receive credit for temporary benefits paid to Claimant;

21. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

22. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

23. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is the determination and findings of this Commissioner:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60, Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER

IT IS, THEREFORE, ORDERED that the Single Commissioner's Decision and Order of April 13, 2010 is Fully Affirmed.

IT IS, THEREFORE, FURTHER ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

THE HONORABLE DERRICK L. WILLIAMS

THE HONORABLE AVERY B. WILKERSON, JR.

THE HONORABLE G. BRYAN LYNDON

CERTIFICATE OF SERVICE

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

This 19 day of January, 2011

By Valerie D. Delter

Administrative Assistant to the Commissioner

J. David Harrell
Margaret M. Urbanic
Cynthia B. Polk

DECISION AND ORDER
OF THE
SC WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 0414927

Robert Russell,
Employee/Claimant,

v.

Department of Health and Environmental Control,
Employer,

and

State Accident Fund,
Carrier/Defendants.

HEARING:	Held in North Charleston, South Carolina, on July 1, 2008, per notices served on all parties of interest.
APPEARANCES:	The Claimant was represented by J. David Murrell, Esquire, of Charleston, South Carolina. The Employer and Carrier were represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.
PURPOSE OF HEARING:	To determine issues as set forth on Forms 50 and 51.
DECISION AND ORDER:	The Honorable Susan S. Barden.
FILED:	April 13, 2010

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence.

SUBMISSIONS

APA NO.	Date
CLAIMANT'S SUBMISSIONS:	
1. Wreck Report	06/11/2004
2. Berkeley County EMS	06/11/2004
3. Roper Berkeley	06/11/2004
4. First Report of Injury	06/14/2004
5. Report of Employee Occurrence	06/16/2004
6. Dr. Jeffrey Santi	06/16/04 - 07/07/04
7. Dr. Alan Faulk	06/16/04 - 08/11/06
8. Sports Spine & Industrial	06/17/04 - 07/06/04
9. Chas. Physicians Imaging Ctr.	07/28/2004
10. Dr. William Burke	07/18/04 - 05/07/07
11. Dr. James Jenkins	07/14/04 - 10/03/05
12. Dr. Don Stovall	08/11/04 - 01/13/05
13. HealthSouth Surgical Center	09/01/04 - 10/08/04
14. Sports Plus Physical Therapy	11/03/04 - 12/16/04
15. Dr. Leonard Forrest	11/22/2006
16. Fund Analysis	11/18/2004
17. DHEC Work Status	02/16/05 - 07/16/05
18. DHEC Personnel Leave	06/17/04 - 05/02/05
19. DHEC Employee Performance	08/14/03 - 08/14/04
20. Form 20	N/A

21. Unpaid Medical Expenses	06/11/04 - 08/11/06
22. Mileage Form	06/11/04 - 08/11/06

EMPLOYER'S SUBMISSIONS:

APA NO.	Date
1. Samuel Rosen, MD	6/18/01 – 6/22/01
2. Tricounty Radiology	1/03/05
3. John V. Custer, MD	6/06/05
4. William C. Vanness, MD	10/17/05
5. Exhibit – SC Retirement Systems-Disability Report	7/10/05

STIPULATIONS

It was stipulated that this was an admitted injury and that jurisdiction was proper. It was stipulated that Claimant's average weekly wage was $629.67 and his compensation rate was $419.80. It also stipulated by Carrier that they would pay for all causally related medical treatment rendered by Dr. Stovall, Roper Berkeley, Berkeley County EMS, Roper Radiologist and Roper Berkeley Inc. (RBR) and would pay mileage reimbursement for Claimant's visits to Dr. Stovall.

STATEMENT OF THE CASE

Claimant is a 51 year old man. His work history includes social service specialist for DSS, Geer Drug Company as a promotional coordinator, a courier for First Costal Properties, and managed family's grocery store. Claimant has a four-year degree in Business Administration.

EVIDENCE OF THE CASE

Claimant has worked for DHEC for 15 years with the job title of Environmental Health Manager. Claimant injured his back, left arm, head, neck, and left hip on June 11, 2004. Claimant filed a Form 50 requesting a hearing. Employer/Carrier, by their attorney Peggy Urbanic Esq., filed a Form 51. A hearing was thereafter scheduled for July 1, 2008 to determine all issues as set forth in the Forms 50 and 51.

The hearing proceeded with J. David Murrell, Esq. present for Claimant and proper notice was given to Employer ("DHEC") and the State Accident Fund ("Carrier"). Peggy Urbanic, Esq. appeared on behalf of the Carrier and the Employer.

Claimant testified that he has been working for Defendant, DHEC for 15 years. Claimant testified that in June, 2004 his job title was Environmental Health Manager and his job duties included soil borings to determine whether a lot passed their requirements and could get a septic tank.

Claimant testified that on June 11, 2004 as he was making a right turn, he was rear ended in his small Ford Ranger work truck. Claimant testified that his back, left arm, head, and neck were hurt. Claimant testified that after the initial injury, his left hip started hurting. Claimant testified that sometimes his legs, back, hip, and neck just ache. Claimant testified that his back, left hip and legs continue to hurt.

Claimant testified that he went to Dr. Stovall, and he was treating him with medication and was referred to physical therapy. Claimant testified that after the physical therapy he was still hurting. Claimant testified that Dr. Stovall prescribed injections but they did not help. Claimant testified that he went to chiropractic treatment and it helped some.

Claimant testified that he went back to work for awhile but he could not do any of the digging at work. Claimant testified that his supervisor would go with him and dig. Claimant testified that his back hurt so bad that he could not get his paper work done. Claimant testified that all dates on page 172 of Claimant's APA Exhibit 18 marked by an asterisk are days he was out of work as a result of his work-injuries. Claimant testified that code 01 is vacation time. Claimant testified that page 173 is time spent at doctor appointments. Claimant testified that pages 174, 175, 176, 177 and 178 are dates he was unable to work as a result of his injury on the job. Claimant testified that dates marked through on page 179 are not related to his injury on the job. Claimant testified that two entries on page 180 are related to time missed form work as a result of injury on the job. Claimant testified that if he did not have enough sick leave, then he took annual leave to go to the doctor. Claimant testified that he was allotted so much sick leave every month and if he used it all then he would use annual leave. Claimant testified that he filled out leave slips when he had to take time off. Claimant testified that some of those dates are for doctor's appointments and that some days he stayed out of work the whole day. Claimant testified that either his back was hurting or he was too depressed to get out of the bed and go to work. Claimant testified that there were days he could not get out of bed because of his depression. Claimant testified that some of the visits on the leave slips were for a couple of hours, or an hour or two for doctor's appointments. Claimant testified that he has been an employee of the state for 16 or 17 years. Claimant testified that he had a previous injury to his back and he took a long time off for that. Claimant testified that he had good bit of sick leave accumulated but that he used it because of his previous accident and his depression. Claimant testified that he had depression before his work injury on June 11, 2004. Claimant testified that he is no longer employed at DHEC. Claimant testified that he retired from DHEC. Claimant testified that the retirement took place around July 16, 2005.

Claimant testified that his lower back and left hip still hurt. Claimant testified that his arm, neck, and head do not hurt anymore. Claimant testified that his depression and bipolar disorder is worse as a result of his work injury. Claimant testified that he has constant back pain. Claimant testified that on a bad day his pain is an eight and on a good day it is a five. Claimant testified that he takes Celebrex and Tylenol extra strength for his pain. Claimant testified that the medication helps with the pain in his back. Claimant testified that his left hip hurts when he walks on it. Claimant testified that he can walk halfway around a store like Target before his hip starts hurting. Claimant testified that his legs hurt him 20 to 25 percent of the time. Claimant testified that his leg pain comes and goes.

Claimant testified that his pain was so bad that he could kill himself. Claimant testified that he cries a lot, is worried, is anxious, and gets depressed. Claimant testified that he lives with his mother. Claimant testified his depression became worse because he could not do his work and he felt really bad for his supervisor because he was doing all of his work. Claimant testified that his bipolar disorder got worst after the injury on the job, he was crying, had thoughts of suicide, was more nervous, and was constantly worrying about things. Claimant testified that his medication for depression and bipolar changed after the injury on the job. Claimant testified that his medication dosage increased and he was put on a new drug. Claimant testified that his bipolar and depression make it impossible to work in a

competitive environment. Claimant testified that he gets mad easily, he has problems concentrating and motivating himself, and he can not sit still to read.

Claimant testified that he had back pain from several previous car wrecks which occasionally flared up. Claimant testified that he has not looked for work since he left DHEC. Claimant testified that prior to June 11, 2004 his back problems would aggravate him when he was digging for DHEC. Claimant testified that he would feel back pain every now and then but after two days it would go away. Claimant testified that he believed that he had fully recovered from the prior vehicle accidents because if he had not, he would not have been able to dig in the clay.

Claimant testified that he was diagnosed with depression in the early eighties and was later diagnosed as bipolar. Claimant testified that he had been hospitalized for thoughts of suicide prior to this injury. Claimant testified that he said he was going to commit suicide because he didn't want to go back to work. It was a hostile environment and he was being sexually harassed by his supervisor.

Claimant testified that he had not seen Dr. Faulk prior to his work injury. Claimant testified that he has been to a Chiropractor for his back before. Claimant testified that Dr. Faulk is with Palmetto Spine Center. Claimant testified that he went to Palmetto Spine Center on June 7, 2004 to get a massage but they were closing. He was told to come back but he did not go back until after the work injury.

Claimant testified that he sustained loss of use to his back as a result of the injury on the job. Claimant testified that his back is not 100 percent. Claimant testified that he believes he sustained a loss of 50 percent of use to his back because of the injury on the job. Claimant testified that he is unable to return to work as an environmental specialist and that he is unable to perform any work today.

FINDINGS OF FACT

Based upon the testimony and evidence received and produced at the hearing, as well as the Commissioner's personal observations of Claimant, the following facts are accordingly made based upon the preponderance of the evidence:

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant;

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several wrecks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7, page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition: by the date of the accident, Claimant's psychological condition was already spiraling downward (from sexual issues, **harassment at work**, and death of a close male friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Santi (an opinion with which I agree and give great weight to, considering the objective, diagnostic testing in this case). The

nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48 Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of <u>severe</u> back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even <u>"started to discuss"</u> the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own <u>without making any request for such to Defendants;</u>

19. Claimant is permanently and totally disabled. I base this finding on the application of the <u>Ellison</u> decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

20. Defendants to receive credit for temporary benefits paid to Claimant;

21. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

22. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

23. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and

totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is the determination and findings of this Commissioner:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60, Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER AND AWARD

IT IS, THEREFORE, ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION

BY: [signature]

THE HONORABLE SUSAN S. BARDEN

Columbia, South Carolina.
This 13th day of April, 2010.

DM
PU

CERTIFICATE OF SERVICE

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

This 13th day of April, 2010.

By Kristi Love

Administrative Assistant to the Commissioner

0023

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0414927

ROBERT G. RUSSELL, EMPLOYEE, CLAIMANT/APPELLANT,

-V-

S.C. DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL, EMPLOYER,

AND

STATE ACCIDENT FUND, CARRIER, DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina on December 16, 2008 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed

March 27, 2009.

APPEARANCES:

Claimant/Respondent represented by J. David Murrell, Esquire, of Charleston, South Carolina.

Defendants/Appellants represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.

STATEMENT OF CASE

The parties were heard by Commissioner Susan S. Barden on July 1, 2008 in North Charleston, South Carolina. On August 26, 2008, she issued the following Order:

IT IS, THEREFORE, ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives [sic] from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth her reasons, copies of which were furnished to all interested parties prior to oral argument presented before the Appellate Panel on December 16, 2008. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Defendants respectfully submit the following:

1. Whether the single commissioner erred in finding Claimant's physical injury aggravated his psychological condition as it is not supported by substantial evidence.

2. Whether the single commissioner erred in Finding of Fact No. 20 as it is not supported by substantial evidence.

3. Whether the single commissioner erred in Finding of Fact No. 24 as it is not supported by substantial evidence.

4. Whether the single commissioner erred in finding Claimant is permanently and totally disabled as he is disabled for his non-work related psychological condition.

5. Whether the single commissioner erred in Conclusions of Law No. 2 as it is not supported by substantial evidence.

6. Whether the single commissioner erred in Conclusions of Law No. 4 as it is not supported by substantial evidence.

7. Whether the single commissioner erred in Conclusions of Law No. 6 as it is not supported by substantial evidence and the psychological condition is not worked related.

8. Whether the single commissioner erred in Order Numbers 2, 4 and 6 as they are not supported by substantial evidence.

In an Appellate Review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Based upon a review of the foregoing, the Panel remands the Order of August 26, 2008 to the Hearing Commissioner for a new Order resolving the conflict between Finding of Fact #18 and Finding of Fact #24.

FINDINGS OF FACT

1. Finding of Fact # 18 is contradictory with Finding of Fact # 24; therefore, the Order is legally erroneous on its face.

2. Finding of Fact # 18 indicates no combination under Ellison as the psychological condition alone disables the Claimant.

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-17-50 (1985) gives the Commission the power to affirm, amend, or reverse the decision of a Single Commissioner.

ORDER

IT IS, THEREFORE, ORDERED the Decision and Order of the Single Commissioner is hereby remanded to the Hearing Commissioner for a new order resolving the conflict between Finding of Fact No. 18 and Finding of Fact No. 24.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

Andrea C. Roche, Commissioner

REMAND

CONCUR:

David W. Huffstetler, Commissioner

Avery B. Wilkerson, Jr., Commissioner

(a:\0414927.app.acr)

CERTIFICATE OF SERVICE

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

JDM
MMU

This 27 day of March, 2009.

By Janet Godfrey Griggs
Administrative Assistant to the Commissioner

DECISION AND ORDER
OF THE
SC WORKERS' COMPENSATION COMMISSION

WCC FILE NUMBER 0414927

Robert Russell,
Employee/Claimant,

v.

Department of Health and Environmental Control,
Employer,

and

State Accident Fund,
Carrier/Defendants.

HEARING:	Held in North Charleston, South Carolina, on July 1, 2008, per notices served on all parties of interest.
APPEARANCES:	The Claimant was represented by J. David Murrell, Esquire, of Charleston, South Carolina. The Employer and Carrier were represented by Margaret M. Urbanic, Esquire, of Charleston, South Carolina.
PURPOSE OF HEARING:	To determine issues as set forth on Forms 50 and 51.
DECISION AND ORDER:	The Honorable Susan S. Barden
FILED:	August 26, 2008

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3. John V. Custer, MD	6/06/05
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Claimant testified that on June 11, 2004 as he was making a right turn, he was rear ended in his small Ford Ranger work truck. Claimant testified that his back, left arm, head, and neck were hurt. Claimant testified that after the initial injury, his left hip started hurting. Claimant testified that sometimes his legs, back, hip, and neck just ache. Claimant testified that his back, left hip and legs continue to hurt.

Claimant testified that he went to Dr. Stovall, and he was treating him with medication and was referred to physical therapy. Claimant testified that after the physical therapy he was still hurting. Claimant testified that Dr. Stovall prescribed injections but they did not help. Claimant testified that he went to chiropractic treatment and it helped some.

Claimant testified that he went back to work for awhile but he could not do any of the digging at work. Claimant testified that his supervisor would go with him and dig. Claimant testified that his back hurt so bad that he could not get his paper work done. Claimant testified that all dates on page 172 of Claimant's APA Exhibit 18 marked by an asterisk are days he was out of work as a result of his work-injuries. Claimant testified that code 01 is vacation time. Claimant testified that page 173 is time spent at doctor appointments. Claimant testified that pages 174, 175, 176, 177 and 178 are dates he was unable to work as a result of his injury on the job. Claimant testified that dates marked through on page 179 are not related to his injury on the job. Claimant testified that two entries on page 180 are related to time missed form work as a result of injury on the job. Claimant testified that if he did not have enough sick leave, then he took annual leave to go to the doctor. Claimant testified that he was allotted so much sick leave every month and if he used it all then he would use annual leave. Claimant testified that he filled out leave slips when he had to take time off. Claimant testified that some of those dates are for doctor's appointments and that some days he stayed out of work the whole day. Claimant testified that either his back was hurting or he was too depressed to get out of the bed and go to work. Claimant testified that there were days he could not get out of bed because of his depression. Claimant testified that some of the visits on the leave slips were for a couple of hours, or an hour or two for doctor's appointments. Claimant testified that he has been an employee of the state for 16 or 17 years. Claimant testified that he had a previous injury to his back and he took a long time off for that. Claimant testified that he had good bit of sick leave accumulated but that he used it because of his previous accident and his depression. Claimant testified that he had depression before his work injury on June 11, 2004. Claimant testified that he is no longer employed at DHEC. Claimant testified that he retired from DHEC. Claimant testified that the retirement took place around July 16, 2005.

Claimant testified that his lower back and left hip still hurt. Claimant testified that his arm, neck, and head do not hurt anymore. Claimant testified that his depression and bipolar disorder is worse as a result of his work injury. Claimant testified that he has constant back pain. Claimant testified that on a bad day his pain is an eight and on a good day it is a five. Claimant testified that he takes Celebrex and Tylenol extra strength for his pain. Claimant testified that the medication helps with the pain in his back. Claimant testified that his left hip hurts when he walks on it. Claimant testified that he can walk halfway around a store like Target before his hip starts hurting. Claimant testified that his legs hurt him 20 to 25 percent of the time. Claimant testified that his leg pain comes and goes.

Claimant testified that his pain was so bad that he could kill himself. Claimant testified that he cries a lot, is worried, is anxious, and gets depressed. Claimant testified that he lives with his mother. Claimant testified his depression became worse because he could not do his work and he felt really bad for his supervisor because he was doing all of his work. Claimant testified that his bipolar disorder got worst after the injury on the job, he was crying, had thoughts of suicide, was more nervous, and was constantly worrying about things. Claimant testified that his medication for depression and bipolar changed after the injury on the job. Claimant testified that his medication dosage increased and he was put on a new drug. Claimant testified that his bipolar and depression make it impossible to work in a

competitive environment. Claimant testified that he gets mad easily, he has problems concentrating and motivating himself, and he can not sit still to read.

Claimant testified that he had back pain from several previous car wrecks which occasionally flared up. Claimant testified that he has not looked for work since he left DHEC. Claimant testified that prior to June 11, 2004 his back problems would aggravate him when he was digging for DHEC. Claimant testified that he would feel back pain every now and then but after two days it would go away. Claimant testified that he believed that he had fully recovered from the prior vehicle accidents because if he had not, he would not have been able to dig in the clay.

Claimant testified that he was diagnosed with depression in the early eighties and was later diagnosed as bipolar. Claimant testified that he had been hospitalized for thoughts of suicide prior to this injury. Claimant testified that he said he was going to commit suicide because he didn't want to go back to work. It was a hostile environment and he was being sexually harassed by his supervisor.

Claimant testified that he had not seen Dr. Faulk prior to his work injury. Claimant testified that he has been to a Chiropractor for his back before. Claimant testified that Dr. Faulk is with Palmetto Spine Center. Claimant testified that he went to Palmetto Spine Center on June 7, 2004 to get a massage but they were closing. He was told to come back but he did not go back until after the work injury.

Claimant testified that he sustained loss of use to his back as a result of the injury on the job. Claimant testified that his back is not 100 percent. Claimant testified that he believes he sustained a loss of 50 percent of use to his back because of the injury on the job. Claimant testified that he is unable to return to work as an environmental specialist and that he is unable to perform any work today.

FINDINGS OF FACT

Based upon the testimony and evidence received and produced at the hearing, as well as the Commissioner's personal observations of Claimant, the following facts are accordingly made based upon the preponderance of the evidence:

1. Claimant injured his back in an admitted accident on June 11, 2004. Claimant alleges that this injury had affected his left hip and lower extremities;

2. Claimant is 51 years of age (testimony of Claimant);

3. Claimant had a 4-year college degree (testimony of Claimant;

4. Claimant's previous jobs include courier, manager of his family's grocery store, application screener with DSS (to determine if applicants met qualifications for services), and promotional coordinator for a drug company (testimony of Claimant);

5. Claimant's job with Employer was Environmental Health Manager. Claimant drew up septic system permits, performed soil boring duties, inspected septic systems after installation, handled complaints, and issued citations. The job required heavy lifting when Claimant had to use an augur in clay soil (testimony of Claimant; Defendants' APA #5, pages 268-269);

6. Claimant had previous back pain from "several wrecks" which occasionally flared up prior to the date of the accident (Claimant's APA #7, page 32; testimony of Claimant);

7. Six days after the accident, Claimant was hospitalized for psychiatric care including suicidal ideation and "extreme depression." This was Claimant's 2nd hospitalization, the first having occurred about 20 years before. There is no mention in any of these records (i.e., the second hospitalization) about Claimant's accident/injury/pain. Rather, these records focus on issues of sexual orientation, sexual harassment at work, and the death of a close male friend. Claimant's mother and sister also suffer from depression. Claimant admitted at the hearing that he missed days from work for depression immediately prior to the work accident (Defendants' APA #1 testimony of Claimant);

8. Claimant has a significant psychological history as documented in the evidence. When Claimant was a child, he watched his father shoot his mother in the eye, and he was molested by an older brother. When he was in his 20's, he jumped off a bridge while intoxicated. Claimant's limb shaking and tremors observed by the undersigned at the hearing are also documented in the evidence by various providers. A video of the hearing (obviously, hearings are not recorded) would have shown that Claimant's demeanor/psychological condition would be next to impossible to fake or feign (Defendants' APA #1; Defendants' APA #3, page 240; as to tremors, see e.g., Defendants' APA #4, pages 260 and 265; and Claimant's APA #10, page 70);

9. As read by the radiologist, Claimant's MRI shows "mild" degenerative disc disease with a small central herniation. However, Dr. Stovall reads the film as showing a disc bulge with no stenosis or nerve root impingement. There is no pathology to explain Claimant's extremely high pain levels he reports to providers and to the undersigned (Defendants' APA #2 , page 237; Claimant's APA #7, page 34; Claimant's APA #9, page 57; Claimant's APA #12, pages 120, 128, and 130);

10. Claimant's lower extremity complaints are not supported by the medical evidence (e.g., Claimant's APA #12, pages 118, 122, and 125-126 ("denies lower extremity problems"); Claimant's APA #12, pages 120, 123, and 127, and Claimant's APA #14, pages 150 and 153 (negative straight leg raise). Claimant's own IME's records are devoid of any mention of leg pain/problems; instead, Dr. Forrest actually notes that he finds no definite weakness or other evident neurologic deficit in the lower extremities (Claimant's APA #15, pages 162-163);

11. Physicians disagree as to whether Claimant has Bipolar Disorder. Dr. Rosen believes that Claimant lacks the general pattern of delusional thinking or thought disorder associated with Bipolar Disorder, while Dr. Jenkins thinks that Claimant has Bipolar Disorder. Claimant considers himself to have the disorder. In any event, I find that there was no aggravation of a psychological condition: by the date of the accident, Claimant's psychological condition was already spiraling downward (from sexual issues, **harassment at work**, and death of a close male friend) necessitating the hospitalization. Moreover, the notes from the hospitalization do not mention the work accident, injury, or pain relating thereto. The undersigned actually believes and finds that the reverse had actually occurred: rather than Claimant's physical injury aggravating his psychological condition, Claimant's psychological condition has resulted in Claimant's perceived worsening of his physical condition. I base this finding on the following: initially, Claimant did not embellish his physical condition--shortly after the accident, Claimant reported that he "does not want to be off work or on sedating meds." He also denied striking his head in the accident even though he had headaches. Later, medical evidence shows that Claimant's depression began playing a role in magnification of his somatic complaints, as documented by the opinion of Dr. Santi (an opinion with which I agree and give great weight to, considering the objective, diagnostic testing in this case). The

nature of Claimant's physical injury is such that his condition should have gotten better—not worse. However, instead, Claimant's reports to providers that his low back pain has not resolved but has actually "evolved over time" (Defendants' APA #1 in its entirety, including but not limited to pages 229, 232, and 239; Claimant's APA #6, pages 15, 20, and 24; Claimant's APA #7, page 48; Claimant's APA #12, page 130; Claimant's APA #15, page 162);

12. Claimant complains of <u>severe</u> back pain to the undersigned and to providers, but was not compliant with the medication prescribed to him. Further, when Claimant's IME even <u>"started to discuss"</u> the possibility of surgery to alleviate his allegedly severe symptoms, Claimant indicated that he is "definitely not inclined" in that direction (Claimant's APA #7, page 48; Claimant's APA #12, pages 126 and 130; Claimant's APA #15, pages 162-164);

13. Based upon the findings of fact *supra*, I do not give weight to the opinion of Dr. Burke regarding an aggravation of Claimant's pre-existing (and significant) psychological condition (Claimant's APA #10, page 101-102);

14. Claimant is not a surgical candidate, according to the authorized treating physician. Claimant had physical therapy and injections, neither of which he reports as having helped;

15. Claimant reached maximum medical improvement on January 13, 2005 (Claimant's APA #12, page 131);

16. The authorized treating physician assigned a 5% impairment rating (Claimant's APA #12, page 131);

17. The authorized treating physician assigned 20-lb. (frequent) and 35-lb. (occasional) lifting restrictions, as well as prohibitions against long periods of climbing, bending, and stooping (Claimant's APA #12, page 131);

18. Absent Claimant's psychological condition, Claimant could easily find work as he has a 4-year college degree. However, I find that Claimant's psychological condition alone disables him;

19. Claimant's request for reimbursement for unauthorized chiropractic care (including mileage) is denied. Claimant sought the care on his own <u>without making any request for such to Defendants</u>;

20. Claimant is permanently and totally disabled. I base this finding on the application of the <u>Ellison</u> decision, and reach this decision even if I completely discount the opinion of Dr. Burke. The remainder of the evidence is not just persuasive, but overwhelming (Claimant's APA #10, page 100; evidence as a whole);

21. Defendants to receive credit for temporary benefits paid to Claimant;

22. I disagree with Dr. Custer's opinion that Claimant is able to manage his own finances (Defendants' APA #3, page 242);

23. Claimant's average weekly wage is $629.67, yielding a compensation rate of $419.80; and

24. Carrier must pay Claimant a permanent and total disability award based upon the substantial evidence that the combined effects of Claimant's work injury to his back on June 11, 2004, and his pre-existing psychological condition make him permanently and totally disabled pursuant to Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006) (the testimony of Claimant and the medical records).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is the determination and findings of this Commissioner:

1. That, pursuant to S.C. Code Ann. § 42-1-160, there is sufficient evidence to prove that Claimant suffered a compensable injury by accident to his back arising out of and in the course of his employment on June 11, 2004;

2. That, pursuant to S.C. Code Ann. § 42-15-60, Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That, pursuant to S.C. Code Ann. § 42-1-40, Claimant's compensation rate is $419.80 based on his average weekly wage of $629.67;

4. That, pursuant to S.C. Code Ann. § 42-9-400 and Ellison v. Frigidaire Home Products, 638 S.E.2d 664 (S.C. 2006), Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That, pursuant to Regulation 67-1601 of the South Carolina Workers' Compensation Commission, Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime; and

7. That, pursuant to S.C. Code Ann. § 42-15-60 and Regulation 67-1302 et seq. of the South Carolina Workers' Compensation Commission, Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement.

ORDER AND AWARD

IT IS, THEREFORE, ORDERED:

1. That Claimant's injury is compensable;

2. That Carrier must pay for all causally-related medical care for the June 11, 2004, work-injury and for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime including but not limited to, prescriptions, medical equipment, devices and/or implants;

3. That Claimant's compensation rate is $419.80;

4. That Claimant is permanently and totally disabled and, therefore, Carrier must pay Claimant 500 weeks of disability benefits;

5. That Carrier must pay Claimant mileage reimbursement for travel to receive medical treatment from Dr. Don Stovall and for the MRI that Dr. Stovall ordered in the amount of $43.96;

6. That Carrier must pay Claimant mileage reimbursement for all causally-related medical care for the June 11, 2004, work-injury and for his treatment for his psychological condition that Claimant receives from the date of this order and continuing for his lifetime, including but not limited to, prescriptions, medical equipment, devices and/or implants;

7. That Carrier must reimburse Blue Cross/Blue Shield State Health Plan for payments made for Claimant's causally-related medical care for the June 11, 2004, injury and Carrier will contact Blue Cross/Blue Shield State Health Plan directly regarding the reimbursement; and

8. That Carrier must send all monetary amounts owed to Claimant directly to Claimant's attorney.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION

BY: [signature]
THE HONORABLE SUSAN S. BARDEN

Columbia, South Carolina
This 25 day of August, 2008.

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

This 26 day of August, 2008

By Kim Williams
Administrative Assistant to the Commissioner

DM MU MS

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

WCC File #: ~~0325059~~ 0414927
Carrier File #: 2004-002909
Carrier Code #: ____
Employer FEIN #: ____

Claimant's Name: ROBERT G. RUSSELL	SSN: 247-06-2960	Employer's Name: SCDHEC	
Address: 5913 HAGOOD AVENUE		Address: 109 W. MAIN STREET	
City: HANAHAN	State: SC Zip: 29406	City: MONCKS CORNER	State: SC Zip: 29461
Home Phone:	Work Phone: ( ) -	Insurance Carrier: STATE ACCIDENT FUND	
Preparer's Name: J. DAVID MURRELL	Law Firm: WIGGER LAW FIRM	Preparer's Phone #: (843) 553-9800	

Complete each information blank. To request a hearing, check Box 13b., indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: Lower Extremities **Date of Injury or Illness:** 6/11/04

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an accidental injury to Back, neck, head, left arm, headaches, depression and bipolar disorder (Part of Body Hurt) on 6/11/2004 (m/d/yyyyr) in

1b. Berkeley County, State of South Carolina.
Body part(s) affected are: Back, neck, head, left arm, headaches, depression and bipolar disorder.
Briefly describe how the accident occurred. Claimant involved in a car wreck while at work.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 6/11/04 Month Day Year) in the following manner:
Supervisor: Gene Warner, verbal notification

X 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: ____
X (b) additional medical examination and treatment for: Back, neck, head, left arm, headaches, depression and bipolar disorder.

☒ 7. Due to injury, the Claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To Be Determined.

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
X (1) General Disability: X Total ☐ Partial X (2) Specific Disability: X Total Partial
☐ (3) Wage Loss

9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of

10a. At the time of the injury, the Claimant was paid weekly wages of $____, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:

11a. Further grounds of claim:
The insurance carrier refuses to authorize Claimant to receive medical treatment.
11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
See attached list marked "Exhibit A"
11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe: ____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**
☒ 13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: ½ Hour

MAR 27 2008

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

STATE ACCIDENT FUND

reparer's Signature	Title	Email	Date
[signature]	Attorney for Claimant	dmurrell@wiggerlawfirm.com	3/25/08

efer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims epartment.

WCC Form # 50
Revised 9/07

50

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

"Exhibit A"

MEDICAL PROVIDERS FOR ROBERT RUSSELL

Berkeley County EMS
c/o Rapid Receivables
PO Box 4374
N. Myrtle Beach, SC 29597

Tricounty Radiology Assoc.
South Carolina Diagnostic Imaging
PO Box 70609
Charleston, SC 29415

Berkeley Family Practice
2061 Highway 52
Moncks Corner, SC 29461

William Burke, M.D.
Summerville Behavioral Health
709 Trolley Rd.
Summerville, SC 29485

Charleston Physicians Imaging Center
4000 Salt Pointe Pkwy.
North Charleston, SC 29405

James E. Jenkins, MD
9217 University Blvd., Bldg. C, Ste. 1-D
North Charelston, SC 29406

Alan Faulk
Palmetto Spine Center
2070 Northbrook Blvd., Ste A-14
N. Charleston, SC 29406

Healthsouth Surgery Center of Charleston
2690 Lake Park Drive
North Charleston, SC 29406

Leonard Forrest, M.D.
Southeastern Spine Institute
900 Bowman Rd., Ste. 300
Mt. Pleasant, SC 29464

Dr. Stovall
Lowcountry Orthopaedics & Sports Medicine
2880 Tricom St.
Charleston, SC 29406

Roper Hospital
316 Calhoun Street
Charleston, SC 29401

Roper Radiologists, PA
3 South Park Circle, Suite 240
Charleston, SC 29407

ER Physician Bill
Roper Berkeley Inc (RBR)
PO Box 751137
Charlotte, NC 28275

Sports Plus Physical Therapy
2880 Tricom St., Ste. B
North Charleston, SC 29406

Coastal Anesthesia
P.O. Box 4862
Archdale, NC 27360

Kerr Drug
1858 Remount Rd
Hanahan, SC 29406

William C. VanNess, III, MD
The Pain & Rehab Institute
128 E. Plaza Drive
Mooresville, NC 28115

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

CERTIFICATE OF SERVICE

The Undersigned assistant to the Attorney for the Claimant, 8086 Rivers Avenue, North Charleston, South Carolina, 29406, does hereby certify that she has served the following named individuals and\or companies with a copy of the pleading indicated below by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked, on the date indicated below:

PARTIES SERVED: **STATE ACCIDENT FUND**
ATTN: Karen Taylor
P.O. BOX 102100
COLUMBIA, SC 29221

PLEADING: RUSSELL vs. SCDHEC
FORM 50 – REQUEST A HEARING

AMY B. LARSEN, PARALEGAL
WIGGER LAW FIRM
8086 Rivers Avenue, Suite A
North Charleston SC 29406
(843) 553-9800

THIS 5th DAY OF March, 2008
CHARLESTON, SOUTH CAROLINA

South Carolina Workers' Compensation Commission
P.O. Box 1715 * 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File #0414927
Carrier File # 2004-2909
Carrier Code # SF - 500
Employer FEIN

Robert Russell 247-06-2960
5913 Hagood Avenue
Hanahan, SC 29406

SC Depart. of Health & Environ. Control
2600 Bull Street
Columbia, SC 29201
State Accident Fund

Preparer's Name: Mary Elise Scott, Esq. 803-896-5891

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer-insurance carrier in answer to the claim respectfully shows:

1. It is (denied) that the employee sustained an injury on or about the same date set forth in the application. The reasons for denial are: Admitted accident; however, extent of injury and body parts affected are denied.
2. It is (admitted) that both the employer and employee were subjected to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is (admitted) that the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is (admitted) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is (admitted) that notice of injury was given the employer. The reasons for denial are:
6. It is (denied) that the employee (needs) medical care as a result of injury. The reasons for denial are: Claimant was placed at MMI by Don O. Stovall on 01/13/2005.
7. It is (denied) that the employee is entitled to temporary total disability for the period(s) of:
8. It is (denied) that the employee is permanently disabled. The reasons for denial are: Disability, if any, to be determined by the WCC.
9. It is (denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of $629.67 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Any and all defenses available and applicable under the Act, to include, but not limited to, Sections 42-9-10, 42-15-20, 42-15-40, and 42-17-90 of the South Carolina Code of Laws (1976 and Cum. Supp. 2004).

I certify that I have served this document pursuant to R.67-212 by delivering a copy to J. David Murrell, Esquire, 8086 Rivers Avenue, Suite A, North Charleston, SC 29406 and Judicial Department, S.C.W.C.C., P.O. Box 1715, Columbia, SC 29202-1715 on the 23 day of April 2008 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Mary Elise Scott
Preparer's Signature

Staff Attorney

April 23, 2008
Date

Refer to R.67-205 and R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 0325059

Claimant's Name: Robert Russell
Address: 5913 Hagood Ave.
City: Hanahan State: SC Zip: 29406
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: J. David Murrell, Esq.

Employer's Name: DHEC
Address: 109 W. Main Street
City: Moncks Corner State: SC Zip: 29461
Carrier: The State Accident Fund
Preparer's Phone #: (843) 553-9800

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

1. Compensation Rate: $ 629.67 2. AWW: $ 419.80 **Date of Injury:** 06/11/2004
3. Type of injury and body part(s): Back, neck, headaches, left arm, depression and bi-polar disorder.
4. Facts in controversy: Is Claimant permanently and totally disabled? How much is Claimant entitled to for PPD benefits? How much is Claimant entitled to for TTD benefits? How much is Claimant entitled to for reimbursement for his payment of medical bills? What medical bills is Carrier responsible to pay? Is Claimant entitled to additional medical treatment to lessen his disability? How much is Claimant entitled to for mileage reimbursement?
5. Legal issues involved: §§ 42-9-10; 42-9-30; 42-15-60; R.67-1601; 42-9-200; Ellison v. Frigidaire and Dodge v. Bruccoli.
6. Unusual aspects:
7. Witnesses (designate if expert):* See attached notice.
8. Exhibits: See attached notice.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See attached notice.
10. Name, address, and specialty, if any, of the treating physician: See attached notice.
11. Impairment rating(s); body part(s); physician and date of opinion: 5% to the back by Dr. Don Stovall on 1/13/05 and 10% to the back by Dr. Leonard Forrest on 11/22/06.
12. I am amending my Form 50/51 in the following manner: _Need one hour for hearing instead of 30 min.

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

Signature: [signature] Email: dmurrell@wiggerlawfirm.com

Date of hearing: July 1, 2008 at 11:30 a.m. Time needed for hearing: 1 hour

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

CERTIFICATE OF SERVICE

The Undersigned paralegal to the Attorney for the Claimant, 8086 Rivers Avenue, Suite A, North Charleston, South Carolina 29406, does hereby certify that she has served the following named individuals and\or companies with a copy of the pleading indicated below by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked, on the date indicated below:

PARTIES SERVED: Margaret M. Urbanic, Esquire
Clawson & Staubes, LLC
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-7595

PLEADINGS: Robert G. Russell v. Dept. of Health & Environmental Control
FORM 58 – PRE-HEARING BRIEF
NOTICE OF WITNESSES, WRITTEN
MEDICAL RECORDS AND OTHER
DOCUMENTS TO BE INTRODUCED
AS DIRECT EVIDENCE ON BEHALF
OF CLAIMANT

Amy B. Larsen
Paralegal for J. David Murrell, Esquire
WIGGER LAW FIRM, INC.
8086 Rivers Avenue, Suite A
North Charleston, SC 29406
(843) 553-9800

THIS 16th DAY OF JUNE, 2008
NORTH CHARLESTON, SOUTH CAROLINA

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

Robert G. Russell,
Claimant,
vs.
Dept. of Health & Environmental Control,
Employer/Defendant.

WCC FILE # 0325059

NOTICE OF WITNESSES, WRITTEN MEDICAL RECORDS AND OTHER DOCUMENTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MARGARET M. URBANIC, ESQ., ATTORNEY FOR DEFENDANT:

YOU ARE HEREBY NOTIFIED, that the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following medical records, employment records and other related documents, as direct evidence on behalf of the Claimant, to wit:

Name of Document	Date of Record	Page Numbers
1. Wreck Report	06/11/2004	1
2. Berkeley County EMS	06/11/2004	2
3. Roper Berkeley	06/11/2004	3-12
4. First Report of Injury	06/14/2004	13
5. Report of Employee Occurrence	06/16/2004	14
6. Dr. Jeffrey Santi	06/16/04 - 07/07/04	15-26
7. Dr. Alan Faulk	06/16/04 - 08/11/06	27-50
8. Sports Spine & Industrial	06/17/04 - 07/06/04	51-56

Name of Document	Date of Record	Page Numbers
9. Chas. Physicians Imaging Ctr.	07/28/2004	57
10. Dr. William Burke	07/18/04 - 05/07/07	58-102
11. Dr. James Jenkins	07/14/04 - 10/03/05	103-111
12. Dr. Don Stovall	08/11/04 - 01/13/05	112-138
13. HealthSouth Surgical Center	09/01/04 - 10/08/04	139-149
14. Sports Plus Physical Therapy	11/03/04 - 12/16/04	150-161
15. Dr. Leonard Forrest	11/22/2006	162-165
16. Fund Analysis	11/18/2004	166
17. DHEC Work Status	02/16/05 - 07/16/05	167-170
18. DHEC Personnel Leave	06/17/04 - 05/02/05	171-180
19. DHEC Employee Performance	08/14/03 - 08/14/04	181-184
20. Form 20	N/A	185
21. Unpaid Medical Expenses	06/11/04 - 08/11/06	186-217
22. Mileage Form	06/11/04 - 08/11/06	218-227

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

ROBERT G. RUSSELL, Claimant

J. David Murrell
Wigger Law Firm, Inc.
Attorney for the Claimant
8086 Rivers Avenue, Suite A
Charleston, SC 29406
(843) 553-9800

Charleston, South Carolina
16 day of June 2008

Mail FR-10 to: Office of Financial Responsibility
SC Department of Public Safety
PO Box 1498, Columbia, SC 29216

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 01/01)
NOTICE OF REQUIREMENT

Date	Time	County	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary	Collision Location (Rt. # / Name)	0-Main line 6-Connection 2-Alternate 7-Business 5-Spur	Miles:	Dir. N E S W	In / Near City or Town of:
2-11-2004	1315	08	3	MAIN ST AT HWY SC 6	0	.02		MONCKS CORNER

To Vehicle Owner/ Operator

Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

R- 601063

Field	Value
Driver/Pedestrian's Full Name	RUSSELL ROBERT GENE
Unit #	1
Sex	M
Race	W
Street/R.F.D.	513 HAGOOD AV
Birth Date	03171957
City, State, & Zip	HANAHAN SC
State	SC
Driver's License #	004853532
Insurance Company	SC BUDGET & CONTROL
Year	1998
Body	PKP
Vehicle Make	FORD
VIN #	1FTYR10C3WUC34322
State	SC
Year	2004
License Plate #	SG74686
Owner's D.L. #	
Home Telephone	( )
Owner's Full Name	SC, STATE OF
Bus. Telephone	( )
Street/R.F.D.	1022 SENATE ST
Contributed To Collision	Yes (No)
City, State, & Zip	COLUMBIA SC 29201

R- 601064

Field	Value
Driver/Pedestrian's Full Name	SMITH MONIQUE DESEREA
Unit #	2
Sex	F
Race	B
Street/R.F.D.	220 DISCIPLE AV
Birth Date	07051986
City, State, & Zip	MONCKS CORNER
State	SC
Driver's License #	011595822
Insurance Company	FARMERS [illegible]
Year	1995
Body	4DR
Vehicle Make	CHEV
VIN #	2G1WL12MXS9349991
State	SC
Year	2005
License Plate #	880EXG
Owner's D.L. #	004608421
Home Telephone	(843)688-4845
Owner's Full Name	SMALLS JOSEPH
Bus. Telephone	(843)688-4845
Street/R.F.D.	220 DISCIPLE
Contributed To Collision	(Yes) No
City, State, & Zip	MONCKS CORNER SC 29461

R- 601065

Field	Value
Driver/Pedestrian's Full Name	
Unit #	
Sex	
Race	
Street/R.F.D.	
Birth Date	
City, State, & Zip	
State	
Driver's License #	
Insurance Company	
Year	
Body	
Vehicle Make	
VIN #	
State	
Year	
License Plate #	
Owner's D.L. #	
Home Telephone	( )
Owner's Full Name	
Bus. Telephone	( )
Street/R.F.D.	
Contributed To Collision	Yes No
City, State, & Zip	

All Units Insurance Information
(to be completed by Investigating Officer)

Accident Insurance Information for Unit #	Company Name	Area Code/Phone Number	Agency Name	Policy Number
		( )		
1	SC BUDGET AND CONTROL	(803) 771-8820	SC, STATE OF	C11960004
2	ATLANTA CASUALTY COMPANY	(843) 761-8264	FARRELL STONE [illegible]	[illegible]62501

Insurance Information

Notice of Requirement Accepted → Signature [signature]

Y N Refused to Affix Signature?
Y N Vehicle Subject to Registration in SC?

To Be Completed By Insurance Agency, Broker, Or Other Company Representative

Reference to Unit #: ______, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the collision.

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein.

Insurance Company	Policy #:	Signature	Title

Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.)	Bus. Telephone
				( )

Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.

- [ ] Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Department covering the vehicle.
- [ ] Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI ____________
- [ ] Check here if liability insurance was not in effect to comply with South Carolina statutory requirements. Signature ______ Date ______

Form FR-10 Not Issued: Section 56-10-270, 56-10-520

No FR-10 Issued to Operator/ Owner of Unit #: ______

Summons Issued to:

For operating or allowing the operation of an uninsured vehicle

Summons Number:

Signature

Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank

0048

TRIP NO. 04-436

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10-29): Russell FIRST NAME (30-45): Robert MI (46)

STREET (47-71): 5913 Hagood Ave APT

CITY (72-87) STATE (88-89): SC ZIP CODE (90-94): 29406

SSN (95-103): 247 60 9160

SEX (104): [x] 1 Male / 2 [ ] Female / 3 [ ] Undetermined

RACE (105): 1 [x] White / 2 [ ] Black / 3 [ ] Am Indian / 4 [ ] Hispanic / 5 [ ] Asian / 6 [ ] Other

AGE (106-109): 047 — CHECK ONE: 1 [ ] YRS. / 2 [ ] MOS / 3 [ ] DAYS

DISPOSITION (110-111)

01 [ ] TREAT/NO TRANS.
02 [ ] DOA AT SCENE
03 [x] HOSPITAL ER
04 [ ] HOSP. DIR. ADMIT.
06 [ ] PATIENT'S HOME
07 [ ] NURSING HOME
08 [ ] DR.'S OFFICE
09 [ ] OUTPATIENT
10 [ ] PT. REFUSED TREAT.
13 [ ] EMS TRANSFER

TYPE OF INCIDENT

TRAUMA (112): 1 [x] MVA / 2 [ ] MC / 3 [ ] BIKES / 4 [ ] PED / 5 [ ] ASSAULT / 6 [ ] FALL / 7 [ ] FIRE / 8 [ ] INTERFAC / 9 [ ] OTHER

MEDICAL (113): 1 [ ] ENVIRON / 2 [ ] BEHAV / 3 [ ] OB/GYN / 4 [ ] RESP / 5 [ ] CARDIAC / 6 [ ] INTERFAC / 7 [ ] OTHER

TYPE / PATIENT STATUS

TO SCENE (114): 1 [x] EMERGENT / 2 [ ] NONEMERGENT — CODE

ON SCENE (115): 1 [ ] URGENT / 2 [x] NON URGENT

FROM SCENE (116): 1 [ ] URGENT / 2 [x] NON URGENT — CODE

INCIDENT LOCATION

ST OR HWY. NAME OR NO.: Hwy 6

CITY: Moncks Corner

County (117-118): 08 Zip Code (119-123): 29461

SAFETY EQP (124): 1 [x] Seatbelts / 2 [ ] Helmets / 3 [ ] Airbags / 4 [ ] Child Seat / 5 [ ] None / 6 [ ] Unkn

SITE OF INCIDENT (125): 1 [x] ROADWAY / 2 [ ] RESIDENCE / 3 [ ] INDUSTRIAL / 4 [ ] RECREATIONAL / 5 [ ] AGRICULTURAL / 6 [ ] OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)

003 [ ] Seizure / 004 [ ] Diabetic / 011 [ ] Abrasion/Contusions / 013 [ ] Laceration / 023 [ ] Fracture
024 [ ] Multitrauma/Shock / 030 [ ] Head Injury / 032 [ ] Spinal Injury / 084 [ ] Stroke / 051 [ ] G.I. Problems
074 [ ] Respiratory Distress / 080 [ ] Coronary Problems / 083 [ ] Cardiac Arrest
Other: 091 Other

PRIMARY IMPRESSION (138-140): 091

TREATMENT PROCEDURES (141-174)

01 [ ] Dressing Applied / 02 [ ] Limb Splinted / 03 [x] Spine Immobilized / 04 [x] Neck Immobilized / 05 [ ] OB Assistance / 06 [ ] Oral Airway Used
07 [ ] Oxygen Given / 08 [ ] Suction Used / 09 [ ] Antishock Trousers / 10 [ ] Airway Maintained / 11 [ ] Antishock Treatment / 12 [ ] Artificial Resp.
13 [ ] Cardiac Massage / 14 [ ] Bleeding Controlled / 15 [ ] Cold Application / 16 [ ] Patient Restrained / 17 [x] Other (Use Comments) / 18 [ ] Ventilator

HCFA CODES (175-180)

SITE OF TRAUMA (181-189)

1 [ ] Head / 2 [ ] Face / 3 [ ] Neck / 4 [ ] Chest / 5 [ ] Abdomen / 6 [ ] Hip/Pelvis / 7 [ ] Upper Extr. / 8 [ ] Lower Extr. / 9 [ ] Back

ADVANCED PROCEDURES (190-223)

1. [ ] EKG Monitored — Rhythm — Time
2. [ ] First Defib Attempted — Watt Sec. — Time — Post Defib Rhythm
3. [ ] Second Defib Attempted — Watt Sec. — Time — Post Defib Rhythm
4. [ ] Third Defib Attempted — Watt Sec. — Time — Post Defib Rhythm

INTUBATED 5. [ ] ET Size — Total # Attempts (224) — 15 [ ] RSI — 16 [ ] LMA — 17 [ ] Crico

6. [ ] EXTERNAL PACING
7. [ ] BLOOD DRAWN — DEXTROSE BGL
8. [ ] IV STARTED/GAUGE — SOLUTION — RATE — IV TIME — IV VOLUME
9. [ ] IV STARTED/GAUGE — SOLUTION — RATE — IV TIME — IV VOLUME
14 [ ] IV ATTEMPTED Total # (225)
10. [ ] PLEURAL DECOMPRESSION — Time
11. [ ] INTRAOSSEOUS INF.
12. [ ] AUTOMATIC DEFIB
13. [ ] PATIENT ASSISTED MEDS

Ordering Physician (Name) (Signature)

DRUGS USED (226-241)

DRUG	DOSE	TIME	DRUG	DOSE	TIME

REVISED TRAUMA SCORE

GCS: (242) EYES 4 — (243) VERBAL 5 — (244) MOTOR 6 — (245-246) GLASGOW 15

(247-249) SBP 150 — (250-252) RR 16 — RTS (254-255) 12

(253) ANATOMICAL INJ. 1 [ ] YES 2 [x] NO

VITAL SIGNS

BP	PULSE	RESPIRATIONS	PUPIL	LEVEL OF CONSC.	TIME
150/86	RATE 103 [x] REG. [ ] IRREG.	RATE 16 [x] REG. [ ] IRREG.	E	A	1400
140/96	104 [x] REG. [ ] IRREG.	14 [x] REG. [ ] IRREG.	E	A	1408
/	[ ] REG. [ ] IRREG.	[ ] REG. [ ] IRREG.			
/	[ ] REG. [ ] IRREG.	[ ] REG. [ ] IRREG.			
/	[ ] REG. [ ] IRREG.	[ ] REG. [ ] IRREG.			

PUPIL: E U N C D — LEVEL OF CONSC.: A V P U

EXPOSURE TO PT's BODY FLUIDS? (256) 1. [ ] YES 2. [x] NO

1st Responder (257) 1. [x] YES Name: Moncks Corner City FD 2. [ ] NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

Upon found pt sitting in driver's seat of vehicle involved in rear-end collision c very minor damage. Pt CoAx3, (+)PMS x4, (-)LOC, (-)SOB, (-)CP. Pt c/o neck, back, and (L) arm pain. Pt states he was restrained. (-) swelling or deformity to (L) arm. Pt placed in full c-spine (+) precautions and to unit for xport to LDC. ED contacted via encode and advised of pt. (-) questions or orders from ED. (-) Δ or complications during xport.

0049

Patient Care Form Left In (258): 1. [x] ED 2. [ ] ICU 3. [ ] OTHER [ ] See Page 2

TIME RECORD

RUN DATE (259-266): MONTH 06 DAY 11 YEAR 04

Call Received: (267-270)	1343
Call Dispatched: (271-274)	1343
Departed Base: (275-278)	1345
Arrive Scene: (279-282)	1346
Departed Scene: (283-286)	1400
Arrive Destination: (287-290)	1408

M3 C

CAUSE OF DELAY

DHEC PERMIT NO. (291-295): 03103

RECEIVING AGENCY (296-299): 4002

SENDING AGENCY (300-303)

PROVIDER TIME (OPTIONAL): 1014

ATTENDANT'S SIGNATURE & CERTIFICATION NO.

PRIMARY PATIENT ATTENDANT (304-308): 25458

2ND ATTENDANT/DRIVER (309-313): 83101

3RD ATTENDANT/DRIVER (314-318)

(RECEIVING NURSE OR PHYSICIAN)

DHEC 1050 REV. (01/2004) RECEIVER'S COPY REPORT NO. (1-9) 556183

ROPER ST FRANCIS HEALTHCARE

ok Cat 3.8

ADMISSION RECORD

MED. REC. #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME	SERVICE	STATION	ROOM NO.	PAT TYPE	F.C.	BL/ACCT #
000662559	06/11/04 1420	1515	BER	EBA	-	EBA	PP	04163-00596

LOCATION(S)	REL	PAT. CLA	PUB/VAL	LNG	SEX	RACE	MS	DATE OF BIRTH	AGE
EBA	PVT		/ N	E	M	W	S	03/17/57	47Y

PATIENT

PATIENT NAME AND ADDRESS
RUSSELL,ROBERT GENE
5913 HAGOOD AVE
N CHARLESTON, SC 29406

SOC-SEC-NO: 247-06-2960
PRI TELEPHONE NO.: (843)810-8463

EMPLOYERS

PATIENT EMPLOYER: DHEC
TELEPHONE NO.: (843)719-4649

GUARANTOR

GUARANTOR NAME AND ADDRESS
RUSSELL,ROBERT GENE
5913 HAGOOD AVE
N CHARLESTON, SC 29406

SOC-SEC-NO.: 247-06-2960
TELEPHONE NO.: (843)810-8463
RELATION: SELF

GUARANTOR EMPLOYER: DHEC
TELEPHONE NO.: (843)719-4649

INSURANCE

INSURANCE 1
BCBS STATE
PO BOX 100605
COLUMBIA, SC 29260-0605
002032800
ZCS247062960
RUSSELL,ROBERT;G

INSURANCE 2

MISC.

IN CASE OF EMERGENCY NOTIFY
RUSSELL,JOHN BROTHER
HM: (843)567-3847 WK:

SPOUSE
HM: WK:

ADM DX/PRESENTING COMPLAINT	ARRIVAL MODE	ADM TYPE/SOURCE
MVA	AMBULANC	1 / 1

ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR
GASKINS-MD,JOHN D	GASKINS-MD,JOHN D	GASKINS-MD,JOHN D	PCP,UNKNOWN

ALERTS	PREVIOUS ADM DATE	OPT OUT	DIR	FND	MKT	PHN MSG	PRIMARY	ALT.		BY
NO NONE	04/23/04		No	N						DSS

FOR EMERGENCY DEPARTMENT USE ONLY
ALLERGIES LMP# TEMP# RESP# PULSE# B/P# TIME SIGNATURE

PRINCIPAL DIAGNOSIS:

DRG

OTHER DIAGNOSIS(ES):

CODE(S)
8??.0
8??.1
8??.2
841.9
5?2.0
????5
??
??7

PRINCIPAL OPERATION/PROCEDURE:

OTHER OPERATION(S)/PROCEDURE(S):

0050

☐ OPERATIVE SUMMARY DICTATED ☐ DISCHARGE SUMMARY DICTATED PHYSICIAN SIGNATURE: DATE:

Roper Hospital, 316 Calhoun Street, Charleston, SC 29401 · Bon Secours St. Francis Hospital, 2095 Henry Tecklenburg Drive, Charleston, SC 29414 · Roper Rehabilitation Hospital, 316 Calhoun Street, Charleston, SC 29401 · Roper Berkeley Day Hospital, 730 Stony Landing Road, Moncks Corner, SC 29461

CHART COPY

MR# 00662559 EBA 06/11/04
RU..ELL,ROBERT GEN DOB: 03/17/57
PHYS: GASKINS-MD,JOHN D
ACCT#:04163-00596 FC: PP

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Care Alliance - Berkeley

EMERGENCY PHYSICIAN RECORD

MVA (5)

TIME SEEN: 1414 ROOM: 11 EMS Arrival

HISTORIAN: ✓patient spouse ✓paramedics

HX / EXAM LIMITED BY:

HPI chief complaint: (MVA) Injury to: neck, back, left forearm

occurred: ✓just PTA

position in vehicle: (driver) passenger (front) back

context: ✓car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

location of pain/injuries: head face mouth (neck) chest abdomen (back) (upper) (mid) (lower) radiating to (R / L) thigh / leg

-right- shldr hip arm thigh elbow knee f-arm leg wrist ankle hand foot

(left) shldr hip arm thigh elbow knee (f-arm) leg wrist ankle hand foot

severity of pain: (mild) moderate severe

associated symptoms: \lost consciousness / dazed; duration:; remembers: impact coming to hospital; \seizure

site of impact: "P" = primary "S" = secondary
P
minimal damage to car
force (low) mod. high direct glancing

restraints: none (lap / shoulder) doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication

ROS All systems neg except as marked
loss feeling / power arms/legs
headache
double vision / hearing loss
trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin laceration
recent fever / illness

SOCIAL HISTORY recent ETOH smoker drug abuse

PAST HISTORY negative
Depression, Bipolar

Meds- none / ✓see nurses note
Allergies- ✓NKDA / see nurses note

☑ Nurses note reviewed ☐ Tetanus immun. UTD ☑ Vital signs reviewed

PHYSICAL EXAM ✓Alert Lethargic Anxious
Distress- NAD ✓mild moderate severe
Other- c-collar (PTA / in ED) back-board IV splint

HEAD
✓no evidence of trauma
see diagram
Battle's sign / Raccoon Eyes

NECK
non-tender
painless ROM
trachea midline
✓see diagram
\vertebral point-tenderness
✓muscle spasm / decreased ROM
pain on movement of neck

EYES
✓PERRL
✓EOMI
unequal pupils R- mm L- mm
EOM entrapment / palsy
subconjunctival hemorrhage

ENT
✓nml external inspection
✓no dental injury
hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP & CVS
✓chest non-tender
✓breath sounds nml
✓heart sounds nml
see diagram (on reverse)
decreased breath sounds
wheezing / rales
splinting / paradoxical movements

ABDOMEN
✓non-tender
no organomegaly
see diagram (on reverse)
tenderness / guarding / rebound
mass / organomegaly

GENITAL / RECTAL
nml genital exam
nml vaginal exam
nml rectal exam
heme negative stool

NEURO / PSYCH
✓oriented x3
✓mood & affect
✓CN'S nml as tested
✓sensation & motor nml
confusion / disorientation
EOM palsy / anisocoria
facial asymmetry
unsteady / ataxic gait
sensory / motor deficit

Reflexes

Rev. 06/01

0051

SKIN
__intact
__warm, dry

__see diagram
__crepitus / diaphoresis

BACK
__no CVA tenderness
__no vertebral tenderness

__see diagram
__vertebral point-tenderness
__CVA tenderness
__muscle spasm / limited ROM

EXTREMITIES
__atraumatic
__pelvis stable
__hips non-tender
__no pedal edema
__nml ROM

__see diagram
__bony point-tenderness
__painful / unable to bear weight
__pulse deficit

Joint Exam:
__limited ROM / ligaments laxity / joint effusion

T=Tenderness
PtT=Point Tenderness
S=Swelling
E=Ecchymosis
Lac=Laceration
A=Abrasion B=Burn
(Ø=without m=mild mod=moderate sv=severe)
Tsv = Tenderness on palpation (severe)

L R L R

XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist

C-Spine D-Spine LS-Spine
__nml / NAD
__no fracture
__nml alignment
__soft tissues nml

__reversal / straightening of cerv. lordosis
__DJD / spondylosis / spurring

CXR
__nml / NAD
__no infiltrates
__nml heart size
__nml mediastinum

__rib fracture
__infiltrate / atelectasis

OTHER ☐ See separate report

Wound Description/Repair [illegible]

PROGRESS: [illegible handwriting]

[illegible handwriting]

Discussed with Dr. [illegible]

CLINICAL IMPRESSION: MVA

contusion				sprain / strain
head		wrist	R / L	neck dorsal lumbar
face		hand	R / L	sacral
chest		hip	R / L	Left forearm
abdomen		thigh	R / L	concussion
back		knee	R / L	with LOC w/o LOC
shoulder	R / L	leg	R / L	
arm	R / L	ankle	R / L	
elbow	R / L	foot	R / L	laceration
forearm	R / L			

DISPOSITION- ☐ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ improved ☐ stable

NP / PA

MD / DO

☐ See Dictated Addendum

MVA - 17

0052

MR#: 000662559 EBA 06/11/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: GASKINS-MD,JOHN D
ACCT#:04163-00596 FC: PP

Roper Hospital 316 Calhoun Street Charleston, SC 29401 Phone: 724-2010	Roper North 2750 Speissegger Drive N. Charleston, SC 29405 Phone: 745-2787
Roper Northwoods 7750 Northwoods Blvd. N. Charleston, SC 29406 Phone: 824-8733	Roper Berkeley 730 Stony Landing Road Moncks Corner, SC 29461 Phone: 1-800-846-7707

Emergency Services Discharge Instructions and Referral Information

Note: The examination and treatment you have received have been rendered on an emergency basis and are not a substitute for complete medical care. It is important that you report any persisting problems to your doctor since it is impossible to recognize and treat all events of a problem in one emergency visit. Follow instructions below as indicated to you:

☐ **Head Injury Precautions**
1. Apply ice to area for 20-30 minutes 4 times per day.
2. Contact the ER for any of the following : severe headache, vomiting, restlessness, convulsions, unsteadiness, paralysis, disorientation, slurred speech, stiff neck, blurred vision, unequal pupils (one large, one small) or difficulty in waking up.
3. Allow patient to sleep but awaken every______ hours the first day to check for above symptoms.
4. No pain medicines stronger than Tylenol.

☐ **Abdominal Pain**
1. Clear liquid diet for the next 24 hours. Advance as tolerated.,
   Clear liquids include: Gatorade, Gingerale, popsicles, jello, and broth etc.
2. Rest as much as possible.
3. Avoid caffeine, nicotine, alcohol and aspirin.
4. Medications as prescribed.
5. If your pain worsens or you develop fever > 101° contact your physician or ER.

☐ **Back and Neck Injuries**
1. Use heat to injured areas.
2. Rest as much as possible.
3. Avoid positions and movements that make pain worse.
4. Gentle but firm massage may increase circulation to the injured area and help relieve pain.
5. Take medication as directed.

☐ **Medicine**
The medication you have been given today may make you sleepy. Do not drive, work around machines or drink alcohol while taking medication.

☐ Take medication as directed.
☐ You have been given a Tetanus/Diphtheria toxoid.

☐ **Sprain/Fracture/Bruise**
1. Elevate injured extremity to lessen swelling.
2. Apply ice packs in the first 48 hours for 30 minutes at a time. (Place ice in a plastic bag and wrap in a cloth).
3. If you have an elastic bandage, rewrap if it becomes too loose or tight.
4. If ankle or foot is involved, used cane or crutches as needed. Limit weight bearing until pain decreases.
5. Warm compresses or soaks after the second day.
6. If injury does not improve, call your doctor or ER.

☐ **Lacerations**
1. Keep wound clean and dry as possible .
2. ☐ Leave dressing intact _______ days then
   ☐ Change dressing daily and clean with soap & water.
3. Contact the ER or your doctor if the wound becomes red, swollen, or shows signs of infection.
4. Return to the ER for a wound check in________ days .
5. Return for suture removal in _______ days.
6. Protect the healed wound from the sunlight for 1 year with a full sunblock (SPF-15 or higher) to lessen scar.

☐ **Cast/Splint Care**
1. Keep elevated with no weight or pressure on any part of splint or cast for 48 hours. Do not get cast/splint wet.
2. Do not insert anything between your cast/splint and skin.
3. Call your doctor if you feel pressure or tightness in cast/splint area or if exposed fingers/toes are cold, numb blue or painful.

☐ **X-rays**
Your X-rays have been read by an Emergency physician or your doctor. A specialist in X-ray will review your films within 24 hours and if his opinion differs, you will be notified with instructions for follow-up.

0053

Other Instructions: Ret [illegible] worse.
[illegible handwriting]
[signature]

Work/School Excuse:
Light duty__________days
Return to work/school on __________

The above instructions have been explained to me and I understand them.

[signature] Patient or representative — [signature] Nurse — 1515 Time

☐ HOME
☐ STABLE
☐ AMBULATORY
☐ WHEELCHAIR

Emergency Department
Physician's Order Sheet

MR#: 000662559 EBA 06/11/04 -
RUSSE ROBERT GEN DOB: 03/17/57
PHYS: GASKINS-MD,JOHN D
ACCT#:04163-00596 FC: PP

Date/Time	RN Signature	
		DIAGNOSIS :
		HEME PANEL BMP PT PTT ERCIP EKG BNP CBC CMP HEPATIC FUNCTION
		AMYLASE LIPASE ACCUCHECK
		URINE DIP URINE HCG U/A ABG
		INT IVF:
		PCXR PA/LAT CXR KUB FLAT/UPRIGHT ABD
		O2 SAT: Room Air ______ Single Continuous
		O2 via ______ @ ______ L/min.
		Cardiac Monitor B/P Monitor OLD RECORDS
		AMI: dx on admission Heme Panel BMP PT PTT ERCIP LDL-c(Lipid Panel) EKG PCXR ASA ____________ mg po ☐ ASA taken prior to admission ☐ Not prescribed: reasons active bleeding, Warfarin/Coumadin used Other reasons ____________ Beta Blocker ____________ ☐ BetaBlocker not perscribed: allergy, bradycardia, heart failure, BP<90 on arrival ☐ Other reasons
		Pneumonia: dx on admission: Yes No Pt has DNR: Yes No Blood Cultures Chest x-ray Pulse oximetry **Antibiotic within 4 hours of arrival** ☐ Rocephin 1gm IVPB + Zithromax 500 mg IVPB x 1 ☐ Tequin ________ mg IV x 1 ☐ Other ____________ ☐ HX of allergy, intolerance, sensitivity to Pcn, beta lactams, ceph
1438		✓ C Spine X Ray ✓ T Spine X R ✓ LS Spine X R Robaxin 750 po x 1 } 1445 Naprosyn 500 po x 1 } JB

[signature]

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MR#: 0006. 9 EBA 06/11/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: GASKINS-MD,JOHN D
ACCT#:04163-00596 FC: PP

01 Care Alliance - Berkeley
EMERGENCY NURSING RECORD
MVC

TRIAGE TIME 1414 emergent urgent non-urgent

NAME: R. Russell
D.O.B. ______ AGE: 47 (M) / F
HISTORIAN: (patient) paramedics family
ARRIVAL MODE: car (EMS) police M3
PMD: none V. Harvey/Saunders/Jenkins
Tetanus Immunizations: current / ^not current / date
Pneumoccocal Immunization: current / ^not current / date
Influenza Immunization: current / ^not current / date
LAST TETANUS:

TREATMENT PTA __see EMS report __c-collar __backboard

CHIEF COMPLAINT MVC Per EMS —
occurred __just PTA rear ended — low speed minor damage
__chemical exposure

INJURIES
(head) (neck) face (back) nose chest mouth abdomen coccyx

R		L	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	(f-arm)	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

PAIN LEVEL current: ___/10 max ___/10

CRASH
(driver) / passenger front back
(lap belt) (shoulder) / car seat
__air bag deployed
__walking at scene
__lost consciousness
__thrown from vehicle
__long extrication

SITE OF IMPACT
"P" = primary "S" = secondary
speed low mod. high
direct glancing

VITALS time:
BP 146/86 P 92 RR 24 temp 98.7 TM (O) R Ax
Height ____ Weight 235 # kg
O_2 Sat% ___ RA / O_2 ___ GCS ___ RTS ___

ALLERGIES (NKDA) PCN / ASA / sulfa / latex

MEDS	DOSE	FREQUENCY	LAST DOSE
Lamictal	Vioxx		Sonoma
Prozac	Ranitidine		
Risperdal	Zyrtec		

PAST HX __negative depression / Bipolar
__heart disease / HTN / diabetes: insulin
__past surgeries none appy, heart cath
__smoker / drugs / alcohol
__^TB exposure / symptoms
__^has been physically hurt or threatened by someone close

LNMP N/A G___ P___ Ab___ pregnant / postmenopausal

[signature] LPN / RN

TIME TO ROOM: 1414
INITIAL ASSESSMENT TIME 1414 ROOM: 11

GENERAL APPEARANCE
__no acute distress
__alert
(c-collar) (back board) in place Per EMS
__mild / moderate / severe distress
__anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT
__appears well nourished
✓ independent ADL
(obese) / malnourished
__^assisted / total care

RESPIRATORY
✓ no resp distress
__nml breath sounds
__mild / moderate / severe distress
__wheezing / crackles / stridor
__decreased breath sounds

CVS
✓ regular rate
✓ pulses strong
✓ skin warm & dry
__tachycardia / bradycardia / irrg. rhythm
__pulse deficit
__cool / diaphoretic
__pale / cyanotic

NEURO
✓ oriented x 3
__PERRL
__disoriented to person / place / time
__confused
__pupils unequal
__weakness / sensory loss

HEENT
✓ no evidence of trauma
✓ nml eye inspection
✓ nml ENT inspection
__scalp tenderness / laceration
__eye injury
__nasal / dental injury

NECK / BACK
✓ no evidence of trauma
~~non tender~~
laceration / abrasion / swelling
(tenderness)

ABDOMEN
✓ nml inspection
✓ non-tender
✓ bowel sounds present
__tenderness / guarding / rebound
__blood at urethral meatus

EXTREMITIES
✓ no evidence of trauma
✓ non-tender
✓ moves all extremities
__laceration / abrasion / swelling
__tenderness / swelling
__limited ROM
__deformity

ADDITIONAL FINDINGS

Nurse Signature [signature]
^ protocol available

ACTIONS

TIME		INIT
1430	(C-collar) back (board) removed by MD JD	
	ice pack / elevation warming measures	
	bandage applied wet to dry dressing	
	set up suture tray / eye tray	
	O_2 ____L via	
	pulse oximeter	
	cardiac monitor	
	Accu-Chek	
	TD / TT 0.5mL IM lot #:	
	exp. date manufacturer	
	✓ bed low position __side rails up (x1) x2	JD
	✓ call light in reach ✓ head of bed elevated	
	✓ ready for Dr eval. / notified doctor	
	restraints see documentation	

IV RECORD Pump used: Yes / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT

__IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1442	Robaxin	750mg	PO	—	JD
	Response:				
1442	Naprosyn	500mg	PO	—	JD
	Response:				
	Response:				
	Response:				

PROCEDURES

Time		INIT
	laceration repair by:	
	single / multiple layer face limb trunk	
	length after closure:	
	foreign body removed by:	
	splint applied arm leg short long	
	assessed post-procedure	
	color / sensation / movement	
	cleaned wound applied abx ointment	
	applied dressing / Band-Aid / elastic wrap	
	crutch training w/proper return demonstration	
1445	(to Xray) w monitor / nurse / O_2 / (tech) C spine LS spine T spine	JD

VITAL SIGNS

Time	BP	P	RR	T	O_2sat	Rhythm	INIT

MVC - 01

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	

ADDITIONAL NOTES

INTAKE / OUTPUT

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx.:
Total:	**Total:**

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

DISPOSITION

✓ discharged (home) police nursing home ME funeral home
✓ verbal / (written) instructions / (Rx) given to: (patient) [illegible]
__verbalized understanding
__^learning barriers addressed
__accompanied by / driver:
__pain level at discharge ____/10

__admitted / transferred to
__report to time
__transfer documentation completed
__notified family / police / ME
__left AMA / LWOT signed AMA sheet refused
__physician notified of:

CONDITION

__unchanged __improved ✓ stable __other

Depart Time 1515 Mode: (walk) crutches W/C stretcher ambulance

Discharge Nurse Signature [signature]

SIGNATURE	INITIAL
[signature] RN	JD

^ protocol available

0056

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct_Nbr : A0416300596
Pat_Type : EBA

Chk-in #	Order	Exam	
1049489	0001	30304	BXR SPINE THORACIC Ord Diag: ;MVA

THORACIC SPINE: 6/11/04

FINDINGS:

Two views presented. The thoracic vertebral bodies maintain normal height and alignment. Multilevel degenerative changes are present in a mild to moderate degree. The pedicles appear intact.

IMPRESSION:

Degenerative changes, no fracture or spondylolisthesis.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
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GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct_Nbr : A0416300596
Pat_Type : EBA

Chk-in #	Order	Exam	
1049488	0001	30288	BXR SPINE CERVICAL 4 VIEW MIN Ord Diag: ;MVA

CERVICAL SPINE: 6/11/04

FINDINGS:

Six films presented.

C1 through T1 display normal vertebral body height and alignment. The prevertebral soft tissues are normal. The predental space and odontoid are normal. Spondylosis is present at C3-4 with mild foraminal narrowing on the right. No fracture or spondylolisthesis.

IMPRESSION:

No fracture or spondylolisthesis. Relatively mild degenerative changes as described above.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
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GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct_Nbr : A0416300596
Pat_Type : EBA

Chk-in #	Order	Exam	
1049490	0001	30294	BXR SPINE LUMBAR 2 OR 3 VIEWS Ord Diag: ;MVA

LUMBAR SPINE THREE VIEWS: 6/11/04

FINDINGS:

The lumbar vertebral bodies maintain normal height and alignment. Mild disc space narrowing at L5-S1 with facet degeneration. No fracture or spondylolisthesis.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)
Department of Health & Environmental Control
Berkley County
109 West Main StreetMoncks CornerSC29461

CARRIER/ADMINISTRATION CLAIM NUMBER:
REPORT PURPOSE CODE:
JURISDICTION:
JURISDICTION CLAIM NUMBER:
INSURED REPORT NUMBER:
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT):
LOCATION #:
PHONE #:
SIC CODE:
EMPLOYER FEIN:

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE NO)
State Accident Fund of South Carolina
P.O. Box 102100
Columbia, SC 29221-5000
800-521-6576

POLICY PERIOD: TO
CHECK IF APPROPRIATE: [ ] SELF INSURANCE
CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO):
CARRIER FEIN:
POLICY/SELF INSURED NUMBER:
ADMINISTRATOR FEIN:
AGENT NAME & CODE NUMBER:

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
Russell, Robert G	3-17-1957	247062960	11-2-1990	sc

ADDRESS (INCL ZIP): 5913 Hagood Ave, Hanahan, SC 29406
SEX: [X] MALE [ ] FEMALE [ ] UNKNOWN
MARITAL STATUS: [X] UNMARRIED (SINGL/DIV) [ ] MARRIED [ ] SEPARATED [ ] UNKNOWN
OCCUPATION/JOB TITLE: Enviromental Health Manager II
EMPLOYMENT STATUS: Regular Employment
PHONE: (843) 744-3282
OF DEPENDENTS: 0
NCCI CLASS CODE:
RATE: 32,743 per yr PER: [ ] DAY [ ] WEEK [ ] MONTH [ ] OTHER
DAYS WORKED/WEEK: 5
FULL PAY FOR DAY OF INJURY? [X] YES [ ] NO
DID SALARY CONTINUE? [X] YES [ ] NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
09:00 [X] AM [ ] PM	06/11/2004	01:30 [ ] AM [X] PM	06-11-2004	06/11/2004	

CONTACT NAME/PHONE NUMBER: Gene Warner Supervisor 843-719-4649
TYPE OF INJURY/ILLNESS: Contusion
PART OF BODY AFFECTED: body
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? [ ] YES [X] NO
TYPE OF INJURY/ILLNESS CODE:
PART OF BODY AFFECTED CODE:
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: main street
ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: vehicle
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: driving
WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: driving
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL:
driving, preparing to turn, rear ended by oncoming car/ unsure if seat belted/ unsure if other driver ticketed
CAUSE OF INJURY CODE:
DATE RETURN(ED) TO WORK: ______
IF FATAL, GIVE DATE OF DEATH: ______
WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? [ ] YES [X] NO
WERE THEY USED? [ ] YES [X] NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS):
HOSPITAL (NAME & ADDRESS):
INITIAL TREATMENT: [ ] NO MEDICAL TREATMENT [ ] MINOR BY EMPLOYER [ ] MINOR CLINIC/HOSP [X] EMERGENCY CARE [ ] HOSPITALIZED >24 HRS [ ] FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
WITNESSES (NAME & PHONE #): none;

DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER
06-11-2004	06-14-2004	Susan Penley	803-898-3398

SEE BACK FOR IMPORTANT STATE INFORMATION SIGNATURE

WCC FORM 12-A REV DATE 3/96

0060

DHEC
PROMOTE PROTECT PROSPER

Report of Employee Occurrence
Office of Personnel Services

Name: Robert Gene Russell	SS#: 247-06-2960			Date of Birth: 03-17-57
Address: 5913 Hagood Ave. Hanahan, S.C. 29406	Marital Status: Single # Dependents: None	Male ☑ Female ☐	County: Berkeley sdfsd	Phone Number: (home) 843-225-1022 (work) 843-719-4649
Division: Environmental Health	Job Title: Environmental Health Manager			Date of Hire: 1990
District: Trident	How long in current job? 14 years Salary: 28,000	Supervisor's name & phone #: Ben Milligan 843-719-4649		
Date of Occurrence: 6-11-04	Time of Occurrence: ☐am ☑pm 2:00			Time workday began: 8:30 AM
Place of Occurrence: (include State & County) W. Main St. Moncks Corner, S.C. ☐ Employer's premises	Last work day: 6-16-04 Date returned to work: 6-14-04	Date employer notified: 6-11-04 Returned to full or modified duty? modified		Name of person notified: Gene Warner Were safeguards provided? ☑ yes ☐ no

Type of Injury/Body part affected: BACK, NECK and head pain –

How did injury occur? What object of substance directly harmed the employee? (Give specifications) making a right turn and someone hit me in the ~~back~~ rear

Witness (name & phone number): Name phone # unknown

Contaminated Needlestick? See instruction sheet if you checked, Yes

Yes ____ No ✓

Physician or Hospital (name, address, phone number): Roper Berkeley Day Hospital 730 Stoney Landing Rd. Moncks Corner, S.C 899-7700

☑ Check if only first aid was given

Has compendium been notified? ☑ yes ☐ no Date and time of notification: 6-11-04 2:30 p.m.

Who notified compendium? Gene Warner

Name of compendium nurse consulted: Linda Elmore

Once injury has been reported to CompEndium, the employee is responsible for updating their CompEndium nurse case manager of any changes in medical and/or work status.

Date: 6-18-04 Employee Signature: Robert G. Russell

Date: ____________ Supervisor Signature: ____________

DHEC 3419 (06/2002)

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax # (843)719-2272

CHIEF COMPLAINTS: F/U FROM ER/CAR ACCIDENT ON.

HISTORY OF PRESENT ILLNESS:

On 06/16/2004, Robert Russell, a 47 year old male, presented with:

-- Mr. Russell was in a car accident on June 11, 2004. He was the belted driver of a pickup truck that was struck from behind by another car. He was taken by ambulance to the ED where xrays were done, he brought the reports and they are normal. His main complaints right now include moderately severe back pain and spasms. He has tried muscle relaxers but claims that they over sedate him. He is on vioxx for FMS and that helps somewhat. Feels some shooting sensations to the legs but nothing consistent or constant. Still working and does not want to be off work or on sedating meds. Does have some headaches but denies striking his head in the accident or LOC

MEDICATIONS HISTORY:

Patient is also taking Vioxx 25mg

REVIEW OF SYSTEMS:

GENERAL - Denies fever, or chills
EYES - Denies blurred vision, or change in visual acuity
EARS - Denies ear pain, or difficulty hearing
NOSE - Denies nasal congestion, discharge, or bleeding
MOUTH - Denies sore throat, or difficulty swallowing
RESPIRATORY - Denies shortness of breath, cough, wheezing
MUSCULOSKELETAL - back pain, muscle aches and muscle pain
NEUROLOGICAL - headache(s), Denies localized numbness, weakness and or tingling

PAST HISTORY: Illnesses - bipolar depression, fibromyalgia; Surgeries - appendectomy, finger surgery, heart cath "normal" 2004;

ALLERGIES: NKA

EXAMINATION:

VITAL SIGNS - B/P - 110/74, Pulse - 80, Respiration - 16, Weight - 227.00 lbs

CONSTITUTIONAL - stocky, obese, looks like stated age and in no distress

SKIN - no significant bruising or swelling

HEAD - no trauma, normocephalic

EYE - PERRLA and EOMI with normal external exam

ENT - TM's intact, NP pale, boggy mucosa, OP pink, moist and without exudate

NECK - no nodes and thyroid normal size and texture

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - normal s1, normal s2, no s3, no murmurs and regular rhythm

NEUROLOGICAL - normal gait, normal balance, normal motor, cranial nerves 2-12 intact, no ataxia, sensation intact, DTR equal and symmetrical, alert, oriented and no focal signs

SPINE/RIBS -

CERVICAL SPINE : Inspection/Palpation - normal alignment and no bony tenderness; Range of Motion - full range of motion; Strength/Tone - normal strength and tone;

THORACIC SPINE : Inspection/Palpation - middle paraspinal tenderness bilaterally and no bony tenderness; Range of Motion - normal flexion/extension; Strength/Tone - normal strength and tone;

LUMBOSACRAL SPINE : Inspection/Palpation - normal alignment/posture, no bony tenderness and lower paraspinal tenderness bilaterally; Range of Motion - full range of motion; Strength/Tone - no atrophy, normal strength and tone; Diagnostic Tests - straight leg raise negative sitting/supine bilaterally;

reviewed xray reports of c, L, and t spine from ED - negative except for mild deg changes

ASSESSMENT:

1. Back Pain, New, 2. Spasm Of Muscle and New

plan: recommend try ultracet for pain along with vioxx, ADSE discussed, try PT for modalities, and f/u after PT started for reeval. Since he has good rom and requests no restrictions, none were given

PRESCRIPTIONS:
New and Refilled Medications:
ultracet 37.5 / 325 1-2 tabs po tid prn pain Refills 2

Other Current Medications:

REFERRAL: Refer to PHYSICAL THERAPY

FOLLOWUP: Return visit in 2 Weeks

Electronically signed by JSANTI 06/16/2004

****
Reprinted from Electronic Medical Record - Created on 06/17/04 16:11:40
Patient: RUSSELL, ROBERT MR No.: 10974 DOB: 03/17/1957
****

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct_Nbr : A0416300596
Pat_Type : EBA .

Chk-in #	Order	Exam	
1049488	0001	30288	BXR SPINE CERVICAL 4 VIEW MIN Ord Diag: ;MVA

WC

CERVICAL SPINE: 6/11/04

FINDINGS:

Six films presented.

C1 through T1 display normal vertebral body height and alignment. The prevertebral soft tissues are normal. The predental space and odontoid are normal. Spondylosis is present at C3-4 with mild foraminal narrowing on the right. No fracture or spondylolisthesis.

IMPRESSION:

No fracture or spondylolisthesis. Relatively mild degenerative changes as described above.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax # (843)719-2272

****
Reprinted from Electronic Medical Record - Created on 06/17/04 16:12:09
Patient: RUSSELL, ROBERT MR No.: 10974 DOB: 03/17/1957
****

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)899-7700
Phy. Fax #: (843)761-7881

GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct_Nbr : A0416300596
Pat_Type : ERA

Chk-in #	Order	Exam	
1049490	0001	30294	BXR SPINE LUMBAR 2 OR 3 VIEWS Ord Diag: ;MVA

WC

LUMBAR SPINE THREE VIEWS: 6/11/04

FINDINGS:

The lumbar vertebral bodies maintain normal height and alignment. Mild disc space narrowing at L5-S1 with facet degeneration. No fracture or spondylolisthesis.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

JM

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax #(843)719-2272

****
Reprinted from Electronic Medical Record - Created on 06/17/04 16:12:29
Patient: RUSSELL, ROBERT MR No.: 10974 DOB: 03/17/1957
****

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 06/11/04 1440
Ord. Phy.: GASKINS-MD,JOHN D

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
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GASKINS-MD,JOHN D
730 STONEY LANDING RD

MONCKS CORNE SC 29461

Acct_Nbr : A0416300596
Pat_Type : EBA

Chk-in #	Order	Exam	
1049489	0001	30304	BXR SPINE THORACIC Ord Diag: ;MVA

WC

THORACIC SPINE: 6/11/04

FINDINGS:

Two views presented. The thoracic vertebral bodies maintain normal height and alignment. Multilevel degenerative changes are present in a mild to moderate degree. The pedicles appear intact.

IMPRESSION:

Degenerative changes, no fracture or spondylolisthesis.

sdw

Read By: JOHN C RAND-MD
Released By: WESLEY D HENRY-MD

SDW
Approved: 06/13/04 0832

BERKELEY FAMILY PRACTICE
2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax #(843)719-2272

CHIEF COMPLAINTS: Followup of Back Pain.

HISTORY OF PRESENT ILLNESS:

On 06/30/2004, Robert Russell, a 47 year old male, presented with:

-- F/U back and neck aches and pains. See also prior notes. He states he is really not feeling much better. States he can't take ultracet, it makes him too sleepy. Also can't take muscle relaxers. Seeing PT with modest improvement. Still trying to work, although he did miss yesterday. No new symptoms to report

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:
1. ultracet 37.5 / 325, 1-2 tabs po tid prn pain

Patient is also taking Vioxx 25mg

REVIEW OF SYSTEMS:

GENERAL - Denies fever, or chills
NECK - neck pain and posterior stiffness
MUSCULOSKELETAL - back pain and muscle aches
NEUROLOGICAL - Denies localized numbness, weakness, or tingling and no radicular symptoms

ALLERGIES: NKA

EXAMINATION:

VITAL SIGNS - B/P - 114/60, Pulse - 76, Respiration - 16, Weight - 227.00 lbs

CONSTITUTIONAL - well nourished, well developed, looks like stated age, in no distress

HEAD - no trauma, normocephalic

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - normal s1, normal s2, no s3, no murmurs and regular rhythm

NEUROLOGICAL - normal gait, normal balance, normal motor, cranial nerves 2-12 intact, no ataxia, sensation intact, DTR equal and symmetrical, alert, oriented and no focal signs

SPINE/RIBS -

CERVICAL SPINE : Inspection/Palpation - right paraspinal tenderness C7 and no bony tenderness; Range of Motion - forward flexion 70 degrees, extension 20 degrees, right lateral rotation 50 degrees and left lateral rotation 50 degrees; Strength/Tone - normal strength and tone;

THORACIC SPINE : Inspection/Palpation - normal alignment, no bony tenderness and paraspinal tenderness T4 T5 T6; Range of Motion - normal flexion/extension;

LUMBOSACRAL SPINE : Inspection/Palpation - paraspinal tenderness L3 L4 L5, no bony tenderness and no SI joint tenderness; Range of Motion - forward flexion 80 degrees, extension 20 degrees, left lateral bending 30 degrees and right lateral bending 30 degrees; Strength/Tone - no atrophy, normal strength and tone; Diagnostic Tests - straight leg raise negative sitting/supine bilaterally;

LOWER EXTREMITIES -

HIPS: Inspection/Palpation - no deformities, no erythema and no tenderness; Range of Motion - full range of motion; Strength/Tone - normal 5/5;

ASSESSMENT:

1. Back Pain, Unchanged, 2. Spasm Of Muscle and Unchanged

plan: I don't have much else to offer him, as most meds seem to sedate him. Continue vioxx, continue PT. Recommended light duty at work for the next 5 days. If still not improving after that time recommend a second opinion

PRESCRIPTIONS:
New and Refilled Medications:

Other Current Medications:
Vioxx 25mg 1 PO daily

PATIENT EDUCATION/COUNSELING: ddx,dx/rx problems,sympt rx.

FOLLOWUP: Return visit in 1 Week

Electronically signed by JSANTI 06/30/2004

BERKELEY FAMILY PRACTICE
CHARLES W. BOUNDS, M.D.
DEA # AB 0664977
GORDON B. WILHOIT, M.D.
DEA # AW 1171901
JEFFREY R. SANTI, M.D.
DEA # BS 7155751
ERIC G. LLOYD, PA-C
LIC. # A-41FP
ANGELA STEELE, PA-C
LIC. # A-642
2061 U.S. HIGHWAY 52 SOUTH
MONCKS CORNER, SC 29461
(843) 761-8800
CHARLESTON PHONE 843-723-2051

NAME Robert Russell AGE

ADDRESS DATE 6/30/04

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

℞ out of work 6/29/04
seen here today
light duty until 7/5/04
NO lifting >25# No bending
or stooping, no prolonged standing
>30 min, NO
crawling or digging

Refill ______ times

☐ Label

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

1GFP0033015

0069

-22-

BERKELEY FAMILY PRACTICE

2061 HIGHWAY 52, MONCKS CORNER, SC 29461
Phone (843)761-8800 Fax #(843)719-2272

CHIEF COMPLAINTS: Followup of Back Pain.

HISTORY OF PRESENT ILLNESS:

On 07/07/2004, Robert Russell, a 47 year old male, presented with:

-- F/U chronic back pain since his accident about 4 weeks ago. Unfortunately he still is not improving. Still c/o widespread low back, thoracic, and posterior neck pain. States meds, rest, and PT are not helping. Additionally the patient has a history of significant depression and is on multiple medications for this, he is followed weekly by a psychologist. He tells me that his pain is so severe now that it is making him more depressed. He denies any other new symptoms

MEDICATIONS HISTORY:

Patient is also taking Vioxx 25mg, prozac, lamictal, wellbutrin

REVIEW OF SYSTEMS:

SKIN - no skin rash in area of discomfort
EYES - Denies blurred vision, or change in visual acuity
NECK - neck pain and posterior stiffness
MUSCULOSKELETAL - back pain unchanged
NEUROLOGICAL - Denies localized numbness, weakness, or tingling

PAST HISTORY: Illnesses - bipolar depression, fibromyalgia; Surgeries - appendectomy, finger surgery, heart cath "normal" 2004;

ALLERGIES: NKA

EXAMINATION:

VITAL SIGNS - B/P - 100/72, Pulse - 72, Respiration - 20, Weight - 225.00 lbs

CONSTITUTIONAL - stocky, obese, moves slowly, in pain and obviously not feeling well

NEUROLOGICAL - normal gait, normal balance, normal motor, cranial nerves 2-12 intact, no ataxia, sensation intact, DTR equal and symmetrical, alert, oriented and no focal signs

SPINE/RIBS -

CERVICAL SPINE : Inspection/Palpation - paraspinal tenderness C6 C7, trigger/tender points C6 C7, normal alignment and no bony tenderness; Range of Motion - forward flexion 70 degrees, extension 20 degrees, right lateral rotation 50 degrees and left lateral rotation 50 degrees; Strength/Tone - normal strength and tone; Diagnostic Tests - negative Spurlings compression test;

THORACIC SPINE : Inspection/Palpation - paraspinal tenderness T4 T5 T6 and no bony tenderness; Range of Motion - normal flexion/extension; Strength/Tone - normal strength and tone;

LUMBOSACRAL SPINE : Inspection/Palpation - paraspinal tenderness L3 L4 L5, no bony tenderness and no SI joint tenderness; Range of Motion - forward flexion 80 degrees, extension 20 degrees, left lateral bending 20 degrees, right lateral bending 20 degrees, left rotation 40 degrees and right rotation 40 degrees; Strength/Tone - no atrophy, normal strength and tone; Diagnostic Tests - straight leg raise negative sitting/supine bilaterally;

0070

reviewed xray reports from RB - notable for deg changes only

repeated xrays today - same degenerative changes noted, some evidence of muscle spasm, but no other new findings

ASSESSMENT:

1. Back Pain, Unchanged, 2. Spasm Of Muscle, Unchanged, 3. Cervicalgia and Unchanged

plan: He is not having the expected response to treatment for muscle spasm. I am wondering if his depression is playing some role in this with magnification of his somatic complaints. I have recommended to him that he follow up with his psychiatrist, Dr. Jenkins, to discuss this. I will also send a letter with the patient's permission outlining his problems. He needs a second opinion from orthopedics for his back symptoms. Since he actually feels PT is aggravating his symptoms, recommended hold this for now. Recommended continue restrictions at work until seen by orthopedics.

DIAGNOSTIC TESTS: CERVICAL SPINE 2VIEWS, T-SPINE 2 VIEWS LIMITED and L-SPINE 2 VIEW AP/ LAT

PRESCRIPTIONS:
New and Refilled Medications:

Other Current Medications:
Vioxx 25mg 1 PO daily

REFERRAL: Refer to ORTHOPEDICS-second opinion

FOLLOWUP: Return visit in 1 Week after ortho eval

Electronically signed by JSANTI 07/07/2004

BERKELEY FAMILY PRACTICE
CHARLES W. BOUNDS, M.D.
DEA # AB 8664977
GORDON B. WILHOIT, M.D.
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LIC. # A-642
2061 U.S. HIGHWAY 52 SOUTH
MONCKS CORNER, SC 29461
(843) 761-8800
CHARLESTON PHONE 843-723-2051

NAME Robert Russell AGE

ADDRESS DATE 7/7/04

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

℞ cont work restrictions until seen by orthopedics avoid lifting > 25 #, digging, crawling, climbing, standing > 30 minutes, stooping

Refill 0 times

☐ Label

[signature]

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

1GFP0033015

0072

- 25 -

BERKELEY FAMILY PRACTICE

PATIENT INFORMATION RECORD

Date Record Printed : 07/13/2004

Patient Name : ROBERT G RUSSELL
5913 HAGOOD AVE
HANAHAN, SC 29406
Account Number : 10974WC
Home Phone Number : 843/810-8463
Work Phone Number : 843/719-4649
Date of Birth : 03/17/1957
Social Security :
Emergency Contact : MICHEAL RAMSEY
Emergency Phone :
Patient Type : WC
REFERRAL :
ATTORNEY :
EMPLOYER :

C	INSURANCE CARRIER	INSURED	INSURED ID
P	STATE ACCIDENT FUND	ROBERT RUSSELL	247062960

MEDICATIONS:
1. Vioxx 25mg, 1 PO daily

PROBLEM LIST:
1. Back Pain
2. Spasm Of Muscle
3. Cervicalgia

PALMETTO SPINE CENTER
2070 Northbrook Blvd Ste A-14
North Charleston, SC 29406
843-764-1993

Dear Mr. Murrell,

Robert Russel first entered my office on 06-07-2004 at which time he stated that he was reffered from one of our other patients. We gave him the welcome sheet for him to take home and bring with him on his next appointment. We scheduled him to come in for his initial exam and x-rays. Mr. Russel missed his appointment. The welcome sheet was dated 6-7-2004 as his initial visit but Mr. Russel did not come in for the initial exam until 06-16-2004. When he came in for his exam, he stated that he had been in an automobile accident on 06-11-2004. His exam sheet shows 06-07-2004, but his initial exam and x-rays were done on the 16th of June 2004. If you have any questions about this matter, please feel free to contact my office at 843-764-1993.

Sincerely,

[signature] DC

Alan Faulk, DC

which is an incorrect date

0074

PALMETTO SPINE CENTER
2070 NORTHBROOK BLVD, STE A-14
NORTH CHARLESTON, SC 29406
(843) 764-1993

Date 04-13-2005

RE: Robert Russell
5913 Hagood Ave.
Hanahan, SC 29406

Patient's DOB: 03-17-1959

At your request and with the permission of my patient Robert Russell, I am submitting the following narrative report concerning the status of his health.

HISTORY:

The patient presented himself for examination and treatment at this office on 06-07-04 at which time he stated that he was suffering from neck and mid back pain

PHYSICAL EXAMINATION:

The usual orthopedic, chiropractic, and neurologic tests were performed on 06-07-2004. The patient appeared as a normal male of 47 years, 5'10" tall and approximately 235 pounds. His blood pressure at the time of examination was 135/95. He remained mentally alert and cooperative throughout the examination.

Postural evaluation revealed elevation of the pelvis on the right, head tilt to the right side, and elevation of the shoulder and scapula on the right. A decrease of the cervical curve was also observed.

The following orthopedic tests were positive: Foraminal compression, distraction, Soto-Hall, straight leg raise/Braggard's, and shoulder depressor. The patient ambulated well without assistance. Cervical ranges of motion were limited and painful to the following degrees: flexion 45, extension 30, left lateral flexion 35, right lateral flexion 35, right

rotation 40, and left rotation 40. These ranges of motion produce moderate pain and are quite reduced from normal. Diminished motion indicates injury to the paraspinal musculature. Pain at the extremes of motion indicate injury to the paraspinal ligaments. Deep tendon reflexes were equal and active bilaterally.

Mr. Russell's thoracic paraspinal muscles were hypertonic and tender to digital exam. Digital palpation locates areas of muscular injury. There was posterior joint swelling and pain with percussion over T3-4.

Eye, ear, nose, and throat examination was essentially normal. Heart sounds were within normal limits. Lungs, upon auscultation, were clear. Abdominal palpation revealed no palpable masses. Pinwheel tests on arms and legs revealed no aberration of superficial sensations.

RADIOGRAPHIC EXAMINATION:

Multiple radiographs of the thoracic and lumbar spine were exposed utilizing routine weight bearing spinal projections.

Cervical spine: No evidence of recent fracture or other gross osteopathology was noted. The prevertebral soft tissues are within normal limits. C1 through C7 display normal vertebral body height. The predental space and odontoid are normal. There is a loss of the cervical lordotic curve. Findings were consistent with those of soft tissue injuries.

Thoracic spine: No evidence of recent fracture or other gross osteopathology was noted. There is a normal thoracic spine kyphosis. Findings were consistent with those of soft tissue injuries.

Lumbar spine: No evidence of recent fracture or other gross osteopathology was noted. There is a decrease of the lumbar lordotic curve.

DIAGNOSIS:

It is my impression that based on the above mentioned history, examination and radiographic findings, the patient has received the following diagnosis:

1) Chronic cervicalsegmental dysfunction associated with pain.

2)Chronic thoracic segmental dysfunction associated with pain.

TREATMENT:

Treatment to date has been for the purpose of reducing symptoms, stabilizing and rehabilitating the affected areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to restore proper vertebral motion and to reduce irritation in the vicinity of the spinal nerves. Deep muscle therapy is used (ischemic compression of trigger points) within fatigued and strained muscles, thereby improving their functional capacity. Moist heat therapy, cryotherapy and electrotherapy have been implemented to reduce muscle spasm and pain and to improve circulation to the areas of injury. Intersegmental vertebral traction is utilized to accelerate the restoration of proper vertebral motion. Therapeutic exercises were prescribed and are designed to strengthen and to increase the endurance of the specific muscles that have become weakened or injured.

PROGNOSIS:

The normal degenerative changes in the spinal column associated with aging are prematurely accelerated. This has a tendency to result in localized chronic pain that occurs more prevalently with changes in the weather or at times of stress, fatigue, or exertion. Mr.Russell is predisposed to repeated episodes of nerve root irritation.

It is my opinion that as a result of keeping his appointments and following his treatment plan, he is making improvement, however; needs to continue with conservative modalities. It is also my opinion that the patient is experiencing some bouts of depression

If I can be of any further assistance, please contact this office at 843-764-1993.

Sincerely,

Alan Faulk, BA,MBA,DC

encl

Patient Name: Robert Russell #: 733

Superficial Reflexes	L		R		L		R		L		R	
576: Plantar	A	P	A	P	A	P	A	P	A	P	A	P
577: Upper abdomen	A	P	A	P	A	P	A	P	A	P	A	P
578: Lower abdomen	A	P	A	P	A	P	A	P	A	P	A	P
579: Interscapular	A	P	A	P	A	P	A	P	A	P	A	P

Pathological Reflexes	L		R		L		R		L		R	
580: Babinski's (infant may be Pres)	P	A	P	A	P	A	P	A	P	A	P	A
581: Oppenheim's	P	A	P	A	P	A	P	A	P	A	P	A
582: Hoffman's	P	A	P	A	P	A	P	A	P	A	P	A
583: Ankle clonus	P	A	P	A	P	A	P	A	P	A	P	A

Muscle Tests	L	R	L	R	L	R
584: C5 - Biceps						
585: C6 - Wrist Extension						
586: C7 - Triceps						
587: C8 - Finger Flexion						
588: T1 - Interossei						
589: L4 - Tibialis Anterior						
590: L5 - Ext. Hallucis Longus						
591: S1 - Peroneus Longus/Brevis						
592: Other:						
593: Other:						

0 - No movement
1 - Trace of movement without joint motion
2 - Movement with no gravity
3 - Movement against full gravity
4 - Movement against gravity & some resistance
5 - Normal

Accident Report

Complete this section if your condition is the result of any type of accident

Type of accident: ☑ Auto ☐ Work ☐ Other Rear-ended

Date and time of accident: 6/11/04 2 AM PM

Specific location of accident: Main St. Monks corner

How did the accident occur: Rt Turn / Rear End.

Do you have an attorney for this accident? ☐ Yes ☐ No

Name: ____ Phone: ____

Address: ____

Days lost from work as result of this accident: __/__/__ through __/__/__ ☐ None

Auto Accident Report

If your accident was auto related complete this section also.

Where were you seated in the car? driving

Where was your car hit? Rear

Speed your car was traveling? 5-10 The other car's speed? 45-50

Number of passengers in your car? 0 Were you wearing a seatbelt? ☑ Yes ☐ No

Did you hit the inside of the car? ☐ Yes ☑ No

If yes explain: ____

X-Day
Russell

CHIEF COMPLAINT

What bothers you the most:
1. Low back (middle) Radiation: ____ Onset: s/a ____ Duration: constant / intermittent
Relieves: ____ Aggravates: ____ Description: ____

Next most:
2. Sides Radiation: ____ Onset: s/a ____ Duration: constant / intermittent
Relieves: ____ Aggravates: ____ Description: ____

Next:
3. neck Radiation: ____ Onset: s/a ____ Duration: constant / intermittent
Relieves: ____ Aggravates: ____ Description: ____

Next:
4. ____ Radiation: ____ Onset: s/a ____ Duration: constant / intermittent
Relieves: ____ Aggravates: ____ Description: ____

CAUSE OF CONDITION: MVA Idiopathic ____
Previous Tx for this problem: Hospital / Dr. ____ EMS: Y N
X-Rays taken: Y N area: ____ Treatment given: ____

PAST HISTORY

Previous Injuries/Dates: (Y) N car wreck 12-11-04 several wrecks
Previous Back Pain: (Y) N wrecks
Previous Illnesses: Y N fibro myalgia
Surgeries / Dates: (Y) N finger 15 yrs ago
Fx's / Dates: Y N ____ Prev. DC: Y N Dr. ____

Medication: (none)	What For?	How Long?
1. Lamictal	bipolar	5yrs
2. [illegible]		
3. [illegible]		

Wellbutrin
[illegible] - pain Sonata - sleep
Zantac

INTERNAL DISORDERS

Headaches: OK (Daily) Weekly Monthly (AM) PM ____ Location: Occip. Temp. Orb. Frontal Parietal
Dizziness: (OK) Light-Headed Fainting Off-Balance Blurred Vision Fever
Energy Level: OK (Low) High
Breathing: (OK) Painful Fast Difficult Thirst: OK Excessive Poor
Wt. Changes: OK (Gained) Lost How Much in the last 6 months? 30 lbs. Appetite: OK Excessive Poor
Digestion: OK Bloating Pain Gas Loose Constipation (Heart-Burn) Nausea vomiting
Urination: (OK) Painful Difficult Frequent
Allergies: (OK) Sinus Foods ____ Hay Fever Seasons? ____
Female: ~~OK~~ PMS Irregular periods Infection Pregnant

LIFESTYLE

Missed work: ____ Employer: ____ Occupation: ____
Smoke: Y (N) ____ Packs / Day Brand: ____ Duties: ____
Alcohol: Y (N) ____ Drinks / Day Week Month Coffee: ____ Cups / Day Soda Pops: ____ Cans/Day
Vitamins: Y (N) ____ Exercise: Y (N)
Sleep Well? Y (N) ____ Diet: (Balanced) Poor Vegetarian Wt. Loss

Notes: ____

0079

FROM : CAROLINA CHIROPRACTIC FAX NO. : 843 5697060 Nov. 21 2005 06:19PM P6

Patient Name: Robert Russell #: ______

Superficial Reflexes	L		R		L		R		L		R	
576: Plantar	A	P	A	P	A	P	A	P	A	P	A	P
577: Upper abdomen	A	P	A	P	A	P	A	P	A	P	A	P
578: Lower abdomen	A	P	A	P	A	P	A	P	A	P	A	P
579: Interscapular	A	P	A	P	A	P	A	P	A	P	A	P

Pathological Reflexes	L		R		L		R		L		R	
580: Babinski's (infant may be Pres)	P	A	P	A	P	A	P	A	P	A	P	A
581: Oppenheim's	P	A	P	A	P	A	P	A	P	A	P	A
582: Hoffman's	P	A	P	A	P	A	P	A	P	A	P	A
583: Ankle clonus	P	A	P	A	P	A	P	A	P	A	P	A

Muscle Tests	L	R	L	R	L	R
584: C5 - Biceps	5	5				
585: C6 - Wrist Extension	5	5				
586: C7 - Triceps	5	5				
587: C8 - Finger Flexion	5	5				
588: T1 - Interossei	5	5				
589: L4 - Tibialis Anterior	5	5				
590: L5 - Ext. Hallucis Longus	5	5				
591: S1 - Peroneus Longus/Brevis	5	5				
592: Other: ______						
593: Other: ______						

0 - No movement
1 - Trace of movement without joint motion
2 - Movement with no gravity
3 - Movement against full gravity
4 - Movement against gravity & some resistance
5 - Normal

0080

Charleston Physicians Imaging
4000 Salt Pointe Parkway
N. Charleston, SC 29405
843 ▲ 745 ▲ 0100
843 ▲ 745 ▲ 0102 (fax)

Final Report

Name: Russell, Robert ID: 247-06-2960/B07 Sex: M
Admit: DoB: Mar 17,1957 MR#:
Discharge: Order#: Completed: Jul 28,2004 16:16
Referred By: Faulk, Dr. Alan Reason: 66-Lumbar/ LBP

Radiologist: Darocha, Dr. Irene Report Date: Jul 28,2004 20:17:00
Approved by: Darocha, Dr. Irene Approval date: Jul 28,2004 22:01:13

OBSERVATION
Clinical Information: Low back pain.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE:

SEQUENCES: The lumbar spine was imaged in the axial, sagittal and coronal planes utilizing various standard pulse sequences.

COMMENTS: There is normal stature and alignment of the five lumbar vertebral bodies. Marrow signal appears normal. Cortical margins are intact. The spinal canal is developmentally normal in width. There is no expansion of or focal lesion within the conus which ends at the L1 vertebral body level.

At L5-S1, there is loss of disc height and signal indicating degeneration. A shallow diffuse disc protrusion has a superimposed central nuclear herniation which extends slightly to the right of midline. There is mild bilateral neural foraminal stenosis at this level.

The remainder of the intervertebral discs are normal in height and in signal intensity. No other level of disc protrusion is evident.

IMPRESSION
At L5-S1, there is degenerative disc disease, mild facet arthritis and diffuse disc protrusion with superimposed central/right paracentral disc herniation.

Thank you for the opportunity to examine your patient.

Irene B. Darocha, M.D.

Providing MRI, C.T., X-RAY And Other Imaging Services

0081

Russell, Robert

SOAP NOTES

Date 6/16/04 — Exam
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 6/17/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 6/29/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/12/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/14/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/16/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A C-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/19/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/20/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/23/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

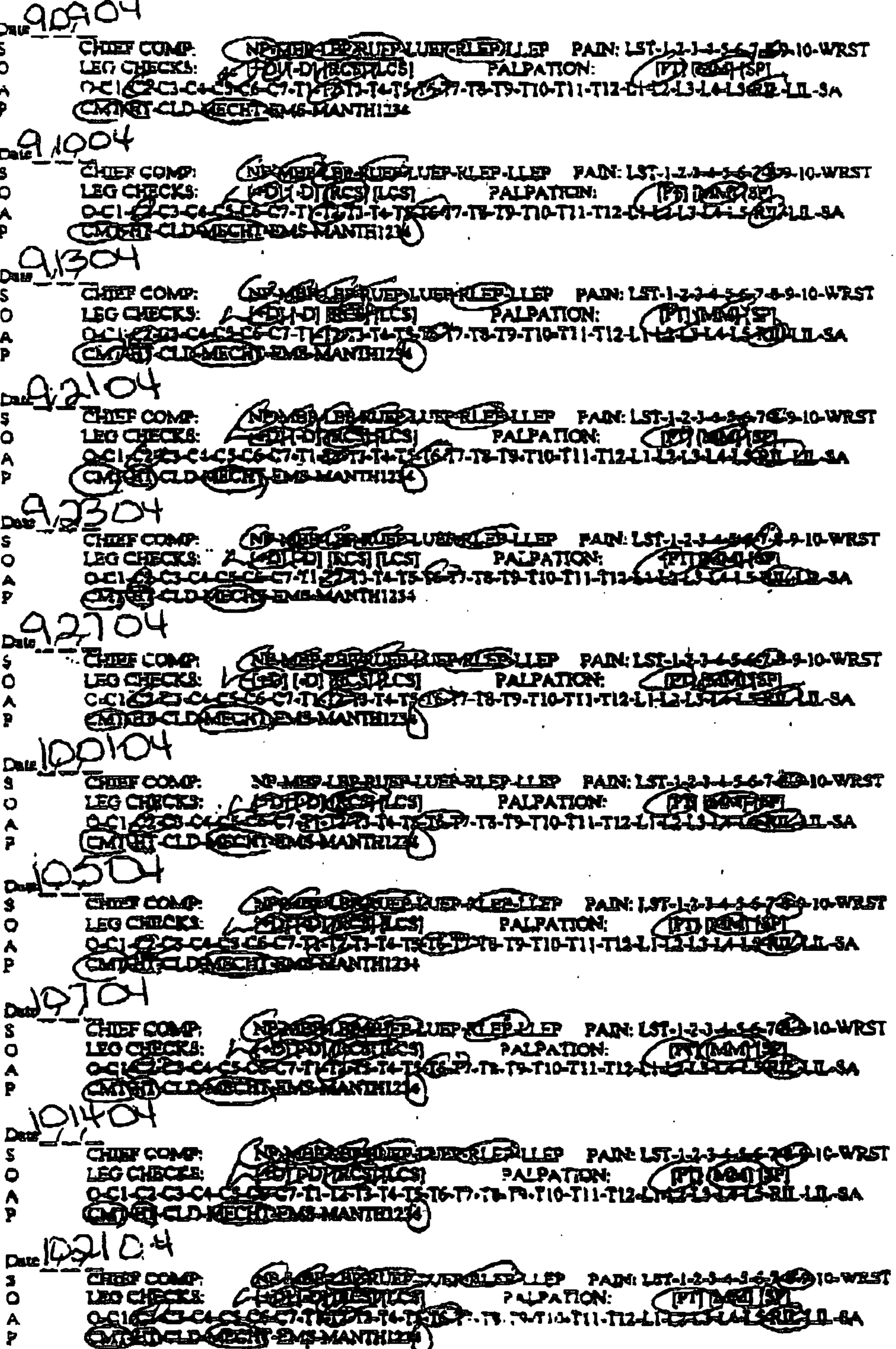
Date 7/26/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 7/27/04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

#730

Russell, Robert

SOAP NOTES



Date 90904
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 91004
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 91304
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 92104
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 92304
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 92704
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 100104
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 10504
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 10704
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 101404
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 102104
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

0083

Robert Russell 730

SOAP NOTES

Date 72904
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 730
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 80204
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 80504
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 8904
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 81104
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 81704
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 81904
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 82304
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 82604
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 83004
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [-DH-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

RX - LETTER OF MEDICAL NECESSITY AND PERTINENT DOCTOR NOTES

Patient Name: Robert Russell

Device Prescribed:
- ☒ TENS/Supplies
- ☐ Interferential/Supplies
- ☐ Micro Current/Supplies
- ☐ Muscle Stimulator/Supplies
- ☐ Galvanic/Supplies
- ☐ Other ______

Prescribed Usage: 3 x Daily; 4 x Per Week Date of Onset: 6/16/04

Diagnosis: lumbar segmental dysfunction

ICD9: 739.3

Subjective: low back pain

Objective Findings: positive deer field, RCS

Assessment: C5, T6, SAC

Plan: CMT, manual therapy, traction, E. Stim

Previous Treatment Rendered: CMT, manual therapy

Area(s) to be Treated: Cerv, Lumbar

I certify that the above prescribed electro medical device, supplies and accessories provided by Analgesic Healthcare are medically necessary as part of my treatment plan for this patient's condition as stated above. I have initiated a trial use of this device in my office and found it effective. This prescription is: 1) valid for one (1) year from the date indicated below unless otherwise noted. 2) According to 42 Code of Federal Regulations 410.38 intended for exclusive use by Analgesic Healthcare and considered invalid if used otherwise.

Physician's Signature ✗ [signature] DC ✗ Date 9/29/04

✗ AF (Initial) I have reviewed the warnings, precautions, contraindications and explained the use of the device described above.

(Please print below)

Physician's Name: Alan Faulk UPIN#: ______

Address: PALMETTO SPINE CENTER, 2070 NORTHBROOK BLVD, STE A14, NORTH CHARLESTON

Telephone: ( ) Fax#: ( )

0085

Russell — 730
Robert

SOAP NOTES

Date 102104
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 102804
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 4 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 8 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 11 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 15 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 18 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 19 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234 TP 1234

Date 11 22 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 11 29 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 12 02 04
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (+D)-(-D) [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Russell, Robert

SOAP NOTES

Date 120904
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 121604
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 123004
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 1605
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 11005
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 11105
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 11305
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 11705
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 12005
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 12405
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

Date 12705
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: (-D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI234

0087

Robert Russell 730

SOAP NOTES

DATE 3/10/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP -LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 3/11/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 3/15/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 3/17/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 3/23/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 3/25/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE 3/30/05
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

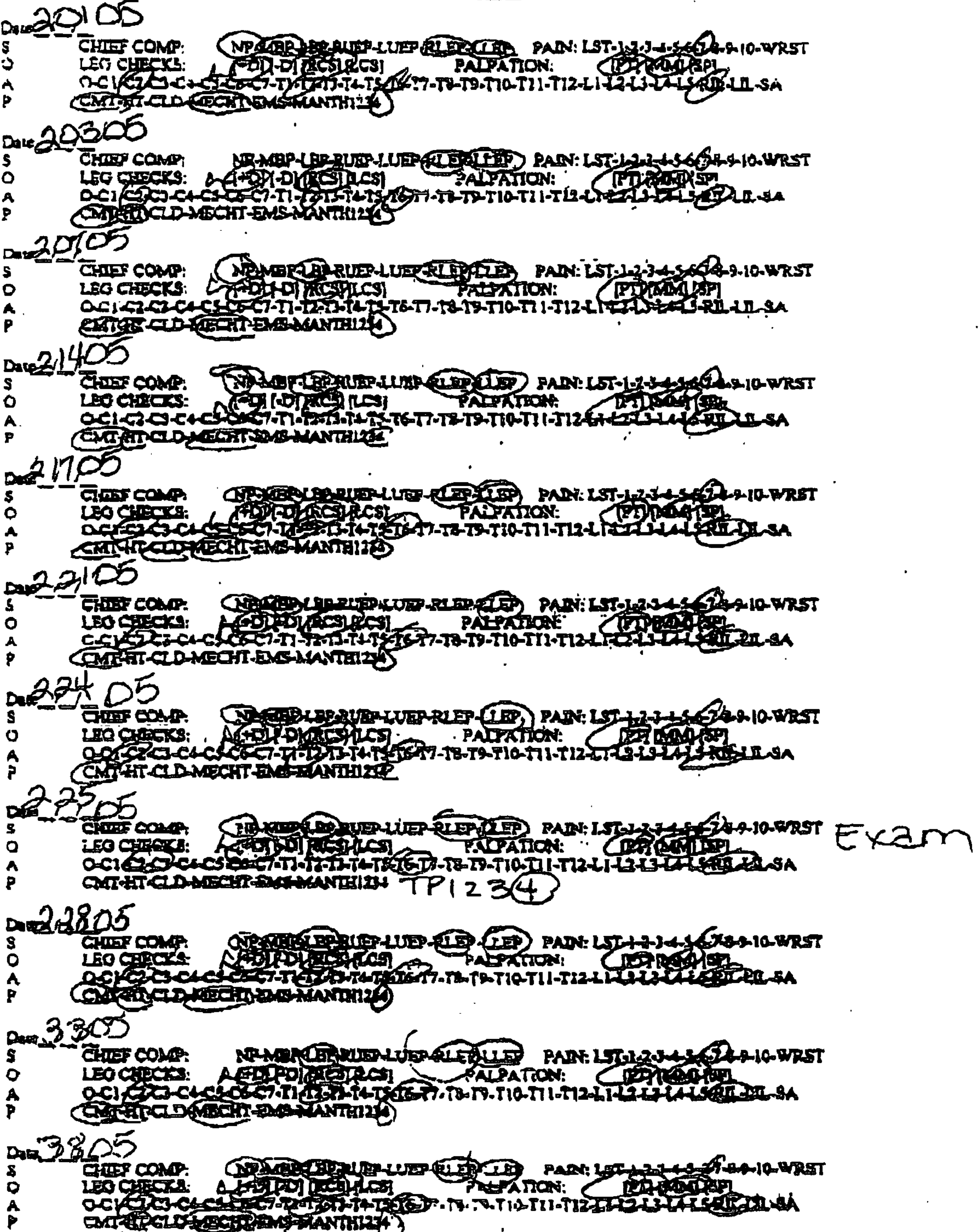
DATE __/__/__
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE __/__/__
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP -LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

DATE __/__/__
S CHIEF COMP: NP-MBP-LBP -RUEP-LUEP-RLEP -LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT - CLD - MECHT - EMS - MANTH 1 2 3 4 - TP 1 2 3 4

Robert Russell #730

SOAP NOTES



Date 20105
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 20305
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 20705
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 21405
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 21705
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 22105
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 22405
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 22505
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST Exam
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234 TP1234

Date 22805
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 3305
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

Date 3805
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: [+D] [-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTHI1234

McDowell, K.

SOAP NOTES

DATE 4/28/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/26/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/22/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/18/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/15/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

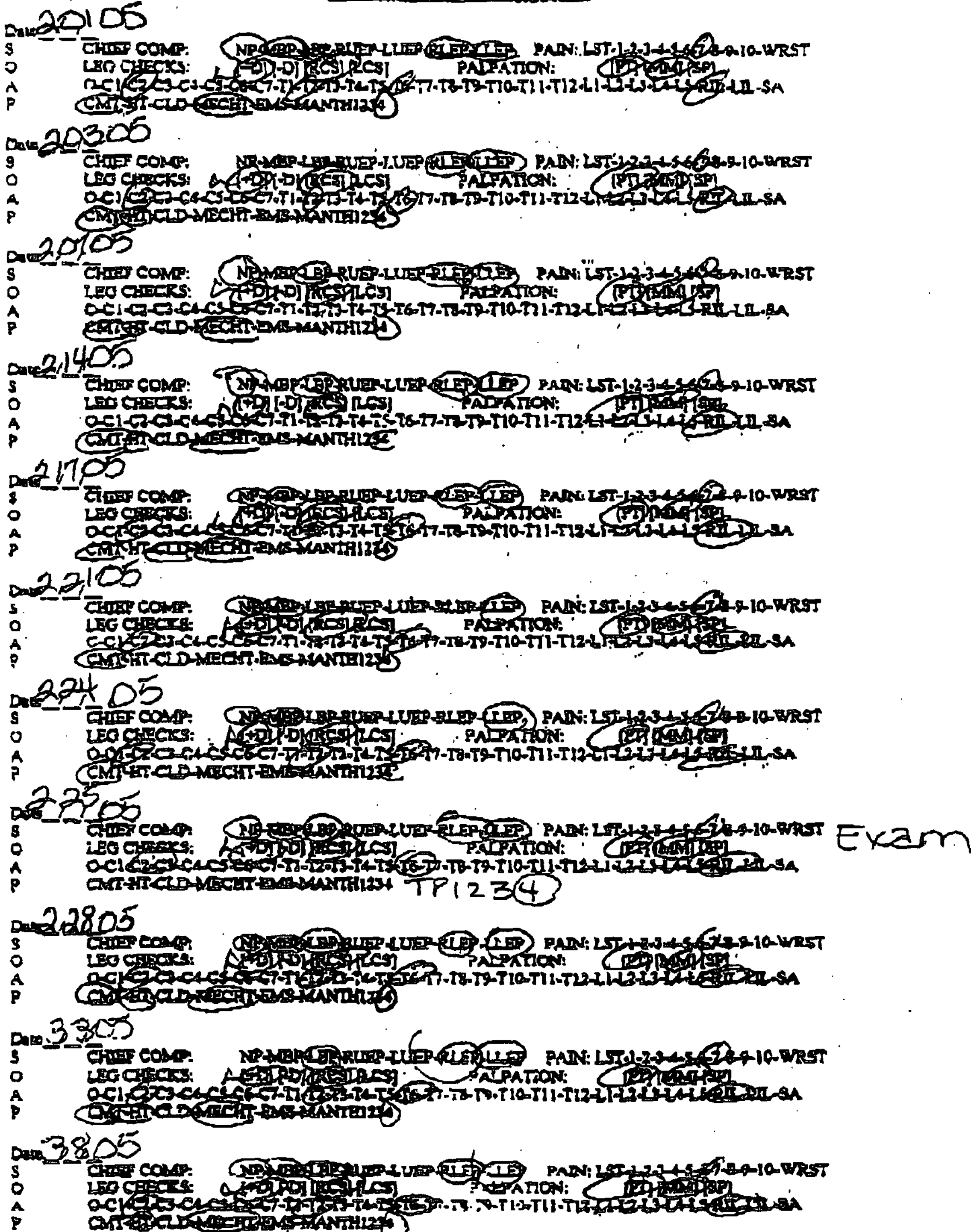
DATE 4/11/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/08/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/05/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 4/01/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 3/30/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4



Robert Russell #730

SOAP NOTES

Date 2/01/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/03/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/10/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/14/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/17/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/21/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/24/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 2/25/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST Exam
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234 TP 1 2 3 4

Date 2/28/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 3/3/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Date 3/8/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST-1-2-3-4-5-6-7-8-9-10-WRST
O LEG CHECKS: A-[+D]-[-D] [RCS] [LCS] PALPATION: [PT] [MM] [SP]
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH1234

Robert Russell
730

SOAP NOTES

DATE 60305
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 60805
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 60905
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 61305
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 61705
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 62005
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 70505
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 71405
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 71505
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 71805
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D)(-D) (RCS)(LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

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Russell Robert

SOAP NOTES

DATE 8 29 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 8 30 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 8 31 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 07 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 14 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 16 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 19 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 21 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 28 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

DATE 9 30 05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4-TP 1 2 3 4

Robert Russell #730

SOAP NOTES

DATE 7/22/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 7/25/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 7/29/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/01/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA Exam
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/10/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/12/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/16/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/18/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/22/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

DATE 8/25/05
S CHIEF COMP: NP-MBP-LBP-RUEP-LUEP-RLEP-LLEP PAIN: LST 1 2 3 4 5 6 7 8 9 10 WRST
O LEG CHECKS (+D) (-D) (RCS) (LCS) PALPATION: (PT) (MM) (SP)
A O-C1-C2-C3-C4-C5-C6-C7-T1-T2-T3-T4-T5-T6-T7-T8-T9-T10-T11-T12-L1-L2-L3-L4-L5-RIL-LIL-SA
P CMT-HT-CLD-MECHT-EMS-MANTH 1 2 3 4 - TP 1 2 3 4

VASCULAR STUDY / UPPER & LOWER		
Patient Name:	Russell, Robert	Date: 8/5/04
DOB:	3/17/57	Referring Physician: Dr. Faulk
SS#:	247-06-2960	Date of Service: 7/30/04

This 5'10", 235 lb., 47 YOM presents with complaints of headaches, concentration loss, depression, fatigue, memory loss, nervousness, sensitivity to light, dizziness, neck pain with restricted motion and shoulder pain. He has additional complaints of radiating back pain with stiffness, bilateral leg pain, numbness and tingling in his legs and feet and leg or foot cramps. The preliminary examination revealed: Weakness of his extremities and limb pain/tenderness. The patient states a history positive for herniated disc, obesity, vision problems and psychiatric care. He states his pain is daily and is a 10 on a scale of 1-10 (10 being the worst). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine and avoids alcohol. Medications: Prozac, Lamictal, Risperdal, Sonata, Wellbutrin, Zantac and Vioxx.

CAROTID STUDIES

Testing modalities used included the following: Bi-directional Doppler studies were performed utilizing both ARCHIE'S and the CAROTID ASYMMETRY INDEX. Both Archie's index and the Carotid Asymmetry Index read normal verifying each other, indicating that this study is within normal limits.

ARTERIAL STUDIES

Test Modalities used included the following: Ankle-Brachial Indices were measured and calculated; Post Exercise ABI values; Segmental and/or Digital Pressures; Segmental Pneumoplethysmography, using waveform morphology, was performed. RIGHT PT ABI: is normal. LEFT PT ABI: is normal. SEGMENTAL PRESSURES: All segmental pressures are within normal limits. SEGMENTAL PNEUMOPLETHYSMOGRAPHY: Abnormal Pneumo (PVR) waveforms were displayed below the left knee.

VENOUS STUDIES

Testing modalities used included the following: Quantitative pneumoplethysmography for Maximum Venous Outflow. MAXIMUM VENOUS OUTFLOW: the bilateral lower extremities appear normal.

IMPRESSION SUMMARY

Carotid studies are within normal limits at this time. Although the results of the arterial examination are within normal ranges, there is poor quality of the pneumoplethysmography waveforms below the left knee, which could be indicative of small vessel disease, although not suggestive of major arterial obstruction. The results of the venous exam are within normal limits.

RECOMMENDATIONS

Recommend dietary changes (high fiber, low fat/cholesterol), routine cardiovascular exercise and lipid profile evaluation. Consider repeating study in 1 year for progression of vascular disease. Based on the patient's history and subjective complaints, a lower extremities electrodiagnostic study should be considered. WCV/tsy

William C. VanNess, III. MD

0095

diversified medical

VASCULAR STUDY / UPPER AND LOWER EXTREMITIES

Patient Name:	Russell, Robert	Date: 10/18/05
DOB:	3/17/57	Referring Physician: Dr. Faulk
SS#:	247-06-2960	Date of Service: 10/17/05

This 5'10", 210 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10 (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

CAROTID STUDIES

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of bilateral Doppler studies.

ARTERIAL STUDIES

Test Modalities used included the following: Ankle-Brachial Indices were measured and calculated; Post Exercise ABI values; Segmental and/or Digital Pressures; Segmental Pneumoplethysmography, using waveform morphology, was performed. RIGHT FT ABI: is normal (0-10%) obstruction/peripheral arterial disease. LEFT FT ABI: is normal (0-10%) obstruction/peripheral arterial disease. SEGMENTAL PNEUMOPLETHYSMOGRAPHY/PRESSURES: Abnormal Pneumo (PVR) waveform/ pressures were displayed at the left ankle.

VENOUS STUDIES

Testing modalities used included the following: Quantitative pneumoplethysmography for Maximum Venous Outflow. MAXIMUM VENOUS OUTFLOW: The bilateral lower extremities appear normal.

IMPRESSION SUMMARY

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of the carotid studies. Although the results of the arterial examination are within normal ranges, there is poor quality of the pneumoplethysmography waveforms at the left ankle, which could be indicative of small vessel disease, although not suggestive of major arterial obstruction. The results of the venous exam are within normal limits.

RECOMMENDATIONS

Mild obstruction or small vessel disease: Recommend dietary changes (high fiber, low fat/cholesterol), routine cardiovascular exercise (upon approval of treating physician), and lipid profile evaluation Consider repeating study in 1 year to evaluate for progression of vascular disease. Technical difficulties were encountered with the carotid consider repeating study if indicated. Review previously performed upper testing. WCV/sbp

William C. VanNess, III, MD
Physiatrist/Electrodiagnostic Medicine
dictated but not read

diversified medical

ELECTRODIAGNOSTIC STUDIES/UPPER EXTREMITIES

Patient Name: Russell, Robert
DOB: 3/17/57
SS#: 247-06-2960

Date: 10/18/05
REFERRING PHYSICIAN: Dr. Faulk
Date of Service: 10/17/05

This 5'10", 210 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10 (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

Motor Nerve Conduction Studies

Motor nerve conduction studies of the median, ulnar and musculocutaneous nerves were performed on the upper extremities. F waves were performed on the bilateral ulnar and median nerves. No evidence of abnormalities was observed on the bilateral ulnar or musculocutaneous nerves. Prolongations of the distal motor latencies were observed on the bilateral median nerves with normal amplitudes. Bilateral F waves of the ulnar and median nerves were variable with latencies and amplitudes within normal limits.

Sensory Nerve Conduction Studies

Prolongations of the peak sensory latencies were observed on the bilateral median nerves with low amplitudes.

Somatosensory Evoked Potentials

Somatosensory evoked potentials were studied bilaterally with stimulation of the median nerves and recordings made over Erb's point, cervical spine and the contralateral somatosensory cortex. The latency values were prolonged on the right side.

Dermatomal Evoked Potentials

The C5, C6, C7 dermatomes were stimulated bilaterally with cortical responses obtained for each level. Duplicate runs were performed at each level. The cortical latencies of the right C7 dermatomal stimulations were prolonged.

Impression

Findings are suggestive of right cervical radiculopathy at the right C7 level. Findings are suggestive of mild-moderate bilateral Carpal Tunnel Syndrome.

Recommendations

Continue with conservative treatment. If no significant improvement in the patient's symptomatology and/or clinical presentation, a MRI of the cervical spine and/or needle EMG is recommended. Conservative treatment is recommended at this time. Recommend wearing neutral wrist splint at night and exercises of the wrist. A follow up limited nerve conduction study is recommended in 6 months to evaluate for progression of neuropathy. If symptoms do not correlate with CTS, then right hand symptoms may solely be due to right C7 radiculopathy. Clinical correlation is recommended. Review previously performed vascular testing. WCV/abp

William C. VanNess, III, MD
Physiatrist/Electrodiagnostic Medicine
dictated but not read

2004-2909

attn: Rose 11 pgs

W/C Claim:

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MONCKS CORNER
2061 Hwy 52 South • Moncks Corner, SC 29461
(Inside Berkeley Family Practice)
(843) 761-4622 • Fax (843) 761-4625

Name: Robert Russell Date: 6/7/04

Diagnosis: Back Pain

[X] Evaluate and Treat

THERAPEUTIC EXERCISE
- [ ] PROM /AROM /AAROM
- [ ] Progressive Resistive Exercise
- [ ] Home Program
- [ ] Stabilization Program
- [ ] Endurance Training
- [ ] Gait Training
- [ ] Plyometrics

TRACTION
- [ ] Cervical
- [ ] Manual

INDUSTRIAL REHABILITATION
- [ ] Functional Capacity Evaluation
- [ ] Work Conditioning
- [ ] Back School

AQUATIC THERAPY
- [ ] Pool Rehab

THERAPEUTIC MODALITIES
- [ ] Ultrasound / Phonophoresis
- [ ] Electrical Stimulation
- [ ] Iontophoresis
- [ ] Home TENS Unit
- [ ] Moist Heat / Ice
- [ ] Intermittent Compression

MANUAL THERAPY
- [ ] Soft Tissue Massage
- [ ] Manual Stretching
- [ ] Joint Mobilization
- [ ] Myofascial Release
- [ ] Trigger Point Massage

BRACING
- [ ] Custom Knee Brace
- [ ] Ankle Brace
- [ ] Prophylactic Taping
- [ ] Bracing Evaluation
- [ ] Night Splints

Special Instructions:

FREQUENCY:
1 (2 3) 4 5 Times / Week — 1 2 3 (4) 5 6 7 8 Weeks

Does this patient require the services of a social worker? [ ] Yes [X] No

I hereby certify these services as medically necessary for the patient's plan of care.

[signature] Gregory R Sanders MD

Physician's Signature

0098

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Lumbar / Lower Quarter Evaluation

Patient: Robert Russell DOB: 3-17-57 Date: JUN 21 2004

SSN / HICN: 247-06-2960 Physician: Dr. Santi

DX: Low Back Pain Onset Date: June 11, 2004 SX Date: N/A

TX DX: Psychological Intervention: (N/A) Under TX Referred Behavioral Health

SUBJECTIVE:

HX of present episode: (Gradual Onset / Injury / MVA)

Pt. was driving while he was getting ready to take a right turn, another car rear-ended him causing pain in his low back & cervical spine. Pt. has had min. pain relief since the accident.

Pain Description / Chief Complaints:

Constant hurt c̄ spasms

(Constant) Intermittent / Episodic

Pain Rating: 8/10

Strange Sensations: Pain / Numbness / Tingling / Burning / Aching

Location: Ø

Cough / Sneeze / Strain: + (-) Gait / Bladder Disturbance: + (-)

Functional Abilities / Limitations: (I) c̄ all ADL's & community amb.

Activities / Positions that increase pain: Dig holes c̄ auger, Prolonged walking esp on uneven terrain

Activities / Positions that decrease pain: Ø better – Pain meds

Diagnostic Tests: X-rays – unremarkable

Occupation / Activities / Sports: ~~OA~~ DHEC / Church / Housework / Yardwork

((Full Duty) / Light Duty / Out of Work) Last Work Day: 06-21-04

PMH: See Chart

Medications: See Chart

OBJECTIVE:

Posture / Appearance: Forward (Ant.) WS c̄ sitting causing ↓ lumbar lordosis c̄ poor sitting posture

Lumbar AROM:	Normal	Limited	Pain
Flexion			75%
Extension			75%
Right Side Bend			75%
Left Side Bend			75%
Right Rotation			90%
Left Rotation			90%
Repeated Flexion	-	-	-
Repeated Extension			

100%

100% 100%

Flexibility:	Right	Left
Thomas	–	–
Ober	–	–
Hamstring	Tight	Tight
Rectus	Tight	Tight
Hip IR	Tight	Tight
Hip ER	Tight	Tight
Gastroc	–	–
Soleus	–	–

Strength:		Right	Left
Hip Extension	($L_5 - S_2$)	5/5	5/5
Hip Flexion	($L_1 - L_4$)	|	|
Hip Abduction	($L_4 - S_1$)	|	|
Hip Adduction	($L_2 - L_4$)	|	|
Knee Extension	($L_2 - L_4$)	|	|
Knee Flexion	($L_5 - S_1$)	|	|
Dorsiflexion	($L_4 - S_1$)	|	|
Plantarflexion	($L_4 - S_1$)	|	|
Ankle Eversion	($L_5 - S_2$)	|	|
Ankle Inversion	($L_4 - S_2$)	|	|
Hallux Extension	(L_5)	|	|

Reflexes: 0 = Absent 1+ = Depressed 2+ = Intact 3+ = Hyperactive (Symmetrical)

Patellar Right: 2+ Left: 2+ Achilles Right: 2+ Left: 2+

Decreased Sensation: L2 – Ant Thigh L3 – Ant Knee L4 – Medial Calf L5 – Lat Calf S1 – Lat Foot ∅

Palpatory findings: Pain @ L1-L3 & L5-S1 (B) PSM

Special Tests:	Right	Left
Heel Walking	–	–
Toe Walking	–	–
SLR Sitting	–	–
SLR Supine	–	–
Slump Test	–	–
SI Compression	–	–
SI Distraction	–	–
FABER	–	–
Leg Length	–	–

ASSESSMENT: Pt is a 47 y.o. male who presents c low back pain 2° MVA ~10 days ago. Pt. has ↑ muscle guarding in his upper lumbar causing ↓ ROM + ↑ pain. ∅ radicular symptoms present @ this time.

Rehab Potential: Poor Fair (Good) Excellent

Treatment: See Daily Note

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

Short Term Goals: (2 Weeks)

1. (I) in HEP
2. AROM WFL in L/S ∅ pain
3. Muscle length in (B) LE WFL ∅ pain
4. 0/10 pain c all activities
5.

Long Term Goals: (4 Weeks)

1. Amb 8 hrs/day ∅ pain in his L/S
2. from lifting weights than 50#
3. Drive x 3-4 hrs/day for work ∅
4. pain in L/S from uneven terrain or
5. transfers from sitting to standing.

PLAN: Frequency: 2-3 x / Week Duration: 4 Weeks

✓ Therapeutic Exercises
✓ HEP
✓ Modalities → MHP, CP, US, e-stim, ...
✓ Manual Techniques
✓ Functional Activities
✓ Postural Education
✓ Patient Education

David Anderson, MPT — Therapist's Signature
4296 — License #
06-21-04 — Date
_____ to _____ Medicare Certification Dates

I agree with the above treatment plan:

Physician's Signature _____ Date _____

2004-2909

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DAILY NOTE

PATIENT: Robert Bussell

DATE: JUN 21 2004
VISIT # 1 OF 9

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

SERVICES PROVIDED:
3 Supervised ther ex per flow sheet 12 min
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ PNF - Shoulder Scapula
____ MRE
____ Functional Training
____ Manual Traction

____ Joint Mobs (see notes)
____ Soft Tissue Mobilization
____ Ice Pack / Compression ____ min
1 Moist / Hot Pack 15 min
1 E-stim Type Tens ; 15 min
1 US / Phonophoresis Continuous / Pulse 75 c hip 1.5 W/cm² X 8 min
____ Iontophoresis ____ mA/min

☐ Patient understands and verbally agrees to treatment:
Notes:

OBJECTIVE: (Data Progress / Changes) See Eval

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

COMMENTS: (* requires explanation) See Eval

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

Therapist Signature: David Anderson, MPT
License #: 4291

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DAILY NOTE

PATIENT: ____

DATE: JUN 24 2004
VISIT # 2 OF 9

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports: "I'm still hurting"

SERVICES PROVIDED:
1 Supervised ther ex per flow sheet 35 min
____ Manual PROM ____ min
3 Manual Stretching 10 min piriformis
____ PNF - Shoulder Scapula
____ MRE
____ Functional Training
____ Manual Traction

4 Joint Mobs (see notes) - (R) ant. innominate
____ Soft Tissue Mobilization
2 Ice Pack / Compression 15 min
2 Moist / Hot Pack ____ min
2 E-stim Type Tens ; 15 min
____ US / Phonophoresis Continuous / Pulse ____ ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min

☐ Patient understands and verbally agrees to treatment:
Notes:

OBJECTIVE: (Data Progress / Changes) ↓ pain c stretching

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

COMMENTS: (* requires explanation)

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

Therapist Signature: David Anderson, MPT
License #: 4296

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DAILY NOTE

PATIENT: Robert Russell

DATE: JUN 28 2004 VISIT # 3 OF 9	SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function ☑ Patient Reports: "My back still hurts but the pain is not as bad."

SERVICES PROVIDED:

1 Supervised ther ex per flow sheet 43 min
____ Manual PROM ____ min
2 Manual Stretching 10 min
Piriformis

____ PNF - Shoulder Scapula
____ MRE
____ Functional Training
____ Manual Traction

3 Joint Mobs (see notes) – R [illegible]
____ Soft Tissue Mobilization
4 Ice Pack / Compression 15 min
____ Moist / Hot Pack ____ min
4 E-stim Type Tens ; 15 min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Iontophoresis ____ mA/min ____

☐ Patient understands and verbally agrees to treatment

Notes:

OBJECTIVE: (Data Progress / Changes)
↑ diff c [illegible] stomach crunches

ASSESSMENT: (Response to daily treatment goal attained)

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

COMMENTS: (* requires explanation)

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

Therapist Signature: David Anderson, MPT **License #:** 4296

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DAILY NOTE

PATIENT: ____

DATE: JUN 30 2004 VISIT # 4 OF 9	SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function ☑ Patient Reports: "I hurt my R shld in the week but aggravated it this weekend [illegible] 4 Dr. Scott wants to see me for my R shld + neck because they are both [illegible]"

SERVICES PROVIDED:

1 Supervised ther ex per flow sheet 20 min
____ Manual PROM ____ min
____ Manual Stretching ____ min

____ PNF - Shoulder Scapula
____ MRE
____ Functional Training
____ Manual Traction

____ Joint Mobs (see notes)
____ Soft Tissue Mobilization
3 Ice Pack / Compression 15 min – C4 R shld, C5
____ Moist / Hot Pack ____ min
3 E-stim Type Tens ; 15 min – C4-C5
2 US / Phonophoresis Continuous / Pulse C4, C5, R shld
1.5 W/cm² X 7 min ea
3 Iontophoresis 40 mA/min R shld
Deks

☐ Patient understands and verbally agrees to treatment

Notes:

OBJECTIVE: (Data Progress / Changes)
[illegible] 2° ↑ inflammation / pain in C4, C5 + R shld

ASSESSMENT: (Response to daily treatment goal attained)

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

COMMENTS: (* requires explanation)
See Objective - Data Changes note

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

Therapist Signature: David Anderson, MPT **License #:** 4296

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2004-2909 JC

DOI 6-11-04

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DAILY NOTE

PATIENT: Robert Russell

DATE: JUL 01 2004
VISIT # 5 **OF** 9

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☑ Patient Reports "I'm in severe pain today. I'm having a lot of cervical pain that I think may be coming from the TENS yesterday."

SERVICES PROVIDED

____ Supervised ther ex per flow sheet ____ min
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ PNF - Shoulder Scapula
____ MRE
____ Functional Training
____ Manual Traction

____ Joint Mobs (see notes)
2 Soft Tissue Mobilization – C/s & C/b [illegible] 15 min
1 Ice Pack / Compression 15 min – C/s & C/s
[illegible] Moist / Hot Pack 15 min [illegible]
1 E-stim Type Tens ; 15 min
____ US / Phonophoresis Continuous / Pulse ____ W/cm² X ____ min
____ Inontophoresis ____ mA/min ____

☐ Patient understands and verbally agrees to treatment:
Notes:

OBJECTIVE: (Data Progress / Changes)
Pt. refused ex today; ⊕ muscle guarding in C/T or C/s

ASSESSMENT: (Response to daily treatment goal attained)

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

COMMENTS: (* requires explanation)
Pt. refused ex alleging he is too sore to try any & does not want to continue c P.T. if he has to continue until he sees his 1° care physician again. Physician has been notified of pt request.

TREATMENT PLAN / Intent for next visit: ☐ Upgrade activities as tolerated ☐ Upgrade per protocol ☐ New/revised home program
☐ Other await further orders from physician on continuation of care

Therapist Signature: David Anderson, MPT
License #: 4296

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Physical Therapy and Performance Training Center

DAILY NOTE

PATIENT: ____

DATE: JUL 0 6 2004
VISIT # 6 **OF** 9

SUBJECTIVE: Pain Level (0 – 10) ____ ☐ Increased Pain ☐ Decreased Pain ☐ No Change in Pain/Function
☐ Patient Reports: Some better but still really hurts in LB & up into mid back, shoulder. Also still sore

SERVICES PROVIDED:

1 Supervised ther ex per flow sheet 15 min
____ Manual PROM ____ min
____ Manual Stretching ____ min
____ PNF - Shoulder Scapula
____ MRE
____ Functional Training
____ Manual Traction

3 Joint Mobs (see notes) – Lumbar PA's
3 Soft Tissue Mobilization Full back
____ Ice Pack / Compression ____ min
4 Moist / Hot Pack 15 min
4 E-stim Type TENS , 15 min
2 (US) / Phonophoresis Continuous / Pulse T/L/s 1.6 W/cm² X 8 min
____ Inontophoresis ____ mA/min ____

☐ Patient understands and verbally agrees to treatment.
Notes:

OBJECTIVE: (Data Progress / Changes)

ASSESSMENT: (Response to daily treatment goal attained)

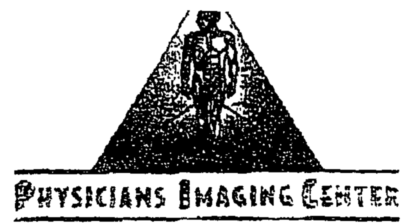
Tolerance:	☐ Good	☑ Fair	☐ Poor*
Compliance:	☐ Good	☑ Fair	☐ Poor*
Comprehension of program/exercises:	☑ Good	☐ Fair	☐ Poor*
Any goals met/revised this visit:	☐ Yes* (Which ones?)	☑ No	
Status since last visit:	☑ Progressing	☐ Regressing*	

COMMENTS: (* requires explanation)

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

Therapist Signature: [signature]
License #: SC1727

07/08/2004 09:12 8437614625 SSI PHYSICAL THERAPY PAGE 03



Charleston Physicians Imaging Center
4000 Salt Pointe Parkway
N. Charleston, SC 29405
843 ▲ 745 ▲ 0100
843 ▲ 745 ▲ 0102 (fax)

Final Report

Name: Russell, Robert ID: 247-06-2960/E07 Sex: M
Admit: DoB: Mar 17,1957 MR#:
Discharge: Order#: Completed: Jul 28,2004 16:16
Referred By: Faulk, Dr. Alan Reason: 66-Lumbar/ LBP

Radiologist: Darocha, Dr. Irene Report Date: Jul 28,2004 20:17:00
Approved by: Darocha, Dr. Irene Approval date: Jul 28,2004 22:01:13

OBSERVATION
Clinical Information: Low back pain.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE:

SEQUENCES: The lumbar spine was imaged in the axial, sagittal and coronal planes utilizing various standard pulse sequences.

COMMENTS: There is normal stature and alignment of the five lumbar vertebral bodies. Marrow signal appears normal. Cortical margins are intact. The spinal canal is developmentally normal in width. There is no expansion of or focal lesion within the conus which ends at the L1 vertebral body level.

At L5-S1, there is loss of disc height and signal indicating degeneration. A shallow diffuse disc protrusion has a superimposed central nuclear herniation which extends slightly to the right of midline. There is mild bilateral neural foraminal stenosis at this level.

The remainder of the intervertebral discs are normal in height and in signal intensity. No other level of disc protrusion is evident.

IMPRESSION
At L5-S1, there is degenerative disc disease, mild facet arthritis and diffuse disc protrusion with superimposed central/right paracentral disc herniation.

Thank you for the opportunity to examine your patient.

, M.D.

Irene B. Darocha, M.D.

Providing MRI, C.T., X-RAY And Other Imaging Services

0104

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 7-8-04	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

"I am in alot of pain — from my legs up to my upper back. Over [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 7-15-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Missed one day of work [illegible] [illegible]

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0105

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE [illegible]	VISIT#	CODE [illegible]	SESSION LENGTH [illegible]

NOTES (Progress/Observations/Goals addressed)

[illegible] so much pain [illegible]
Denied S/I ideation. Struggling [illegible]
[illegible]

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 6-18-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Pt. desperately in a great deal of pain c̄ his back. "It hurts on my buttle + down my left leg." Pt has been isolating himself from family + peers.

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0106

CLINICIAN
PROGRESS NOTES

NAME Robert [illegible]

DATE 8-25-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Pt. in chronic pain & back. Very unhappy feeling "worthless @ work." Provided support. Discussed S/H education

Plans/Goals

Current GAF: ____________

Clinician's Signature: [signature]	Date: 8-25-	Date of Next Session:

DATE 9-15-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Very depressed. "I keep getting worse & my back." Pt. talking @ going on disability & contracted for safety.

Plans/Goals

Current GAF: ____________

Clinician's Signature [signature]	Date:	Date of Next Session:

0107

Robert Russell ind tx
9-22-04

"I'm very depressed — I don't want to work, I'm too nervous, edgy & in pain all the time." [illegible] 5/H [illegible]

[illegible signature]

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 9-29-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

In a lot of back pain + [illegible] depression
Afraid of being fired. Cont [illegible] daily

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 10-6-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Pt. missed work last week due to
back pain. Missed 2 days total.
Encouraged him to not quit work.

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

0109

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 10-13-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

"I thought about killing myself because the pain won't go away." Contracted for safety.

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 10-20-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

[illegible]

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0110

CLINICIAN PROGRESS NOTES

NAME Robert Russell

DATE 11-10-04	VISIT#	CODE 90806	SESSION LENGTH 48

NOTES (Progress/Observations/Goals addressed)

Pt. reports that he is depressed. Has been taking meds like prescribed.

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 11-30-04	VISIT#	CODE [illegible]	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Denied SH ideation. Denied A/V hallucination.
Pt. stated he is lonely.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0111

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12-8-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Pt. continues to have severe back pain. Confronted him about not doing his prescribed exercises. Denied S/H ideations. Denied A/V hallucinations.

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 12-21-04	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Pt. continues to have pain — chronically hurting. "Work is overwhelming." Having difficulty sleeping due to back pain. Admitted to suicidal thoughts. Denied intent.

Plans/Goals:

Current GAF:

Clinician's Signature [signature]	Date: 12-21-04	Date of Next Session:

0112

Robert Russell 1-11-05

"I have missed the last 2 days of work - I am depressed." Attempted to encourage pt to return to work. Ruminating about being so [illegible] behind on her work. "I'm embarrassed to go back + face Jan + [illegible] - I would rather die." Counseled for safety.

[signature]

0113

CLINICIAN PROGRESS NOTES

NAME Robert [illegible]

DATE 1-20-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Feeling better now he has resigned to go on disability. Pt. convinced he may be turned down for disability "I can't work — too much pain — my depression". A great deal of psychomotor agitation. Denies S/H ideation

Plans/Goals

Current GAF:

Clinician's Signature: [illegible]	Date:	Date of Next Session:

DATE 1-26-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

"I have no intention of going back to work — I can't do it." Denied suicidal thoughts. "I just can't snap out of it." Pronounced irritability & [illegible]. Reported crying spells & panic attacks several X/day. Worked on ↓ anxiety.

Plans/Goals Think about why he likes [illegible]

Current GAF:

Clinician's Signature: [illegible]	Date:	Date of Next Session:

0114

CLINICIAN PROGRESS NOTES

NAME Robert Russell

DATE 2-4-05	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

"My uncle is letting me" Suicidal thoughts continued [illegible]. Pt. declines offer to go into hospital, "I will only owe more money." Flashbacks about his father shooting his mother. Thoughts about shooting himself.

Plans/Goals

Current GAF: 30

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 2/10/05	VISIT#	CODE	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pt. remains the same. Denies S/H ideation. Endorsed severe back pain + an inability to focus on tasks. Tearful + shaking. Ongoing A/D use. Provided empathy + support.

Plans/Goals

Current GAF: 40

Clinician's Signature [signature]	Date: 2/10/05	Date of Next Session:

0115

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 2-16-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Very depressed, suicidal thoughts continue [illegible]. May need to be hospitalized. Spoke to his mother to ensure safety plans will be employed. Pt at times appeared [illegible] & mumbling that he is a failure.

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 2-23-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Sleep is poor "I've used all my Ambien". Not sleeping @ night or day. Will see Dr. [illegible] today — called to [illegible] about his [illegible] suicidal thoughts. Ruminating about home. Homesick & afraid to leave home. Reports Pt. unable to stay focused. Severe back pain.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0116

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 3-2-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Pt's niece has moved in w/ he + his mom. Pt stress. Still not working. Sleep is poor. Denied S/H ideation. Denied S/H/I ideation. Chronic back pain. Continues to gain weight. Appears to be developing agoraphobia. Will see Dr. [illegible] later today. Pt very [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 3-9-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Pt. having difficulty getting his disability paperwork done. Very nervous today visibly shaking. Obsessing about the paperwork + what others will think about him. Feeling guilty that he cannot return to work. Denied S/H ideation. Provided empathy + support.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 3-2-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Pt. worried @ his mother's health. Stressed by not being @ there. Suicidal thoughts last night - didn't bring them today. Psycho motor agitation very great. Multiple panic attacks each day. Contracted for safety. Unable to work in any environment.

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 4-5-05	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Pt. very depressed. Worrying chronically about getting disability. Denied S/H ideals. "I feel guilty not working - my co-workers have to carry the load, but I know I can't work." Contracted for safety. Pt. reports that he can't sleep + ruminates about suicide. Provided [illegible] support.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0118

**CLINICIAN
PROGRESS NOTES**

NAME Robert Russell

DATE 4-19-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Worried about her niece's end stage cancer. Her mom is complaining all of the time. Makes her feel [illegible] [illegible] is responsible for [illegible] abuse daughter. Denied S/H ideation

---

Plans/Goals Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 4-26-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Niece died of cancer. Distraught over this. Suicidal thoughts — contracts for safety. "I feel guilty for being alive — she was such a better person." Reassured this.

Plans/Goals Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0119

CLINICIAN
PROGRESS NOTES

NAME

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 5-11-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Pt. extremely worried about other people being access to her records. Worried about money around [illegible] + hospital [illegible]. Provided [illegible]. Provided empathy + support. Denied S/H intent but admitted to suicidal thoughts. Contracted for safety.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0120

Robert Purnell 5-17-05
90806 45 min
Pt. distraught — suicidal. "I've been [illegible] — my mind won't stop racing." Reviewed [illegible] outpatient. Contracted for safety. Consulted © Dr. [illegible] [illegible] — did not have [illegible].
Emergency plan — in place.

[signature]

0121

CLINICIAN
PROGRESS NOTES

NAME [illegible]

DATE 5-23-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

"I've very [illegible] — I can't sleep — all I do is eat + try to stay [illegible]. [illegible] Back to [illegible] a great deal. Suicidal thoughts but does not have plan. Worked on pain management issues. Contracted for safety

Plans/Goals

Current GAF:____________________

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 6-7-05	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Pt. got [illegible] letter from a gay male, got [illegible] from dentist. Discussed [illegible] chronic pain + possible hypomanic episode. 2 hrs sleep/day. Pt. to see Dr. Julius later today. Denied S/H ideation.

Plans/Goals

Current GAF:____________________

Clinician's Signature: [signature]	Date:	Date of Next Session:

0122

CLINICIAN
PROGRESS NOTES

NAME Robert Russell 761-6577

DATE 7-1-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

"I can't sleep — I'm worrying a lot. Still has chronic pain, [illegible] OT to work out, exercise. Planning @ Gay mtgs — afraid to leave home due to panic attacks. Denies S/H ideations.

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 7-7-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

"I went on a date c̄ Bill, he's 38 — we ate at Simpson's Grill. I had a panic attack & I had to go home — I don't think he cared for me." Confronted continued self loathing. Attempted to ↓ anxiety. Denied S/H ideas.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0123

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 7-18-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Over the [illegible]: Chronic back pain + depression. Pt has [illegible] point of no longer being able to return to work [illegible] S/I ideation.

Plans/Goals

Current GAF:

Clinician's Signature: [illegible]	Date:	Date of Next Session:

DATE 7-25-05	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Monitoring status quo

Plans/Goals

Current GAF:

Clinician's Signature [illegible]	Date:	Date of Next Session:

0124

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-8-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Overy [illegible] well — no [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 8-17-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Pt. ill c̄ cold — has lost some weight.
[illegible] not getting [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

0125

CLINICIAN
PROGRESS NOTES

NAME Robert Rursel

DATE 8-29-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Upset about not being eligible for disability benefits.

Plans/Goals Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 9-8-05	VISIT#	CODE 90806	SESSION LENGTH 45

Notes (Progress/Observations/Goals addressed)

Pt. upset about being denied health [illegible] Confronted [illegible] [illegible] [illegible] S/I ideation

---

Plans/Goals Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0126

CLINICIAN
PROGRESS NOTES

NAME Robert [illegible]

DATE 9/15/04	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Worrying excessively re Disability Spending a lot of time on line

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0127

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 9-27-05	VISIT#	CODE 90804	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Pt. depressed — turned down for disability. Denied SSI [illegible] Richard [illegible] out of [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0128

Robert Russell 10/4/05

"I'm not doing well mentally — Developing DE#. Never ~~[illegible]~~ had [illegible] by an [illegible] [illegible]."

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 10-18-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Pt. has [illegible] & not getting [illegible] [illegible] [illegible] on time [illegible] [illegible] [illegible] [illegible] Agreed to contract for safety

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 10-27-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

"My mom was on my case about money."
Worried [illegible] [illegible] [illegible] [illegible]
- on the house and S/H ideas

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0130

CLINICIAN PROGRESS NOTES

NAME Robert Bruno

DATE 11-9-05	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

"I am discouraged about life"

No changes [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE ~~[illegible]~~	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0131

11/21/05

Robert Russell 45 m

[illegible]

David Murrell, ~~Attorney~~
Wiggsby, [illegible] + [illegible]

0132

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12-7-05	VISIT#	CODE 90806	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

"Mom is [illegible] me, I can't get anything done around the house." [illegible]

Plans/Goals [illegible]   Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 12-14-05	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Not sleeping well. The Hartford Insurance denied his disability claim. "I'm hyper + depressed @ the same time."

Plans/Goals   Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

0133

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12-28-05	VISIT#	CODE 90806	SESSION LENGTH 45 min.

NOTES (Progress/Observations/Goals addressed)

I a lot of back pain. [illegible] [illegible] [illegible] [illegible] + [illegible] [illegible]. Denied S/H ideation

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 1-5-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Pt. upset that a church friend saw him on a gay web site to meet others. Pt. appeared [illegible] + sleep deprived. Having to pay back a lot of money to SC [illegible] + Standard Insurance. Denied S/H ideation

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0134

CLINICIAN
PROGRESS NOTES

NAME [illegible]

DATE 1-17-06	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

[illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [illegible]	Date:	Date of Next Session:

DATE 2-2-06	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

not sleeping well. Has greatly reduced [illegible] on [illegible]. Encouraged him to have an exercise plan. [illegible]

Plans/Goals

Current GAF:

Clinician's Signature [illegible]	Date:	Date of Next Session:

0135

CLINICIAN
PROGRESS NOTES

NAME

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Starter Kits available by prescription

Plans/Goals

Need Notes
2/15
2/22
3/2
3/21

Clinician's Signatu	

DATE	

Notes (Progress/O

LAMICTAL®
(LAMOTRIGINE)
TABLETS

Medication errors have occurred involving LAMICTAL. To reduce the potential for medication errors, please write "LAMICTAL" clearly.

Please consult accompanying complete Prescribing Information for appropriate use of Starter Kits based on concurrent medications and indications.

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0136

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 5-10-06	VISIT#	CODE 90806	SESSION LENGTH 48 min

NOTES (Progress/Observations/Goals addressed)

Pt. States "I'm in pain a lot, my triglycerides are high." "I've been unable to get out of bed."

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 5-11-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

Wound & [illegible]

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0137

CLINICIAN
PROGRESS NOTES

NAME

DATE	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature:	Date:	Date of Next Session:

DATE 4-18-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

Notes (Progress/Observations/Goals addressed)

"I depressed, excited, anxious, + panic attacks." Endorsed suicidal thoughts — denied intent +/or plans.

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0138

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 5-31-06	VISIT#	CODE 90806	SESSION LENGTH 45

NOTES (Progress/Observations/Goals addressed)

Saw Dr. Juris last week & he put him on another medication. Tried [illegible] on the [illegible] Chronic pain. Not [illegible] Denied S/H ideations.

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 6-7-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Pt. doing well. Will meet in [illegible] as [illegible] he's met on [illegible]

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0139

CLINICIAN
PROGRESS NOTES

NAME Robert [illegible]

DATE 6-26-06	VISIT#	CODE 90802	SESSION LENGTH [illegible]

NOTES (Progress/Observations/Goals addressed)

Pt- doing well Mother is depressed

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0140

CLINICIAN PROGRESS NOTES

NAME Robert Russell

DATE 7-6-06	VISIT#	CODE 90806	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

Denied S/H ideation Lost 8 pounds

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 7-13-06	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Weight loss clinic.
Denied S/H ideation

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0141

CLINICIAN
PROGRESS NOTES

NAME R [illegible]

DATE 7-20-00	VISIT#	CODE	SESSION LENGTH [illegible]

NOTES (Progress/Observations/Goals addressed)

Pt. had unprotected [illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 7-26-00	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Better - denied S/H ideation

Plans/Goals

Current GAF:

Clinician's Signature	Date:	Date of Next Session:

0142

CLINICIAN PROGRESS NOTES

NAME [illegible handwritten signature]

DATE 8-3-06	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

Money toward [illegible]

Plans/Goals

Current GAF: ____________

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 8-10-06	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

"My computer went down — very frustrated

Confused acting [illegible]

[illegible] S/I [illegible]

[illegible]

Plans/Goals

Current GAF: ____________

Clinician's Signature [signature]	Date:	Date of Next Session:

0143

CLINICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8-16-07	VISIT#	CODE	SESSION LENGTH

NOTES (Progress/Observations/Goals addressed)

[illegible handwriting]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE 8-24-06	VISIT#	CODE [illegible]	SESSION LENGTH [illegible]

Notes (Progress/Observations/Goals addressed)

[illegible handwriting]

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0144

CLINICIAN
PROGRESS NOTES

NAME Robert Russell [illegible]

DATE 8-31-06	VISIT#	CODE [illegible]	SESSION LENGTH 45 min

NOTES (Progress/Observations/Goals addressed)

[illegible]

Plans/Goals

Current GAF:

Clinician's Signature: [signature]	Date: 90806	Date of Next Session:

DATE 9-7-06	VISIT#	CODE 90806	SESSION LENGTH 45 m

Notes (Progress/Observations/Goals addressed)

Stable – continues to need men on his

Plans/Goals

Current GAF:

Clinician's Signature [signature]	Date:	Date of Next Session:

0145

CLINICIAN PROGRESS NOTES

NAME Robert Russell

DATE 9-14-00	VISIT#	CODE	SESSION LENGTH 45 m

NOTES (Progress/Observations/Goals addressed)

Lost a total of 16 lbs. No further sexual activity. Appears to feel better. Oral S/P [illegible]

Plans/Goals

Current GAF:________________

Clinician's Signature: [signature]	Date:	Date of Next Session:

DATE	VISIT#	CODE	SESSION LENGTH

Notes (Progress/Observations/Goals addressed)

Plans/Goals

Current GAF:________________

Clinician's Signature	Date:	Date of Next Session:

0146

Robert Russell,

Claimant,

vs.

SCDHEC,

Employer.

Affidavit of

WILLIAM BURKE, Ph.D.

Based on my education, training, experience and treatment of Robert Russell, it is my opinion based on a reasonable degree of medical certainty that the combined effects of Mr. Russell's back injury he sustained in the car wreck on June 11, 2004, and his depression and bi-polar disorder, make him totally and permanently disabled.

WILLIAM BURKE, Ph.D.

On this 7th day of May, 2007.

0147

Robert Russell,

Claimant,

vs.

SCDHEC,

Employer.

Affidavit of

WILLIAM BURKE, Ph.D.

Based on my education, training, experience and treatment of Robert Russell, it is my opinion based on a reasonable degree of medical certainty that the back injury he sustained in the car wreck on June 11, 2004, made Mr. Russell's Depression worse.

✓ YES   ______ NO

[signature]
WILLIAM BURKE, Ph.D.

On this 7th day of May, 2007.

0148

Robert Russell,

Claimant,

vs.

SCDHEC,

Employer.

Affidavit of

WILLIAM BURKE, Ph.D.

Based on my education, training, experience and treatment of Robert Russell, it is my opinion based on a reasonable degree of medical certainty that the back injury he sustained in the car wreck on June 11, 2004, made Mr. Russell's bi-polar disorder worse.

✓ YES　　　　______ NO

[signature]
WILLIAM BURKE, Ph.D.

On this 7th day of May, 2007.

0149

PHYSICIAN
PROGRESS NOTES

NAME Ruppe Robert

DATE 5/1	VISIT # 10	CODE	SESSION LENGTH

Medications Prescribed This Visit

Current other Meds/Substances

Risperdal .25 2 1/2 HS & 1/2 BID

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

PLAN/GOALS

Current GAF:__________

Physician's Signature:	Date:	Date of Next Session:

DATE 7/	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Lamictal 100 2 BID
Risperdal .25 2 1/2 HS & 1/2 BID
Wellbutrin SR 150 BID

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

auto accident & pain

PLAN/GOALS

Current GAF:__________

Physician's Signature:	Date:	Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8/10/04	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit — D/C Neurontin; Wellbutrin XR 300 [illegible]; Lamictal 100 [illegible]

Current other Meds/Substances — Vioxx 25 [illegible]

Notes (Progress/Observations/Goals addressed) — Responded [illegible] tried Sonata 10 PRN [illegible]

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

PLAN/GOALS

Current GAF:________

Physician's Signature:	Date:	Date of Next Session:

DATE	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

↑ depression [illegible]

PLAN/GOALS

Current GAF:________

0151

Physician's Signature:	Date:	Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 12/20/04	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Current other Meds/Substances

Propranolol 20 | 2 q day

Risperdal .25 | 2 HS

[illegible] 100 | 2 HS

Wellbutrin XL 300 q day

Klonopin .25 PRN

Notes (Progress/Observations/Goals addressed)

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

Bad back pain

~~[illegible]~~ Lortab Naprosyn Tylenol

considering disability

PLAN/GOALS. some mental therapy Current GAF:

[illegible]

Physician's Signature: [signature] Date: Date of Next Session:

DATE [signature]	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

D/C Klonopin

↑ Wellbutrin XL 450

~~[illegible]~~ Lunesta 2 mg HS

Notes (Progress/Observations/Goals addressed)

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

↑ sleep

↑ depression

PLAN/GOALS Current GAF:

Physician's Signature: [signature] Date: Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 1/14/03	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

↓ Wellbutrin 150 [illegible]

Current other Meds/Substances

[illegible] 10 pm

Notes (Progress/Observations/Goals addressed)

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

↓ sleep
Unable to function
Rec. long term disability

PLAN/GOALS

Current GAF: [illegible]

Physician's Signature: [signature]	Date:	Date of Next Session:

DATE 1/31/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

[illegible] 200 BID
↑ Risperdal 1 mg HS

Other Current Meds/Substances

[illegible] 100
[illegible] HS

Notes (Progress/Observations/Goals addressed)

↓ Wellbutrin XL 150

__Sleep
__Energy
__Appetite
__Mem/Conc.
__Obsessing
__Anxiety

[illegible]
↑ Risp 1 mg HS [illegible] BID

PLAN/GOALS

↓ sleep

Current GAF: ________

Physician's Signature: [signature]	Date:	Date of Next Session:

0153

Clinician
Progress Notes

Name Robert Russell

Date 4/15/05	Visit #	Code	Session length

NOTES (Progress/Observations/Goals addressed)

Carbatrol 200 2 q pm

RTC 2

PLAN/GOALS Current GAF: ______

Clinician's Sig. ______ Date ______ Date next session: ______

Date 3/22/05	Visit #	Code	Session length

Notes (Progress/Observations/Goals Addressed)

D/C carbatrol - feels worse
+ Lamictal 200 2 q day
Wellbutrin XL 150 3 q day
Prozac 20 2 q day

PLAN/GOALS Current GAF

[illegible]

0154

Clinician's Sig. ______ Date ______ Date next session: ______

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 4/5/04	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

[illegible]

Current other Meds/Substances

[illegible]

Notes (Progress/Observations/Goals addressed)

[illegible]

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

PLAN/GOALS [illegible]

Current GAF________

Physician's Signature: [signature]	Date:	Date of Next Session:

DATE 4/28/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

[illegible]

Other Current Meds/Substances

[illegible]

Notes (Progress/Observations/Goals addressed)

[illegible]

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

PLAN/GOALS

Current GAF:________

Physician's Signature: [signature]	Date:	Date of Next Session.

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 8/12/03	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit — Reported by 175 | 0 ½ BID

Current other Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
__ Anxiety

↑ anxiety

PLAN/GOALS

Current GAF.________

Physician's Signature:	Date:	Date of Next Session:

DATE 6/8/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit — unmke

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

↑ stress about SSI interview
(+) paranoia

PLAN/GOALS

Current GAF:________

0156

Physician's Signature:	Date:	Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 6/22/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Prozac 20 3 q day
Provigil 200 ½-1

Current other Meds/Substances

Ambien 10

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

no energy
Depressed
no energy

PLAN/GOALS

Current GAF________

Physician's Signature:	Date:	Date of Next Session:

DATE 7/27/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

LAMICTAL 200 BID
PROZAC 20 3 q day

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

Therms

PLAN/GOALS

Current GAF:________

0157

Physician's Signature:	Date:	Date of Next Session:

PHYSICIAN
PROGRESS NOTES

NAME Robert Russell

DATE 9/15/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit — Provigil 200 qAM

Current other Meds/Substances

Notes (Progress/Observations/Goals addressed)

___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

numbness in fingers
Back [illegible]
↓ sleep

PLAN/GOALS

Current GAF___

Physician's Signature:	Date:	Date of Next Session:

DATE 10/13/05	VISIT #	CODE	SESSION LENGTH

Medications Prescribed This Visit

Other Current Meds/Substances

Notes (Progress/Observations/Goals addressed)

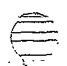
___Sleep
___Energy
___Appetite
___Mem/Conc.
___Obsessing
___Anxiety

Denied for disability
Stressed out

PLAN/GOALS

Current GAF:___

Physician's Signature: [signature]	Date:	Date of Next Session.



LOWCOUNTRY ORTHOPAEDICS & SPORTS MEDICINE

CHECK NAME OF DOCTOR YOU ARE SCHEDULED TO SEE

PATIENT INFORMATION FORM

DATE 8-11-04

- ☐ Joel R. Cox, MD
- ☐ James J. McCoy, MD
- ☐ James D. Spearman, MD
- ☑ Don O. Stovall, Jr., MD
- ☐ Richard H. Zimlich, MD
- ☐ George F. Warren, MD
- ☐ David H. Jaskwhich, MD
- ☐ Timothy G. Allen, MD

Pt. Full Name: Robert Gene Russell Marital Status S Age 47 Date of Birth 03-17-57 ☑ M ☐ F

Mailing Address 5913 Hagood Ave. City Hanahan State SC Zip 29406

Street Address " " " City " State " Zip "

Home Phone Number 810-8463 Business Phone # 719-4649 Occupation Environmental Health Manager

Employed By SC DHEC SS# 247-06-2960

Name of Spouse (if appl.) — Date of Birth — SS# —

Employed By — Employer Phone # —

Whom may we thank for this referral? Dr. Santi Family Doctor Virgil Harvey

IF THE PATIENT IS A CHILD OR FULL TIME STUDENT, PLEASE COMPLETE THIS SECTION:

Mothers Name — SS# Date of Birth

Employed By — Phone #

Fathers Name — SS# Date of Birth

Employed By — Phone #

MEDICAL INFORMATION

Complaint or Symptoms: Low back pain, upper back, hip and neck pain ☑ Right ☑ Left

Were you injured at ☐ school ☑ work ☐ auto accident ☐ other

If injury was work related was a report filed ☑ yes ☐ no

Date of onset/injury 6-11-04 How injury occurred rear ended Auto accident

Have X-Rays been taken for this problem? yes Where? Carolina Imaging (MRI) Dr. Santi — Roper

BILLING INFORMATION

Name of person responsible for this patient's bill self W/C
(NOTE: this must be self, mother, father or spouse)

Attorney Involved? yes If yes, Name: David Murrel

In case of emergency, person to contact Michael Ramsey Phone # 860-3126

INSURANCE INFORMATION

Primary Insurance Company Workman comp.

0159

Secondary Insurance Company Blue Cross Blue Shield

FINANCIAL POLICY

I, the undersigned patient or guarantor, hereby authorize my physician and whomever he/she may designate as his/her assistant to render medical treatment to me.
I, the undersigned patient or guarantor, hereby authorize my physician and whomever he/she may designate as his/her assistant to release any medical information accumulated in the course of my examination and treatment to any other doctor, hospital, or other party assisting in my medical care.
I, the undersigned patient or guarantor, hereby request payment of benefits to this physician's practice when this practice accepts assignment.
I authorize use of Photostat copies of this assignment in lieu of the original when necessary.
I understand that I am responsible for any amount not covered by insurance/ deductible/ co-payment. Regardless of insurance coverage, insurance claims, which are not paid in full within thirty (30) days, will be my personal obligation.

Patient/Parent, Guardian Signature [signature] Date 8-11-04

PLEASE PROVIDE INSURANCE CARD AND PICTURE ID

Medical History

Name *Robert G. Russell* Date *8-11-04*

MR# ______________ Date of Birth *03-17-57*

Chief Complaint

Why are you seeing the doctor today? *herniated disk*

Is this a work-related injury? *yes*

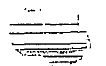
Review of Systems - mark yes or no and explain "yes" answers.

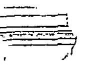
General	YES	NO	Respiratory	YES	NO	Gastrointestinal	YES	NO	Neurological	YES	NO
Weight change *gained*	✓		Wheezing		✓	Nausea		✓	Seizures		✓
Fever		✓	Cough		✓	Vomiting		✓	Paralysis		✓
Weakness *left leg*	✓		Bloody sputum		✓	Vomiting blood		✓	Tremors		✓
Chills		✓	Asthma		✓	Rectal bleeding		✓	**Endocrine**		
Sweats		✓	Bronchitis		✓	Diarrhea		✓	Goiter		✓
Integumentary			Emphysema		✓	Constipation		✓	Thyroid problems		✓
Skin		✓	Pneumonia		✓	Jaundice		✓	Diabetes		✓
Rash		✓	Tuberculosis		✓	Hepatitis		✓	**Hematologic/Lymphatic**		
Hair/nail changes		✓	**Cardiovascular**			Ulcers		✓	Swollen glands		✓
HEENT			Rheumatic fever		✓	**Urinary**			Bleeding disorder		✓
Headaches	✓		High blood pressure *borderline*		✓	Frequent urination		✓	Easy bruising		✓
Glasses	✓		Stroke		✓	Painful urination		✓	Easy bleeding		✓
Contact lenses		✓	Chest pain		✓	Bloody urine		✓	Sickle cell		✓
Visual changes		✓	High cholesterol		✓	Incontinence		✓	Anemia		✓
Glaucoma		✓	Varicose veins		✓	Urinary infections		✓	Past transfusions		✓
Cataracts		✓	Blood clots		✓	**Musculoskeletal**			**Psychiatric**		
Ringing in ears		✓	Heart murmur		✓	Joint stiffness	✓		Depression	✓	
Hearing Loss		✓	Palpitations		✓	Arthritis	✓		Insomnia	✓	
Dizziness		✓	Sleep apnea		✓	Gout		✓	Other illnesses		✓
Sinus pain	✓		Ankle swelling		✓	Joint swelling		✓	**Allergic/Immunologic**		
Hoarseness		✓				Lupus		✓	Cancer		✓
Difficulty swallowing		✓				Osteoporosis		✓	Enzyme deficiency		✓
									Immune disorder		✓

Explanations:

OVER

0160





Family History: Please mark those illnesses for which blood relatives have been treated

Bleeding problems	
Osteoporosis	
Rheumatoid arthritis	
Lupus	
Heart Disease	
Stroke	
High Blood Pressure	✓
Cancer	✓
Diabetes	✓

Social History:

Marital status: single

Occupation: Environmental Health Manager

Tobacco use: NO

Alcohol use: NO

Special Diet: NO

Past Medical History

Medical Problems/Illnesses

back pain-
chest pain (past)
sinus
depression
bipolar

Past Surgical History

Surgery	Date
Apendics removed	1962

Medications

List all medications and doses

Prozac 20mg (2)
Wellbutrin
Rispedall
Lamictal
~~[illegible]~~ Sonata
Zantac
~~Viox 25mg~~ d/c

Allergies and Type of Reaction

None

Are you allergic to latex? NO

If yes, what type of reaction?

Reviewed by [signature] MD   Date 8/1/[illegible]

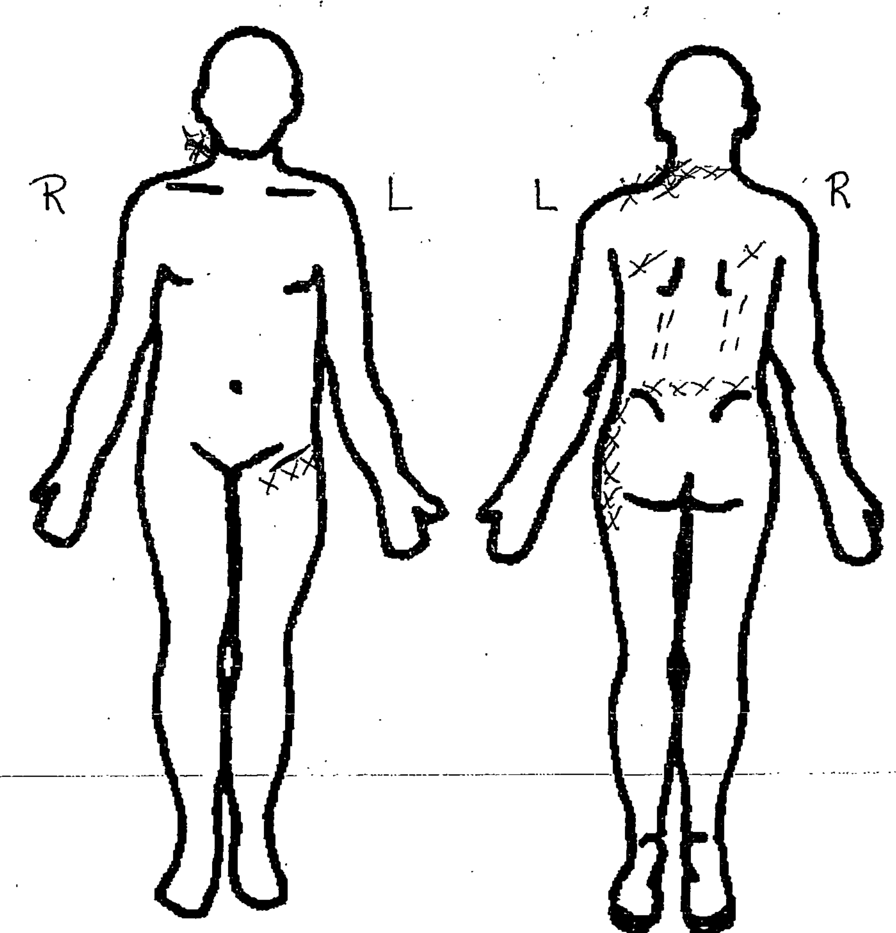
0161

Visual Pain Scale

(Make an x along the Scale)

Severe [—X———————————————] None

Pain Drawing:



Instructions: Show areas of pain in or around the body using the following symbols.

Type of Pain:

Aching	xxxxx
Burning	11111
Stabbing	= = =
Numbing	ooooo
Pins and Needles	////////

0162

To assist our office in this process, please complete the following:

1. Can messages or appointment reminders be left on your
   * Voice mail ✓ yes ____ no ____ none
   * Answering machine ✓ yes ____ no ____ none
   * With family members ✓ yes ____ no ____ none
   * E-mail ____ yes ✓ no ____ none

2. Can you be contacted at your place of employment?
   ✓ yes ____ no ____ not employed

3. Can a postcard as an appointment reminder be mailed to your home address? ✓ yes ____ no

Lowcountry Orthopaedics and Sports Medicine Associates is required by law to abide by the terms outlined in this notice. However, Lowcountry Orthopaedics reserves the right to change the terms of this Privacy Notice and make the new provisions effective for all protected health information that we maintain. Any revisions of this notice will be posted and distributed during office appointments.

The contact person for additional information or to report a problem is Martha Faulkner, Medical Records Administrator. Phone number (843) 797-5050.

If you need help reading or understanding this form please tell the Receptionist!

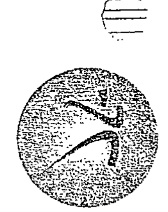
Patient Name: Robert G. Russell Chart Number: ____________

[signature] 8-11-04
Patient/Guardian Signature Date

[signature] 8-11-04
Witness Date

** Copy available upon request **

0163



Lowcountry Orthopaedics & Sports Medicine

JOEL R. COX, JR., MD
JAMES J. MCCOY, JR., MD
JAMES D. SPEARMAN, MD
DON O. STOVALL, JR., MD
RICHARD H. ZIMLICH, MD
GEORGE F. WARREN, MD
DAVID H. JASKWHICH, MD
TIMOTHY C. ALLEN, MD
CYNTHIA HOOD, RN, MSN, CFNP
JASON TRIGIANI, PA-C
TIFFANY THOMPSON, PA-C
PATRICIA L. SANDGREN, PA-C

EFFECTIVE, COMPREHENSIVE CARE FOR:

- Back & neck pain
- Arthritic conditions
- Foot & ankle pain
- Knee, shoulder & hip pain
- Joint replacement
- Sports injuries
- Work injuries
- Elbow & hand conditions
- Adult & pediatric spinal disorders
- Fractures

FOR YOUR CONVENIENCE:

- Emergencies seen immediately
- Board-certified Physician's Assistants
- Full-service physical therapy facilities
- Thorough evaluations & on-site X-rays
- Insurance filing assistance
- Evening hours

ON STAFF AT:

- Trident Medical Center
- Summerville Medical Center
- Trident Surgery Center
- Roper CareAlliance
- Roper Berkeley Center
- Bon Secour-St. Francis Xavier Hospital
- Healthsouth Rehabilitation Hospital
- Healthsouth Surgery Center

August 11, 2004

Charles Bounds, M.D.
2061 Highway 52
Moncks Corner, SC 29461

RE: Robert Russell
Our Chart No.: 9949
DOB: 3/17/57

Dear Dr. Bounds:

Thank you for your request for a consultation on Robert Russell. Enclosed is a copy of our notes from his recent office visit.

If you have any questions or if we can be of any further assistance, please do not hesitate to contact our office.

Sincerely,

Don O. Stovall, Jr., M.D.

DOSjr/tg

Enclosure

COPY

(843) 797-5050
2880 Tricom Street • N. Charleston, SC 29406
Other convenient locations in Moncks Corner, Summerville & West Ashley
Internet address: www.lowcountryortho.com Fax 843-797-3633

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

PATIENT: Robert Russell
CHART NO: 99449
DOB: 3/17/57

PAGE: One

8/11/04: Worker's Compensation - DOI: 6/11/04

CHIEF COMPLAINT: Low back pain

HISTORY OF PRESENT ILLNESS: The patient is a 47 YOM who presents with complaints of low back pain that started on 6/11/04. The patient is employed by SC DHEC and was involved in an MVA where he was a restrained driver who was rear ended. The patient reports there was minimal damage done to his bumper. The truck was drivable after the accident. Since that time, he has been seen at Berkeley Family Practice, treated with physical therapy which actually made his pain increase. He was on Ultracet, which he was unable to take. He is currently taking Vioxx. He reports no benefit from this. The patient did have neck pain at the initial injury; however, he reports this has "almost resolved" and he only has occasional neck pain. His main complaint is his low back pain. He describes this as an achy pain which is severe. He rates it as a 10 on the pain scale. He does report radiation of pain from his low back up into his thoracic region occasionally, but can recall nothing that brings on this pain. He also reports radiation of pain into his left groin and buttocks region. He reports working, sitting and driving seems to make his pain worse. Nothing seems to make it better. The patient does report approximately three years ago he was seen by a chiropractor for low back pain. He reports this seemed to resolve his pain. Currently, the patient denies any radiation of pain into his lower extremities, upper extremity symptoms, bowel or bladder dysfunction, trouble walking or symptom aggravation with cough, sneeze or strain. The patient does report he has intermittent pins and needles into his thoracic region with some mild pain into his left trapezius. MRI has been completed and he is here for review today.

REVIEW OF SYSTEMS/PAST MEDICAL HISTORY/PAST SURGICAL HISTORY/FAMILY HISTORY/SOCIAL HISTORY/ALLERGIES/MEDICATIONS: Documented, reviewed and signed in the chart.

PHYSICAL EXAMINATION:

Vital signs:
Height 5'10"
Weight 230 lbs
Pulse 80

8/11/04 (Continued):

General: He is a well developed, well nourished male in no acute distress. He is alert and oriented x3, cooperative with the exam.

Cervical spine: Inspection shows normal cervical lordosis without deformity. Skin shows no changes, masses or swelling. Palpation reveals no tenderness in the midline or paraspinal muscles. ROM is full without pain, limitation or crepitation. There is no evidence of instability on flexion and extension. Muscle strength and tone are normal. Negative Spurling's maneuver, negative L'hermitte's sign.

Cervical lymphatic exam: There is no palpable lymphadenopathy within the neck.

Right upper extremity: Inspection reveals no edema, atrophy or skin changes. Palpation reveals no tenderness or masses. Full ROM of the shoulder, elbow and wrist without pain or crepitation. Joint stability is adequate without subluxation or laxity. Muscle strength and tone are normal in the muscle groups of the right upper extremity.

Left upper extremity: Inspection reveals no edema, atrophy or skin changes. There is some tenderness to palpation of the left trapezius. Full ROM of the shoulder, elbow and wrist without pain or crepitation. Joint stability is adequate without subluxation or laxity. Muscle strength and tone are normal in the muscle groups of the left upper extremity.

Neurologic: (Upper extremity) The patient has good balance and coordination. DTRs are normal at the biceps, triceps and brachioradialis. Sensation is intact in the upper extremities. Negative Hoffmann's sign bilaterally.

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and slightly flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. Palpation reveals some diffuse tenderness in the lower lumbar region. ROM reveals pain on forward flexion and extension. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Lumbar lymphatic exam: There is no palpable groin lymphadenopathy.

8/11/04 (Continued):

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. Range of motion of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. Range of motion of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

RADIOGRAPHIC REVIEW: MRI of the lumbar spine was brought in and reviewed. There are degenerative changes noted to L5-S1 with a central disc bulge. There is no evidence of foraminal narrowing. The remainder of the discs are normal.

ASSESSMENT: L5-S1 DDD with left radiculopathy

PLAN: I discussed the diagnosis with the patient. We went over his MRI. At this time, the patient has had physical therapy and anti-inflammatory medications, with which he has seen no improvement. We will follow through with an LESI to see if the patient receives any benefit from this. We discussed this with the patient and he was in agreement. The patient will return to the office post injection. He will continue on his Vioxx as prescribed. Work note was given. CH/tg (8/17)

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LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

9/8/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD with left radiculopathy

The patient returns today for follow up. He was last seen by Dr. Stovall on 8/11/04. He underwent an injection on 9/1/04. The patient reports he saw no benefit from this injection. He continues to have pain to his low back which radiates into the left buttocks and thigh region. He denies any pain into his thoracic region at today's visit. He continues to report working, sitting and driving make his pain worse. Nothing seems to make it better. He denies any numbness or tingling into his upper or lower extremities. He denies any bowel or bladder dysfunction. There are no other changes in history.

PHYSICAL EXAMINATION:

General: He is a well developed, well nourished male in no acute distress. He is alert and oriented x3, cooperative with the exam.

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. There is some diffuse tenderness in the lower lumbar region with no trigger points noted. ROM continues to reveal pain on forward flexion and extension. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

LOWCOUNTRY ORTHOPAEDICS AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

PATIENT: Robert Russell **PAGE:** Five
CHART NO: 99449
DOB: 3/17/57

9/8/04 (Continued):

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD with left radiculopathy

PLAN: I discussed the diagnosis with the patient. At this time, we will try an L5-S1 facet or transforaminal injection to see if the patient benefits from this. The patient will return two weeks post injection. If the patient sees no benefit, we will start physical therapy, increasing to a work conditioning program. I did discuss this with him; he is in agreement. We will see him back post injection. Work note was given. CH/tg (9/10)

10/22/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD with left radiculopathy

The patient returns today for follow up. He underwent L5-S1 transforaminal on the left on 10/8/04. This is his 2nd epidural. The patient reports he saw no benefit from the injection. He continues to report low back pain which radiates into his left buttocks, but nothing down his leg. He denies any pain into his right buttocks or leg. He does report some pain that radiates into his paraspinals and thoracic region; however, nothing significant. He rates his overall pain as a 5 on the pain scale. He denies any bowel or bladder dysfunction. He has not taken the Bextra that was prescribed for him on 10/8/04. He continues to report working, sitting and driving makes the pain worse; nothing seems to make it better. He has had physical therapy in the past and has seen no benefit; however, he has no therapy recently. He denies any bowel or bladder dysfunction. There are no other changes in history.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

PATIENT: Robert Russell **PAGE:** Six
CHART NO: 99449
DOB: 3/17/57

10/22/04 (Continued):

PHYSICAL EXAMINATION:

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. He continues with some diffuse tenderness in the lower lumbar region. ROM reveals pain on forward flexion. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the hip, knee and ankle is good without pain or crepitation. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD with left radiculopathy

PLAN: I discussed the diagnosis with the patient. At this time, the patient needs to start taking his Bextra. I would place him in physical therapy and will increase his work conditioning program. Work note was given to the patient. We will see him back in a month. CH/tg (10/26)

11-19-04 DOd

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LOWCOUNTRY ORTHOPAEDICS & SPORTS MEDICINE

SPINE CENTER
2880 TRICOM STREET
N. CHARLESTON, SC 29406
(843) 797-5050

PHYSICAL THERAPY REFERRAL

NAME Robert Russell FILE# ______ DATE 10/22/04

DIAGNOSIS L5-S1 DDD

INITIAL TREATMENT DATE ______

TREATMENT SCHEDULE 8-10 + 1

PROCEDURES:

SI JOINT ______ THORACIC ______

MODALITIES ______ CERVICAL ______ LUMBAR ✓

HOT PACKS ✓ ROM, MOBILIZATION

ICE ______ ISOMETRICS

ULTRASOUND ✓ MANUAL TX

PHONOPHORESIS ______ TRACTION

ELECTRICAL STIM ✓ STABILIZATION

DEEP TISSUE MASSAGE ______ EXTENSION EXERCISES

ADL'S: WORK ______ ✓ FLEXION EXERCISES

HOME ______ ✓ STRETCHING

PROTOCOLS

______ CERVICAL FUSION
______ LUMBAR FUSION
______ LUMBAR DISCECTOMY
______ IDET PROCEDURE
______ SACRAL

EQUIPMENT

______ HOME CERVICAL TRACTION UNIT
______ TENS UNIT
______ CERVICAL PILLOW
______ LUMBAR SUPPORT
______ WALKER
______ CRUTCHES
______ CANE

PHYSICIAN'S SIGNATURE: Cynthia R Wood

COMMENTS: ______

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LOWCOUNTRY ORTHOPAEDICS AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

PATIENT: Robert Russell
CHART NO: 99449
DOB: 3/17/57

PAGE: Seven

11/19/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD with left radiculopathy

The patient returns today for follow up. He is now five months post injury. He underwent two epidural injections with which he saw no relief. At his last visit, he was continued in physical therapy and increased to a work conditioning program, but the patient has tolerated physical therapy poorly per physical therapy notes. He continues to report pain to his low back that radiates at times into his thoracic region. He rates his overall pain as a 5 on the pain scale. He denies any bowel or bladder dysfunction. He denies any radicular symptoms. It is noted that he called in requesting something for pain and was given Lortab by Dr. Stovall. The patient reports instead of taking one every four hours, he has increased this, now taking two every four hours. He continues to report everything seems to make his pain worse, nothing seems to make his pain better. He has seen no improvement with physical therapy. He does report at today's visit that this is making him somewhat depressed. There are no other changes in history.

PHYSICAL EXAMINATION:

General: He is a well developed, well nourished male in no acute distress. He is alert and oriented x3, cooperative with the exam.

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. There is diffuse tenderness in the lower lumbar region. ROM produces pain in all planes. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip produces back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

LOWCOUNTRY ORTHOPAEDICS
AND SPORTS MEDICINE
Don O. Stovall, Jr., M.D.

PATIENT: Robert Russell **PAGE:** Eight
CHART NO: 99449
DOB: 3/17/57

11/19/04 (Continued):

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip produces back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD with left radiculopathy, radiculopathy resolved

PLAN: I discussed this with the patient. At this time, the patient has not continued on the Bextra as previously prescribed. He has had two epidurals without any relief. He continues to have back pain and reports he has seen no improvement from physical therapy. I will have him continue with physical therapy and increase him to a work conditioning program. Possible FCE will be considered. CH/tg (11/29)

12/16/04: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: L5-S1 DDD, lumbar injury

The patient returns today for follow up. He is now six months post injury. He has been going to physical therapy and note accompanies him. The patient continues to report pain to his low back. At times, this will radiate into his thoracic region. He denies any radicular symptoms, but does report some pain into his left buttocks region. He denies any numbness or tingling. The patient states that his pain is an achy, constant pain and rates it as a 10 on the pain scale. He has gotten no relief with epidurals, therapy or

0173

12/16/04 (Continued):
medications. He denies any bowel or bladder dysfunction. He reports everything seems to make his pain worse, whereas he finds nothing that seems to make it better. He is having difficulty working because of his pain.

PHYSICAL EXAMINATION:

Thoracolumbar exam: Inspection reveals normal thoracic kyphosis and flattened lumbar lordosis without misalignment or asymmetry. Skin inspection reveals no skin changes, hairy patches or nevi in the lumbar region. There continues to be some diffuse tenderness to the lower lumbar region. ROM produces pain on forward flexion, extension and right and left bending. Pelvis is stable to anterior and lateral compression. Muscle strength and tone are normal without atrophy or abnormal movements.

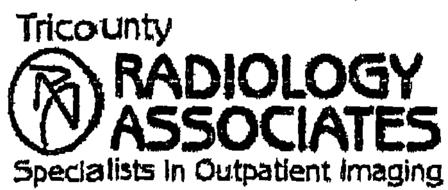
Left lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip continues to produce back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the left lower extremity.

Right lower extremity: Inspection reveals no edema, atrophy, deformity or skin changes. Palpation reveals no tenderness or masses. ROM of the knee and ankle is good without pain or crepitation. ROM of the hip continues to produce back pain. Stability exam reveals no laxity or subluxation. Muscle strength and tone are normal in the muscle groups of the right lower extremity.

Neurologic: (Lower extremity) The patient ambulates with a nonmyelopathic gait and has good balance and coordination. DTRs are 2+ and symmetric at the knee and ankle. No clonus. Sensation is intact in both lower extremities. Negative SLR and sitting root test bilaterally. Negative FABER test bilaterally.

Vascular: (Lower extremity) Dorsalis pedis and posterior tibial pulses are 2+ and symmetric. Good capillary refill distally.

ASSESSMENT: L5-S1 DDD



Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

99449

Don Stovall, MD
2270 Ashley Crossing Drive
Charleston, SC 29414

PATIENT:	**Russell, Robert**
Phone #:	**843-810-8463**
ID Number:	**339348**
Birthdate:	**3/17/1957**

MRI LUMBAR SPINE

EXAM DATE: 1/3/2005

COMPARISON: None available

CLINICAL HISTORY: Low back and left hip pain. Lumbar degenerative disc disease. Lumbar injury.

TECHNIQUE: Routine MRI of the lumbar spine was performed at the Tricom 1.5 Tesla Siemens MRI utilizing sagittal Tl and T2 with axial Tl and T2 sequences.

The patient was given 10 mg of Valium orally for claustrophobia and dismissed to home into the care of Jennifer Russell Hunter. The patient was instructed regarding no driving or activities requiring mental alertness for the remainder of the day.

FINDINGS: The conus medullaris terminates normally at the superior L2 level. Vertebral body alignment, vertebral body marrow signal, intervertebral disc heights, and disc signal, as well as disc contour are normal through the L4-L5 level.

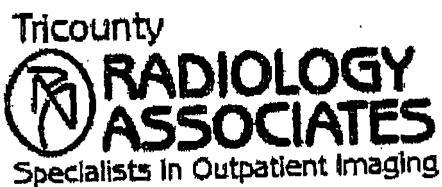
At L5-S1, there is moderate disc desiccation present with mild loss of disc height. There is a mild diffuse degenerative disc bulge present with a very small central disc extrusion with slight cranial migration of disc material. There is an associated annular tear. This appears to contact but not otherwise deform the ventral thecal sac with no direct nerve root effacement.

The neural foramina are widely patent throughout the lumbar spine.

IMPRESSION: MILD DEGENERATIVE DISC DISEASE AT L5-S1 WITH SMALL CENTRAL DISC HERNIATION.

James A. Thesing, D.O. /mfl
Dictated on 01/03/05

P.O. BOX 70609 • CHARLESTON, SC 29415 • (843) 529-0600 / Fax (843) 747-6565
Ashley Crossing East Cooper North Charleston West Ashley



Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

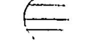
Russell, Robert ID#: 339348

cc: OneCall Medical

Job # 1807821

This document has been electronically reviewed and signed.

P.O. BOX 70609 • CHARLESTON, SC 29415 • (843) 529-0600 / Fax (843) 747-6565
Ashley Crossing East Cooper North Charleston West Ashley



12/16/04 (Continued):

PLAN: I discussed this with the patient. At this time, the patient has seen no improvement with his symptoms. We will repeat his MRI since previous exam was done on 7/28/04. We will see him back post MRI. This was discussed with Dr. Stovall and he was in agreement. FCE will be considered if MRI is essentially unchanged. CH/tg (12/17)

1/6/05: Rescheduled to 1/13/05. AKH/tg (1/17)

1/13/05: Worker's Compensation - DOI: 6/11/04

DIAGNOSIS: Lumbar DDD

The patient comes in today for follow up. He has had his MRI since his last visit. He continues to complain of low back pain and some left posterior hip pain. He has no pain radiating to the lower extremities, no numbness, tingling or burning in the lower extremities. He is still somewhat limited in his activity level. He is doing his home exercise program.

~~I had a discussion with him concerning his previous treatment. He states that the~~ epidural injections have not helped. His therapy has helped somewhat. His symptoms have essentially remained the same over the past several months. There are no other changes in history.

RADIOGRAPHIC REVIEW: MRI scan of the lumbar spine reveals mild degenerative disc disease at L5-S1. There is no evidence of significant lateralizing disc herniation, spinal canal stenosis or nerve root impingement.

ASSESSMENT: Mild lumbar DDD, chronic lower back pain

RECOMMENDATIONS: I discussed the diagnosis with the patient. I recommended getting a brace for his lower back. The patient is not a surgical candidate and has exhausted conservative treatment; therefore, I would place the patient at MMI. I do not

1/13/05 (Continued):
think any further aggressive treatment will make an impact on his symptoms. The patient will have a 5% impairment of the whole person for the injury sustained. His permanent work restrictions would include lifting no more than 35 lbs on an occasional basis and no more than 20 lbs on a frequent basis. He would be restricted from long periods of climbing, bending and stooping. He should be able to maintain a reasonable level of activity and continue working. The patient is currently being discharged from care. DOSjr/tg (1/17)

To: ______________________
Fax: ______________________
Date: ______________________

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______________

Injury Date: ______________ Next Appointment: ______________

____ Initial Treatment ____ Work Related Diagnosis: ______________

____ Follow up visit ____ Not work related ______________

Treatments	Work Status	Physical Ability
____ Wound Care	____ Return to regular duty on: date ______	✓ Restricted standing, walking
____ Suture Removal	✓ Return to modified duty on: date 8/11/04	✓ Restricted climbing, bending, stooping
____ X-rays	____ Unable to work until: date ______	____ Limited use of ___R ___L hand/arm
____ Lab Work	____ Discharged from current care on: date ______	____ No working around moving machinery
____ Meds. Prescribed	____ Return for follow-up with Dr. ______	____ Driving __yes __ no
____ Other ______		____ Alternate position (sit, stand, walk)
		✓ Weight lifting restrictions R__O#__ 1-15#__16-35#__36-50# L__O#__ 1-15#__16-35#__36-50#
		____ No overhead work
		____ Keep dressing clean & dry
		✓ Other ______

Instructions, Limitations, Recommendations: Epidural

Patients ___ has ✓ has not reached MMI Expected MMI date ______________

Physicians Signature [signature] Date 8/11/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______________ Date ______________

To: ______

Fax: ______

Date: ______

Lowcountry Orthopaedics and Sports Medicine

Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______

Injury Date: ______ Next Appointment: ______

___ Initial Treatment ✓ Work Related Diagnosis: ______

___ Follow up visit ___ Not work related

Treatments

___ Wound Care

___ Suture Removal

___ X-rays

___ Lab Work

___ Meds. Prescribed

___ Other ______

Work Status

___ Return to regular duty on: date ______

✓ Return to modified duty on: date 9/8/04

___ Unable to work until: date ______

___ Discharged from current care on: date ______

___ Return for follow-up with Dr. ______

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

___ Limited use of ___R ___L hand/arm

___ No working around moving machinery

___ Driving __yes __ no

___ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions

R___O#___ 1-15#___16-35#___36-50#

L___O#___ 1-15#___16-35#___36-50#

___ No overhead work

___ Keep dressing clean & dry

___ Other ______

Instructions, Limitations, Recommendations: Epidural

Patients ___ has ✓ has not reached MMI Expected MMI date ______

Physicians Signature Cynthia Wood, CNP Date 9/8/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______ Date ______

To: ______________________________

Fax: ______________________________

Date: ______________________________

Lowcountry Orthopaedics and Sports Medicine

Phone (843) 797-5050 Fax (843) 797-3633

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______________

Injury Date: ______________ Next Appointment: ______________

_____ Initial Treatment _____ Work Related Diagnosis: ______________

_____ Follow up visit _____ Not work related ______________

Treatments

_____ Wound Care

_____ Suture Removal

_____ X-rays

_____ Lab Work

_____ Meds. Prescribed

_____ Other ______________

Work Status

_____ Return to regular duty on: date ______________

✓ Return to modified duty on: date 10-12-04

✓ Unable to work until: date 10-8-04 – 10-11-04

_____ Discharged from current care on: date ______________

_____ Return for follow-up with Dr. ______________

Physical Ability

✓ Restricted standing, walking

✓ Restricted climbing, bending, stooping

_____ Limited use of ___R ___L hand/arm

_____ No working around moving machinery

_____ Driving __yes __ no

_____ Alternate position (sit, stand, walk)

✓ Weight lifting restrictions

R___O#___ 1-15#___16-35#___36-50#

L___O#___ 1-15#___16-35#___36-50#

_____ No overhead work

_____ Keep dressing clean & dry

_____ Other ______________

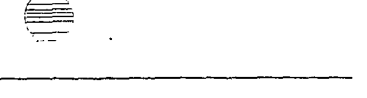
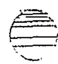
Instructions, Limitations, Recommendations: ______________

Patients ___ has___has not reached MMI Expected MMI date ______________

Physicians Signature [signature] Date ______________

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______________ Date ______________

To: ______________________
Fax: ______________________
Date: ______________________

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______
Injury Date: ______ Next Appointment: ______

___ Initial Treatment ✓ Work Related Diagnosis: ______
✓ Follow up visit ___ Not work related

Treatments	Work Status	Physical Ability
___ Wound Care	___ Return to regular duty on: date ______	✓ Restricted standing, walking
___ Suture Removal	✓ Return to modified duty on: date 10/22/04	✓ Restricted climbing, bending, stooping
___ X-rays	___ Unable to work until: date ______	___ Limited use of ___R ___L hand/arm
___ Lab Work	___ Discharged from current care on: date ______	___ No working around moving machinery
___ Meds. Prescribed	___ Return for follow-up with Dr. ______	___ Driving __yes __ no
___ Other ______		___ Alternate position (sit, stand, walk)
		✓ Weight lifting restrictions R___O# ✓ 1-15#___16-35#___36-50# L___O# ✓ 1-15#___16-35#___36-50#
		___ No overhead work
		___ Keep dressing clean & dry
		___ Other ______

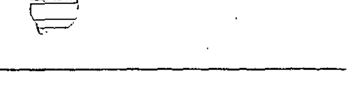
Instructions, Limitations, Recommendations: DT

Patients ___ has ✓ has not reached MMI Expected MMI date ______

Physicians Signature [signature] Date 10/22/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______ Date ______



To: ______
Fax: ______
Date: ______

Lowcountry Orthopaedics and Sports Medicine

Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______

Injury Date: ______ Next Appointment: ______

___ Initial Treatment ✓ Work Related Diagnosis: ______

✓ Follow up visit ___ Not work related

Treatments	Work Status	Physical Ability
___ Wound Care	___ Return to regular duty on: date ______	✓ Restricted standing, walking
___ Suture Removal	✓ Return to modified duty on: date 11/19/04	✓ Restricted climbing, bending, stooping
___ X-rays	___ Unable to work until: date ______	___ Limited use of ___R ___L hand/arm
___ Lab Work	___ Discharged from current care on: date ______	___ No working around moving machinery
___ Meds. Prescribed	___ Return for follow-up with Dr. ______	___ Driving __yes __ no
___ Other ______		___ Alternate position (sit, stand, walk)
		✓ Weight lifting restrictions R__O#_✓_ 1-15#___16-35#___36-50# L__O#_✓_ 1-15#___16-35#___36-50#
		___ No overhead work
		~~___ Keep dressing clean & dry~~
		___ Other ______

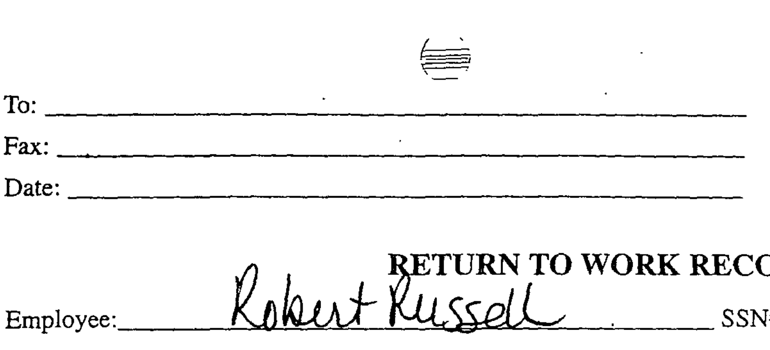
Instructions, Limitations, Recommendations: ______

Patients ___ has ✓ has not reached MMI Expected MMI date ______

Physicians Signature [signature] Date 11/19/04

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______ Date ______



To: ______________________
Fax: ______________________
Date: ______________________

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______

Injury Date: ______ Next Appointment: ______

✓ Initial Treatment ✓ Work Related Diagnosis: Lumbar DDD, Lumbar Injury
____ Follow up visit ____ Not work related

Treatments	Work Status	Physical Ability
____ Wound Care	____ Return to regular duty on: date ______	✓ Restricted standing, walking
____ Suture Removal	✓ Return to modified duty on: date 12/16/04	✓ Restricted climbing, bending, stooping
____ X-rays	____ Unable to work until: date ______	____ Limited use of ____R ____L hand/arm
____ Lab Work	____ Discharged from current care on: date ______	____ No working around moving machinery
____ Meds. Prescribed	____ Return for follow-up with Dr. ______	____ Driving __yes __ no
____ Other ______		✓ Alternate position (sit, stand, walk)
		____ Weight lifting restrictions R___O# ✓ 1-15#___16-35#___36-50# L___O# ✓ 1-15#___16-35#___36-50#
		____ No overhead work
		____ Keep dressing clean & dry
		____ Other ______

Instructions, Limitations, Recommendations: MRI

Patients ___ has ✓ has not reached MMI Expected MMI date ______

Physicians Signature [signature] Date 12/16/04.

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______________ Date ______

To: ______
Fax: ______
Date: ______

Lowcountry Orthopaedics and Sports Medicine
Phone (843) 797-5050 Fax (843) 797-3633

99449

RETURN TO WORK RECOMMENDATIONS

Employee: Robert Russell SSN#: ______

Injury Date: ______ Next Appointment: ______

____ Initial Treatment ✓ Work Related Diagnosis: Lumbar DDD

✓ Follow up visit ____ Not work related

Treatments	Work Status	Physical Ability
____ Wound Care	____ Return to regular duty on: date ______	____ Restricted standing, walking
____ Suture Removal	✓ Return to modified duty on: date 1/14/05	✓ Restricted climbing, bending, stooping
____ X-rays	____ Unable to work until: date ______	____ Limited use of ___R ___L hand/arm
____ Lab Work	____ Discharged from current care on: date ______	____ No working around moving machinery
____ Meds. Prescribed	____ Return for follow-up with Dr. ______	____ Driving __yes __no
____ Other ______		____ Alternate position (sit, stand, walk)
		✓ Weight lifting restrictions R__O#__ 1-15#✓ 16-35#__36-50# L__O#__ 1-15#✓ 16-35#__36-50#
		____ No overhead work
		____ Keep dressing clean & dry
		____ Other ______

Instructions, Limitations, Recommendations: Brace

Patients ✓ has ___ has not reached MMI Expected MMI date ______

Physicians Signature [signature] Date 1/13/05

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee Signature: ______ Date ______

HEALTHSOUTH SURGERY CENTER OF CHARLESTON
OPERATIVE REPORT

PATIENT: RUSSELL, ROBERT
MR#: 12618
DATE: 09/01/2004

SURGEON: GEORGE F. WARREN, M.D.
PREOPERATIVE DIAGNOSIS: LEFT SCIATICA.
POSTOPERATIVE DIAGNOSIS: LEFT SCIATICA.
OPERATION: LUMBAR EPIDURAL STEROID INJECTION, L5-S1, LEFT.

DESCRIPTION OF PROCEDURE: The patient was placed prone on the imaging table. He was given 2 mg of IV Versed conscious sedation. The L5-S1 interlaminar space was identified and marked correspondingly on the skin. After preparation and draping, an 18-gauge 3-1/2-inch Tuohy needle was placed down to the ligament. Using loss-of-resistance technique, the epidural space was entered. Aspiration was negative. Injection of contrast showed epidural flow. The site was injected with 4 ml of normal saline and 160 mg of Depo-Medrol. Needle was withdrawn, and the patient was discharged to the recovery area for observation.

GEORGE F. WARREN, M.D.

284/OTI:CHA/087/92237
D: 09/08/2004 1220
T: 09/09/2004 1113

CONSENT TO OPERATION, ADMINISTATION OF ANESTHETICS AND RENDERING OF OTHER MEDICAL SERVICES

Patient's Name Robert Russell

1. I hereby authorize and direct Dr Warren and/associates or assistants of his/her choice to perform the following operation on me. (My child or ward)
   Lumbar Epidural Steroid Injection

2. I hereby authorize and direct the above named surgeon to arrange for such additional services for me, as he/she may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.

3. I hereby authorize a pathologist to use his/her discretion in the disposal of any severed tissue or member, except __________

4. I am aware that my physician may have an ownership interest in the facility, and I acknowledge that I have a right to have the procedure performed elsewhere.

5. I/We hereby authorize all doctors, pharmacists, HEALTHSOUTH SURGERY CENTER or other institutions rendering care and treatment to furnish the responsible parties and/or insurance companies with full information regarding treatment rendered. (Including copies of their records).

6. I ACKNOWLEDGE that I have been advised by HEALTHSOUTH SURGERY CENTER personnel that I should not drive until the effects of the anesthetic medication have worn off. This means I understand I should not drive until the day after my operation, at the earliest.

7. I consent to testing for Hepatitis B and HIV per HEALTHSOUTH SURGERY CENTER protocol in the event that medical personnel involved in my care are exposed to my blood or body fluids. Disclosure or results will be determined by standard federal and state regulations.

8. I consent to the use of videotaping and/or photography of my surgery at my surgeon's discretion and release HEALTHSOUTH SURGERY CENTER from all liability from claims of any kind for the taking and use of these photographs or tapes.

9. I understand that if I am pregnant or if there is any possibility that I may be pregnant, I must inform HEALTHSOUTH SURGERY CENTER personnel immediately due to concerns regarding how anesthesia and/or specific procedures might affect my pregnancy.

10. a. I understand that any operation or procedure involves risks and hazards including but not limited to infection, bleeding, blood clots, heart attack, stroke, allergic reactions and pneumonia. These risks can be serious and possibly fatal.

    b. Risks associated with anesthesia and pain management may include but are not limited to: adverse drug reaction, brain damage, death, nerve injury, damage to teeth or dental work, respiratory problems, minor pain and discomfort, headaches, backaches or worsening of pre-existing diseases.

11. I understand the overall risk to me associated with the planned anesthesia services as related to my preoperative medical condition, the magnitude of the operative procedure and the complexity of the anesthesia services. The risk of rejecting the recommended anesthesia services have also been explained to me.

I HAVE READ AND I UNDERSTAND THE MEANING OR PARAGRAPHS ONE THROUGH ELEVEN ABOVE. I ACCEPT ON BEHALF OF MYSELF AND/OR THIS PATIENT ALL OF THE ITEMS LISTED IN THESE PARAGRAPHS.

The necessity for an operation, alternative methods of treatment, and the potential risks of the operation, and possibility of complications have been explained to me and no warranty or guarantee has been made as the result of cure.

Time 1305

Patient's Signature [signature]
(Parent or legal guardian if patient is a minor or unable to sign.)

Date: 9/1/04

Witness of Signature [signature]

☑ MD ☐ DPM ☐ DMD ☐ DSS

Surgeon Sig [signature]

PROCEDURE LESI

TYPE ANESTHESIA local

PRE-OP

RUSSELL, ROBERT
ID: 12618 -- 1 PHONE: 843-744-3282
DOB: 03/17/57 AGE: 47 SEX: M
SSN: 247-06-2960 DOS: 09/01/04
DR: WARREN, MD, GEORGE

PRE OP PHONE CALL	DATE 9/1/04
	TIME 1365

INSTRUCTIONS REVIEWED

ARRIVAL TIME ______

- ☐ NPO AFTER MN
- ☐ CLEAR LIQUID AFTER MN UNTIL ______
- ☐ RESPONSIBLE ADULT TO TRANSPORT AND STAY WITH PATIENT
- ☐ HSSC LOCATION
- ☐ NO MAKE-UP, NAIL POLISH, JEWELRY, VALUABLES, OR ALCOHOL BEVERAGES X 24 HRS. PRE-OP
- ☐ CLOTHING (ACCORDING TO SURGERY)
- ☐ EXPECTED LENGTH OF STAY
- ☐ CONTACT LENSES (REMOVE OR BRING CASE AND SOLUTION)

No Pre Op

MEDICAL HISTORY

YES	NO		YES	NO	
☐	☑	CANCER	☐	☑	HIV, AIDS, OR ANY INFECTIOUS DISEASES
☐	☑	STROKE	☐	☑	SKIN PROBLEMS
☐	☑	SEIZURE / EPILEPSY	☑	☐	ARTHRITIS
☐	☑	PASSING OUT SPELLS	☐	☑	GLAUCOMA
☑	☐	HEADACHES	☐	☑	SMOKER ____ PPD ____ YRS
☐	☑	CARDIAC PROBLEMS	☐	☑	ALCOHOL ____ DRINKS / PER ____
☐	☑	HYPERTENSION	☐	☑	ASPIRIN USAGE
☐	☑	ASTHMA / COPD / SLEEP APNEA	☐	☑	DIET DRUGS
☐	☑	RECENT COLD / BRONCHITIS	☐	☑	DISABILITIES / LIMITATIONS
☐	☑	DIABETES	☐	☑	CULTURAL/SPIRITUAL BELIEFS
☐	☑	HEPATITIS	☐	☑	LANGUAGE/EDUCATIONAL BARRIERS
☐	☑	STOMACH TROUBLE / H. HERNIA	☐	☑	TESTD POSITIVE FOR TB
☐	☑	KIDNEY PROBLEMS	☐	☑	EXPOSED-MEASLES/MUMPS/CHICKEN POX (14 DAYS)
☐	☑	THYROID PROBLEMS	☐	☑	PRIOR ANESTHESIA PROBLEMS
☐	☑	ANEMIA	☐	☑	LIVING WILL
☐	☑	BLEEDING DISORDERS	☐	☑	(FEMALES) PREGNANT? ____ LMP
☐	☑	TRANSFUSION REACTIONS	☐	☑	(PEDIATRICS) FULL TERM BABY
			☐	☐	(PEDIATRICS) UP TO DATE ON IMMUNIZATIONS

CURRENT MEDICATIONS *WILL TAKE

Zyrtec Sonata
Wellbutrin Risperdal
Fluoxetine Vioxx Lamictal

ALLERGIES/REACTION

Percocet

PRIOR SURGERIES

Appy

PRE-OP LABS DONE?		
TEST	Y/N	WHERE/WHEN
EKG	|	
CXR	|	
BLOOD	|	

COMMENTS: No Pre Op

X SHalleman
SIGNATURE

PRE-OPERATIVE ASSESSMENT CHECKLIST

PATIENT ARRIVAL MODE OF ADMISSION: ☐ AMB ☐ W/C ☐ STRETCHER ☐ STEADY GAIT ☐ OTHER ______

☐ SITE VERIFIED ______
☐ SURGEON, PROCEDURE VERIFIED

DATE ______ TIME ______ ACCOMPANIED BY ______

See Block Sheet

MENTAL STATUS

- ☐ ALERT
- ☐ ANXIETY
  - ☐ MILD.
  - ☐ MOD.
  - ☐ SEVERE
- ☐ CONFUSED
- ☐ COMATOSE
- ☐ CALM
- ☐ OTHER
- ☐ LETHARGIC
- ☐ COMBATIVE

SKIN INTEGRITY

COLOR* TEMP* TEXTURE*

- ☐ PINK ☐ WARM ☐ DRY
- ☐ PALE ☐ COOL ☐ MOIST
- ☐ CYANOTIC
- ☐ JAUNDICE
- ☐ OTHER ______

OXYGENATION CIRCULATION

- ☐ REGULAR
- ☐ LABORED
- ☐ OXYGEN
- ☐ OTHER

VITAL SIGNS

B.P.	
TEMP	
PULSE	
RESP.	
S_aO_2%	
HEIGHT	
WEIGHT	
LMP / /	

	YES	NO	N/A
NPO @ ______	☐	☐	☐
H&P/OFFICE NOTES	☐		
SURG. CONSENT SIGNED	☐		
SURG. ATTIRE	☐		
I.D. BAND	☐		
X-RAYS ON STRETCHER	☐		☐
VOIDED	☐	☐	☐
NURSING HISTORY DONE	☐		
ANESTHESIA INTERVIEW	☐		☐
CIRCULATOR INTERVIEW	☐		

☐ SAFETY PRECAUTIONS PER STANDARDS OF CARE

PRE-OP I.V. & MEDICATION

TIME	SOL/MED	AMT/ DOSE	SITE/ ROUTE	CATHETER	BY	RESPONSE	S_aO_2	PULSE

TEST RESULTS

TEST	RESULTS ON CHART
Hc/Hct	
EKG	
CHEST X-RAY	
OTHER	

SAFETY & SECURITY

ITEMS REMOVED	NONE	FAM.	LOCK	COMMENTS
CONTACTS				
EYEGLASSES				
DENTURES/PARTIALS				
PROSTHESIS				
HEARING AIDS				
JEWELRY/HAIRPINS				
NAIL POLISH				
W/C, CANES, ETC...				
UNDERWEAR				
WALLET/PURSE				

MEDICATIONS TAKEN D.O.S.

COMMENTS

0188

X ______
SIGNATURE

INIT. ______ DATE ______

CURRENT LEVEL OF PAIN

0 1 2 3 4 5

HEALTHSOUTH

HEALTHSOUTH
Surgery Center of Charleston
843-764-0992

R...SELL, ROBERT
ID: 12618 -1 PHONE: ~~843-744-9282~~ 810-8463
DOB: 03/17/57 AGE: 47 SEX: M
SSN: 247-06-2960 DOS: 09/01/04
DR: WARREN, MD, GEORGE

POST OPERATIVE INSTRUCTION

YOU ARE URGED TO FOLLOW CAREFULLY THE FOLLOWING INSTRUCTIONS:

✓ Make an appointment to see your physician in / on [handwritten, illegible]

✓ Observe the operative areas for signs of excessive bleeding. (Slow general oozing that saturates the dressing completely or frank bright red bleeding.) In either case, apply pressure to the area, elevate it if possible and contact your physician at once! **Some drainage is normal and to be expected.**

_______ Observe the affected extremity for circulation impairment
- Change in color
- Coldness
- Numbness or tingling
- Increased pain

If any of these signs or symptoms are present, call your physician at once!

✓ Observe the operative areas for signs of infection:
- Increased pain
- Swelling
- Redness
- Foul odor
- Elevated temperature greater than 100°

These signs and symptoms usually become apparent in 36 to 48 hours. If present, contact your physician.

✓ Keep the operative areas clean and dry. Do not remove the dressing unless instructed to do so by your physician.

_______ Keep the operative site elevated for the next 48 to 72 hours.

✓ Apply ice to the operative site as directed

✓ Avoid stress to the suture line such as pulling, pushing, heavy lifting, etc.

_______ May change the nasal tip dressing as needed and as demonstrated.

_______ Avoid sneezing or blowing the nose.

_______ Keep water out of the ears.

_______ Do not use heating pads.

✓ Drink plenty of fluids.

✓ Take tylenol for pain, no aspirin products.

_______ No tampons, douches, intercourse or soapy tub baths until cleared by physician.

_______ May shower tomorrow and remove dressing.

_______ Some shoulder, neck and upper chest pain may be expected for 48 - 72 hours after any laparoscopic surgery.

_______ See Dr. ____________________'s instruction sheet.

REGARDING ANESTHESIA:

If you had general anesthesia or local anesthesia with sedation, please pay particular attention of the following instructions:

1. Do not drink alcoholic beverages including beer for 24 hours. Alcohol enhances the effects of anesthesia and sedation.
2. Do not drive a motor vehicle, operate machinery or power tools for 24 hours. If a child, no bicycle riding, skateboards, gym sets, etc., for 24 hours.
3. Do not make any important decisions or sign legal documents for 24 hours.
4. You may experience lightheadedness, dizziness and sleepiness following surgery. Please **DO NOT STAY ALONE.** A responsible adult should be with you for this 24 hour period.
5. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed; however, it is important to rest for 24 hours following general anesthesia, but you do need to get up and walk, sit in a chair, etc.
6. You may resume eating just as you did before surgery. If you are feeling nauseated, start with liquids such as soft drinks, soup or jello gradually working up to solid foods.
7. Do not climb ladders or stairs without assistance for the first 24 hours.
8. If you haven't urinated within 6 - 8 hours on arriving home, call your physician.
9. Check with physician regarding medications which you were taking prior to surgery.

POSTOPERATIVE TELEPHONE CALL: A representative from the HealthSouth Surgery Center may call you by telephone a few days after surgery. Do not be alarmed. This is a routine call to find our how you are progressing after your surgery.

Physician's Phone #: 797-5050

Prescriptions ____________________

If you should experience difficulty in breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain that is unusual, swelling or fever, please call you physician. If you find that you cannot contact your physician but feel that your signs and symptoms warrant a physician's attention, go to an Emergency Room that is closest to you.

I here accept, understand, and can verbalize these instructions:

0189

Witness: [signature]   Patient or Guardian: [signature]

Date: 9/1/04   ...ionship to Patient: ____________

RUSSELL, ROBERT
ID: 18 -- 1 PHONE: 843-744-3282
DOB: 03/17/57 AGE: 47 SEX: M
SSN: 247-06-2960 DOS: 09/01/04
DR: WARREN, MD, GEORGE

HEALTHSOUTH
Surgery Center of Charleston

Pain Block Documentation

ADMISSION

Admission Time: 1305 Procedure: LESI

Accompanied By: mother Margaret Allergies: Percogesic

Permit Signed: Yes ☑ H&P: Yes ☑ ID Band: Yes ☑ Patient Understands Procedure: Yes ☑ Procedure Verified: Yes ☑

Current Medication: Zyrtec Sonata Wellbutrin Risperdal Lamictal Fluoxetine Vioxx

Current Level of Pain: 1 2 3 4 (5) Location of Pain: See Back Diagrams ☑

Pre-Op Dx: back pain Post-Op Dx: same

Referring Physician: Salero I.V. Site (R) AC #24 gauge

ADMISSION VITAL SIGNS

Time: 1305 B/P: 130/76
Ht: 5'10" Pulse: 96
Wt: 230 Resp: 20
Temp.: 97.4 O2 Sat: 93

INTRA PROCEDURE

Procedure verified by OR team PS RN Initials

Procedure Start: 1350 Patient Position: Sitting ☐ Prone ☑ Supine ☐ Left Side ☐ Right Side ☐

Procedure Stop: 1402 Fluoroscopy: Yes ☑ No ☐ O2 ☐ N/C ☐ Time On: N/A Time Off:

MEDICATION ADMINISTRATION

Time	Medication	Dose	Route
1351	Versed	2mg	IVP
	meds added for epidural tray:		
	Lidocaine 1% 10ml,		
	Depomedrol 160mg		
	Isovue M200		

(L) LS5,

RN Signature: PSmith

INTRA PROCEDURE VITAL SIGNS

TIME	B/P	PULSE	RESP.	O2 SAT
1350	122/82	95	20	95%

Nursing Diagnosis & Care Plan

1. Potential for anxiety related to knowledge deficit
GOAL: Patient demonstrates lower anxiety
- Give clear explanations ☑
- Convey supportive attitude ☑
- Remain with patient during procedure ☑
- Communicates patient concerns to team members ☑

EVALUATION: Patient verbalizes understanding ☑

2. Potential for injury
GOAL: Patient will remain injury free
- Nurse will stay with patient during procedure ☑
- Side rails up post-procedure ☑

EVALUATION: Patient tolerated procedure with no apparent injury ☑

Scrub Tech K [illegible]ston CST

OR Nurse PSmith

POST PROCEDURE RECOVERY

Recovery Admission Time: 1405

Report from: OR Nurse P Smith RN

Anesthesia:

☐ Mod Sedation ☐ MAC ☑ Local ☐ General

Pain Level on Adm: (0–5) 5 Site low back

to PACU Quality sharp

☑ IV Site (R) A Catheter #24 Fluid LTC

☑ s̄ redness or swelling

☐ D5LR ☐ LR INT/IV Out @ 1425 Total Amt Infused

☐ 1000ml ☐ 500 ml Other:

☐ Glucose Accucheck for diabetics n/a

Patient position on admission:

RX GIVEN TO PT./FAMILY

Med: ___ Dose: ___ Freq: ___ # ___
Med: ___ Dose: ___ Freq: ___ # ___
Med: ___ Dose: ___ Freq: ___ # ___

Adm. Temp 96.6 Discharge Temp. 97'

VITAL SIGNS

Time	B/P	Pulse	Resp	O2 Sat	Pain Level
1405	114/68	91	18	95	5
1410	112/69	85	18	94	5
1415	124/81	85	18	95	4
1420	117/77	84	18	94	4
1425	113/73	80	18	96	4
1430	121/78	81	18	98	4

MEDICATIONS

Time	Drug	Dose	Route	Response	Initials

RN SIGNATURE SHollemanRN
RN SIGNATURE PSmithRN PS
RN SIGNATURE Cindy Williamson
RN SIGNATURE
RN SIGNATURE
PHYSICIAN [signature]

0190

FP-8475 (4/04) FORMS PLUS INC. (205) 987-7474

HEALTHSOUTH SURGERY CENTER OF CHARLESTON
OPERATIVE REPORT

RECEIVED
OCT 19 2004
99449- WC

PATIENT: RUSSELL, ROBERT
MR#: 12618
DATE: 10/08/2004

SURGEON: GEORGE F. WARREN, M.D.
ANESTHESIA: IV SEDATION.
PREOPERATIVE DIAGNOSIS: RIGHT SCIATICA.
POSTOPERATIVE DIAGNOSIS: RIGHT SCIATICA.
OPERATION: LUMBAR EPIDURAL STEROID INJECTION, L5-S1 RIGHT.

DESCRIPTION OF PROCEDURE: The patient was placed prone on the imaging table. He was given 2 mg of IV Versed for conscious sedation. The L5-S1 interlaminar space was identified and marked correspondingly on the skin. After prep and drape, an 18-gauge Crawford needle was placed down to the ligament. Using loss-of-resistance technique, the epidural space was entered. Aspiration was negative. Injection of contrast showed epidural flow. To this site was injected 4 cc of 1% Xylocaine and 160 mg of Depo-Medrol. The needle was withdrawn.

The patient was discharged to the recovery area for observation.

GEORGE F. WARREN, M.D.

284/OTI:CHA/100/122852
D: 10/09/2004 0909
T: 10/11/2004 1013

CONSENT TO OPERATION, ADMINISTATION OF ANESTHETICS AND RENDERING OF OTHER MEDICAL SERVICES

Patient's Name Robert Russell

1. I hereby authorize and direct Dr. Warren and/associates or assistants of his/her choice to perform the following operation on me. (My child or ward)
   Lumbar Steroid Epidural Injection

2. I hereby authorize and direct the above named surgeon to arrange for such additional services for me, as he/she may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.

3. I hereby authorize a pathologist to use his/her discretion in the disposal of any severed tissue or member, except ______

4. I am aware that my physician may have an ownership interest in the facility, and I acknowledge that I have a right to have the procedure performed elsewhere.

5. I/We hereby authorize all doctors, pharmacists, HEALTHSOUTH SURGERY CENTER or other institutions rendering care and treatment to furnish the responsible parties and/or insurance companies with full information regarding treatment rendered. (Including copies of their records).

6. I ACKNOWLEDGE that I have been advised by HEALTHSOUTH SURGERY CENTER personnel that I should not drive until the effects of the anesthetic medication have worn off. This means I understand I should not drive until the day after my operation, at the earliest.

7. I consent to testing for Hepatitis B and HIV per HEALTHSOUTH SURGERY CENTER protocol in the event that medical personnel involved in my care are exposed to my blood or body fluids. Disclosure or results will be determined by standard federal and state regulations.

8. I consent to the use of videotaping and/or photography of my surgery at my surgeon's discretion and release HEALTHSOUTH SURGERY CENTER from all liability from claims of any kind for the taking and use of these photographs or tapes.

9. I understand that if I am pregnant or if there is any possibility that I may be pregnant, I must inform HEALTHSOUTH SURGERY CENTER personnel immediately due to concerns regarding how anesthesia and/or specific procedures might affect my pregnancy.

10. a. I understand that any operation or procedure involves risks and hazards including but not limited to infection, bleeding, blood clots, heart attack, stroke, allergic reactions and pneumonia. These risks can be serious and possibly fatal.

    b. Risks associated with anesthesia and pain management may include but are not limited to: adverse drug reaction, brain damage, death, nerve injury, damage to teeth or dental work, respiratory problems, minor pain and discomfort, headaches, backaches or worsening of pre-existing diseases.

11. I understand the overall risk to me associated with the planned anesthesia services as related to my preoperative medical condition, the magnitude of the operative procedure and the complexity of the anesthesia services. The risk of rejecting the recommended anesthesia services have also been explained to me.

I HAVE READ AND I UNDERSTAND THE MEANING OR PARAGRAPHS ONE THROUGH ELEVEN ABOVE. I ACCEPT ON BEHALF OF MYSELF AND/OR THIS PATIENT ALL OF THE ITEMS LISTED IN THESE PARAGRAPHS.

The necessity for an operation, alternative methods of treatment, and the potential risks of the operation, and possibility of complications have been explained to me and no warranty or guarantee has been made as the result of cure.

Time 0800

Patient's Signature X Robt H. Russell

(Parent or legal guardian if patient is a minor or unable to sign.)

Date: 10/8/04

Witness of Signature S. Bradley

☐ MD ☐ DPM ☐ DMD ☐ DSS

Surgeon S[ignature] [signature]

PROCEDURE LESI

TYPE ANESTHESIA Local

Rob W Russell

RUSSELL, ROBERT
ID: 12618 -- 2 PHONE: 843-744-3282
DOB: 03/17/57 AGE: 47
SSN: 247-06-2960 SEX: M
DR: WARREN, MD, GEORGE DOS: 10/08/04

PRE-OP

PRE OP PHONE CALL	DATE 10/7/04
	TIME 854

INSTRUCTIONS REVIEWED

ARRIVAL TIME 800

- [x] NPO AFTER MN
- [x] CLEAR LIQUID AFTER MN UNTIL ______
- [x] RESPONSIBLE ADULT TO TRANSPORT AND STAY WITH PATIENT
- [x] HSSC LOCATION
- [x] NO MAKE-UP, NAIL POLISH, JEWELRY, VALUABLES, OR ALCOHOL BEVERAGES X 24 HRS. PRE-OP
- [x] CLOTHING (ACCORDING TO SURGERY)
- [x] EXPECTED LENGTH OF STAY.
- [x] CONTACT LENSES (REMOVE OR BRING CASE AND SOLUTION)

CURRENT MEDICATIONS *WILL TAKE

Lamectal, Zyrtec, Sonata, Wellbutrin, Risperdal, Fluoxetine, Clonazepam

ALLERGIES/REACTION

Percocet

MEDICAL

YES	NO	
	☒	CANCER
	☒	STROKE
	☒	SEIZURE / EPILEPSY
	☒	PASSING OUT SPELLS
☑		HEADACHES
	☒	CARDIAC PROBLEMS
	☒	HYPERTENSION
	☒	ASTHMA / COPD / SLEEP APNEA
	☒	RECENT COLD / BRONCHITIS
	☒	DIABETES
	☒	HEPATITIS
	☒	STOMACH TROUBLE / H. HERNIA
	☒	KIDNEY PROBLEMS
	☒	THYROID PROBLEMS
	☒	ANEMIA
	☒	BLEEDING DISORDERS
	☒	TRANSFUSION REACTIONS

YES	NO	
	☒	HIV, AIDS, OR ANY INFECTIOUS DISEASES
	☒	SKIN PROBLEMS
☑		ARTHRITIS
	☒	GLAUCOMA
	☒	SMOKER ____ PPD ____ YRS
	☒	ALCOHOL ____ DRINKS / PER ____
	☒	ASPIRIN USAGE
	☒	DIET DRUGS
	☒	DISABILITIES / LIMITATIONS
	☒	CULTURAL/SPIRITUAL BELIEFS
	☒	LANGUAGE/EDUCATIONAL BARRIERS
	☒	TESTD POSITIVE FOR TB
	☒	EXPOSED-MEASLES/MUMPS/CHICKEN POX (14 DAYS)
	☒	PRIOR ANESTHESIA PROBLEMS
	☒	LIVING WILL
	☒	(FEMALES) PREGNANT? ____ LMP
	☒	(PEDIATRICS) FULL TERM BABY
	☒	(PEDIATRICS) UP TO DATE ON IMMUNIZATIONS

PRIOR SURGERIES

Appy

PRE-OP LABS DONE?		
TEST	Y/N	WHERE/WHEN
EKG		
CXR		
BLOOD		

COMMENTS:

SIGNATURE [signature]

PRE-OPERATIVE ASSESSMENT CHECKLIST

PATIENT ARRIVAL MODE OF ADMISSION: ☐ AMB ☐ W/C ☐ STRETCHER ☐ STEADY GAIT ☐ OTHER ______

DATE ______ TIME ______ ACCOMPANIED BY ______

☐ SITE VERIFIED ______
☐ SURGEON, PROCEDURE VERIFIED

MENTAL STATUS

☐ ALERT ☐ ANXIETY ☐ MILD ☐ CONFUSED ☐ MOD. ☐ SEVERE ☐ COMATOSE ☐ CALM ☐ OTHER ☐ LETHARGIC ☐ COMBATIVE

SKIN INTEGRITY

COLOR*: ☐ PINK ☐ PALE ☐ CYANOTIC ☐ JAUNDICE ☐ OTHER ______
TEMP*: ☐ WARM ☐ COOL
TEXTURE*: ☐ DRY ☐ MOIST

OXYGENATION CIRCULATION

☐ REGULAR ☐ LABORED ☐ OXYGEN ☐ OTHER

VITAL SIGNS

B.P.	
TEMP.	
PULSE	
RESP.	
S_aO_2%	
HEIGHT	
WEIGHT	
LMP / /	

	YES	NO	N/A
NPO @ ______	☐	☐	☐
H&P/OFFICE NOTES	☐		
SURG. CONSENT SIGNED	☐		
SURG. ATTIRE	☐		
I.D. BAND	☐		
X-RAYS ON STRETCHER	☐		☐
VOIDED	☐	☐	☐
NURSING HISTORY DONE	☐		
ANESTHESIA INTERVIEW	☐		☐
CIRCULATOR INTERVIEW	☐		

☐ SAFETY PRECAUTIONS PER STANDARDS OF CARE

PRE-OP I.V. & MEDICATION

TIME	SOL/MED	AMT/ DOSE	SITE/ ROUTE	CATHETER	BY	RESPONSE	S_aO_2	PULSE

TEST RESULTS

TEST	RESULTS ON CHART
Hc/Hct	
EKG	
CHEST X-RAY	
OTHER	

SAFETY & SECURITY

ITEMS REMOVED	NONE	FAM.	LOCK	COMMENTS
CONTACTS				
EYEGLASSES				
DENTURES/PARTIALS				
PROSTHESIS				
HEARING AIDS				
JEWELRY/HAIRPINS				
NAIL POLISH				
W/C, CANES, ETC...				
UNDERWEAR				
WALLET/PURSE				

MEDICATIONS TAKEN D.O.S.

COMMENTS

0193

X ______
SIGNATURE

INIT. ______ DATE ______

CURRENT LEVEL OF PAIN

0 1 2 3 4 5

HEALTHSOUTH
Surgery Center of Charleston

RUSSELL, ROBERT
ID: 12618 -- 2 PHONE: 843-744-3282
DOB: 03/17/57 AGE: 47 SEX: M
SSN: 247-06-2960 DOS: 10/08/04
DR: WARREN, MD, GEORGE

HEALTHSOUTH
Surgery Center of Charleston

Pain Block Documentation

ADMISSION

Admission Time: 0800 Procedure: LESI

Accompanied By: Sister-Rose Allergies: Percogesic

Permit Signed: Yes ☑ H&P: Yes ☑ ID Band: Yes ☑ Patient Understands Procedure: Yes ☑ Procedure Verified: Yes ☑

Current Medication: Zyrtec, Sonata, Wellbutrin, Respirdal, Fluoxetine, Neox

Current Level of Pain: 1 2 3 4 (5) Location of Pain: See Back Diagrams ☑

Pre-Op Dx: Radiculopathy Post-Op Dx: Same

Referring Physician: Stovall I.V. Site #24 (L) AC 8mls gauge

ADMISSION VITAL SIGNS

Time: 0800 B/P: 134/90
Ht: 5'10" Pulse: 75
Wt: 232# Resp: 18
Temp.: 97.1 O2 Sat: 94

INTRA PROCEDURE

Procedure verified by OR team TM RN Initials

Procedure Start: 0835 Patient Position: Sitting ☐ Prone ☑ Supine ☐ Left Side ☐ Right Side ☐

Procedure Stop: 0850 Fluoroscopy: Yes ☑ No ☐ O2 ☐ N/C ☐ Time On: ______ Time Off: ______

MEDICATION ADMINISTRATION

Time	Medication	Dose	Route
0846	Versed	2mgm	iv
0850	Depomedrol	160mg	epidural
0850	Isovue dye		epidural

RN Signature: T. Mood RN

INTRA PROCEDURE VITAL SIGNS

TIME	B/P	PULSE	RESP.	O2 SAT
0835	145/86	74	18	98%

Nursing Diagnosis & Care Plan

1. Potential for anxiety related to knowledge deficit
GOAL: Patient demonstrates lower anxiety
Give clear explanations ☑
Convey supportive attitude ☑
Remain with patient during procedure ☑
Communicates patient concerns to team members ☑
EVALUATION: Patient verbalizes understanding ☑

2. Potential for injury
GOAL: Patient will remain injury free
Nurse will stay with patient during procedure ☑
Side rails up post-procedure ☑
EVALUATION: Patient tolerated procedure with no apparent injury ☑

Scrub Tech R. Alston

OR Nurse T. Mood RN

POST PROCEDURE RECOVERY

Recovery Admission Time: 0850

Report from: OR Nurse T. Mood RN RN

Anesthesia: Versed 2mg

☒ Mod Sedation ☐ MAC ☐ Local ☐ General

Pain Level on Adm: (0–5) ______ Site Lumbar

☒ to PACU

☒ IV Site (L) AC Catheter 24 Fluid LTC 0

☒ s̄ redness or swelling

☐ D5LR ☐ LR INT/IV Out @ ______ Total Amt Infused ______

☐ 1000ml ☐ 500 ml Other: N/A

☐ Glucose Accucheck for diabetics ______

Patient position on admission: Supine

RX GIVEN TO PT./FAMILY

Med: Bextra Dose: 20mg Freq: QD # 40

Med: ______ Dose: ______ Freq: ______ # ______

Med: ______ Dose: ______ Freq: ______ # ______

Adm. Temp 97.6 Discharge Temp. 97.8

VITAL SIGNS

Time	B/P	Pulse	Resp	O2 Sat	Pain Level
0850	137/83	72	20	98	5
0855	137/86	70	20	98	5
0900	143/96	75	20	97	5
0905	143/85	74	20	97	5
0910	139/85	71	20	98	5

MEDICATIONS

Time	Drug	Dose	Route	Response	Initials

RN SIGNATURE Sbradley RN/BMS RN SIGNATURE ______
RN SIGNATURE T. Mood RN RN SIGNATURE [signature]
RN SIGNATURE [signature] PHYSICIAN [signature]

0194

FP-8475 (4/04) FORMS PLUS, INC. (205) 987-7474

HEALTHSOUTH
Surgery Center of Charleston
843-764-0992

POST OPERATIVE INSTRUCTION

K SELL, ROBERT
ID: 12618 -- 2 PHONE: 843-744-3282
DOB: 03/17/57 AGE: 47 SEX: M
SSN: 247-06-2960 DOS: 10/08/04
DR: WARREN, MD, GEORGE

YOU ARE URGED TO FOLLOW CAREFULLY THE FOLLOWING INSTRUCTIONS:

✓ Make an appointment to see your physician in / on ____________

✓ Observe the operative areas for signs of excessive bleeding. (Slow general oozing that saturates the dressing completely or frank bright red bleeding.) In either case, apply pressure to the area, elevate it if possible and contact your physician at once! **Some drainage is normal and to be expected.**

____ Observe the affected extremity for circulation impairment

Change in color	Coldness
Numbness or tingling	Increased pain

If any of these signs or symptoms are present, call your physician at once!

✓ Observe the operative areas for signs of infection:

Increased pain	Swelling
Redness	Foul odor

Elevated temperature greater than 100°
These signs and symptoms usually become apparent in 36 to 48 hours. If present, contact your physician.

____ Keep the operative areas clean and dry. Do not remove the dressing unless instructed to do so by your physician.

____ Keep the operative site elevated for the next 48 to 72 hours.

✓ Apply ice to the operative site as directed

✓ Avoid stress to the suture line such as pulling, pushing, heavy lifting, etc.

____ May change the nasal tip dressing as needed and as demonstrated.

____ Avoid sneezing or blowing the nose.

____ Keep water out of the ears.

____ Do not use heating pads.

✓ Drink plenty of fluids.

✓ Take tylenol for pain, no aspirin products.

____ No tampons, douches, intercourse or soapy tub baths until cleared by physician.

✓ May shower tomorrow and remove ~~dressing~~. bandaid

____ Some shoulder, neck and upper chest pain may be expected for 48 - 72 hours after any laparoscopic surgery.

____ See Dr. ____________'s instruction sheet.

REGARDING ANESTHESIA:

If you had general anesthesia or local anesthesia with sedation, please pay particular attention of the following instructions:

1. Do not drink alcoholic beverages including beer for 24 hours. Alcohol enhances the effects of anesthesia and sedation.
2. Do not drive a motor vehicle, operate machinery or power tools for 24 hours. If a child, no bicycle riding, skateboards, gym sets, etc., for 24 hours.
3. Do not make any important decisions or sign legal documents for 24 hours.
4. You may experience lightheadedness, dizziness and sleepiness following surgery. Please **DO NOT STAY ALONE.** A responsible adult should be with you for this 24 hour period.
5. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed; however, it is important to rest for 24 hours following general anesthesia, but you do need to get up and walk, sit in a chair, etc.
6. You may resume eating just as you did before surgery. If you are feeling nauseated, start with liquids such as soft drinks, soup or jello gradually working up to solid foods.
7. Do not climb ladders or stairs without assistance for the first 24 hours.
8. If you haven't urinated within 6 - 8 hours on arriving home, call your physician.
9. Check with physician regarding medications which you were taking prior to surgery.

POSTOPERATIVE TELEPHONE CALL: A representative from the HealthSouth Surgery Center may call you by telephone a few days after surgery. Do not be alarmed. This is a routine call to find our how you are progressing after your surgery.

Physician's Phone #: 797-1252

Prescriptions Bextra 20mg 1 qd (#10)

If you should experience difficulty in breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain that is unusual, swelling or fever, please call you physician. If you find that you cannot contact your physician but feel that your signs and symptoms warrant a physician's attention, go to an Emergency Room that is closest to you.

I here accept, understand, and can verbalize these instructions:

0195

Witness: [signature]　　Patient or Guardian: X [signature]

Date: 10/8/04　　Relationship to Patient: ____________

HEALTHSOUTH SURGERY CENTER OF CHARLESTON
OPERATIVE REPORT

PATIENT: RUSSELL, ROBERT
MR#: 12618
DATE: 10/08/2004

SURGEON: GEORGE F. WARREN, M.D.
ANESTHESIA: IV SEDATION.
PREOPERATIVE DIAGNOSIS: RIGHT SCIATICA.
POSTOPERATIVE DIAGNOSIS: RIGHT SCIATICA.
OPERATION: LUMBAR EPIDURAL STEROID INJECTION, L5-S1 RIGHT.

DESCRIPTION OF PROCEDURE: The patient was placed prone on the imaging table. He was given 2 mg of IV Versed for conscious sedation. The L5-S1 interlaminar space was identified and marked correspondingly on the skin. After prep and drape, an 18-gauge Crawford needle was placed down to the ligament. Using loss-of-resistance technique, the epidural space was entered. Aspiration was negative. Injection of contrast showed epidural flow. To this site was injected 4 cc of 1% Xylocaine and 160 mg of Depo-Medrol. The needle was withdrawn.

The patient was discharged to the recovery area for observation.

GEORGE F. WARREN, M.D.

284/OTI:CHA/100/122852
D: 10/09/2004 0909
T: 10/11/2004 1013

SPORTS PLUS +®
PHYSICAL THERAPY SERVICES

INITIAL EVALUATION

PATIENT: Robert Russell
REFERRING PHYSICIAN: Dr. Stovall
DIAGNOSIS: Lumbar L5-S1 DDD
DATE OF SERVICE: 11/3/04

SUBJECTIVE: The patient reports on June 11th he had a MVA. Since that time he indicates he has had pain in his low back on a constant basis. His major complaints are LBP in sitting, standing, and walking. There is no position of relief at this point. He says any position after 20 to 30 minutes intensifies his pain. He is not able to walk over ¼ mile or sit more than 20 min. He is not able to sleep through the night secondary to back pain. Medication is inclusive for antidepressants, heart medication, as well as 2 epidurals, Ultracet, and Vioxx. He is currently on light duty, and unable to use an auger at work. Diagnostic tests are inclusive for MRI and x-ray which indicates DDD.

OBJECTIVE: This 47 YO overweight male presents today with a moderate increase in lordosis from L1-L4 with mild atrophy along the paraspinals bilaterally. ROM was noted to be full with mild pain upon extension. SLR and slump test were both (-). He did have decrease flexibility in both his hip flexors, hamstring, and piriformis musculature. Strength was grossly tested at 5-/5 of the LE. Upon palpation, he was hypomobile along the facets of the right paraspinals, and mildly hyper along on the left side of the facets. He had irritated bursae along both PSIS's with tenderness and swelling noted. Mild atrophy was noted along the gluteal muscles, gluteal medius.

ASSESSMENT: DDD with postural deficits along with mild trauma. Patient is a good candidate for rehab for dynamic lumbar strengthening as well as anti-inflammatory modalities.

GOALS: **STG** (Two weeks): 1) Tolerate any position for 30 min. w/o an increase in LBP. 2) Pain rated at 2-3/10 for 5/7 days. **LTG** (Four weeks): 1) RTW full duty, including auger use. 2) Independent with HEP for spine stabilization.

PLAN: The patient will be seen approximately twice a week for 4 – 6 weeks focusing on dynamic lumbar stabilization stretching and strengthening, modalities as indicated, along with MT.

Thank you again for this referral.

Laura Christiansen, MS PT

SPORTS PLUS +

Physical Therapy
History & Interview Form

Patient Name: Robert Gene Russel

Please briefly describe your problem that brings you for therapy: Bulging Disk - Back pain ~~[illegible] Auto accident~~

When did it occur and how? 6-11-04 Auto Accident

Indicate where your pain is located and what type of pain you feel at the present time. Use the symbols below to describe your pain. **Do not indicate areas of pain which are not related to your present injury or condition.**

For stabbing or sharp pain...use /// on the diagram.
For burning pain...use XXX on the diagram.
For pains like pins and needles...use OOO on the diagram.
For feelings of numbness...use = = = on the diagram.

What eases your pain? massage
What makes your pain worse? Driving long distance
Is your pain increasing with frequency? (Yes) or No (circle one)
Is your pain increasing with severity? (Yes) or No (circle one)
Do you have any sleep disturbance? (Yes) or No (circle one)
Do you have any numbness in your genital areas? Yes or (No) (circle one)
Do you have any problems with your bladder or bowels? Yes or (No) (circle one)
If Yes, please describe:

How do you feel in the morning? Back hurts

Once you start moving around does your condition improve? Yes or (No) (circle one)

Have you experienced (circle all that apply) dizziness, double vision, or fainting spells? NO
What is the usual cause of your dizziness, double vision or fainting spell?

Have you ever been hospitalized? If Yes, for what and when? appendics removed (1962) heart artherization (March ~~April~~ 2004)

Have you ever had any surgery? If yes, for what and when? Appendics removed (1962), micro-surgery on finger 1987

Have you had an MRI, x-rays, EMG or any other tests? If yes, which test and when? x-rays (6-11-04) MRI (07-28-04)

Do you have (circle those that apply) Rheumatoid arthritis Osteoporosis Diabetes Cancer Heart Problems High Blood Pressure (Other Problems)

If you circled any of the above, please provide information concerning your particular condition below. Bulging Disk, Depression

0198

UC
11/03

LOWCOUNTRY ORTHOPAEDICS & SPORTS MEDICINE

SPINE CENTER
2880 TRICOM STREET
N. CHARLESTON, SC 29406
(843) 797-5050

PHYSICAL THERAPY REFERRAL

NAME Robert Russell FILE# Home 810-8463 DATE 10/22/04.

DIAGNOSIS L5-S1 DDD

INITIAL TREATMENT DATE

TREATMENT SCHEDULE 8-10 tx

PROCEDURES:

SI JOINT ______ THORACIC ______

MODALITIES ______ CERVICAL ✓ LUMBAR ✓

HOT PACKS

ICE

ULTRASOUND

PHONOPHORESIS

ELECTRICAL STIM

DEEP TISSUE MASSAGE

ADL'S: WORK ______

HOME ______

✓ ROM, MOBILIZATION

______ ISOMETRICS

✓ MANUAL TX

______ TRACTION

✓ STABILIZATION

______ EXTENSION EXERCISES

✓ FLEXION EXERCISES

✓ STRETCHING

PROTOCOLS

______ CERVICAL FUSION

______ LUMBAR FUSION

______ LUMBAR DISCECTOMY

______ IDET PROCEDURE

______ SACRAL

EQUIPMENT

______ HOME CERVICAL TRACTION UNIT

______ TENS UNIT

______ CERVICAL PILLOW

______ LUMBAR SUPPORT

______ WALKER

______ CRUTCHES

______ CANE

PHYSICIAN'S SIGNATURE: Cynthia R Wood CP 560 val 1

COMMENTS:

0199

EVALUATION WORKSHE

COMP 032702

_____ See attached addendum

2004-2909 (SM)

SUBJECTIVE:

Current History / Mechanism: MUA June 11th

(P) from then on

Date: Russell, Robert

Patient:

Physician:

Diagnosis:

Frequency:

Next MD appointment:

Previous History / Surgery:

Pain Rating 1-2-3-4-5-6-7-8-9-10

Major Complaints: LB sit → stand walking 20-30 → sore—not too much

sleep—gets to sleep

Asst. Device / Splint / Brace:

Medication: 2 EPIDURALS

Occupation / Hobbies: working inspecting / driving /

Diagnostic Tests: MRI x-ray

Overweight

OBJECTIVE:

Posture / Gait: ↑ Lordosis L1-4

ROM: full mild (P) c ext

Special tests: SLR (–) tight Ham

Strength: grossly 5/5 LE

Neurological: DTR 2+

Palpation: Hypo (R) / hyper (L) facets - irritated (B) bursae

Edema / Atrophy:

Precautions:

0200

PROGRESS NOTE

PATIENT Roland Russell DOCTOR Stowell
DIAGNOSIS NEXT MD APPT
Date 11-3-04 # Rx since last re-eval Rx remaining 10
SUBJECTIVE LB (P) constant - no relief

OBJECTIVE
Interl. ___ min MH ___ min CTX/PTX ___ lbs intVatallo ___ (1) Eval
E-stim ___ min (2) joint mobs 10 (3) ther ex per flow sheet 15 min patient
(4) CP 10 min other ___ min US cont/pulse ___ min ionto

(1) Eval (2) Manual ⟷ (B) paraspinals & facets L1-4 grd I & II (3) Pelvic tilt c̄ BP x 10, HAM, piriformis 3/30" (4) CP x 10

ASSESSMENT: Response to treatment / Goal Status STG 2 wks (1) Tolerate 30 min any position s̄ LBP (2) Pain 2-3/10 5/7 days
LTG 4 wks (1) return to work full duty (2) I c̄ HEP 50-ex status

PLAN: add OLS system marching / 1/2 bugs s̄ (multifidi, hip stretching, Phorio bursae

Therapist Signature: [signature]

Date 11-4-04 # Rx since last re-eval Rx remaining 9
SUBJECTIVE Sore - not sure of exercising correctly

OBJECTIVE
Interl. ___ min MH ___ min CTX/PTX ___ lbs intVatallo ___ fluido
E-stim ___ min (2) joint mobs 15 (1) ther ex per flow sheet 20 min patient
(3) CP ___ min other ___ min US cont/pulse ___ min ionto

(1) Ther-ex, pelvic tilt, ISO abds c̄ ball, UE + LE's x10 each, hip, ham, piriformis (2) Manual (B) S/L ⟷ c̄ cupping over lower lumbar (3) CP x 10' lumbar

ASSESSMENT: Response to treatment / Goal Status
Very uncoordinated c̄ pelvic tilt, needs lots of 1:1 verbal cueing for these

PLAN: Cont, add multifidi + standing hip

[signature]

PROGRESS NOTES

PATIENT Robert Russell DOCTOR Small
DIAGNOSIS LBP NEXT MD APPT ______

Date 11-9-04 # Rx since last re-eval ______ Rx remaining 8

SUBJECTIVE Very sore friday. LB (L) went to Chiro SAT

OBJECTIVE

___ Interf. ___ min ___ MH ___ min ___ CTX/PTX ___ #lbs int/static ___ ___ fluido ___ min
___ E-stim ___ min ___ joint mobs ___ (1) ther ex per flow sheet 30 min ___ paraffin
___ CP ___ min ___ other ___ min ___ US cont/pulse ___ min ___ Ionto ___ mA/min

(1) Re-education on ther. ex use of ice & [illegible] - Ther ex - pelvic tilt - supine + against wall standing hip add/ext x10 each, multifidi black x20 each.

ASSESSMENT: Response to treatment / Goal Status Very poor concept of ther-ex + posture

PLAN: add quadruped

Therapist Signature: [signature] PTA

Date 11-16-04 # Rx since last re-eval ______ Rx remaining 7

SUBJECTIVE Still sore - took Loratab this weekend no change

OBJECTIVE

___ Interf. ___ min ___ MH ___ min ___ CTX/PTX ___ #lbs int/static ___ ___ fluido ___ min
___ E-stim ___ min ___ joint mobs ___ ___ ther ex per flow sheet ___ min ___ paraffin
___ CP ___ min ___ other ___ min ___ US cont/pulse ___ min ___ Ionto ___ mA/min

(1) ther ex x 60 min c̄ emphasis on posture + body mech (2) IFC x15 then MS Stim x15' LB

ASSESSMENT: Response to treatment / Goal Status cont to need 1-1 for posture + body mech

PLAN: Re-eval next MD 11-19-04

Therapist Signature: [signature]

0202

COMMPN 022702

PROGRESS NOTES

PATIENT Robert Russell DOCTOR Stand

DIAGNOSIS LBP NEXT MD APPT 11-19-04

Date 11-18-04 # Rx since last re-eval ____ Rx remaining ____

SUBJECTIVE Sore ō IFC/NMEs

OBJECTIVE

____ Interf. ____ min (2) MH 8 min ____ CTX/PTX ____ #lbs int/static ____ ____ fluido ____ min

____ E-stim ____ min ____ joint mobs ____ (1) ther ex per flow sheet 40 min ____ paraffin

____ CP ____ min ____ other ____ min ____ US cont/pulse ____ min ____ ionto ____ mA/min

(1) Ther-ex per flow - Cont to be unable to maintain a pelvic tilt. (2) MH x 8' to LB

ASSESSMENT: Response to treatment / Goal Status . No responding to most therapy; Cont side to side - needed many V.C. for HS/IFC/TD

PLAN: to MD 11-19-04 - Note sent

Therapist Signature: [signature]

New orders for work conditioning.

Date 11-30-04 # Rx since last re-eval ____ Rx remaining ____

SUBJECTIVE Sore LB - had a massage which helps

OBJECTIVE

____ Interf. ____ min ____ MH ____ min ____ CTX/PTX ____ #lbs int/static ____ ____ fluido ____ min

____ E-stim ____ min ____ joint mobs ____ (1) ther ex per flow sheet 60 min ____ paraffin

____ CP ____ min ____ other ____ min ____ US cont/pulse ____ min ____ ionto ____ mA/min

(1) Ther-ex per plan ē Tes

ASSESSMENT: Response to treatment / Goal Status . Discussed importance of abdominal control

PLAN: New orders for work conditioning

Therapist Signature: [signature]

0203

11-19-04
10[10] Cindy

SPORTS PLUS +®
Physical Therapy Services

2880 Tricom Street
Suite B
N. Charleston, SC 29406
Phone: (843) 553-6343
Fax: (843) 553-6404

2271 Ashley Crossing Dr.
Suite 190
Charleston, SC 29414
Phone: (843) 553-6343
Fax: (843) 553-6404

Patient Robert Russell Chart No. 99449

Appt. Date 11-19-04 Dr. Stovall Report Date 11-18-04

Mr Russell has been seen for 5 visits since 11-3-04. Therapy has focused on spine stab @ level I, flexibility training & education of posture & body mech.
Posture cont c̄ significant lordosis & weak abds
Tender over Ⓛ gr. troch.
He responds poorly to all manual & anti-inflam. modalities. Exercises at basic level are also poorly tolerated. No changes in objective s/sx
R. TO MD - therapy not progressing.
Leena Chu[illegible]

Physician's Response
( ) Continue With Change As Suggested Above
( ) Continue As Before
( ) Changes As Follows

Continue to work conditioning program

11/19/04
Date

[signature]
Physician's Signature

PROGRESS NOTES

PATIENT: Robert Russell   DOCTOR: Stovall
DIAGNOSIS: LBP   NEXT MD APPT: ______

Date: 12-6-04   # Rx since last re-eval: ______   Rx remaining: ______

SUBJECTIVE: No change cont c̄ spasms

OBJECTIVE

___ Interf. ___ min   ___ MH ___ min   ___ CTX/PTX ___ #lbs int/static ___   ___ fluido ___ min
___ E-stim ___ min   ___ joint mobs ___   (1) ther ex per flow sheet 48 min   ___ paraffin
(2) CP 10 min   ___ other ___ min   ___ US cont/pulse ___ min   ___ ionto ___ mA/min

(1) Ther ex per grid x 48' - (2) CP x 10'

ASSESSMENT: Response to treatment / Goal Status: Needs lots of 1-1 for pelvic control

PLAN: Cont per plan

Therapist Signature: Laura Charleston PTA

Date: 12-8-04   # Rx since last re-eval: ______   Rx remaining: ______

SUBJECTIVE: Maybe some better

OBJECTIVE

___ Interf. ___ min   ___ MH ___ min   ___ CTX/PTX ___ #lbs int/static ___   ___ fluido ___ min
___ E-stim ___ min   ___ joint mobs ___   ___ ther ex per flow sheet ___ min   ___ paraffin
___ CP ___ min   ___ other ___ min   ___ US cont/pulse ___ min   ___ ionto ___ mA/min

(1) Ther ex per flow x 55 min (2) Re-eval

ASSESSMENT: Response to treatment / Goal Status: Re-eval - ROM full flex/ext/SB MMT 5/5 LE's - abds 3+/5 DTR 2+ LE's S/o spectrum. 30 min max in any position

PLAN: Cont per plan ↑ as tol

Therapist Signature: Laura Charleston PTA

0205

SPORTS PLUS +®
Physical Therapy Services

2880 Tricom Street
Suite B
N. Charleston, SC 29406
Phone: (843) 553-6343
Fax: (843) 553-6404

2271 Ashley Crossing Dr.
Suite 190
Charleston, SC 29414
Phone: (843) 553-6343
Fax: (843) 553-6404

Patient Robert Russell Chart No. ____

Appt. Date 12-16-04 Dr. Stall Report Date 12-14-04

Robert Russell is cont c his work conditioning program rows 50#, lat 50#, abdominal training in supine + quadruped

S: Cont c reports of LBP
O: No evidence of follow through @ home for HEP
ROM: Cont full c mild ↓ ⊕
MMT: Cogwheel 5-/5
Palpation: Cont c mild atrophy lower paraspinales
Plan: Cont X2 weeks + re-eval Laura Ch[illegible]

Physician's Response
( ) Continue With Change As Suggested Above
( ) Continue As Before
( ) Changes As Follows

Hold on PT, ordering repeat MRI

12/16/04
Date

[signature]
Physician's Signature

PROGRESS NOTES

PATIENT Robert Russell
DOCTOR Stovall
DIAGNOSIS CBP
NEXT MD APPT 12-16-04

Date 12-14-04 # Rx since last re-eval ______ Rx remaining ______

SUBJECTIVE had a massage yesterday

OBJECTIVE

___ interf. ___ min ___ MH ___ min ___ CTX/PTX ___ #lbs int/static ___ ___ fluido ___ min

___ E-stim ___ min ___ joint mobs ___ (1) ther ex per flow sheet 45 min ___ paraffin

___ CP ___ min ___ other ___ min ___ US cont/pulse ___ min ___ ionto ___ mA/min

(1) ther ex per flow x45 c̄ 1-1 contact

ASSESSMENT: Response to treatment / Goal Status Goals: 3) [illegible] in position - subjective he can't, Pain 2-3/10 → 5/10, RTW still lt duty. Needs 1-1 for HEP

PLAN: TD MD 12-16-04

Therapist Signature: [signature]

Date 12-16-04 # Rx since last re-eval ______ Rx remaining ______

SUBJECTIVE sore LB

OBJECTIVE

___ interf. ___ min ___ MH ___ min ___ CTX/PTX ___ #lbs int/static ___ (2) re-eval

___ E-stim ___ min ___ joint mobs ___ (1) ther ex per flow sheet 45 min ___ paraffin

(3) CP 10 min ___ other ___ min ___ US cont/pulse ___ min ___ ionto ___ mA/min

(1) Ther ex per grid c̄ 1-1 contact (2) re-eval (3) CP x10

ASSESSMENT: Response to treatment / Goal Status good tol of new exercise

PLAN: cont if MD agrees

Therapist Signature: [signature]

0207

SPORTS PLUS PHYSICAL THERAPY

DISCHARGE SUMMARY

DATE: 1/18/05 Date of patient's last visit: 12/16/04

Robert Russell was referred by Dr. Stovall
with a diagnosis of:

- ☒ Pain: knee/ shoulder/ hip/ ankle/ cervical/ (lumbar)/ ______
- ☐ Strain/Sprain: knee / shoulder/ cervical/ lumbar/______
- ☐ DDD/ DJD: knee/ shoulder/ cervical/ lumbar/ ______
- ☐ Tendonitis / Bursitis: knee/ shoulder / ______
- ☐ S/P Arthroscopy: knee/ shoulder
- ☐ Radiculopathy: cervical/ lumbar/______
- ☐ S/P Fracture humeral/ femur/ tib-fib/ compression/ ______
- ☐ S/P Discectomy
- ☐ S/P TKA/THA/TSR
- ☐ Impingement Syndrome
- ☐ Rotator cuff repair
- ☐ SI Joint Dysfunction
- ☐ Lateral/medial epicondylitis
- ☐ Vestibular/ Balance Rehab
- ☐ Osteoporosis
- ☐ Other: ______

(He)/She) was initially evaluated on 11/3/04 and was seen for a total of 10 treatments. The patient received the following (PT) / OT treatments:

- ☒ Therapeutic Exercises
- ☐ Neuromuscular Reeducation
- ☐ Gait Training
- ☐ Functional Therapeutic Activity
- ☐ Work Conditioning
- ☒ Manual Therapy
- ☐ Orthotic Fitting
- ☐ FCE
- ☐ Biodex Test
- ☐ Vestibular Rehabilitation
- ☐ Other: ______
- ☒ Electrical Stimulation
- ☐ Iontophoresis
- ☐ Ultrasound / Phonophoresis
- ☒ Moist Heat
- ☐ Paraffin
- ☒ Cryotherapy
- ☐ Cervical / Pelvic Traction
- ☐ Whirlpool
- ☐ TENS Fitting
- ☐ Physical Performance Test: ______

Patient status upon discharge: significant / moderate / minimal improvement/ unchanged / worse / unknown / not applicable

Reason for discharge:

- ☒ patient not returning after MD appointment
- ☐ patient not returning for unknown reasons
- ☐ D/C to HEP
- ☐ Other: ______

Goal Status:

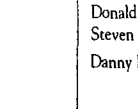
- ☐ goals met
- ☒ goals partially met
- ☐ goals not met

Compliance:

- ☐ compliant
- ☒ partially compliant
- ☐ non-compliant
- ☐ Other: ______

Physical Therapist: [signature]

0208



SOUTHEASTERN SPINE INSTITUTE

SPINAL SURGERY
Donald R. Johnson, II, MD
Steven C. Poletti, MD
Danny Butler, PA-C

CONSERVATIVE SPINE CARE
Leonard E. Forrest, MD
John F. Johnson, MD
G. Robert Richardson III, MD

MAIN OFFICE
900 Bowman Rd., #300
Mt. Pleasant, SC 29464

(843) 849-1551
Fax 884-0629
1-800-432-0274

1941 SAVAGE RD., STE. 100E
CHARLESTON, SC 29407
(843) 763-2720

November 22, 2006

J. David Murrell, Esquire
8086 Rivers Avenue
North Charleston, SC 29406

RE: Robert Russell, Patient #122051

Dear Attorney Murrell:

Today I had an opportunity to evaluate Mr. Robert Russell. As you know, Mr. Russell is a 49-years-old individual who has low back pain and pain into the right buttock and he also has some pain from the low back up toward the mid back.

Mr. Russell relates the onset of his symptoms to a work related motor vehicle accident that occurred 06/11/04. He was the driver of a Ford Ranger work vehicle as he describes it to me. He indicates having his seat belt on. He was making a right turn and so he was slowing down to make that turn when he was hit from behind by another vehicle. Questioning Mr. Russell about the amount of damage to the vehicle, he indicates that it was a relatively mild amount of damage. He indicates that there wks some bumper damage, but that was about all. Nevertheless, Mr. Russell indicates that he had back pain and he also had some other symptoms including dizziness and headache and some left arm pain following the injury. He relates being evaluated at Roper in Moncks Corner. Ultimately his dizziness and headache and left arm symptoms resolved. However, the low back pain has not resolved and actually it has evolved over time. He had initial treatment through the Family Medicine Group in Moncks Corner. He was then referred to Dr. Stovall where he was prescribed a course of physical therapy and also he had two injections which were done by Dr. Warren. I have a note from Dr. Stovall that is dated 01/13/05 wherein Dr. Stovall ascribes a 5% impairment rating and he also defines work restrictions which would be lifting up to 30 pounds on an occasional basis and 20 pounds on a frequent basis. There are further restrictions regarding long periods of climbing, bending, and stooping noted.

Mr. Russell indicates that he has not returned to work. In fact, he retired on disability in June of 2005. Mr. Russell indicates that the disability was partly related to his back and partly related to his bipolar condition.

Mr. Russell indicates that he has continued with chiropractic treatment since that time. He goes for chiropractic treatment twice a week, he tells me.

Mr. Russell credits the chiropractor with at least keeping him as well as he is doing.

Questioning Mr. Russell regarding his activity levels during a given day, it seems to be very limited. He notes that some days are better and some days are worse. He is able to do more on a better day and much less on a bad day. He relates that he will typically lay down for periods of time during the day. He lays down to get off his back and that tends to calm down his symptoms.

Mr. Russell has the bipolar and he has the back problem. Other than that, he considers himself to be healthy. He does note that he additionally takes medication for high cholesterol.

On physical examination, Mr. Russell is pleasant and cooperative. He is generally healthy appearing. Examination reveals some tenderness over the low back although the tenderness is fairly mild. Low back flexibility is mildly limited. I am not finding any definite weakness or other evident neurologic deficit in the lower extremities.

The scan that is available for my review was done 07/28/04. There was a subsequent study done in January of 2005, I understand. That study is not available although I do have the report from that study. On review of the July 2004 study, it is a study done at an open scanner, it appears. As such, the quality is limited. The study shows the abnormality of significance to be at the L5-S1 level. There is a degenerative disc with a superimposed disc contained herniation with annular tear.

Mr. Russell has significant back pain symptoms with radiation into the buttock and also up into the mid back area. It probably is entirely related to that L5-S1 level. The quality of the study is not great, but even with this level of quality, he does have significant abnormality there. I would say the degenerative disc change predated the accident. However, without any reason to suspect otherwise, based on the history it would be my opinion that the tear and contained herniation occurred as a result of that June 2004 accident. This type of abnormality would be very reasonable as to causing Mr. Russell's ongoing significant symptoms.

Mr. Russell did not have any significant lasting improvement with physical therapy or with the injections that were done for him in 2004. While we would definitely try to treat such a problem initially with injections and therapy, the abnormality as defined even by this two and a half year old scan is such that it is reasonable that the therapy and injections alone did not effect any significant improvement. This is the type of a problem for which a more advanced procedure such as an annuloplasty procedure or even disc replacement or fusion is sometimes needed. The ongoing nature of Mr. Russell's problem would place him in that category, I believe.

Having said that, when I started to discuss with Mr. Russell regarding having a further procedure done, and particularly when I brought up the surgery. Mr. Russell indicates that he is definitely not inclined in that direction.

With regard to Mr. Russell having an annuloplasty or a surgical procedure done, I certainly would not be able to guarantee that he would have improvement. As with any procedure he could have complications and he could do worse. As such, I would certainly not be willing to state that these are procedures that "should" be done. Rather, I would view this as Mr. Russell's choice and he is definitely opting to not proceed in a surgical direction.

A new MRI scan could be obtained. This new scan could be done with and without contrast. We would be able to define the problem better and he may well have a worsening of the condition. Having said that, if Mr. Russell already is not inclined in a direction of a more advanced procedure, getting the new scan would be for academic purposes only. At some point Mr. Russell may choose to have further evaluation and treatment done. If and when he does, at that time a new scan with and without contrast would be more reasonable.

With regard to an impairment rating for Mr. Russell, I recognize the reason for which Dr. Stovall had ascribed a 5% permanent impairment rating. This is a single level disc disruption. With a straightforward single level disc disruption, such as a disc bulge, I will personally always ascribe a 5% permanent impairment rating. In Mr. Russell's case, the disc situation is obviously more complex than that. Using the AMA Guides as they are intended to be (guides), for such abnormalities I ascribe a 10% permanent impairment rating. That is what I would ascribe in Mr. Russell's case.

With regard to work activities, it is my understanding is that Mr. Russell has retired on disability and it seems appropriate in this case. My understanding from him is that it is a combination of his back problems as well as his bipolar. I would further note that at the present time. Mr. Russell's current activity status is fairly low and includes his needing to lay down during the day on occasions and also inability to do much on a bad day. Part of that is a function of chronic pain situation that has occurred here because Mr. Russell has had pain going on for a long time now. In any event, I don't see Mr. Russell effectively getting back to work even though it is not strictly on the basis of his back injury and L5-S1 disc specifically. Further, while surgery theoretically could improve his situation to the point of him being able to function better (including work), it is definitely not necessarily the case that it would.

Thank you for referring Mr. Robert Russell for this independent medical evaluation.

RUSSELL, ROBERT
Patient #122051
November 22, 2006
Page Four

If I can be of further assistance or if you have any questions or comments, please do not hesitate to call or write.

Sincerely,

Leonard E. Forrest, M.D.
LEF/awc

Dictated but not read.
T:12/06/06

FUND ANALYSIS

Client: State Accident Fund **Adjuster:** Ruth Bell
Carrier: State Accident Fund **Carrier File #:** 2004-2909 **CC#:** 500
Case: Robert G. Russell -VS- Dept of Health & Environmental
SSN: 247-06-2960 **D/A:** 6/11/2004 **WCCNum:** 0325059
Fund on Notice? : No **(If yes) Fund #:** **Date Filed:**

Medical to Date: $3,898.00
Indemnity to Date: $0.00 **TT Weeks:** 0
Avg Weekly Wage: $629.67 **Date of Disability:** **Comp. Rate:** $419.80
Description of Accident MVA
Accident Location: Moncks Corner
Age: 47 **Sex:** M **Length of Emp:** **Job:**
Employer Contact: **Title:** **Phone:**

Prior medical condition(s): degenerative disc disease, bipolar disorder, prior back injury

Diagnosis of subsequent Injury: low back strain

Current medical status:

Current work status: **RTW Date:**

Is Claimant Represented?: Yes **Attorney's Name:** Davidson & Bennett **Phone:**
Is Claim Settled? : No **(If yes) Amt:** $0.00 **Date settled:**
In Litigation? : No **Date:**

Case Disposition

Create ☐ Potential ☑ No Fund Potential ☐ Close ☐

Status: H2 Potential SIF - File remains premature to write the doctor.

Comments:

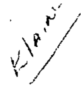
47 YO male involved in a MVA. He had a prior back claim in 3/04. MRI showed some mild degenerative changes that the doctor refers to as DDD. He also has bipolar disorder and is going to weekly sessions with a psychologist. Doctors believe that the depression is being aggravated by this injury. We will place SIF on notice and review again in 4 months to see how the depression is affecting this claim.

Lori G. Colley, Claims Examiner

11/18/2004
Date

Reimbursement Consultants, Inc.
231 Columbia Avenue * Chapin, SC 29036 * (803) 345-5716 * FAX (803) 345-0876

0213



SCDHEC - REQUEST FOR CHANGE IN PERSONNEL STATUS
BUREAU OF PERSONNEL SERVICES
DHEC 301 Rev(08/03)

Work Status: PERM **Action Status:** INITIATED

Type of Action: **Document ID#:** 73957

RECEIVED
FEB 22 2005
PERSONNEL

020 GOING ON LWOP (S) - FAMILY MEDICAL LEAVE ACT(FMLA)

Name: ROBERT G RUSSELL **SSN:** 247-06-2960

Address: 5913 Hagood Ave
Hanahan
SC ~~00000~~ 29406

Class: JB50 ENVIRONMENTAL/HEALTH MGR II **Slot:** 0306 **Band:** 06 **Pos#:** 000043993

Effective Date: 02/16/2005 09:45 AM **Review Date:** 08/17/2004

Old Base Pay: 33,725 **Old Ann Equiv:** 33,725
Pct of Time: 100.00% **Increase:** 0.00%
Lngvty Amt: 0 **Adtnl Bfts:** 0
New Base Pay: 0 **New Ann Equiv:** 0 **Total Pay Out:** 33,725

Budget	Fund	Percent	Amount
2RY20	A100C	88.74	29,928
2RY21	A100C	11.26	3,797

Justification/Comments
employee on LWOP FMLA

Gender: MALE **Check Code:** 008
Race: WHITE **# of hours:** 37.5
DOB: 03/17/1957 **Prior State Emp:** No
Marital: SINGLE **Highest Edu Level:** 17
Phone: (803)723-5355 **Last Date Worked:** 01/14/2005
EPMS Rating: MEETS REQ **Sick Hrs:** 0
Bur/Dist: N/A - Central Office **Annual Hrs:** 0

Date	Route	Status	Routing Message
02/22/2005	LOWE, DONNA	INITIATED	
02/22/2005	WIGGINS, MARIANNE	APPROVED	
02/22/2005	KENNEDY, VARONICA	FORWARDED	Insurance - Elaine

Printed By: KENNEDY, VARONICA **Document ID#:** 73957 **SSN:** 247-06-2960

0214

SCDHEC - REQUEST FOR CHANGE IN PERSONNEL STATUS
BUREAU OF PERSONNEL SERVICES
DHEC 301 Rev(08/03)

Work Status: PERM **Action Status:** COMPLETED - CORRECTION

Type of Action: **Document ID#:** 73957

RECEIVED
MAY 16 2005
PERSONNEL

020 GOING ON LWOP (S) - FAMILY MEDICAL LEAVE ACT(FMLA)

Name: ROBERT G RUSSELL **SSN:** 247-06-2960

Address:

SC 00000

Class: JB50 ENVIRONMENTAL/HEALTH MGR II **Slot:** 0306 **Band:** 06 **Pos#:** 000043993

Effective Date: 04/05/2005 10:00 AM **Review Date:** 08/17/2004

Old Base Pay: 33,725 **Old Ann Equiv:** 33,725

Pct of Time: 100.00% **Increase:** 0.00%

Lngvty Amt: .0 **Adtnl Bfts:** 0

New Base Pay: 0 **New Ann Equiv:** 0 **Total Pay Out:** 33,725

Budget	Fund	Percent	Amount
2RY20	A100C	88.74	29,928
2RY21	A100C	11.26	3,797

Justification/Comments

employee on LWOP FMLA

Gender:	MALE	**Check Code:**	008
Race:	WHITE	**# of hours:**	37.5
DOB:	03/17/1957	**Prior State Emp:**	No
Marital:	SINGLE	**Highest Edu Level:**	17
Phone:	(803)723-5355	**Last Date Worked:**	01/14/2005
EPMS Rating:	MEETS REQ	**Sick Hrs:**	0
Bur/Dist:	N/A - Central Office	**Annual Hrs:**	0

Date	Route	Status	Routing Message
02/22/2005	LOWE, DONNA	INITIATED	
02/22/2005	WIGGINS, MARIANNE	APPROVED	
02/22/2005	KENNEDY, VARONICA	FORWARDED	Insurance - Elaine
02/23/2005	PENLEY, SUSAN	COMPLETED	leave ok
05/05/2005	GARDNER, TINA	DATA CORRECTED BY IS STAFF	change effective date to 4/5/05 at 10:00

Printed By: CHRISLEY, DONNA **Document ID#:** 73957 **SSN:** 247-06-2960

0215

SCDHEC - REQUEST FOR CHANGE IN PERSONNEL STATUS
BUREAU OF PERSONNEL SERVICES
DHEC 301 Rev(08/03)

Work Status: PERM **Action Status:** COMPLETED - CORRECTION

Type of Action: **Document ID#:** 85835

R07 TERMINATE /RESIGNATION (S) - DIDNT RETURN FROM LEAVE WO PAY

Name: ROBERT G RUSSELL **SSN:** 247-06-2960

Address: 1637 RUSSELLVILLE RD
RUSSELLVILLE, SC 29476

Class: JB50 ENVIRONMENTAL/HEALTH MGR II **Slot:** 0306 **Band:** 06 **Pos#:** 000043993

Effective Date: 07/16/2005 05:00 PM **Review Date:** 08/17/2004

Old Base Pay: 33,725 **Old Ann Equiv:** 33,725
Pct of Time: 100.00% **Increase:** 0.00%
Lngvty Amt: 0 **Adtnl Bfts:** 0
New Base Pay: 0 **New Ann Equiv:** 0 **Total Pay Out:** 33,725

Budget	Fund	Percent	Amount
2RY20	A100C	88.74	29,928
2RY21	A100C	11.26	3,797

Justification/Comments

Gender: MALE **Check Code:** 008
Race: WHITE **# of hours:** 37.5
DOB: 03/17/1957 **Prior State Emp:** No
Marital: SINGLE **Highest Edu Level:** 17
Phone: (803)723-5355 **Last Date Worked:** 07/16/2005
EPMS Rating: MEETS REQ **Sick Hrs:** 0.125
Bur/Region: N/A - Central Office **Annual Hrs:** 0.155

Date	Route	Status	Routing Message
07/20/2005	PETERS, FRANKYE	INITIATED	REMOVE FROM FTE POSITION
07/20/2005	WIGGINS, MARIANNE	APPROVED	
07/21/2005	KENNEDY, VARONICA	FORWARDED	
07/21/2005	PENLEY, SUSAN	FORWARDED	leave ok, AL=.155 hrs and SL=.125 hrs. Please complete and I will correct pais.
07/21/2005	KENNEDY, VARONICA	COMPLETED	
07/21/2005	PENLEY, SUSAN	DATA CORRECTED BY IS STAFF	OLD ANNUAL LEAVE BALANCE: 0 OLD SICK LEAVE BALANCE:

0216

			0 leave balances match leave system
07/22/2005	CHRISLEY, DONNA	DATA CORRECTED BY IS STAFF	changed effective date per conv between F. Peters and B Oswalt Changed APP_ACTION_DATE_EF FROM 7/18/2005 TO 7/17/2005
07/22/2005	CHRISLEY, DONNA	DATA CORRECTED BY IS STAFF	Changed APP_ACTION_DATE_EF FROM 7/17/2005 TO 7/16/2005
07/28/2005	CHRISLEY, DONNA	DATA CORRECTED BY IS STAFF	corrected time Changed P_TIME_LAST_WORK FROM 08:30 AM TO 05:00 PM

Printed By: KENNEDY, VARONICA **Document ID#:** 85835 **SSN:** 247-06-2960

0217

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:48 PM

Leave Record

PERSONNEL LEAVE SYSTEM
- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
01/05/04	08:30 AM	01/06/04	05:00 PM	15.00	02		1
02/02/04	08:30 AM	02/03/04	05:00 PM	15.00	02		1
02/19/04	08:30 AM	02/19/04	09:15 AM	0.75	01		1
02/26/04	08:30 AM	02/26/04	11:45 AM	3.25	01		1
03/03/04	08:30 AM	03/08/04	05:00 PM	30.00	02		1
03/18/04	08:30 AM	03/18/04	05:00 PM	7.50	02		1
03/22/04	08:30 AM	03/22/04	01:00 PM	4.50	02		1
03/22/04	02:00 PM	03/22/04	05:00 PM	3.00	01		1
03/30/04	03:30 PM	03/30/04	05:00 PM	1.50	01		1
04/06/04	08:30 AM	04/07/04	11:30 AM	10.50	01		1
05/14/04	08:30 AM	05/14/04	08:45 AM	1.25	01		1
05/19/04	02:30 PM	05/19/04	05:00 PM	2.50	01		1
05/20/04	04:00 PM	05/20/04	05:00 PM	1.00	01		1

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
retrn main inquire F311 F303 bkwrd frwrd logon quit

Leave Type

01 = Annual Leave
02 = Sick Leave
09 = Leave without pay
03 = Medical Leave without pay

0218

PERSONNEL LEAVE SYSTEM
- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
05/25/04	08:30 AM	05/25/04	05:00 PM	7.50	02		1
06/07/04	08:30 AM	06/07/04	10:45 AM	2.25	02		1
* 06/17/04	08:30 AM	06/18/04	05:00 PM	15.00	02		1
06/21/04	04:00 PM	06/21/04	05:00 PM	1.00	02		1
06/29/04	08:30 AM	06/29/04	05:00 PM	7.50	01		1
07/01/04	04:00 PM	07/01/04	05:00 PM	1.00	01		1
07/02/04	08:30 AM	07/02/04	05:00 PM	7.50	01		1
07/06/04	04:15 PM	07/06/04	05:00 PM	0.75	01		1
07/07/04	08:30 AM	07/07/04	10:30 AM	2.00	01		1
07/13/04	08:30 AM	07/14/04	05:00 PM	15.00	01		1
07/16/04	04:00 PM	07/16/04	05:00 PM	1.00	01		1
07/19/04	04:30 PM	07/19/04	05:00 PM	0.50	01		1
07/21/04	08:30 AM	07/21/04	09:30 AM	1.00	01		1

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
retrn main inquire F311 F303 bkwrd frwrd logon quit

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:48 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
07/23/04	04:00 PM	07/23/04	05:00 PM	1.00	01		1
07/29/04	08:30 AM	07/29/04	09:30 AM	1.00	01		1
07/29/04	04:00 PM	07/29/04	05:00 PM	1.00	01		1
07/30/04	03:30 PM	07/30/04	05:00 PM	1.50	01		1
08/04/04	04:00 PM	08/04/04	05:00 PM	1.00	01		1
08/05/04	08:30 AM	08/05/04	09:30 AM	1.00	02		1
08/10/04	04:00 PM	08/10/04	05:00 PM	1.00	01		1
08/11/04	02:00 PM	08/11/04	05:00 PM	3.00	02		1
08/12/04	08:30 AM	08/12/04	09:30 AM	1.00	02		1
08/13/04	08:30 AM	08/13/04	10:45 AM	2.25	01		1
08/17/04	08:30 AM	08/17/04	09:30 AM	1.00	01		1
08/18/04	04:00 PM	08/18/04	05:00 PM	1.00	01		1
08/19/04	08:30 AM	08/19/04	09:30 AM	1.00	01		1

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

F751060P F751061M . PNSGP S C D H E C F7501 04/04/08 2:48 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
08/23/04	03:30 PM	08/23/04	05:00 PM	1.50	01		1
08/24/04	08:30 AM	08/24/04	11:30 AM	3.00	02		1
08/25/04	08:30 AM	08/25/04	05:00 PM	7.50	01		1
08/26/04	08:30 AM	08/26/04	10:30 AM	2.00	01		1
08/30/04	04:30 PM	08/30/04	05:00 PM	0.50	01		1
09/01/04	08:30 AM	09/03/04	05:00 PM	22.50	01		1
09/08/04	02:00 PM	09/08/04	05:00 PM	3.00	01		1
09/10/04	04:30 PM	09/10/04	05:00 PM	0.50	01		1
09/13/04	04:15 PM	09/13/04	05:00 PM	0.75	01		1
09/15/04	04:00 PM	09/15/04	05:00 PM	1.00	01		1
09/16/04	08:30 AM	09/16/04	09:30 AM	1.00	01		1
09/20/04	03:00 PM	09/20/04	05:00 PM	2.00	01		1
09/22/04	03:30 PM	09/22/04	05:00 PM	1.50	01		1

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

0221

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:48 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
09/23/04	08:30 AM	09/23/04	09:30 AM	1.00	01		1
09/24/04	08:30 AM	09/24/04	12:00 PM	3.50	01		1
09/27/04	04:15 PM	09/27/04	05:00 PM	0.75	01		1
09/29/04	04:00 PM	09/29/04	05:00 PM	1.00	01		1
~~09/30/04~~	~~08:30 AM~~	~~09/30/04~~	~~09:30 AM~~	~~1.00~~	~~01~~		~~1~~
09/30/04	08:30 AM	09/30/04	05:00 PM	7.50	02		1
~~09/30/04~~	~~08:30 AM~~	~~09/30/04~~	~~09:30 AM~~	~~1.00~~	~~01~~		~~2~~
10/01/04	08:30 AM	10/01/04	05:00 PM	7.50	02		1
10/08/04	08:30 AM	10/08/04	05:00 PM	7.50	01		1
10/11/04	08:30 AM	10/11/04	05:00 PM	7.50	01		1
10/13/04	04:00 PM	10/13/04	05:00 PM	1.00	01		1
10/22/04	08:30 AM	10/22/04	10:00 AM	1.50	01		1
10/26/04	08:30 AM	10/26/04	10:15 AM	1.75	01		1

Void

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

0222

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:48 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
11/03/04	03:00 PM	11/03/04	05:00 PM	2.00	01		1
11/04/04	08:30 AM	11/04/04	08:40 AM	0.25	01		1
11/08/04	08:30 AM	11/08/04	05:00 PM	7.50	01		1
11/09/04	08:30 AM	11/09/04	09:00 AM	0.50	01		1
11/12/04	08:30 AM	11/12/04	10:10 AM	1.75	01		1
11/15/04	04:30 PM	11/15/04	05:00 PM	0.50	01		1
11/16/04	08:30 AM	11/16/04	09:15 AM	0.75	01		1
11/18/04	08:30 AM	11/18/04	08:45 AM	0.25	01		1
11/19/04	08:30 AM	11/19/04	10:45 AM	2.25	01		1
11/23/04	04:15 PM	11/23/04	05:00 PM	0.75	01		1
11/30/04	08:30 AM	11/30/04	09:00 AM	0.50	01		1
12/02/04	08:30 AM	12/02/04	09:15 AM	0.75	01		1
12/06/04	08:30 AM	12/06/04	09:45 AM	1.25	01		1

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

0223

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:48 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
12/08/04	08:30 AM	12/08/04	11:00 AM	2.50	01		1
12/13/04	08:30 AM	12/13/04	05:00 PM	7.50	01		1
12/14/04	08:30 AM	12/14/04	09:45 AM	1.25	01		1
12/16/04	08:30 AM	12/16/04	10:00 AM	1.50	01		1
12/21/04	04:00 PM	12/21/04	05:00 PM	1.00	01		1
12/28/04	04:00 PM	12/28/04	05:00 PM	1.00	01		1
12/29/04	08:30 AM	12/29/04	09:30 AM	1.00	01		1

*** END OF DATA - POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

0224

F751060P F751061M PNSGP S C D H E C F7501. 04/04/08 2:49 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
01/04/05	08:30 AM	01/04/05	05:00 PM	7.50	01		1
01/10/05	08:30 AM	01/12/05	05:00 PM	22.50	02		1
01/13/05	08:30 AM	01/13/05	10:30 AM	2.00	02		1
01/13/05	03:00 PM	01/13/05	05:00 PM	2.00	02		1
01/18/05	08:30 AM	01/20/05	05:00 PM	22.50	02	*	1
01/21/05	08:30 AM	01/21/05	02:00 PM	5.50	02	*	1
01/21/05	03:00 PM	01/21/05	05:00 PM	2.00	01	*	1
01/24/05	08:30 AM	01/28/05	05:00 PM	37.50	01	*	1
01/31/05	08:30 AM	01/31/05	05:00 PM	7.50	01	*	1
02/01/05	08:30 AM	02/04/05	05:00 PM	30.00	01	*	1
02/07/05	08:30 AM	02/15/05	05:00 PM	52.50	01	*	1
02/16/05	08:30 AM	02/16/05	09:45 AM	1.25	01	*	1
~~02/16/05~~	~~09:45 AM~~	~~02/28/05~~	~~05:00 PM~~	~~67.25~~	~~09~~	~~*~~	~~1~~

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit

0225

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:49 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2	
02/16/05	10:45 AM	02/28/05	05:00 PM	58.75	02	*	1	
~~02/16/05~~	~~09:45 AM~~	~~02/28/05~~	~~05:00 PM~~	~~67.25~~	~~09~~	~~*~~	~~2~~	void
~~03/01/05~~	~~08:30 AM~~	~~03/31/05~~	~~05:00 PM~~	~~172.50~~	~~09~~	~~*~~	~~1~~	
03/01/05	08:30 AM	03/31/05	05:00 PM	172.50	02	*	1	
~~03/01/05~~	~~08:30 AM~~	~~03/31/05~~	~~05:00 PM~~	~~172.50~~	~~09~~	~~*~~	~~2~~	void
04/01/05	08:30 AM	04/01/05	11:30 AM	3.00	02	*	1	
~~04/01/05~~	~~12:30 PM~~	~~04/03/05~~	~~10:00 AM~~	~~14.00~~	~~01~~	~~*~~	~~1~~	
04/01/05	12:30 PM	04/05/05	10:00 AM	14.00	01	*	1	
~~04/01/05~~	~~12:30 PM~~	~~04/03/05~~	~~10:00 AM~~	~~14.00~~	~~01~~	~~*~~	~~2~~	void
04/05/05	11:00 AM	04/12/05	05:00 PM	43.00	03	*	1	
04/13/05	08:30 AM	04/29/05	05:00 PM	97.50	03		1	
05/02/05	08:30 AM	05/31/05	05:00 PM	165.00	03		1	
05/05/05					(99) - correction - no leave take for 99			

*** POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12
retrn main inquire F311 F303 bkwrd frwrd logon quit

F751060P F751061M PNSGP S C D H E C F7501 04/04/08 2:49 PM

PERSONNEL LEAVE SYSTEM

- BROWSE LEAVE TRANSACTIONS -

SSN: 247062960

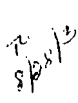
ROBERT G. RUSSELL

Begin Date	Begin Time	End Date	End Time	Hours	Leave Type	FMLA	Lv Appl = 1 Lv Corr = 2
06/01/05	08:30 AM	06/30/05	05:00 PM	165.00	03		1
07/01/05	08:30 AM	07/18/05	05:00 PM	90.00	03		1

*** END OF DATA - POSITION CURSOR TO DISPLAY DETAIL ***

-PF1----PF2----PF3----PF4----PF5----PF6----PF7---PF8---PF9---PF10---PF11---PF12

retrn main inquire F311 F303 bkwrd frwrd logon quit



EMPLOYEE PERFORMANCE MANAGEMENT SYSTEM

NAME **Robert G. Russell** **SOCIAL SECURITY # 247-06-2960**

DISTRICT/CENTRAL OFFICE LOCATION: TRIDENT HEALTH DISTRICT/ BERKELEY COUNTY ENV HEALTH

POSITION CLASSIFICATION Environmental Health Manager II

DATE ASSIGNED TO CURRENT POSITION September 17, 1997

PERFORMANCE REVIEW FROM August 14, 2003 TO August 14, 2004

TYPE OF APPRAISAL: ( ) Probational (X) Annual ( ) Special ( ) Trial

Planning Stage Acknowledgement

Rating Officer: ______________________ Date ______________

Reviewed By ______________________ Date: ______________

Employee: ______________________ Date: ______________

Evaluation Stage Acknowledgement

Rating Officer: Robert [signature] Date: 8/11/03

Reviewed by Benjamin Milligan Date: 8/14/03

Reviewing Officer Comments:
I agree with this evaluation strongly

EMPLOYEE: Robert G. Russell Date: 8/14/03
(My signature indicates that I was given the opportunity to discuss the official performance with my supervisor - not that I agree.)

EMPLOYEE COMMENTS

0228

Robert G. Russell **JOB DUTIES**

PERFORMANCE LEVEL

1. **Job Duty**: Monitors and evaluates the sanitation level of assigned programs, gives input into program planning, schedules and implements activities accordingly. Meets

Standard: Provides input into preparation of annual plan, schedule activities and monitor activities to ensure that DEH, District and County standards and objectives are met. 15

Comment: Mr. Russell has started taking a active role in the scheduling + implementing of programs and is doing a very good job.

2. **Job Duty:** Implements on-site wastewater disposal program in accordance with Reg. 61-56. Meets (+)

Standard: In accordance with DEH and district standards and memorandums, evaluates soil and issues or denies on-site wastewater disposal system installations; evaluates the efficiency and effectiveness of the on-site wastewater program; provides consultation and technical assistance as necessary; performs follow-up inspections; submits accurate, legible and complete documentation of field work.

Comment: Mr. Russell is currently doing a very good job in this area. He makes very few mistakes and is committed to performing his job in a timely + professional manner. 75

3. **Job Duty:** Implement the Department's Cultural Competence vision. Meets

Standard: In accordance with the Agency's Strategic Plan assures that cultural diversity concerns are acknowledged and respected when serving all customers.

Comment: Mr. Russell treats all customers with the respect that they deserve. 5%

OBJECTIVES

1. Objectives:

   Standard:

   Actual Performance:

0229

PERFORMANCE CHARACTERISTICS

Acceptable/ Unacceptable

1. Characteristic: Judgement — A

   Definition: Quality of work related decisions made by employee.

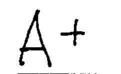
2. Characteristic: Promotes customer service — A+

   Definition: The extent to which the employee demonstrates positive customer service on the job.

3. Characteristic: Supports Participatory Management

   Definition: The degree of effort demonstrated by the employee in promoting and encouraging participatory management.

4. Characteristic: Favorable Job Attitude

   Definition: The extent to which employee displays interest and enthusiasm for work and takes pride in a job well done.

5. Characteristic: Cooperation — A+

   Definition: Extent to which employee cooperates with supervisors, co-workers and customers.

6. Characteristic: Accuracy — A

   Definition: Degree to which employee makes mistakes / errors requiring correction.

SUMMARY AND IMPROVEMENT PLAN

Identify the employee's ma jor accomplishments, areas needing improvement, and steps to improve present and future performance. (Use attachment if necessary.)

Within the past year, Mr. Russell has committed himself to improving his efficiency and accuracy at work. His attitude has been excellent. For the past year + a half, Mr. Russell has had to help pick up the workload from a vacant position. He has never complained about this and is always willing to help out. Mr. Russell has become a valuable asset to our agency + is a pleasure to work with.

I would like to see Mr. Russell take some supervisory courses in the upcoming year.

APPRAISAL RESULTS

- Substantially Exceeds ___ Exceeds ✓ Strong Meets * ___ Below
  *Requires prior approval.

0231

South Carolina Workers' Compensation Commission
P.O. Box 1715 ◆ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0414927
Carrier File # 2004-002909
Carrier Code # 500 - SF
Employer FEIN 570000J04

Robert Russell 247-06-2960
5913 Hagood Ave, Hanahan, SC 29406

(843) 744-3282 (home) (work)

DEPT OF HEALTH & ENVIRONMENTAL CONTROL
2600 Bull St, Columbia, SC 29201

Preparer's name: Margie Miller (803) 896-5925 State Accident Fund, Insurance Carrier

A. Total Wages Paid Date of injury: 06/11/2004

1. Check Applicable Method:
   ( ) Report of earnings of injured employee based on four completed quarters.
   ( ) Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   ( ) Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury.
   Hire date: 11/02/1990.
   ( ) Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)
2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid			
1st	03/16/2004	8185.74			
2nd	12/16/2003	8185.74			
3rd	09/16/2003	8185.74			
4th	06/16/2003	8185.74	Total Paid	2	32742.96

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3.
4. Add lines 2 and 3 **TOTAL WAGES PAID: 4. 32742.96**
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52.00

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
   AVERAGE WEEKLY WAGE: 6. 629.67

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. 419.80
8. The compensation rate is as follows (choose one):

( ) When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

( ) When the estimate compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.

( ) When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

( )Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

( ) The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 419.80

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC FORM # **20** REV. DATE **3/97** **20** **STATEMENT OF EARNINGS OF INJURED EMPLOYEE**

MILEAGE REIMBURSEMENT FORM
W.C.C. REG. 67-1601

Claimant: Robert Russell W.C.C.# 0325059

Employer: DHEC Carrier: State Accident Fund

*Note: Mileage more than five miles from home reimbursed at state employee rate. Subsistence, lodging or public convenience at actual cost.

DATE	TO Dr. Faulk	FROM Home	MILES
1/10/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
1/11/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
1/13/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
1/17/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
1/20/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
1/24/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
1/27/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/1/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/3/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/7/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/14/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/17/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/21/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/24/05	2070 Northbrook Blvd	5913 Hagood Ave.	12.2

	N. Charleston, SC 29406	Hanahan, SC 29406	
2/25/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
2/28/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/3/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/8/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/10/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/11/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/15/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/17/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/23/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
3/30/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/1/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/5/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/8/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/11/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/15/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/18/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/22/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
4/26/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2

4/28/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
5/2/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
5/4/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
5/9/05	2070 Northbrook Blvd N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	12.2
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1/13/05	Dr. Don Stovall 2880 Tricom St N. Charleston, SC 29406	5913 Hagood Ave. Hanahan, SC 29406	18.1

TOTAL MILES 2116.50 x .345 (mileage rate)

TOTAL AMOUNT DUE = $ 730.19

WCC MILEAGE RATES

7/1/98 – 3/31/99	.325/mile
4/1/99 – 12/31/99	.31/mile
1/1/00 – 12/31/00	.325/mile
1/1/01 – 2006	.345/mile

0242

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0414927
Carrier File # 2004-2909
Carrier Code # SF-500
Employer FEIN 570000J04

Robert Russell 247-06-2960	DHEC
Claimant's Name SSN	Employer's Name
5913 Hagwood Avenue Hanahan, SC 29406	2600 Bull Street Columbia, SC 29201
Address City State Zip	Address City State Zip
	State Accident Fund
Home Phone # Work Phone #	Insurance Carrier

Margaret M. Urbanic (843) 577-2026
Preparer's Name Phone #

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

√ Injury ____ Illness ___ Repetitive Trauma

1. Compensation Rate: $419.80 2. AWW: $629.67 Da te of Injury: 6/11/04
3. Type of Injury and body part(s): back
4. Facts in Controversy: Whether the claimant sustained injuries to any other part of his body besides his back; Whether claimant is entitled to additional treatment; Whether the claimant suffered a permanency.
5. Legal issues involved:
6. Unusual problems:
7. Witnesses (designate if expert)*: Employer Representative
8. Exhibits: Form 12 A First Report of Injury, Employee File, and Exhibit-SC Retirement Systems-Disability Report
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)

   See Attached APA submissions
10. Name, address, and specialty, if any, of the treating physician: Dr. Don Stovall, Jr., MD
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was placed at MMI by Don Stovall, MD on 1/13/05 with a 5% Whole Person Impairment
12. I am amending my Form 50/51 in the follow manner:

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

SIGNATURE Email:purbanic@clawsonandstaubes.com

Date of hearing: 7/01/08 Time needed for hearing: 30 minutes
On Behalf of: [ ] Claimant [X] Employer

0243

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
*Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form #58 Rev. Date 9/07 **Pre-Hearing Brief**

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing pleading has been served upon opposing counsel by mailing a copy properly addressed with sufficient postage affixed thereto this ~~18~~ 30 day of June, 2008.

Toni Neal

0244

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
Commissioners reserve the right to admit expert witnesses at hearings.

COUNTY OF BERKELEY

STATE OF SOUTH CAROLINA

Robert Russell,

Claimant,

v.

DHEC,

Employer,

State Accident Fund,

Carrier.

BEFORE THE
SOUTH CAROLINA WORKERS'
STATE OF SOUTH CAROLINA
COMPENSATION COMMISSION

W.C.C. FILE NO. 0414927

NOTICE OF EVIDENCE TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DHEC/STATE ACCIDENT FUND

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND J. DAVID MURRELL, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE (PROPONENT), pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, DHEC, and Carrier, State Accident Fund, herewith submits the following reports/physicians or other evidence on behalf of the Employer, DHEC, and Carrier, State Accident Fund:

PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
1. Samuel Rosen, MD	Palmetto Lowcountry Behavioral Health	6/18/01 - 6/22/01	228-236
2.	Tricounty Radiology	1/03/05	237-238
3.	John V. Custer, MD	6/06/05	239-242
4. William C. Vanness, MD	Pain & Rehab Institute	10/17/05	243-265
5. EXHIBIT-SC Retirement Systems-Disability Report		7/10/05	266 -269

YOU ARE FURTHER HEREBY NOTIFIED 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 purposes 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 Employer/Carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer/Carrier:

1. Employer/Representative.

CLAWSON & STAUBES, LLC

Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, DHEC, and Carrier,
State Accident Fund.

Charleston, South Carolina
June 18, 2008.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing pleading has been served upon opposing counsel by mailing a copy properly addressed with sufficient postage affixed thereto this June ~~18~~, 2008
20

J. David Murrell, Esquire
Wigger Law Firm
8086 Rivers Avenue, Suite A
North Charleston, SC 29406

Tori Neal

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH
PSYCHIATRIC EVALUATION

PATIENT NAME: RUSSELL, ROBERT
PATIENT RECORD NO. 3001232
PHYSICIAN: SAMUEL ROSEN, M.D.
DATE OF ADMISSION: 06/17/01
UNIT:
DATE OF EVALUATION: 06/18/01

IDENTIFYING INFORMATION/JUSTIFICATION FOR ADMISSION AND CARE:

This is a 44-year-old Caucasian single male who was admitted with extreme depression, feelings of hopelessness and some suicidal ideation. He has had recent psychiatric care, and admission was recommended by his treating psychiatrist, Dr. Devonzo, and psychologist Dr. William Burke.

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

This is the second psychiatric hospitalization. His first psychiatric contact and hospitalization was about 20 years ago. He was under the care of Dr. Gunther and treated with depression and psychotherapy. There was no suicide attempt at that time. There was certainly during that time however considerable problems in his life within personal relationships and excessive use of alcohol. Probably during that time, he had his maximum use of alcohol and feels that he had built tolerance (up to 12 beers per day), blackouts, perhaps morning shakes. He had one arrest for DUI but that was dropped but certainly feels that the alcohol was playing a serious role in disturbing his life. He has been essentially totally abstinent of alcohol for 1½ years. Twenty years ago, he was admitted to the Trident Pavilion for only one to two days.

He functioned at his usual level for many years, but in the past several years has become increasingly more depressed. It seems that the current major depressive episode began about 1½ years ago. Many situational stressors were occurring at the time. For one thing, a close relationship with a male friend ended abruptly when the male friend began to accuse him of acting "as if I was gay". He denies any sexual approach to this friend but was quite hurt by this behavior. He was also harassed at work by his supervisor who sent "anonymous" memos around claiming that he was gay. This supervisor does deny that he ever did this, but the patient feels that there is no question about it. With increasing depression at

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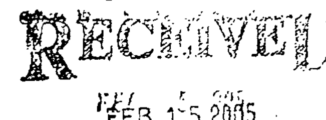
that time, he saw Dr. Jenkins. He had been treated by Dr. Fink (Rheumatology) with Prozac up to 40 mg a day for fibromyalgia. Dr. Jenkins apparently thought that he had Bipolar Disorder and prescribed Lithium (caused tremor) then Risperdal, Lamictal, Wellbutrin and Prozac. He took this combination of medicine for over a year, though he did not feel that it helped him very much other than to subdue some of the agitation. On the other hand, he had more problems concentrating, more problems at work, decrease in his level of energy, and his family felt that he was taking too much medicine. This eventually led to his decision to change doctors four to five weeks ago to Dr. Devonzo. He also discontinued medications at that time except for Wellbutrin. He saw Dr. Devonzo only two times, the Wellbutrin seemed not to be holding his depression, and he became even more depressed than he had been. Risperdal was then added back at 1 mg tablets two at bedtime. He had also been seeing Dr. Burke (Psychology) during this time.

The patient cannot give a history to me that is at all convincing of hypomania or mania. He denies periods of increased energy, decreased sleep, increased rate of thinking, pressured speech or increased rate of speech. He denies any of the general pattern associated with delusional thinking or thought disorder that might be associated with Bipolar Disorder. He further denies any type of psychosis whatsoever (hallucinations, delusions, thought disorder, etc.). By far, he seems to think depression is his biggest problem as well as problems in social circumstances with increasing anxiety. He does not have a history of panic attacks or anxiety attacks but is anxious at times in social circumstances. Perhaps more importantly he has difficulty managing social connections, finds it very difficult to make friends and once friends are made he has been hurt badly by disruption in those relationships (see above). In the past year, he had made a close friend through the church (male) and this was not sexual but nevertheless he felt quite close to this man. He died suddenly of pneumonia (?). This was a devastating change. Further stress in recent weeks is his inability to maintain his job performance, job reviews, etc., many of them that may relate to his medications and depression. He now fears for his job having been unable to go to work for almost a week during the most severe part of his depression, recently leading to this hospital stay. It is the feeling of being so overwhelmed that led to the suicidal thinking, though he now contracts for safety.

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY:

Alcohol is as noted above. He did have some history of abuse of



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drugs in college. This was on an experimental basis including marijuana and quaaludes. No other abuse of medication. There is no history as mentioned above of psychiatric disorder. No history of anti-social personality disorder or any specific personality disorder.

PAST MEDICAL HISTORY:

He has no allergies to medication. He has had no surgery and no medical problems. He has not had an HIV test in many years but has not been sexually active. He did have some homosexual activities in college (this may relate to successive drinking), but he has had neither sexual relationships in the past ten years.

SOCIAL HISTORY:

He was born and raised in Moncks Corner. He graduated from the College of Charleston. He worked as a waiter, a manager of a cloth store, two years with DSS and for the past ten years or so with DEHEC testing soil samples, water levels, etc. He feels the job may be in some jeopardy. He has had some interest in massage therapy and has been taking some courses in that area.

He has never been married. His father died at the age of 52 of cancer and had his own problems including a bad temper and alcohol abuse and on one occasion when the patient was approximately 12 years old he shot his mother in the patient's presence. Apparently he was "crazy jealous". His mother did not press charges at the time, but they eventually did get divorced. His mother is 70. He is the fifth of five children.

FAMILY PSYCHIATRIC HISTORY:

Positive for a maternal grandfather with alcoholism and a brother and sister both alcoholics.

MENTAL STATUS EXAM:

He is alert, cooperative and pleasant. Sensorium is clear. He is well-oriented. His memory is intact for recent and long term events. His speech is normal. His affect is quite severely depressed, though he does contract for safety. He is nearly tearful several times during the interview, though this was appropriate to the conversation. There is no thought disorder, no psychosis. Insight and judgement appear to be intact.

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STRENGTHS AND WEAKNESSES:

Strengths: Patient is honest, open, has good insight and seems compliant with treatment.

Weaknesses: Chronicity of illness and the multiple problems.

DIAGNOSTIC IMPRESSION:

Axis I:	Major depression, recurrent, severe, non-psychotic. Alcohol abuse by history. He has been sober for 1 ½ years.
Axis II:	Personality Disorder, not specified.
Axis III:	None.
Axis IV:	Severe.
Axis V:	Current GAF - 40.

ESTIMATED LENGTH OF STAY:

INITIAL TREATMENT PLAN:

Prozac had been reasonably helpful but not entirely so, and we will try Paxil, especially given the social issues involved (20 mg per day). He will continue on Ambien to help with initial insomnia, though his depression seems to be characterized by sleeping too much or at least staying in bed if given the chance. This may be tapered and discontinued over the next couple of weeks. We will otherwise limit psychotropic medication and support intensive psychotherapy, perhaps to follow the in-patient stay with day program.

SAMUEL ROSEN, M.D.
Attending Physician

ddm - 06/19/01

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PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH

DISCHARGE SUMMARY (ADDENDUM)

PATIENT NAME: RUSSELL, ROBERT
MEDICAL RECORD NO.: 3001232
ATTENDING PHYSICIAN: SAMUEL ROSEN, M.D.
DATE OF ADMISSION: 06/17/01
DATE OF DISCHARGE: 06/20/01

PRESENTING PROBLEM:

This is a 44-year-old Caucasian male admitted with increasing feelings of depression. He has been under the care of Dr. Devanzo and psychologist, Dr. William Burke.

He has had long-standing problems with depression complicated in the past by excessive use of alcohol. This has not been a problem recently. However, he has had increasing problems with stress especially at work which have led to marked worsening in mood. He had some suicidal thinking and though without actual plan or intent he did feel overwhelmed and extremely depressed and was admitted for evaluation and stabilization.

SIGNIFICANT PSYCHIATRIC FINDINGS:

SIGNIFICANT PHYSICAL FINDINGS:

LABORATORY FINDINGS:

Chem profile was normal. TSH 2.69, T4 8.9, T3 uptake 31%, Free thyroxin index 2.7. RPR was non-reactive. Hematocrit 44.5, hemoglobin 15.3, white blood cell 6,800.

HOSPITAL COURSE:

The patient was seen regularly. Prior medications were discontinued. The patient had complained of feeling "over-medicated". There did not seem to be any convincing bipolar history or any true psychotic symptoms. He was placed on Paxil and further observed. He contracted readily for safety and denied suicidal ideations during the remainder of his time in the hospital. His mood improved somewhat. His sleep was still somewhat restless partly related to the ward activity. Further intensive counseling is certainly recommended as he has significant

problems in interpersonal relationships and self-image, and he was encouraged to take part in PHP which he readily agreed to. In addition, he will continue with psychologist, Dr. William Burke, and continue under my care for medication management.

AFTERCARE AND RECOMMENDATIONS FOR FURTHER TREATMENT:

Discharge Medications: Paxil 20 mg #30 with one refill to take one daily and Ambien 10 mg tablets (has supply) to take one at bedtime.

Discharge Follow-up: As above.

PROGNOSIS:

FINAL DIAGNOSES:

Axis I: Major depression, recurrent, severe, non-psychotic.
Axis II: Personality Disorder, not specified.
Axis III: None.
Axis IV: Moderately severe.
Axis V: GAF on discharge - 50.

ADDENDUM: PHP from 06/21/01 through 09/10/01

PHP HOSPITAL COURSE:

The patient took an active role in groups. He gained insight and interacted well.

AFTERCARE AND RECOMMENDATIONS FOR FURTHER TREATMENT:

Discharge Follow-up: With Dr. Rosen.

Discharge Medications: Paxil 20 mg one daily, Ambien 10 mg at bedtime.

FINAL DIAGNOSES:

Axis I: Major Depression.
Axis II: None.
Axis III: None.
Axis IV: Moderate.

02050412000 2257

Axis V: GAF on discharge - 55.

SAMUEL ROSEN, M.D.
Attending Physician

ddm - 06/25/01/03/18/02

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PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH
PSYCHIATRIC EVALUATION

PATIENT NAME: RUSSELL, ROBERT
PATIENT RECORD NO. 600228
PHYSICIAN: SAMUEL ROSEN, M.D.
DATE OF ADMISSION: 06/22/01
UNIT: PHP
DATE OF EVALUATION: 06/22/01

IDENTIFYING INFORMATION/JUSTIFICATION FOR ADMISSION AND CARE:

The patient has been extremely depressed and was admitted to the in-patient unit for a three day hospital stay. Stabilizing suicidal issues led to discharge to the out-patient program where he will continue for counseling. Please see the hospital records for details.

He has a full history of endogenous depressive symptoms which hinder sleep, appetite, energy and concentration.

He will be seeing Dr. Burke, psychologist.

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY:

PAST MEDICAL HISTORY:

Is generally benign. He is not allergic to any medications. Current medications are Paxil 20 mg a day, Ambien 10 mg at bedtime.

SOCIAL HISTORY:

FAMILY PSYCHIATRIC HISTORY:

See records. His sister and mother suffer from depression.

MENTAL STATUS EXAM:

He is alert, cooperative, pleasant. Sensorium is clear. He is well-oriented. His memory is intact for recent and long-term

02050412000022257

events. His mood is still quite depressed. He has vague thoughts of hopelessness but no suicidal plan or intent and does contract for safety. There is no psychosis. Insight and judgement are intact.

STRENGTHS AND WEAKNESSES:

Strengths: healthy

Weaknesses: Chron

DIAGNOSTIC IMPRESSION:

Axis I: Major depression, recurrent, severe, non-psychotic.
Axis II: None.
Axis III: None.
Axis IV: Moderately severe.
Axis V: Current GAF - 55.

ESTIMATED LENGTH OF STAY: 7-10

INITIAL TREATMENT PLAN:

SAMUEL ROSEN, M.D.
Attending Physician

ddm - 07/09/01

Tricounty
RADIOLOGY ASSOCIATES
Specialists in Outpatient Imaging

Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

99449

Don Stovall, MD
2270 Ashley Crossing Drive
Charleston, SC 29414

PATIENT: Russell, Robert
Phone #: 843-810-8463
ID Number: 339348
Birthdate: 3/17/1957

MRI LUMBAR SPINE

EXAM DATE: 1/3/2005

COMPARISON: None available

CLINICAL HISTORY: Low back and left hip pain. Lumbar degenerative disc disease. Lumbar injury.

TECHNIQUE: Routine MRI of the lumbar spine was performed at the Tricom 1.5 Tesla Siemens MRI utilizing sagittal Tl and T2 with axial Tl and T2 sequences.

The patient was given 10 mg of Valium orally for claustrophobia and dismissed to home into the care of Jennifer Russell Hunter. The patient was instructed regarding no driving or activities requiring mental alertness for the remainder of the day.

FINDINGS: The conus medullaris terminates normally at the superior L2 level. Vertebral body alignment, vertebral body marrow signal, intervertebral disc heights, and disc signal, as well as disc contour are normal through the L4-L5 level.

At L5-S1, there is moderate disc desiccation present with mild loss of disc height. There is a mild diffuse degenerative disc bulge present with a very small central disc extrusion with slight cranial migration of disc material. There is an associated annular tear. This appears to contact but not otherwise deform the ventral thecal sac with no direct nerve root effacement.

The neural foramina are widely patent throughout the lumbar spine.

IMPRESSION: MILD DEGENERATIVE DISC DISEASE AT L5-S1 WITH SMALL CENTRAL DISC HERNIATION.

James A. Thesing, D.O. /mfl
Dictated on 01/03/05

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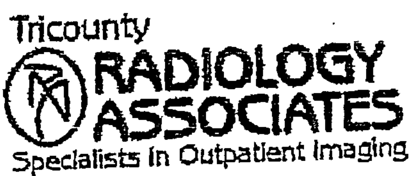
Ashley Crossing East Cooper North Charleston West Ashley



Robert M. Steinberg, M.D.
Marilyn R. Hendrix, M.D.
James A. Thesing, D.O.
John J. Murphy, M.D.

Russell, Robert ID#: 339348

cc: OneCall Medical

Job # 1807821

This document has been electronically reviewed and signed.

Thesing DO

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Ashley Crossing East Cooper North Charleston West Ashley

JOHN V. CUSTER, M.D.
1 POSTON RD., SUITE 145
CHARLESTON, SC 29407

CLAIMANT: Robert G. Russell

SSN: 247-06-2960

DISABILITY EXAMINER: Richard Deaton

DATE OF EXAMINATION: June 6, 2005

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PSYCHIATRIC EVALUATION

IDENTIFYING DATA: The claimant is a 48-year-old, single, white male who drove himself to the examination. He was calm and cooperative with the proceedings.

CHIEF COMPLAINT: "I applied for disability. They sent me here."

HISTORY OF PRESENT ILLNESS: The claimant states that he has applied for disability due to depression, "constant worry," and panic attacks. In addition, his psychiatrist, Dr. James Jenkins, has diagnosed him as being bipolar. He is not currently working. He did previously work for DHEC. He was an environmental specialist, and his duties included inspecting and testing soil and giving permits for septic tanks and such. The claimant says that about eight months ago he had problems with being unable to focus, being indecisive, forgetful, and making bad decisions. He says that he could not get out of bed because he was depressed, and he missed a lot of work. He is currently out on the Family Medical Leave Act.

When asked when his problem started, he replied, "My childhood." He says that his father shot his mother in front of him at the age of 12. She lived, but she lost an eye. He sometimes blames himself and thinks that he should have jumped in, but he knows that that is not right. He denies any other stressors or precipitants to his problems. He had great difficulty explaining why he could previously work, but now is unable to work. He went on to discuss a form of healing medicine known as "Reiki." This involves passing energy from your hands to the client and vice versa. He learned it at a weekend seminar in Hilton Head. He says that he did it to others, and he feels as though he has bad luck because he did it to some guy and now that guy is getting divorced. Then, some guy did it to the claimant and that guy got beat up that weekend. The claimant thought that he was spreading evil spirits around. He still does believe that; however, he only

believes it if he performs the Reiki. He reports that he feels "paranoid." By this he means that he feels people can read his mind. Sometimes he feels like someone is after him. He feels like the end of the world is coming soon or that something bad is going to happen. This is especially worse at night. He has trouble sleeping. On the job, he felt like the district supervisor was picking on him. That is because he kept finding things the claimant did wrong; however, it seemed to get better after a while.

As far as his panic attacks, he says that he had those starting in college. It started when he was unable to write a term paper and kept delaying it. He says that he just could not do it.

As far as mania, the claimant described that as being angry and hostile. He says he is very passive most of the time unless something happens, for instance, someone butting in line in front of him. He might pick a fight with that person. He says he only does this if somebody else starts it. He did get into a lot of fights when he was younger, in his 20s and early 30s. He denies having any anger issues on the job except being irritated with people who would call him and were very nasty to him with all of their complaints about DHEC. He says that he has had times when he felt very good and would spend lots of money. He would eat out a lot or buy clothes that he really did not need. He denies having a decreased need for sleep. He says that he has had insomnia for many years, so it is hard to tell whether he actually needs less sleep. As far as being hypersexual, the claimant says that an older brother molested him around the age of 12. He never had sex again until he was a senior in college. After that, he became promiscuous with gay sex. Then he became afraid of AIDS and he stopped having sex, and he says that at this time he has not had sex in 15 years. He does look at pornography on the Internet. Sometimes he might clean a lot at night if he is feeling good.

As far as his current symptoms, he says that he is depressed and worries a lot. He did not know what he worries about. Then he said that he worried about his nephew whose wife died, and his mother who has health problems. He has had suicidal thoughts off and on for years. He says that at one point, when he was in his 20s, he jumped off of a bridge while intoxicated. He ended up walking home that night. His appetite is normal. His concentration level is low. He maintains interest in going to church. However, he says he stopped going to church recently because the last time he went he felt like he was going to get up and shout something.

PAST PSYCHIATRIC HISTORY: The claimant says that he was hospitalized when he was in his 20s by Dr. Braverman who hospitalized him and diagnosed

him with schizophrenia. He did not have another hospitalization until about four years ago at Palmetto Behavioral Health, and that was due to suicidal thoughts. He has been seeing Dr. James Jenkins and a therapist, Bill Burke, for ten years.

CURRENT MEDICATIONS:

1. Lamictal, 400 mg q. h.s.
2. Prozac, 60 mg a day.
3. Wellbutrin, 450 mg a day.
4. Risperdal, 1 mg q. h.s.
5. Ambien, 10 mg q. h.s.

He has had no recent medicine changes.

PAST MEDICAL HISTORY: The claimant reports that he has a bulging disk in his lower back and that causes pain. He takes Tylenol p.r.n., which is somewhat helpful.

SOCIAL HISTORY: The claimant graduated from the College of Charleston with a degree in business administration. After that, he went to the Citadel for graduate school and took a few psychology courses. He initially wanted to be a psychologist. He quit because he was unmotivated and becoming more anxious. He has never been married. He considers himself bisexual. He reports that he used to abuse a lot of alcohol, but he denies any alcohol abuse for three or four years. He denies any drug use except for smoking marijuana in college. He does not smoke cigarettes. He has lived with his mother most of his life.

DAILY ACTIVITIES: The claimant states that he goes to a massage therapist, a chiropractor, and various doctors' appointments.

MENTAL STATUS EXAMINATION: This was a white male who appeared to be his stated age. He was casually dressed. His posture and gait were normal, and there were no involuntary movements. He was able to answer questions in a somewhat goal-directed manner, although his description of actual symptomatology was rather vague. His affect would be described as distressed or anxious. There was no evidence of any overt psychosis, although he did report some subtle paranoia. He denied any current suicidal thoughts.

COGNITIVE EXAMINATION: The claimant was alert and fully oriented. He was able to name the current president and the past president back to Bush, Sr. He was familiar with current events. His attention and concentration were fair. He was able to spell the word "world" both forwards and backwards without any problem. He was able to understand the directions for serial seven subtractions,

and he made two errors out of five. When asked the proverb "don't cry over spilled milk," he said it meant, "Don't worry about it. Buy some more." He was unable to say what he would like to do in the future. His level of insight was poor.

DIAGNOSES:

Axis I — Generalized anxiety disorder.
Major depressive disorder, possibly with psychotic features.
History of alcohol abuse in sustained remission.

Axis II — Possible paranoid personality traits.
Possible personality disorder, NOS (inadequate personality disorder).

Axis III — Chronic lower back pain.

PROGNOSIS: It is difficult to give an exact diagnosis and prognosis on this particular claimant since there were no medical records in his file and his reporting of symptomatology was rather vague. It is not at all clear why he had to stop working. With continued psychiatric treatment, it is likely that his symptoms could improve. I would say that he is able to manage his own finances.

John V. Custer, M.D.

JVC/mj

This is to certify that the above was transcribed from the recorded voice of John V. Custer, M.D., on June 16, 2005.

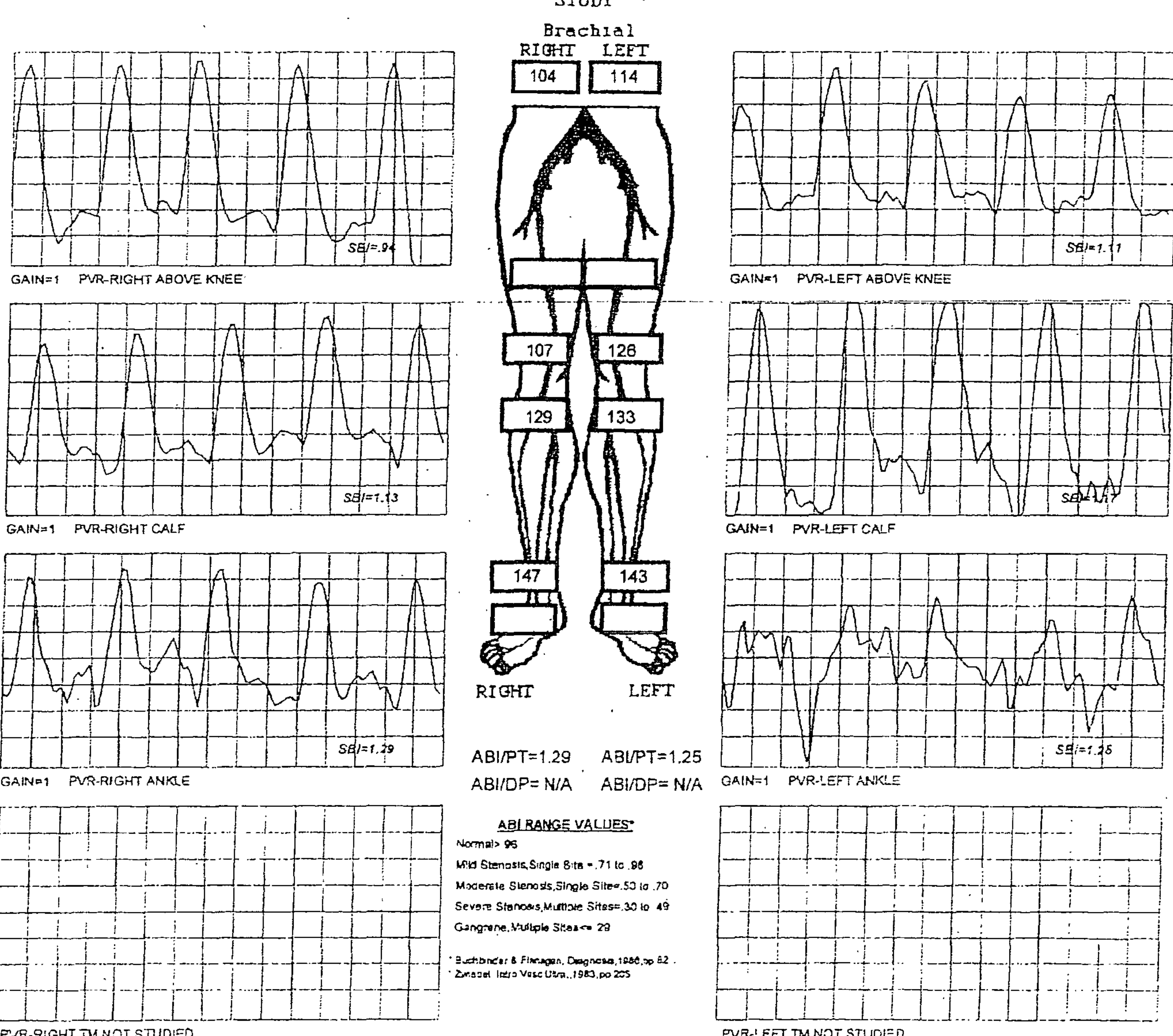
LS SERVICES/357CUSTER142079/6772

10/17/2005
Patient Name: ROBERT RUSSELL
Patient ID: 247062960

Lower Extremity Arterial-PVR

__CPT-93922-SINGLE __CPT-93923-MULTIPLE

BioMedix PVL
VASCULAR LABORATORY SYSTEMS   Portable Vascular Lab



ICD-9 DIAGNOSTIC CODES: 440 2____ 443 1____ 447 1____ OTHER____

10/17/2005

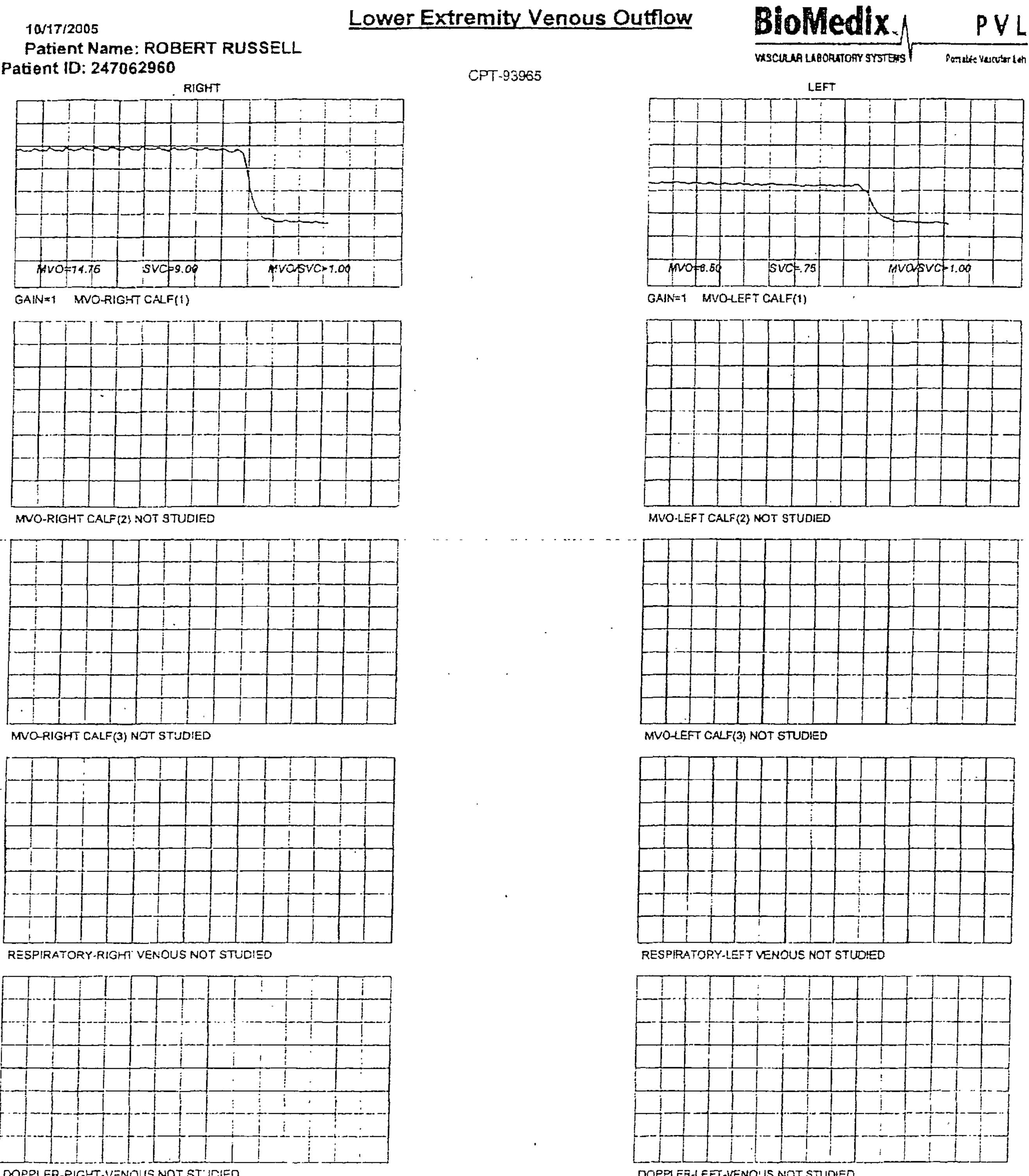
Patient Name: ROBERT RUSSELL

Patient ID: 247062960

Lower Extremity Venous Outflow

BioMedix VASCULAR LABORATORY SYSTEMS — PVL Portable Vascular Lab

CPT-93965



ICD-9 DIAGNOSTIC CODES 451.1___ 451.0___ 459.81___ OTHER___

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10/17/2005

Segmental Pressure Summary

BioMedix VASCULAR LABORATORY SYSTEMS — **PVL** Portable Vascular Lab

Patient Name: ROBERT RUSSELL
Patient ID: 247062960

Right Brachial Pressure= 104   Left Brachial Pressure= 114

Lower Extremity Pressures

Right Upper Thigh= N/A	SBI= N/A	Left Upper Thigh= N/A	SBI= N/A
Right Above Knee= 107	SBI= .94	Left Above Knee= 126	SBI= 1.11
Right Calf= 129	SBI= 1.13	Left Calf= 133	SBI= 1.17
Right Ankle(Dor Ped)= N/A	SBI= N/A	Left Ankle(Dor Ped)= N/A	SBI= N/A
Right Ankle(Post Tib)= 147	SBI= 1.29	Left Ankle(Post Tib)= 143	SBI= 1.25
Right 1st Toe= N/A	TBI= N/A	Left 1st Toe= N/A	TBI= N/A
Right 2nd Toe= N/A	TBI= N/A	Left 2nd Toe= N/A	TBI= N/A
Right 3rd Toe= N/A	TBI= N/A	Left 3rd Toe= N/A	TBI= N/A
Right 4th Toe= N/A	TBI= N/A	Left 4th Toe= N/A	TBI= N/A
Right 5th Toe= N/A	TBI= N/A	Left 5th Toe= N/A	TBI= N/A

Upper Extremity Pressures

Right Upper Arm= 104	SBI= .91	Left Upper Arm= 114	SBI= 1.00
Right Forearm= N/A	SBI= N/A	Left Forearm= N/A	SBI= N/A
Right Wrist (Radial Art)= 115	SBI= 1.01	Left Wrist (Radial Art)= 109	SBI= .96
Right Wrist (Ulnar Art)= 114	SBI= 1.00	Left Wrist (Ulnar Art)= 129	SBI= 1.13
Right Brachial(Post Exercise)= N/A		Left Brachial(Post Exercise)= N/A	
Right 1st Finger= N/A	FBI= N/A	Left 1st Finger= N/A	FBI= N/A
Right 2nd Finger= N/A	FBI= N/A	Left 2nd Finger= N/A	FBI= N/A
Right 3rd Finger= N/A	FBI= N/A	Left 3rd Finger= N/A	FBI= N/A
Right 4th Finger= N/A	FBI= N/A	Left 4th Finger= N/A	FBI= N/A
Right 5th Finger= N/A	FBI= N/A	Left 5th Finger= N/A	FBI= N/A

Post Exercise Pressures

Brachial(1)= N/A	Right Ankle(1)= 131	Right ABI= N/A	Left Ankle(1)= 139	Left ABI= N/A
Brachial(2)= N/A	Right Ankle(2)= N/A	Right ABI= N/A	Left Ankle(2)= N/A	Left ABI= N/A
Brachial(3)= N/A	Right Ankle(3)= N/A	Right ABI= N/A	Left Ankle(3)= N/A	Left ABI= N/A
Brachial(4)= N/A	Right Ankle(4)= N/A	Right ABI= N/A	Left Ankle(4)= N/A	Left ABI= N/A
Brachial(5)= N/A	Right Ankle(5)= N/A	Right ABI= N/A	Left Ankle(5)= N/A	Left ABI= N/A

Post Procedure Pressures

Brachial(1)= N/A	Right Ankle(1)= N/A	Right ABI= N/A	Left Ankle(1)= N/A	Left ABI= N/A
Brachial(2)= N/A	Right Ankle(2)= N/A	Right ABI= N/A	Left Ankle(2)= N/A	Left ABI= N/A
Brachial(3)= N/A	Right Ankle(3)= N/A	Right ABI= N/A	Left Ankle(3)= N/A	Left ABI= N/A
Brachial(4)= N/A	Right Ankle(4)= N/A	Right ABI= N/A	Left Ankle(4)= N/A	Left ABI= N/A
Brachial(5)= N/A	Right Ankle(5)= N/A	Right ABI= N/A	Left Ankle(5)= N/A	Left ABI= N/A

Thoracic Outlet Syndrome Pressures

Location	Position 1	Position 2	Position 3	Position 4	Position 5
Right Upper Arm	N/A	N/A	N/A	N/A	N/A
Left Upper Arm	N/A	N/A	N/A	N/A	N/A
Right Forearm	N/A	N/A	N/A	N/A	N/A
Left Forearm	N/A	N/A	N/A	N/A	N/A
Right Digit	N/A	N/A	N/A	N/A	N/A
Left Digit	N/A	N/A	N/A	N/A	N/A

* All Pressures in mm Hg   ** N/A= Not Available   *** UTC= Unable to Compress

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diversified
medical

ELECTRODIAGNOSTIC STUDIES/UPPER EXTREMITIES

Patient Name: Russell, Robert
DOB: 3/17/57
SS#: 247-06-2960

Date: 10/18/05
REFERRING PHYSICIAN: Dr. Faulk
Date of Service: 10/17/05

This 5'10", 210 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10 (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

Motor Nerve Conduction Studies

Motor nerve conduction studies of the median, ulnar and musculocutaneous nerves were performed on the upper extremities. F waves were performed on the bilateral ulnar and median nerves. No evidence of abnormalities was observed on the bilateral ulnar or musculocutaneous nerves. Prolongations of the distal motor latencies were observed on the bilateral median nerves with normal amplitudes. Bilateral F waves of the ulnar and median nerves were variable with latencies and amplitudes within normal limits.

Sensory Nerve Conduction Studies

Prolongations of the peak sensory latencies were observed on the bilateral median nerves with low amplitudes.

Somatosensory Evoked Potentials

Somatosensory evoked potentials were studied bilaterally with stimulation of the median nerves and recordings made over Erb's point, cervical spine and the contralateral somatosensory cortex. The latency values were prolonged on the right side.

Dermatomal Evoked Potentials

The C5, C6, C7 dermatomes were stimulated bilaterally with cortical responses obtained for each level. Duplicate runs were performed at each level. The cortical latencies of the right C7 dermatomal stimulations were prolonged.

Impression

Findings are suggestive of right cervical radiculopathy at the right C7 level. Findings are suggestive of mild-moderate bilateral Carpal Tunnel Syndrome.

Recommendations

Continue with conservative treatment. If no significant improvement in the patient's symptomatology and/or clinical presentation, a MRI of the cervical spine and/or needle EMG is recommended. Conservative treatment is recommended at this time. Recommend wearing neutral wrist splint at night and exercises of the wrist. A follow up limited nerve conduction study is recommended in 6 months to evaluate for progression of neuropathy. If symptoms do not correlate with CTS, then right hand symptoms may solely be due to right C7 radiculopathy. Clinical correlation is recommended. Review previously performed vascular testing. WCV/abp

William C. VanNess, III. MD
Physiatrist/Electrodiagnostic Medicine

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VASCULAR STUDY / UPPER AND LOWER EXTREMITIES

Patient Name:	Russell, Robert	Date: 10/18/05
DOB:	3/17/57	Referring Physician: Dr. Faulk
SS#:	247-06-2960	Date of Service: 10/17/05

This 5'10", 210 lb., 48 YOM presents with complaints of headaches with sensitivity to light and difficulty turning his neck, concentration loss, memory loss, neck pain, and numbness and tingling in his right fingers. He has additional complaints of middle and lower back pain. The patient states a history positive for depression, psychiatric care, overweight, herniated disc, MRI/CT scan, motor vehicle accident, traumatic injury, or workers compensation, and family history of cardiovascular disease. He states his pain is daily and is 10 on a scale of 1-10 (10 being the worse). He also states his pain interferes with his activities of daily living. The patient is a non-smoker, consumes caffeine, and avoids alcohol. Medications: Prozac, Ambien, Wellbutrin, and Lamictal.

CAROTID STUDIES

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of bilateral Doppler studies.

ARTERIAL STUDIES

Test Modalities used included the following: Ankle-Brachial Indices were measured and calculated; Post Exercise ABI values; Segmental and/or Digital Pressures; Segmental Pneumoplethysmography, using waveform morphology, was performed. RIGHT PT ABI: is normal (0-10%) obstruction/peripheral arterial disease. LEFT PT ABI: is normal (0-10%) obstruction/peripheral arterial disease. SEGMENTAL PNEUMOPLETHYSMOGRAPHY/PRESSURES: Abnormal Pneumo (PVR) waveform/ pressures were displayed at the left ankle.

VENOUS STUDIES

Testing modalities used included the following: Quantitative pneumoplethysmography for Maximum Venous Outflow. MAXIMUM VENOUS OUTFLOW: The bilateral lower extremities appear normal.

IMPRESSION SUMMARY

Technical difficulties (electrical interference, artifact, etc) were encountered during the recording of the carotid studies. Although the results of the arterial examination are within normal ranges, there is poor quality of the pneumoplethysmography waveforms at the left ankle, which could be indicative of small vessel disease, although not suggestive of major arterial obstruction. The results of the venous exam are within normal limits.

RECOMMENDATIONS

Mild obstruction or small vessel disease: Recommend dietary changes (high fiber, low fat/cholesterol), routine cardiovascular exercise (upon approval of treating physician), and lipid profile evaluation Consider repeating study in 1 year to evaluate for progression of vascular disease. Technical difficulties were encountered with the carotid consider repeating study if indicated. Review previously performed upper testing. WCV/abp

William C. VanNess, III. MD
Physiatrist/Electrodiagnostic Medicine

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From: THE PAIN and REHAB INSTITUTE To: 18036122714 Date: 5/20/2008 3:07:00 PM 05/20/2008 14:52 #468 P.011/028

diversified medical **Charge Slip**

Patient: **Robert Russell** Referring Dr. **Faulk** Date: 10-17-05

UPPER		Rt	Left
95900	*M/Musculocutaneous*	☒	☒
95903	*M/ Median Wrist F wave*	☒	☒
	M/Ulnar, Wrist F wave	☒	☒
	M/Median (Elbow&Wrist)	☒	☒
	M/Ulnar (Elbow&Wrist)	☒	☒
95904	*S/Median*	☒	☒
	S/Ulnar	☒	☒
	S/Radial	☒	☒
95925	*DEP-Forarm-C5*	☒	☒
	DEP-Tumb-C6	☒	☒
	DEP-Fingers2&3-C7	☒	☒
95927	*SSEP-Wrist-C5-T1*	☒	☒

LOWER		Rt.	Left
95900	*M/Plantar nerve*	☐	☐
95903	*M/Tibial, Foot F wave*	☐	☐
	M/Peroneal, Ankle F wave	☐	☐
	M/Tibial, (Foot&Knee)	☐	☐
	M/Peronea,(Ankle & Knee)	☐	☐
95904	*S/Sural*	☐	☐
	S/Superfical Peroneal	☐	☐
95926	*DEP-Ankle-L4*	☐	☐
	DEP-Ankle-L5	☐	☐
	DEP-Foot-S1	☐	☐
95927	*SSEP-Ankle-L4-S1*	☐	☐
95934	*H Reflex Gastroc/Soleus*	☐	☐

BAER/VEP		Rt	Left
92585	*Auditory*	☐	☐
95930	*Visual*	☐	☐

VASCULAR		
93875	*Carotid*	☐
93923	*Arterial*	☒
93965	*Venous*	☒
	TOS	☐

Technician: Gahagan

NOTES:

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Diversified Medical
18121 West Catawba Ave
Cornelius, NC 28031
704-895-8297

Patient:	Robert Russell		Address:	
Sex:			Address:	
Age:			City:	
Height:	inches		State:	
Weight:	lbs		ZIP:	
I.D.#:	247-06-2960		Phone:	
Ref. M.D.:			Physician:	
			Test Date:	10/17/05

Motor Nerve Study

Median Nerve
Rec Site: APB

STIM SITE	Lat (ms) L	Lat (ms) R	Dur (ms) L	Dur (ms) R	Amp (mV) L	Amp (mV) R	Area (mVms) L	Area (mVms) R	Dist (mm) L	Dist (mm) R	C.V. (m/s) L	C.V. (m/s) R
Wrist	4.3	4.9	19.3	15.1	8.8	6.7	62.1	46.5	70	70		
B.Elbow	9.3	10.7	20.7	17.0	5.9	6.6	39.5	47.3	260	270	52.9	47.0

Ulnar Nerve
Rec Site: ADM

STIM SITE	Lat (ms) L	Lat (ms) R	Dur (ms) L	Dur (ms) R	Amp (mV) L	Amp (mV) R	Area (mVms) L	Area (mVms) R	Dist (mm) L	Dist (mm) R	C.V. (m/s) L	C.V. (m/s) R
Wrist	2.8	2.7	18.8	14.1	4.5	4.0	26.5	17.1	70	70		
B.Elbow	6.9	7.3	16.4	12.7	5.2	3.9	21.4	16.4	210	210	50.4	45.0

Musculocut. Nerve
Rec Site: Biceps

STIM SITE	Lat (ms) L	Lat (ms) R	Dur (ms) L	Dur (ms) R	Amp (mV) L	Amp (mV) R	Area (mVms) L	Area (mVms) R	Dist (mm) L	Dist (mm) R	C.V. (m/s) L	C.V. (m/s) R
Erb's	3.9	5.6	40.8	25.8	12.0	2.0	181.4	24.5	0	0		

Sensory Nerve Study

Median Nerve
Rec Site: Wrist

STIM SITE	Lat (ms) L	Lat (ms) R	Pk Lat (ms) L	Pk Lat (ms) R	Amp (uV) L	Amp (uV) R	Dist (mm) L	Dist (mm) R	C.V. (m/s) L	C.V. (m/s) R
Index	3.2	4.0	4.2	5.8	14.3	10.7	140	140	43.8	35.4
Index	3.3		4.1		11.7		140		41.8	
	3.5	4.1	4.3	5.0	14.7	10.3	140	140	39.6	34.4

NOTES:
Left side:
Right side:interference

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Patient: Robert Russell 10/17/05
I.D.#: 247-06-2960

Sensory Nerve Study

Ulnar Nerve

Rec Site: 5th dig	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Wrist	2.8	2.9	3.8	3.6	27.3	10.3	140	140	50.6	48.3
Wrist	2.8	2.8	3.7	3.7	23.0	10.0	140	140	50.9	49.7

Radial Nerve

Rec Site: Wrist	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		C.V. (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Forearm	1.7	1.8	2.4	2.3	34.3	24.7	100	100	59.4	56.1
	1.7	1.7	2.3	2.2	23.9	31.7	100	100	58.3	60.0
	1.6		2.3		23.3		100		60.6	

F-Wave Study

Median Nerve

Rec Site: APB Stim Site: Wrist	Latency ms	
	L	R
M wave	4.67	3.67
F wave	28.25	26.50
F-M	23.58	22.83

Right Ulnar Nerve

Rec Site: ADM Stim Site: Wrist	Latency ms
M wave	6.58
F wave	29.58
F-M	23.00

4 Channel Evoked Potential Study

Left Median Nerve

SET	SWEEPS	Lat2 ms N13	Lat4 ms N20	Lat5 ms P28
	37		18.9	21.0
	27	8.6		

SET	SWEEPS	Amp1 uV N20-P28	Amp2 uV -N13	IPI1 ms -N20	IPI2 ms -
	37	2.1			
	27				

Right Median Nerve

SET	SWEEPS	Lat2 ms N13	Lat4 ms N20	Lat5 ms P28
	27	13.3	23.9	27.4

SET	SWEEPS	Amp1 uV N20-P28	Amp2 uV -N13	IPI1 ms -N20	IPI2 ms -
	27	2.3			

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Patient: Robert Russell 10/17/05
I.D.#: 247-06-2960

4 Channel Evoked Potential Study

Left Dep C5 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	21	20.4	24.2

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-P1	IPI2 ms N1-N1
	21	0.0	0.0	3.8	0.0

Right Dep C5 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	8	21.0	25.9

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-P1	IPI2 ms N1-N1
	8	0.0	0.0	4.9	0.0

Left Dep C6 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	28	19.8	25.0

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1	IPI2 ms N1-N1
	28	0.0	0.0	0.0	0.0

Right Dep C6 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P1
	19	20.9	26.7

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1	IPI2 ms N1-N1
	19	0.0	0.0	0.0	0.0

Left Dep C7 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P!
	16	20.4	25.8

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1
	16	0.0	0.0	0.0

Right Dep C7 Nerve

SET	SWEEPS	Lat1 ms N1	Lat2 ms P!
	69	25.8	29.7

SET	SWEEPS	Amp1 uV N1-N1	Amp2 uV N1-N1	IPI1 ms N1-N1
	69	0.0	0.0	0.0

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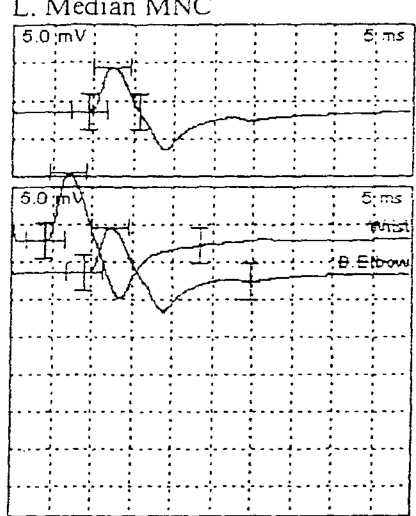
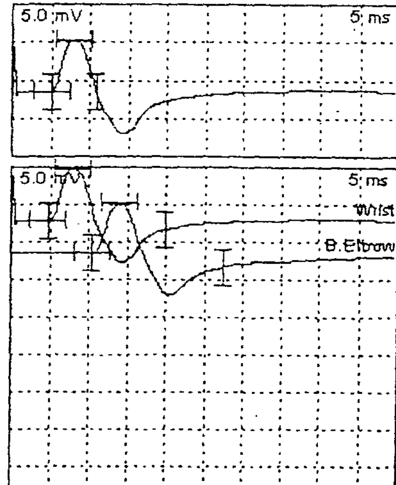
Patient: Robert Russell 10/17/05
I.D.#: 247-06-2960

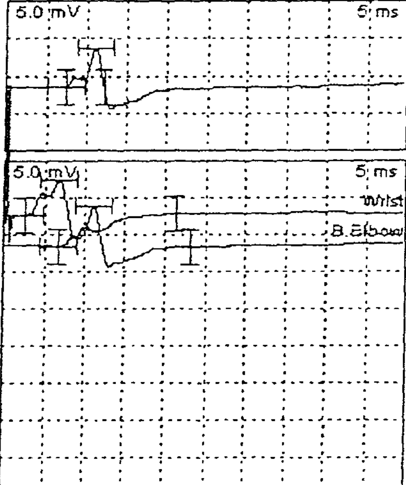
L. Median MNC



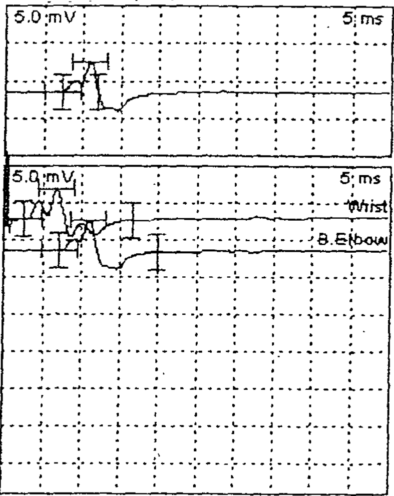
R. Median MNC



L. Ulnar MNC



R. Ulnar MNC



L. Musculocut. MNC

R. Musculocut. MNC

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Patient: Robert Russell   10/17/05
I.D.#: 247-06-2960

5.0 mV 5 ms

5.0 mV 5 ms

L. Median SNC

5.0 mV 5 ms

5.0 mV 5 ms

R. Median SNC

20.0 uV 1 ms

20.0 uV 1 ms
Index
Index

L. Ulnar SNC

10.0 uV 1 ms

10.0 uV 1 ms
Index

R. Ulnar SNC

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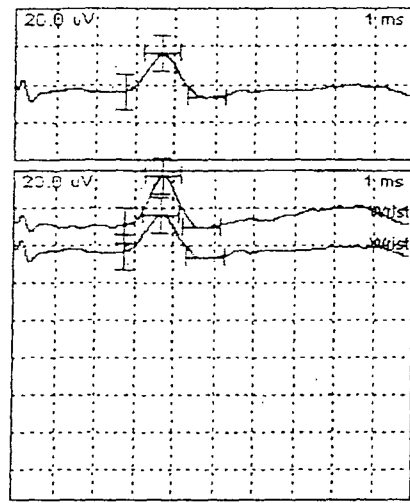
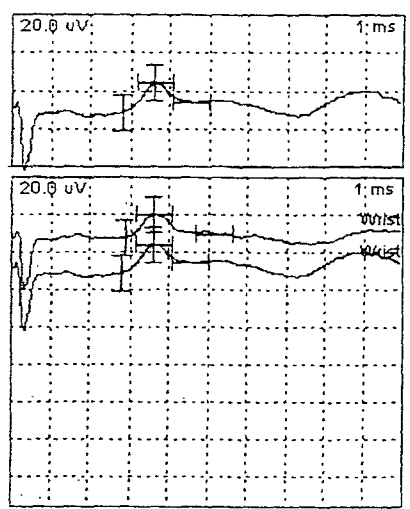
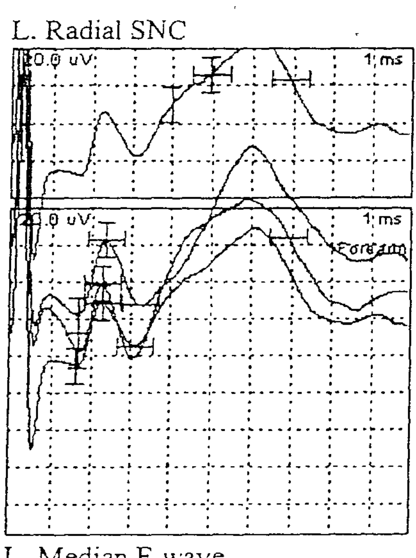
I.D.#: 247-06-2960



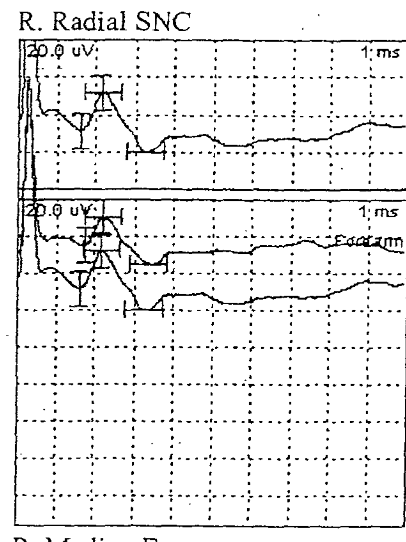
L. Radial SNC



R. Radial SNC

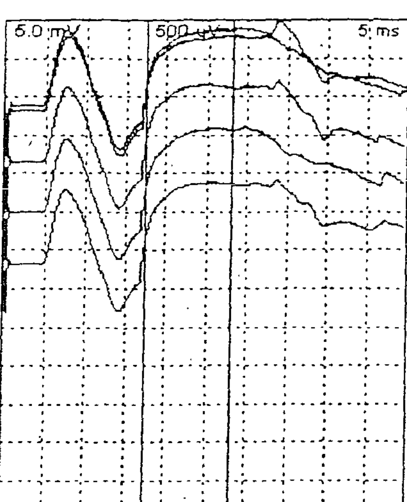


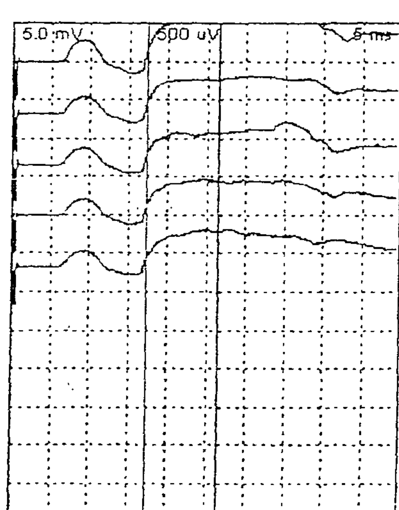
L. Median F-wave

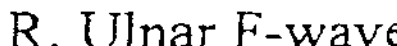


R. Median F-wave

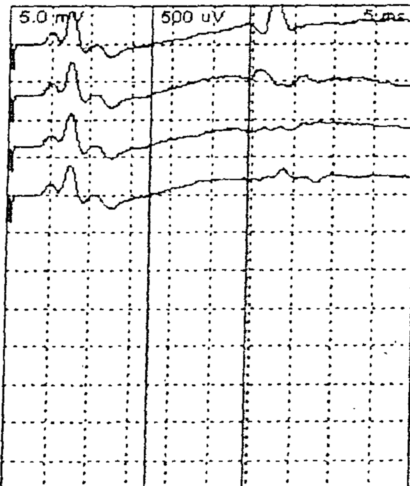
Patient: Robert Russell 10/17/05
I.D.#: 247-06-2960

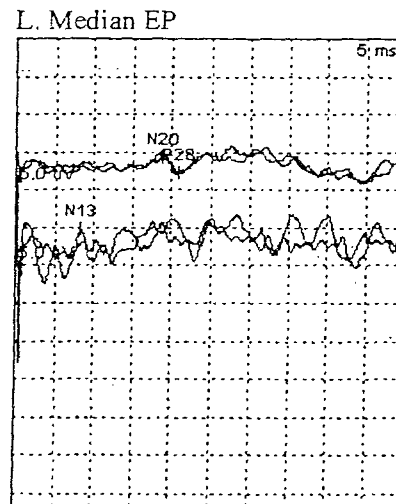





R. Ulnar F-wave

L. Median EP





R. Median EP

L. Dep C5 EP

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Patient:	Robert Russell	10/17/05
I.D.#:	247-06-2960	

5 ms
N20
P22
N13

R. Dep C5 EP

5 ms
N1
P1

L. Dep C6 EP

5 ms
N1
P1

R. Dep C6 EP

5 ms
N1
P1

L. Dep C7 EP

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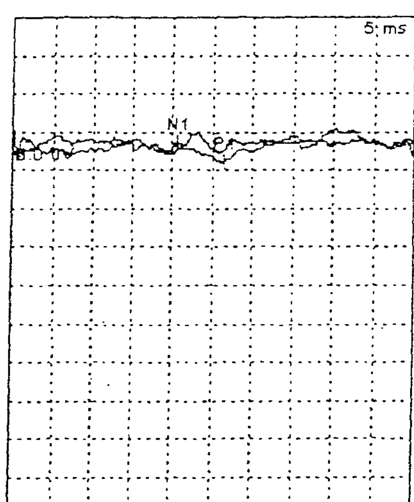
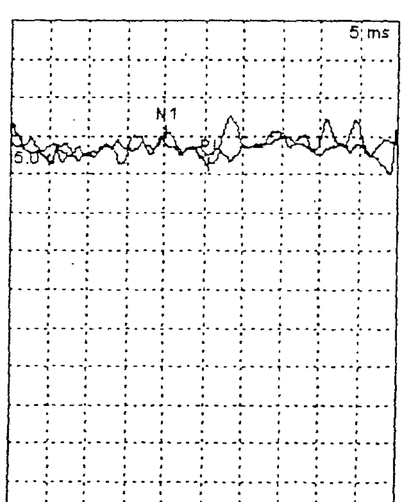
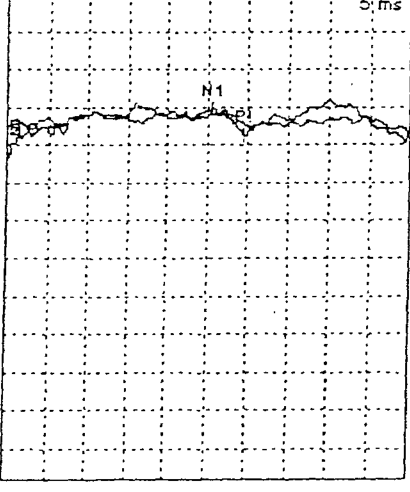
I.D.#: 247-06-2960





R. Dep C7 EP



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From:THE PAIN and REHAB INSTITUTE To:18036122714 Page: 27/28 Date 5/20/2008 3:07:10 PM
05/20/2008 14:56 #468 P.027/028

diversified medical

Charge Slip

Patient: **Robert Russell** Referring Dr. **Faulk** Date: 10-17-05

UPPER		Rt	Left
95900	*M/Musculocutaneous*	☒	☒
95903	*M/ Median Wrist F wave*	☒	☒
	M/Ulnar, Wrist F wave	☒	☒
	M/Median (Elbow&Wrist)	☒	☒
	M/Ulnar (Elbow&Wrist)	☒	☒
95904	*S/Median*	☒	☒
	S/Ulnar	☒	☒
	S/Radial	☒	☒
95925	*DEP-Forarm-C5*	☒	☒
	DEP-Tumb-C6	☒	☒
	DEP-Fingers2&3-C7	☒	☒
95927	*SSEP-Wrist-C5-T1*	☒	☒

LOWER		Rt.	Left
95900	*M/Plantar nerve*	☐	☐
95903	*M/Tibial, Foot F wave*	☐	☐
	M/Peroneal, Ankle F wave	☐	☐
	M/Tibial, (Foot&Knee)	☐	☐
	M/Peronea,(Ankle & Knee)	☐	☐
95904	*S/Sural*	☐	☐
	S/Superfical Peroneal	☐	☐
95926	*DEP-Ankle-L4*	☐	☐
	DEP-Ankle-L5	☐	☐
	DEP-Foot-S1	☐	☐
95927	*SSEP-Ankle-L4-S1*	☐	☐
95934	*H Reflex Gastroc/Soleus*	☐	☐

BAER/VEP		Rt	Left
92585	*Auditory*	☐	☐
95930	*Visual*	☐	☐

VASCULAR		
93875	*Carotid*	☐
93923	*Arterial*	☒
93965	*Venous*	☒
	TOS	☐

Technician: Gahagan

NOTES:

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PATIENT HISTORY

Date: ______________ S.S.#: 247-06-2960

Patient Name: Robert Russell Referring Physician: FAX

Patient Medical History (to be filled out by patient)

Sex: Male / Female Height: 5'10" Weight: 210 DOB: 03-17-57 RIGHT or LEFT handed?

Medications: Prozac, Ambien, Wellbutrin, Lamictal Birth Control Rx: Yes No

Do you drink caffeine? Yes No How much? 1 gallon a day
Do you drink alcohol? Yes No How much?
Do you smoke? Yes No How much?

PATIENT'S SUBJECTIVE COMPLAINTS

Please circle all conditions that are applicable:

AIDS/HIV
Alcoholism
Allergies
Arteriosclerosis
Arthritis
Arm Pain, Rt/Lt
Asthma
Back Pain/Stiffness
*Upper Middle Lower
Broken Bones
Bowel / Bladder problems
Cardiovascular Disease
Carpal Tunnel Rt/Lt
Chest Pain / Angina

Cold Hands/Feet
Concentration Loss
Depression
Diabetes
Dizziness
Encephalitis
Emphysema
Fainting
Fatigue
Glaucoma
Headaches
Heart Palpitations
Heavy Feeling of Head
Herniated Disc
Level
High Cholesterol

High Blood Pressure/ Hypertension
Hepatitis
Impotency
Jaw Pain
Kidney Disease
Liver Disease
Leg Pain, Rt/Lt
Loss of Balance
Loss of Consciousness
Loss of Smell/Taste
Memory Loss
Multiple Sclerosis
Muscle Weakness
location ______
Nausea

Numbness & Tingling
location Right fingers
Nervousness
Neck Pain
Neck Motion Restricted
Rt / Lt Up /Down
Overweight
Psychiatric Care
Pinched Nerve
location ______
Prostate Problems
Pacemaker
Pins & Needles, Arms/Legs
Raynaud's Disease
Resting Pain (Legs)

Ringing in Ears
Shoulder Pain, Rt/Lt
Sensitivity to Light
Stroke / TIA
Tuberculosis
Vision Problems
Varicose Veins
Other ______

Patient Medical History

Hx of Anemia:	Yes	No
Hx of Bleeding Disorders:	Yes	No
Hx of Cancer:	Yes	No
Hx of Cardiovascular Disease:	Yes	No
Hx of Family Cardiovascular Disease:	Yes	No
Hx of Motor Vehicle Accident, Traumatic Injury or Workers Compensation Injury:	Yes	No
Hx of Neurological Condition:	Yes	No

Are you currently anemic? Yes or No
Describe: ______
Type: ______ When: ______
Describe: ______
Describe: ______
Describe: ______
Describe: ______

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Hx of Seizures: Yes No When:
Hx of Stroke / TIA: Yes No When:
Hx of Herniated Disc: (Yes) No Date of Injury: Level:
Hx of Spine Sx: Yes No When: Level:
Hx of MRI / CT Scan: (Yes) No Area of Scan:
Results (per patient): ~~herniated~~ bulging disk
Report available: (Yes) or No
Are you currently under a physician's care for any medical condition? (Yes) or No
Describe: Chiropractic care

Do you symptoms occur on the ☐Right ☐Left ☒Both sides of your body?
On a scale of 1-10, How bad is the pain you experience? 10
How often do you experience this pain? Always
Onset of symptoms?
Are your symptoms the result of an auto accident or workers compensation injury? (Yes) No
If yes, explain Auto accident while at work

Do you experience headaches? Describe: yes - ~~[illegible]~~ Crackling [illegible]

Do you experience any of the following with these headaches?

- ☒ Sensitivity to light
- ☐ Nausea
- ☐ Dizziness
- ☐ Ringing in your ears
- ☒ Difficulty in turning your neck

Do your symptoms and pain interfere with your activities of daily living? (Yes) No
If yes, explain unable to do household chores.

Patient Signature: [signature] Date: 10-17-05

Patient's Subjective Complaints/Accident Information (to be filled out by Technologist)
Special Consideration / Comments:

- (R) hand numb/tingling 1-4 fingers started 3 mos ago
- weakness
- Ø radic legs but LBP (bulge disc)

OBS: Unable to relax through test — pt. visably shaking/tremors which he said has been going on for awhile. Unable to tolerate very high of stim. *A lot of interference in office [illegible]

Technologist Signature: [signature] Date: 10-17-05

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IRREVOCABLE ASSIGNMENT, LIEN AND AUTHORIZATION INSURANCE BENEFITS

TO WHOM IT MAY CONCERN:

I hereby authorize and direct you, my insurance carrier, to pay directly to Diversified Medical, PLLC such sums as may be due and owing this office for services rendered me, both by reason of accident or illness and by reason of any other bills that are due this office and withhold such sums from any disability benefits, medical payment benefits, no-fault benefits, health and accident, Workers' Compensation benefits, or any other insurance benefits obligated to reimburse me from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect Diversified Medical, PLLC I hereby further give lien to said office against any and all insurance benefits named herein and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated for by Diversified Medical, PLLC This is to act as an assignment of my rights and benefits to the extent of the office's services provided.

I understand that I remain personally responsible for the total amounts due the office for services rendered. I further understand and agree that this Assignment, Lien and Authorization does not constitute any consideration for the office to await payments, and they may demand payments from me immediately upon rendering services at their option.

I authorize the office to release any information pertinent to my case to any insurance carrier or adjuster to facilitate collection under this Assignment, Lien and Authorization and authorize and direct Diversified Medical, PLLC to appeal denials or payments at all levels on my behalf.

I agree never to rescind this document and that a rescission will not be honored by my insurance company. I hereby instruct that in the event another insurance company is substituted in this matter, the new insurance company will honor this agreement as inherent to the settlement and enforceable on the case as if it were executed by the company.

[signature] (SEAL) 10-17-05

Patient Signature Date

diversified
medical

Disclosure of Fees/Payment Policy		9/2/2004
Procedure	Description	Charge
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	$460.00
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study	$380.00
93923	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study	$530.00
93965	Non-invasive physiologic studies of extremity veins, complete bilateral study	$427.00
95900	Nerve Conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	$215.00
95903	Nerve Conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	$207.50
95904	Nerve Conduction, amplitude and latency/velocity study, each nerve; snsory or mixed	$175.00
95925	Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	$415.00
95926	Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	$415.00
95927	Short latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	$415.00
95930	Visual evoked potential (VEP) testing central nervous system, checker board or flash	$289.00
95934	H reflex, amplitude and latency study; record gastrocnemius/soleus muscle	$215.00
A4556	Disposible Electrodes	$15.00

I have read the above codes and fees and understand the cost of my care with my treating doctor. I understand that if my treatment is associated with a personal injury or accident claim, all medical bills will be paid at 100% of the above fee schedule regardless of the outcome of my case.

I further understand that if my insurance company declines payment, I authorize Diversified Medical to file small claims on my behalf against my insurance company as a method of collection. I further understand that I will be present at the court date if needed.

I have read and fully understand the above financial terms and prices.

Signed [signature] Date 10-17-05

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

18121 West Catawba Avenue, Cornelius, NC 28031
T: 1-704-895-8297 F: 704-895-7483

10/12/05

To: Robert Russell
From: Diversified Medical, PLLC

I, Robert Russell agree to sign over and forward the check(s) from BCBS State which are payment(s) for my diagnostic testing performed in Dr. Faulk's office to Diversified Medical, PLLC at the above address.

Patient Signature

Date: 10-14-2005

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

Scanned 10/12/2005

Diversified Medical, PLLC
Phone: 1-866-434-8633
Fax: 704-895-7483

Patient Processing and Release Form

To provide testing services, the following must be completely filled out and signed.

☒ Insurance ☐ Auto/Insurance ☐ WC ☐ Attorney Lien

Referring Physician: Alan Faulk, DC Clinic Name: Palmetto Spine Center

Patient Name: Robert Russell SS #: 247 06 2960

Address: 5913 Hagood Ave

Street / City / State / Zip: Hanahan SC 29406

Home Phone: 843 810 8463 Work Phone:

DOB: 3-17-59 Sex: ☒M ☐F Marital Status: ☒S ☐M ☐D ☐W

Employer: Retired

Address:

Street / City / State / Zip:

Fax:

Primary Insurance: BCBS of SC State Claims

Insured Name (if not patient) SS#:

Insured's DOB:

Insurance Mailing Address: PO Box 100605, Columbia SC 29260-060

Telephone: 1-800-868-2520

Policy: ZCS 247062960 Group #:

Date of Accident: Claim#:

Secondary Insurance:

Mailing Address:

Telephone:

Policy: Group #:

Test(s) Ordered:

☐ **Neurological**

☐ Upper Profile	Allow 1.0 hour for test
☒ Lower Profile	Allow 1.0 hour for test
☐ Intracranial / Headache Profile	Allow 30-45 minutes for test

☒ **Vascular Profile** Allow 1.0 hour for test

I authorize the following for all medical services rendered to me:

1. Processing of all insurance forms by Diversified Medical, PLLC.
2. Release of all necessary information by Diversified Medical, PLLC for such processing.
3. Payment of all medical benefits directly to Diversified Medical, PLLC or their agents.
4. Appeal of insurance payments/denials at all levels.
5. A photocopy of this form may be used instead of the original.

Patient Signature Signature on File Date 10-10-05

NOTE: Your health information will be kept strictly confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

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DIVERSIFIED MEDICAL, PLLC
PHYSICIAN'S TEST ORDER FORM – MRI / NEUROLOGICAL/VASCULAR
(Please provide as much detail as possible)

Patient: Robert Russell   DOB: 3-17-1957   Weight: 210
Referring Phy: Faulk, Alan   Clinic Name: Palmetto Spine Center
Neurological Diagnosis Codes (provide as many as needed): 739.3 780.4 729.5
Vascular Diagnosis Codes (provide as many as needed): 739.3
Rule Out:

PATIENT ENTERED THE OFFICE COMPLAINING OF:

VASCULAR
- ☐ Memory Loss
- ☐ Breathing Difficulty
- ☐ Syncope / Fainting
- ☐ Double Vision / Loss of Vision
- ☒ Resting Pain / Claudication
- ☐ Edema / Limb Swelling
- ☒ Motor Deficiency

NEUROLOGICAL
- ☐ Ringing in Ears
- ☒ Fatigue
- ☐ Gait Disturbance
- ☒ Neck Pain Radiating to Upper Ext.
- ☒ Low Back Pain
- ☒ Back Pain Radiating to Gluteal Area
- ☒ Low Back Pain Radiating to Lower Ext.

NEUROLOGICAL & VASCULAR
- ☐ Headaches
- ☒ Dizziness/Vertigo
- ☐ Hand Pain
- ☐ Cold: ☐ Hands ☐ Feet
- ☐ Weakness: ☐ Upper Extremity ☐ Lower Extremity
- ☒ Numbness & Tingling in: ☒ arms ☒ legs ☒ hands ☒ feet
- ☐ Pins & Needles in: ☐ arms ☐ legs ☐ hands ☐ feet
- ☒ Other: Limb Shaking, Tremors
- ☒ Weakness in Hands
- ☒ Upper Extremity Pain
- ☒ Neck Pain
- ☐ Lower Extremity Pain
- ☐ Foot Pain
- ☒ Leg or Foot Cramps

SIGNIFICANT LABORATORY AND/OR IMAGING FINDINGS:

VASCULAR
- ☐ Emphysema
- ☐ Carotid Stenosis
- ☐ Pulmonary Embolism
- ☐ TIA
- ☐ Varicose Veins
- ☐ Chest Pain
- ☐ Smoker
- ☐ Stroke History
- ☐ Peripheral Vascular Disease
- ☐ Peripheral Arterial Disease
- ☐ Edema
- ☐ Hyperlipidemia
- ☐ Hypercholesteremia
- ☐ Thoracic Outlet Syndrome
- ☐ Arterio Scleriotic Heart Disease
- ☐ Hypertension/High Blood Pressure

NEUROLOGICAL
- ☐ Kidney Disease
- ☐ Liver Disease
- ☒ Lumbar Disc Degeneration
- ☒ Cervical Disc Degeneration
- ☐ Lumbar Stenosis
- ☐ Spondylolithesis
- ☒ Cervical Stenosis
- ☒ Disc Herniation ☒ Cervical ☐ Thoracic ☒ Lumbar
- ☐ Tendon Tear
- ☐ Heel Spur/ Plantar Fascitis
- ☐ Meniscus Tear

NEUROLOGICAL & VASCULAR
- ☐ Diabetes
- ☐ Neurological Disease: Explain:
- ☒ Significant X-ray/MRI findings: Bulging disc,
- ☐ Other
- ☐ Arthritis
- ☐ Thyroid Disease

PATIENT REFERRED FOR:
- ☒ Full Vascular Testing
  - ☐ Upper Arterial Testing Only
  - ☐ Lower Arterial Testing Only
  - ☐ Venous Testing Only
  - ☐ Carotid Testing Only
- ☐ Intracranial/Headache Testing (BAER/VEP)
- ☒ Full Lower Extremities Testing (NCV/SSEP/DEP)
- ☐ Full Upper Extremities Testing (NCV/SSEP/DEP)
- ☐ Limited Testing
- ☐ MRI
- ☐ CT Scan
  - ☐ L-Spine ☐ Other ______
  - ☐ w/ contrast
  - ☐ w/o contrast
  - ☐ w/ contrast & w/o contrast

NCV only   Evoked Potentials (SSEP/DEP)

Based on this patient's history, examination and differential diagnosis, I have requested these neurological/imaging tests. I hereby certify that the tests ordered are medically necessary for appropriate diagnosis and treatment.

Physician's Signature: [signature]   Date: 10/12/05

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Form 6251
Revised 09/16/1998
Print or type in black ink

Page 1

BUDGET & CONTROL BOARD
South Carolina Retirement Systems
Disability Report
(please complete all sections)
To be completed by member or legal representative

Section I PERSONAL INFORMATION

1. Last Name & Suffix	2. First/Middle	3. Social Security Number
Russell	Robert / Gene	247-06-2960

4. Date of Birth MO DA YR	5. Address	6. Phone
03 17 57	5913 Hagood Avenue	843-810-8463

7. City	8. State	9. ZIP+4
Hanahan	SC	29406

Section II

a) Describe your disability? Bipolar mixed, generalized anxiety Disorder, chronic back pain –

b) When did your disability prevent you from working? Month 01 Day 13 Year 05

c) Explain why you stopped working: I cannot concentrate, low energy, suicidal thoughts, low motivation, poor memory. Also, chronic back pain from auto accident –

d) Have you returned to work ? yes ○ no ● If yes, when

e) Have you applied for Social Security Disability benefits? yes ○ no ● If yes, when

f) Has your disability resulted from an on the job injury? yes ● no ○ If yes, when Back pain yes Bipolar – no

g) Have you filed a Workers Compensation claim? yes ● no ○ If yes, when I workmen comp. #0325009

Section III

A) Please list the names, addresses, and telephone numbers of physicians who have your current medical records. Or, submit any current medical records you have with this Disability Report. If further medical evidence develops while your claim is being evaluated, please forward the documentation to the SCRS Medical Board.

1. Physician's name: James Jenkins, M.D.
Address: 9225 University Blvd. Bldg. E Ste. 2C N. Chas. SC 29406
Telephone: Area Code 843 Number 572-0900
How often did you see this physician? 1/week
Date first seen: 1999 Date last seen: 2/4/05
Treatment Received: medication management

2. Counselor ~~Physician's~~ name: William Burke, Ph.D.
Address: 709 Trolley Rd. Summerville, S.C. 29405
Telephone: Area Code 843 Number 8212488
How often did you see this physician? 1/week
Date first seen: 11-5-99 Date last seen: 2/10/05
Treatment Received: psychotherapy

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B. Physician's name: Allen Fault
Address: 2070 Northbrook Blvd. St. A-14 N. Chas SC 29406
Telephone: Area code 843 Number: 764-1993
How often did you see this physician? 2/week
Date first seen: Jan 2004 Date last seen: present
Treatment Received: chiropractic

B) Have you been treated at a hospital or clinic for your disability? yes ☑ no ○ If yes, complete the following:

1.) Name and Address: James Jenkins MD
7225 University Blvd. Bldg E Ste. 2C. N. Chas. S.C. 29406
Inpatient: ☑ If yes, give dates of admission and dates of discharge.
Outpatient: ☑ If yes, give date of admission
6-17-01 to 6-2001 inpatient
11-99 to 2-4-05 outpatient.
Reason for admission: suicidal
Type of treatment received: medication mgt & psychotherapy

2.) Name and Address: William Burke
709 Trolley Rd. Summerville SC 29405
Inpatient: ☐ If yes, give dates of admission and dates of discharge.
Outpatient: ☑ If yes, give date of admission
11-99 to present outpatient
_____ to _____
Reason for admission: Bipolar D/O GAD
Type of treatment received: psychotherapy

3.) Name and Address: Allen Fault
2070 Northbrook Blvd. St. A-14
Inpatient: ☐ If yes, give dates of admission and dates of discharge.
Outpatient: ☑ If yes, give date of admission
_____ to _____
June 2004 to present outpatient
Reason for admission: Auto accident
Type of treatment received: chiropractic

4.) Name and Address: Donald Stovall
2880 Tricon St. N. Chas S.C 29406
Inpatient: ☐ If yes, give dates of admission and dates of discharge.
Outpatient: ☑ If yes, give date of admission
_____ to _____
Aug. 2004 to Jan. 2005
Reason for admission: Workman comp.
Type of treatment received: injections in back, physical therapy.

C) Have you been evaluated by other agencies for your disability? yes ○ no ☑ (for example, Veterans Administration, Workers Compensation, Vocational Rehabilitation, Social Security Administration)
If yes, name of agency:
Address:
Your claim number with this Agency:
Dates of visits:

Type of treatment or examinations received:

D) If you have additional medical information to support your disability, please attach a separate sheet listing information required above.

Section IV

Has your doctor restricted your work activities in any way? yes ☑ no ○.

If yes, which doctor? James Jenkins

State what the physician told you not to do: unable to return to work – should seek disability –

Section V

Has your disability restricted your activities of daily living such as: home duties, social activities, or your ability to care for your personal needs? yes ☑ no ○

If yes, please describe your limitations: Insomnia, unable to focus and concentrate. Do not want to be around friends. Quit going to church, emotional state suicidal thoughts and not being able to remember things. unable to read, Depressed. No desire to do anything, have panic attacks, constantly worrying and expecting the worst. chronic back pain prevents doing household duties –

Section VI

a) What was your most recent job(s) before you stopped working? If you have more than one job, please list separately.

Job Title: Environmental Health Manager II Employer: SC DHEC

From: Jan 1990 to present.

b) In this job did you:

1. Use machines, tools, or equipment of any kind? yes ☑ no ○

 If yes describe type of tools/equipment used: Auger

2. Use technical knowledge or skills? yes ○ no ☑

 If yes, describe technical knowledge or skills:

3. Do any writing, complete reports, or perform similar duties? yes ☑ no ○

 If yes, please describe: Issued permits for septic systems

4. Have supervisory responsibility? yes ○ no ☑

 If yes, please indicate the number of employees supervised and the extent of your supervision:

c) Please describe your essential job duties:

Dug holes with auger to determine suitability of soil for septic tank. Inspected septic tanks after contractor installed – went on complaints called in by public –

Describe the amount of physical activity your job involves during a typical work day.

	0	1	2	3	4	5	6	7	8
WALKING (check number of hours a day)	○	○	○	○	○	✓	○	○	○
STANDING (check number of hours a day)	○	○	○	○	○	✓	○	○	○
SITTING (check number of hours a day)	○	✓	○	○	○	○	○	○	○
BENDING / STOOPING (check number of hours per day)	○	○	○	✓	○	○	○	○	○
CLIMBING (check number of hours per day)	✓	○	○	○	○	○	○	○	○
RUNNING (check number of hours per day)	✓	○	○	○	○	○	○	○	○

LIFTING AND CARRYING:

Occasionally (up to 1/3 of 8 hr. day) lifts &/or carries:

- ✓ less then 10lbs. kinds of objects lifted: Auger, instruments to inspect septic Tank.
- ___ 10 lbs. kinds of objects lifted: ___
- ___ 20 lbs. kinds of objects lifted: ___
- ___ 50 lbs. kinds of objects lifted: ___
- ___ 100 lbs. or more kinds of objects lifted: ___

Frequently (1/3 to 2/3 of 8 hr. day) lifts &/or carries:

- ___ less than 10lbs. kinds of objects lifted: ___
- ___ 10 lbs. kinds of objects lifted: ___
- ___ 25 lbs. kinds of objects lifted: ___
- ✓ 50 lbs. or more kinds of objects lifted: pulling heavy clay out of auger (force)

Section VII

Remarks: This section may be used for additional information that will be helpful to make a decision about your disability claim:

I have always worked hard. My father shot my mother when I was 12 years old while I was standing beside her. I have coped with it the best I could but as I get older my depression gets worst —

The information I have provided is correct to the best of my knowledge.

Signature of Applicant: [signature] Date: 7/10/05

(If signed by other than the applicant, a copy of the Power of Attorney for the person signing must be attached)

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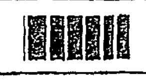
FEB 1 5 2005
POSTAL CENTER

Return to:
SCRS Medical Department
P.O. Box 11960
Columbia, South Carolina 29211-1960



CLAWSON & STAUBES, LLC
ATTORNEYS AT LAW

MARGARET M. URBANIC
purbanic@clawsonandstaubes.com

June 26, 2008

Reply to Charleston Office
File No.: 2008-0548 mmu

Commissioner Susan S. Barden
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Robert Russell v. DHEC
WCC File No.: 0414927
Carrier File No.: 2004-2909
Carrier Code No.: SF-500
Employer FEIN: 570000J04
Date of Injury: 6/11/04

Dear Commissioner Barden:

Enclosed please find the following Supplemental APA to be submitted on behalf of the Defendant with regard to the above-named matter.

PHYSICIAN	MEDICAL FACILITY	REPORT DATE	PAGE NOS.
6.	**Roper Hospital**	**10/20/04 - 4/23/04**	**270 - 341**

By Proof of Service to the Claimant's attorney, J. David Murrell, I am notifying him of the Supplemental APA and providing him with a copy of the medical note which will be submitted at the time of the hearing to be made a part of the record in the case under the Administrative Procedures Act.

Very truly yours,

CLAWSON & STAUBES, LLC

Margaret M. Urbanic

MMU/jjm

cc: J. David Murrell, Esquire

bcc: Mr. Matt Hansford (w/ enc.)
State Accident Fund
File No.: 2004-2909

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing **Supplemental Pleading** has been served upon opposing counsel by mailing a copy properly addressed with the sufficient postage affixed thereto this 26 day of June, 2008.

J. David Murrell, Esquire
8086 Rivers Avenue, Suite A
North Charleston, SC 29406

Lori Neal
____

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 10/20/00 1040
Ord. Phy.: KAPLAN-MD,RAYMOND S

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)958-8877
Phy. Fax #: (843)958-8878

KAPLAN-MD,RAYMOND S
** 125 DOUGHTY STREET
SUITE 440
CHARLESTON SC 29403

Acct_Nbr : A0029400362
Pat_Type : DMA

Chk-in #	Order	Exam	
331339	0001	35168	BCT SINUS LIMITED W/O CONTRAST Ord Diag: RHINOSINUSITIS

LIMITED CT OF THE SINUSES: 10/20/00

INDICATION: 42-year-old male with rhinorrhea and sinusitis.

TECHNICAL: Six direct coronal images of the sinuses were obtained without contrast infusion.

FINDINGS: The paranasal sinuses are well-developed and clear. There is deviation of the nasal septum to the right.. The osteomeatal complexes are patent. There is no evidence of acute or chronic sinusitis.

CONCLUSION:

The nasal septum is deviated to the right otherwise negative limited CT of the sinus as described.

sdw

Read By: DAVID J SKINNER-MD
Released By: JOHN C RAND-MD

SW
Approved: 10/20/00 1621
FINAL DUPLICATE

730 Stoney Landing Rd, Moncks Corner SC 29461 * (843)899-7700 EXT.5036

ROPER ST FRANCIS HEALTHCARE

Cat 2 # 3204

ADMISSION RECORD

MED. REC. #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME	SERVICE	STATION	ROOM NO.	PAT TYPE	F.C.	BI/ACCT #
000662559	03/02/04 1016	1155	BER	EBA	-	EBA	PP	04062-00417

LOCATION(S)	REL	PAT. CLA	PUB/VAL	LNG	SEX	RACE	MS	DATE OF BIRTH	AGE
EBA			/ N	E	M	W	S	03/17/57	46Y

PATIENT

PATIENT NAME AND ADDRESS	SOC-SEC-NO	PATIENT EMPLOYER	TELEPHONE NO.
RUSSELL,ROBERT GENE 5913 HAGOOD AVE N CHARLESTON, SC 29406 225-1022	247-06-2960 PRI TELEPHONE NO. (843)~~744-3282~~	DHEC	(843)719-4649

GUARANTOR / **EMPLOYERS**

GUARANTOR NAME AND ADDRESS	SOC-SEC-NO.	GUARANTOR EMPLOYER	TELEPHONE NO.
RUSSELL,ROBERT GENE 5913 HAGOOD AVE N CHARLESTON, SC 29406	247-06-2960 TELEPHONE NO. (843)744-3282 RELATION SELF	DHEC	(843)719-4649

INSURANCE

INSURANCE 1	INSURANCE 2
BCBS STATE PO BOX 100605 800 /4444311 COLUMBIA, SC 29260-0605 STATE BCBS ZCS247062960 RUSSELL,ROBERT;GENE	

MISC.

IN CASE OF EMERGENCY NOTIFY	SPOUSE
RUSSELL,JOHN BROTHER HM: (843)567-3847 WK:	HM: WK:

ADM DX/PRESENTING COMPLAINT	ARRIVAL MODE	ADM TYPE/SOURCE
CHEST PAINS	WALKIN/A	1 / 1

ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR
FEINGOLD-MD,STEVEN	FEINGOLD-MD,STEVEN	FEINGOLD-MD,STEVEN	PCP,UNKNOWN

ALERTS	PREVIOUS ADM DATE	OPT OUT	DIR	FND	MKT	PHN MSG	PRIMARY	ALT.		BY
NO NONE	10/20/00		No							DSS

FOR EMERGENCY DEPARTMENT USE ONLY

ALLERGIES LMP# TEMP# RESP# PULSE# B/P# TIME SIGNATURE

PRINCIPAL DIAGNOSIS(S):

DRG

OTHER DIAGNOSIS(ES):

CODE(S) 7-5-7

PRINCIPAL OPERATION/PROCEDURE:

OTHER OPERATION(S)/PROCEDURE(S):

☐ OPERATIVE SUMMARY DICTATED ☐ DISCHARGE SUMMARY DICTATED PHYSICIAN SIGNATURE: ____________ DATE: ________

MR#: 000662359 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: FEINGOLD-MD,STEVEN
ACCT#:04062-00417 FC: PP

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33

Care Alliance - Berkeley

EMERGENCY PHYSICIAN RECORD

Chest Pain (5)

TIME SEEN: 10 25 ROOM: 4 EMS Arrival

HISTORIAN: patient __spouse __paramedics

__HX / __EXAM LIMITED BY:

HPI

chief complaint: chest pain / discomfort

started: Last night. improved. Returned @ 9A.

time course: __still present better __gone now lasted __resolved on arrival in E.D. constant "waxing & waning" intermittent episodes lasting worse / persistent since

quality: pressure tightness indigestion burning dull aching sharp stabbing "pain" "numbness" "like prior MI"

Location of pain: T

radiation: none diagrammed above

associated symptoms: nausea vomiting shortness of breath sweating

worsened by: change in position deep breaths / turning exertion nothing

relieved by: NTG 1 2 3 sitting up rest antacids nothing patient's own supply given by paramedics relief none / partial / complete / transient Oxygen NRB L

onset during: sleep rest light activity mod. / heavy exertion emotional upset cannot recall

severity: maximum: (1-10) mild moderate severe when seen in ED: (1-10) gone / almost gone mild moderate severe residual discomfort in arm (R / L)

__Similar symptoms previously

__Recently seen / treated by doctor V. [illegible]

ROS

CHEST-CONST: fever chills __cough sputum __ankle swelling __calf / leg pain

FEMALE REPRODUCTIVE: LNMP vaginal discharge abnormal bleeding

NEURO: headache blackouts

EYES-ENT: blurred vision sore throat

GI and GU: abdominal pain black / bloody stools problems urinating

SKIN & LYMPH & MS: skin rash / swelling joint pain

all systems neg except as marked

PAST HISTORY __negative * = MI risk factors

* high blood pressure
* diabetes - insulin / oral / diet
* high cholesterol ?
* heart disease

heart attack (MI) angina / heart failure

emphysema collapsed lung stroke peptic ulcer documented? yes no gall stones

__DVT / PE / risk factors

__other problems

ETT 10yrs ago - neg

Surgeries / Procedures* __none __non-contributory

__cardiac bypass __cardiac cath __angioplasty __thrombolytics __pacemaker

tonsillectomy cholecystectomy appendectomy hysterectomy

Medications __none __ASA __NSAID __acetaminophen __BCP's see nurses note

Allergies NKDA __see nurses note

SOCIAL HX smoker drugs alcohol (recent / heavy / occasional)

FAMILY HX CAD (<55yo) (>55yo) Grandfather 60 Grandmother 65

Rev. 06/01

Nursing Assessment Reviewed BP, HR, RR, Temp reviewed

PHYSICAL EXAM
Alert Anxious IV
Distress: NAD mild moderate severe

HEENT
- ENT nml inspection
- pharynx nml
- scleral icterus / pale conjunctivae
- pharyngeal erythema
- abnml TM / hearing deficit

NECK
- nml inspection
- thyromegaly
- lymphadenopathy (R / L)

RESPIRATORY
- no resp. distress
- chest non-tender
- nml breath sounds
- see diagram
- respiratory distress
- manifests distinct pain on movement of (R / L) arm of trunk
- splinting / dcrsd air mvmnt
- rales
- rhonchi
- wheezing

CVS
- regular rate, rhythm
- no murmur
- no gallop
- no friction rub
- irregularly irregular rhythm
- extrasystoles (occasional / frequent)
- tachycardia / bradycardia
- PMI displaced laterally
- JVD present
- murmur grade /6 sys / dias cresc / cresc-decresc / decresc
- gallop (S3 / S4)
- friction rub
- decreased pulse(s)
  - R carotd fem dors ped
  - L carotd fem dors ped

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
(e.g., Tsv = severe tenderness)

ABDOMEN
- non-tender
- no organomegaly
- tenderness
- guarding
- rebound
- abnml bowel sounds
- hepatomegaly / splenomegaly / mass

RECTAL
- non-tender
- heme neg stool
- black / bloody / heme pos. stool
- tenderness

SKIN
- color nml, no rash
- warm, dry
- cyanosis / diaphoresis / pallor
- skin rash

EXTREMITIES
- non-tender
- normal ROM
- no pedal edema
- no calf tenderness
- pedal edema
- calf tenderness
- clubbing

NEURO / PSYCH
- oriented x3
- mood/affect nml
- CN's nml as tested
- no motor / snsry
- disoriented to: person / place / time
- depressed affect
- facial droop / EOM palsy / anisocoria
- weakness / sensory loss

EKG, LABS, and X-RAYS

EKG MONITOR STRIP: NSR Rate

EKG NML interp. by me Reviewed by me Rate
NSR nml intervals nml axis nml QRS nml ST/T
not / changed from:
Repeat EKG unchanged /

CXR interp. by me Reviewed by me Discussed w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum
not / changed from:

CBC	Chemistries		UA
normal except	normal except	CK 144	normal except
WBC	Na	CKMB 0.8	WBC
Hgb	K	Troponin (Neg)	RBC's
Hct	Cl		bacteria
Platelets	CO2		dip
segs	Gluc		
bands	BUN		
lymphs	Creat 1.14	PT	
monos		PTT	
eos		INR	

Pulse Ox 96 % on RA % at (time) 10
Time 11:10 unchanged improved re-examined

Clinically, low susp. for cardiac CP, [illegible] risks, prompt OP F/U should be OK.
11:10 – Pain almost gone.
11:40 – Labs neg. precautions given. OP cardiology F/U tomorrow.

Discussed with Dr. will see patient in: office / ED / hospital
CRIT CARE: 30-74 min 75-104 min min
Counseled patient / family regarding: lab results, diagnosis, need for follow-up
Rx given Admit orders written
Prior records ordered
Additional history from: family caretaker paramedics

CLINICAL IMPRESSION:

- Chest Pain - acute precordial
- Chest Wall Pain - acute
- Dyspnea - acute
- Costochondritis - acute
- Myofascial Strain - acute
- Viral Syndrome - acute
- Bronchitis - acute
- Viral Pleuritis (Pleurisy)
- Abnormal EKG
- Acute MI
- Unstable Angina
- Pericarditis - acute
- Acute Aortic Dissection
- Pulmonary Embolism
- Acute Pulmonary Edema / CHF
- Atrial Fibrillation - rapid vent. response controlled uncontrolled new-onset chronic
- Pneumonia
- Pneumothorax

DISPOSITION- home admitted transferred
CONDITION- unchanged improved stable

NP / PA
MD / DO

See Dictated Addendum

MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: FEINGOLD-MD,STEVEN
ACCT#:04062-00417 FC: PP

Chest Pain - 33

3

©2001-2003 T-System, Inc. Circle or check affirmatives, backslash (\) negatives.

12

Care Alliance - Berkeley

EMERGENCY NURSING RECORD

General Medicine Complaints

MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: FEINGOLD-MD,STEVEN
ACCT#:04062-00417 FC: PP

TRIAGE TIME [illegible] emergent urgent non-urgent

NAME: ROBERT RUSSELL
D.O.B. 3/17/57 AGE: 46 (M) / F
HISTORIAN: ✓ patient / paramedics __family
ARRIVAL MODE: ✓ car / EMS __police
PMD: __none HORVEY
Tetanus Immunizations: current / ^not current / date
Pneumococcal Immunization: current / ^not current / date
Influenza Immunization: current / ^not current / date

TREATMENT PTA __see EMS report __IV __O_2

CHIEF COMPLAINT CHEST PAIN CONSTANT[illegible]
started ____hrs / days ago SINCE LAST NIGHT

__shortness of breath __fever / chills
__cough / sputum __problems urinating
__chest pain __back pain
__nausea / vomiting x __diarrhea
__abdominal pain __headache
__chemical exposure

PAIN LEVEL current: 5/10 maximum: 5/10

VITALS time [illegible]
BP 131/66 P 76 RR 16 temp [illegible] TM O R Ax
Height [illegible] Weight 235 kg
O_2 Sat% 96 RA / O_2

ALLERGIES ✓ NKDA / PCN / ASA / sulfa / latex

MEDS	DOSE	FREQUENCY	LAST DOSE
PROZAC		[illegible]	
LAMICTAL			
[illegible]			
NEURONTIN			
SONATA			

PAST HX __negative
__heart disease / HTN / diabetes: insulin APPENDECTOMY
__past surgeries none
CHRONIC DEPRESSION
__smoker / drugs / alcohol
__^TB exposure / symptoms ANXIETY
__^has been physically hurt or threatened by someone close

LNMP____ G__ P____ Ab__ pregnant / postmenopausal

[signature] LPN / RN

TIME TO ROOM:

INITIAL ASSESSMENT TIME: ____ ROOM: ____

GENERAL APPEARANCE
✓ no acute distress __mild / moderate / severe distress
✓ alert __anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT
✓ appears well nourished __^obese / malnourished
✓ independent ADL __^assisted / total care

RESPIRATORY
✓ no resp distress __mild / moderate / severe distress
✓ nml breath snds __wheezing / crackles / stridor
__decreased breath sounds

CVS
✓ regular rate __tachycardia / bradycardia / irrg. rhythm
✓ pulses strong __pulse deficit
✓ skin warm & dry __cool / diaphoretic
__pale / cyanotic

NEURO
✓ oriented x 3 __disoriented to person / place / time
__PERRL __confused
__pupils unequal
__weakness / sensory loss

EENT
__nml eye inspection __scleral icterus / pale / red conjunctivae
__nml ENT inspection __nasal drainage
__epistaxis

ABDOMEN
✓ nml inspection __tenderness / guarding / rebound
✓ non-tender __hypoactive / hyperactive bowel snds
✓ bowel sounds present

EXTREMITIES
✓ non-tender __calf tenderness
✓ moves all extremities __limited ROM / contractures
✓ no pedal edema __pedal edema

ADDITIONAL FINDINGS

Nurse Signature [signature]

^ protocol available

MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB:03/17/57

PHYS: FEINGOLD-MD,STEVEN

ACCT#:04062-00417 FC: PP

ACTIONS

TIME		INIT
	O_2 ____ L via:	
1030	pulse oximeter	AM
1030	cardiac monitor	
	Accu-Chek	
1030	__bed low position __side rails up x1 x2	AM
1030	__call light in reach __head of bed elevated	AM
1030	__ready for Dr eval. / notified doctor Feingold	AM
	restraints *see documentation*	

IV RECORD Pump used: Yes / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT
1030	INT	LAC	20				AM

__IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1100	ECASA	325	PO		[illegible]
	Response:				
	Response:				
	Response:				
	Response:				
	Response:				

PROCEDURES

Time		INIT
1012	12 lead EKG performed	AM
	notified	
	Foley fr. mL return	
	NG fr. mL return	
	__to suction *low / intermittent*	
1040	lab drawn / sent HOME BMP CP	AS
	results back	
	awaiting physician review	
1100	to Xray *w monitor / nurse / O_2 / tech* PCXR	[illegible]

VITAL SIGNS

Time	BP	P	RR	T	O_2sat	Rhythm	INIT

PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	

ADDITIONAL NOTE

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	**Total:**

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

DISPOSITION

✓ discharged *home police nursing home ME funeral home*
✓ verbal / written instructions / Rx given to: *patient* ______
✓ verbalized understanding
__^learning barriers addressed______
__accompanied by / driver:______
__pain level at discharge ____ / 10

__admitted / transferred to______
__report to______ time______
__transfer documentation completed
__notified family / police / ME ______
__left AMA / LWOT *signed AMA sheet refused* ______
__physician notified of:______

CONDITION

__unchanged __improved __stable __other______

Depart Time 1155 Mode: *walk W/C stretcher ambulance*

Discharge Nurse Signature [signature]

SIGNATURE	INITIAL
[signature]	

^ protocol available

Roper Hospital 316 Calhoun Street Charleston, SC 29401 Phone: 724-2010	Roper North 2750 Speissegger Drive N. Charleston, SC 29405 Phone: 745-2787
Roper Northwoods 7750 Northwoods Blvd. N. Charleston, SC 29406 Phone: 824-8733	Roper Berkeley 730 Stony Landing Road Moncks Corner, SC 29461 Phone: 1-800-846-7707

MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB:03/17/57

PHYS: FEINGOLD-MD,STEVEN

ACCT#:04062-00417 FC: PP

Emergency Services Discharge Instructions and Referral Information

Note: The examination and treatment you have received have been rendered on an emergency basis and are not a substitute for complete medical care. It is important that you report any persisting problems to your doctor since it is impossible to recognize and treat all events of a problem in one emergency visit. Follow instructions below as indicated to you:

☐ **Head Injury Precautions**
1. Apply ice to area for 20-30 minutes 4 times per day.
2. Contact the ER for any of the following : severe headache, vomiting, restlessness, convulsions, unsteadiness, paralysis, disorientation, slurred speech, stiff neck, blurred vision, unequal pupils (one large, one small) or difficulty in waking up.
3. Allow patient to sleep but awaken every______ hours the first day to check for above symptoms.
4. No pain medicines stronger than Tylenol.

☐ **Abdominal Pain**
1. Clear liquid diet for the next 24 hours. Advance as tolerated.,
   Clear liquids include: Gatorade, Gingerale, popsicles, jello, and broth etc.
2. Rest as much as possible.
3. Avoid caffeine, nicotine, alcohol and aspirin.
4. Medications as prescribed.
5. If your pain worsens or you develop fever > 101° contact your physician or ER.

☐ **Back and Neck Injuries**
1. Use heat to injured areas.
2. Rest as much as possible.
3. Avoid positions and movements that make pain worse.
4. Gentle but firm massage may increase circulation to the injured area and help relieve pain.
5. Take medication as directed.

☐ **Medicine**
The medication you have been given today may make you sleepy. Do not drive, work around machines or drink alcohol while taking medication.

☐ **Sprain/Fracture/Bruise**
1. Elevate injured extremity to lessen swelling.
2. Apply ice packs in the first 48 hours for 30 minutes at a time. (Place ice in a plastic bag and wrap in a cloth).
3. If you have an elastic bandage, rewrap if it becomes too loose or tight.
4. If ankle or foot is involved, used cane or crutches as needed. Limit weight bearing until pain decreases.
5. Warm compresses or soaks after the second day.
6. If injury does not improve, call your doctor or ER.

☐ **Lacerations**
1. Keep wound clean and dry as possible .
2. ☐ Leave dressing intact ________ days then
   ☐ Change dressing daily and clean with soap & water.
3. Contact the ER or your doctor if the wound becomes red, swollen, or shows signs of infection.
4. Return to the ER for a wound check in________ days .
5. Return for suture removal in _______ days.
6. Protect the healed wound from the sunlight for 1 year with a full sunblock (SPF-15 or higher) to lessen scar.

☐ **Cast/Splint Care**
1. Keep elevated with no weight or pressure on any part of splint or cast for 48 hours. Do not get cast/splint wet.
2. Do not insert anything between your cast/splint and skin.
3. Call your doctor if you feel pressure or tightness in cast/splint area or if exposed fingers/toes are cold, numb blue or painful.

☐ **X-rays**
Your X-rays have been read by an Emergency physician or your doctor. A specialist in X-ray will review your films within 24 hours and if his opinion differs, you will be notified with instructions for follow-up.

☐ Take medication as directed.
☐ You have been given a Tetanus/Diphtheria toxoid.

Other Instructions: See Dr ~~Harvey~~ Saunders, et al (Low Country Cardio) 853-0250 tomorrow.
Aspirin once daily until you see Dr Harvey
Return for exertional chest pain, shortness of breath, other concerns

Work/School Excuse:
Light duty___________days
Return to work/school on ________________

The above instructions have been explained to me and I understand them.

[signature] Patient or representative | [signature] Nurse | 11:55 Time

☑ HOME
☑ STABLE
☑ AMBULATORY
☐ WHEELCHAIR

MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: FEINGOLD-MD,STEVEN
ACCT#: 04062-00417 FC: PP

Physician's Order Sheet
Emergency Services

	EKG Completed in computer		Heme Panel CBC
	~~Cardiac Monitor~~ BP		BMP To Lab 1039
	Pulse Ox		CMP
			CIP
	INT		BNP
	IV Fluids:____ @ rate____		Amylase Lipase
			Hepatic Function Panel
	O2 via____ @____ L/min		PT PTT
	O2 @____ %		ABG on RA on O2
	Peak Flow		
	Orthostatic Vital Signs		UA Urine Dip
			Clean Catch Cath
	X - Rays		ETOH UDS
1038	CXR PA & Lat Portable		Urine HCG
	C-Spine L/S Spine		Serum Quantitative
	ABD Flat / Upright KUB		Serum Qualitative
			GC Chlamydia
	Old Records		WP KOH
	Suture Tray____ % Lidocaine		
	____ Suture		
	Additional Orders		**Additional Orders**
	ECASA 325mg PO.		
	D/C		
	[signature]		

Oct-03

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 03/02/04 1038
Ord. Phy.: FEINGOLD-MD,STEVEN A

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)225-1022
Ord. Phy.#: (843)402-1037
Phy. Fax #: (843)402-1295

FEINGOLD-MD,STEVEN A
2095 HENRY TECKLENBURG DR
CHARLESTON SC 29414

Acct_Nbr : A0406200417
Pat_Type : EBA

Chk-in #	Order	Exam	
986887	0003	30144	BXR CHEST 1 VIEW PA/AP
			Ord Diag: 786.50-CHEST PAIN NOS

AP PORTABLE UPRIGHT CHEST AT 1045 HOURS: 03/02/04

The soft tissues and bony thorax are unremarkable. For a portable chest, there are no cardiac or pulmonary abnormalities.

IMPRESSION:

Normal portable chest radiograph.

sak

Read By: PAMELA COYLE-MD
Released By: PAMELA COYLE-MD

SAK
Approved: 03/02/04 1348

ROPER BERKELEY MEDICAL CENTER
DEPARTMENT OF LABORATORY MEDICINE
MONCKS CORNER, SOUTH CAROLINA

03/03/04
0036
PAGE 1

Name: RUSSELL, ROBERT GENE | MR# (00000)000662559 | Nurs Stn: [illegible]
Admission Date: 03/02/04 | Date of Birth: [illegible]
Doctor: FEINGOLD, STEVEN A | Sex: M Race: W | Bed:

CHEMISTRY

SPECIMEN DATE	03/02/04	UNITS	REFERENCE
SPECIMEN TIME	1041		
WEEKDAY	TUE		
-----METABOLIC PANELS/CHEMISTRY-----			
NA @	137	MEQ/L	135-145
K @	4.3	MEQ/L	3.5-5.3
CL @	98	MEQ/L	98-108
CO2 @	27	MEQ/L	22-33
ANION GAP(CALC) @	12	MEQ/L	2-17
OSMO (CALC) @	275 L	MOS/KG	280-300
GLUCOSE @	92	MG/DL	70-110
BUN @	16	MG/DL	7-22
CREATININE @	1.4 H	MG/DL	0.5-1.3
B/C RATIO @	11.4		6.0-17.0
CALCIUM @	9.0	MG/DL	8.5-10.6

Footnotes
L = Low, H = High
@ = NA, K, CL, CO2, ANION GAP(CALC), OSMO (CALC), GLUCOSE, BUN, CREATININE, B/C RATIO, CALCIUM Performed at RBC-BERKELEY, 730 STONEY LANDING RD. MONCKS CORNER, S.C. 29461

Name: RUSSELL, ROBERT GENE
Admission Date: 03/02/04
Doctor: FEINGOLD, STEVEN A

MR# (00000)008662559
Date of [illegible]
Sex: M Race: W

Nurs Stn: BERKELEY RR
[illegible]
Bed:

CARDIAC MARKERS

SPECIMEN DATE 03/02/04
SPECIMEN TIME 1041
WEEKDAY TUE

UNITS REFERENCE

----- CARDIAC INJURY PROFILE -----

TROPONIN I @ NONE DET NG/ML .00-1.50

TROPONIN I REFERENCE RANGES

ROPER BKL	INTERPRETATION	ST.FRANCIS ACCESS
<0.1 NG/ML	NORMAL	<0.03 NG/ML
0.1-0.4 NG/ML	EQUIVOCAL FOR MYOCARDIAL INJURY	N.A.
0.4-1.5 NG/ML	AT RISK FOR MYOCARDIAL INJURY	0.03-0.50 NG/ML
1.5 NG/ML	DIAGNOSTIC OF MYOCARDIAL INJURY	>0.50 NG/ML

Note: These are reference ranges established by the manufacturer and literature based on this analyte's performance in clinical settings. Interpretation requires clinical correlation as false negative and false positive results may occur.

Test	Result	Units	Reference
CPK @	144	IU/L	21-232
CK INDEX(CALC) @	NOTE f		< 6.0
CKMB(MASS) @	0.8	NG/ML	0.0-3.9

Footnotes
f = Footnote
@ = TROPONIN I, CPK, CK INDEX(CALC), CKMB(MASS) Performed at RBC-BERKELEY, 730 STONEY LANDING RD. MONCKS CORNER, S.C. 29461
CK INDEX(CALC). 03/02/04 1041 DUE TO LOW CKMB, CK INDEX NOT CALCULATED.

ROPER BERKELEY MEDICAL CENTER
DEPARTMENT OF LABORATORY MEDICINE
MONCKS CORNER, SOUTH CAROLINA

03/03/04
0036
PAGE 1

Name: RUSSELL, ROBERT GENE | MR# (00000)000662559 | Nurse Stn: BERKELEY B2
Admission Date: 03/02/04 [illegible] of [illegible]
Doctor: FEINGOLD, STEVEN A | Sex: M Race: W | Bed:

HEMATOLOGY

SPECIMEN DATE	03/02/04	
SPECIMEN TIME	1041	
WEEKDAY	TUE	

----HEME PROFILE----

Test	Result	UNITS	REFERENCE
WBC @	5.9	K/CUMM	4.8-10.8
RBC @	4.61 L	M/CUMM	4.70-6.10
HGB @	14.8	G/DL	14.0-18.0
HCT @	42.4	%	42.0-52.0
MCV @	92.1	FL	80.0-94.0
MCH @	32.1 H	PG	27.0-31.0
MCHC @	34.8	%	32.0-36.0
RDW @	11.7	%	11.5-14.5
PLATELET @	182	K/CUMM	140-440
MPV @	9.2	FL	6.1-11.1

Footnotes
L = Low, H = High

ROBERT RUSELL 03/02/2004 10:13:56 ROBERT RUSSELL

47 years Male

MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57

PHYS: FEINGOLD-MD,STEVEN

ACCT#:04062 00417 FC: PP

Room: ER
Oper:

DOB

MD INFO:

Requested by:

Rate — Normal sinus rhythm, rate 80
PR — Consider left atrial enlargement
QRSD
QT
QTc

AXIS
P
QRS
T

OTHERWISE NORMAL ECG

PRELIMINARY-MD MUST REVIEW

aVR V1 V4

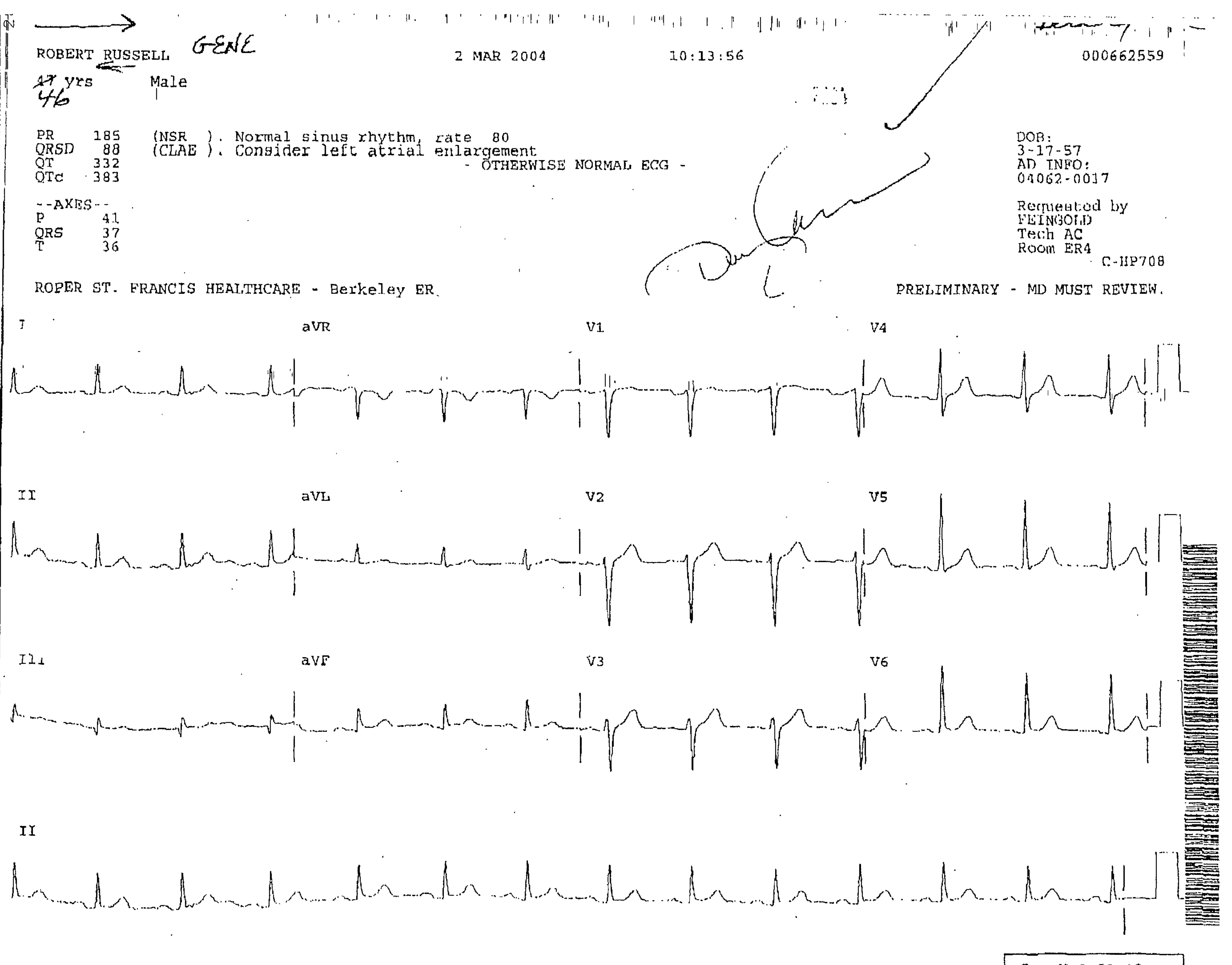
aVL V2 V5

aVF V3 V6

II

LOC 10001-5054 Speed: 25 mm/sec

0305



0306

☐ Roper Hospital

☐ Bon Secours St. Francis Hospital

(Patient label where applicable)
MR#: 000662559 EBA 03/02/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: FEINGOLD-MD,STEVEN

To the Patient [or parent, guardian, or legal representative] (YOU) ACCT#:04062-00417 FC: PP ____
Please print patient's name above ...

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the **HOSPITAL**) may provide you inpatient or outpatient services **YOU** must know what services **YOU** will receive, consent to them, agree to how to pay for them, and accept how the **HOSPITAL** will use your medical record. The **HOSPITAL** requests your consent to **TWO** (2) different parts of this form. Please carefully read Part I on treatment and other important matters **AND** Part II on the use of your patient information. **YOU** may request that this form be read to **YOU**. Be sure to ask any questions **YOU** may have about it. When **YOU** fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, **THANK YOU** very much for your cooperation in meeting the **HOSPITAL'S** responsibility to **YOU** and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide **YOU** medical treatment. **YOU** consent to all **HOSPITAL** medical or diagnostic care ordered for **YOU** during this visit as an outpatient or stay in the **HOSPITAL**. This consent includes testing for infections such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect **YOU** and/or those who provide **YOU** services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The **HOSPITAL** will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. **YOU** agree that the assigned payment responsibility is covered by current, valid and in effect insurance arrangements and *that* **YOU** *will promptly pay any required co-pay amounts and unpaid deductibles. If* **YOU** are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the **HOSPITAL**'s services to **YOU**.

YOU (patient or agent accepting financial responsibility) ***guarantee payment*** to the **HOSPITAL** for **ALL NONCOVERED SERVICES** and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. **YOU** understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the **HOSPITAL**. Also, **YOU** accept that benefit plans may deny payment for what **YOU** believed were covered services resulting in your responsibility for paying for these services. **YOU** may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests.

VALUABLES

YOU accept full responsibility for your valuables especially money or jewelry. The **HOSPITAL** does not accept any liability for your valuables. The **HOSPITAL** expects **YOU** will entrust any valuables to family or friends for safekeeping or deposit them in the **HOSPITAL** safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when **YOU** are an outpatient and must change into a **HOSPITAL** gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the **HOSPITAL** for Medicare or Champus benefits is correct and **YOU** agree to allow the **HOSPITAL OR OTHERS** that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the **HOSPITAL** may use a copy rather than the original of this consent form. **YOU** also, acknowledge receipt of the "Important Message from Medicare" or "Important Message from Champus" forms, which does not waive any of your rights for a review or make **YOU** liable for any payment.

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the **HOSPITAL** to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. **YOU** agree to allow the **HOSPITAL** to use your record made during this visit at this time or later to meet its required reporting duties regarding your care and to collect payment for the services **YOU** received. **YOU** agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities, as they deem necessary for continuity of care. **YOU** also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The **HOSPITAL** originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payer (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that **YOU** received the **Notice of Information Practices** that provides a description of information uses and disclosure practices. **YOU accept and understand that YOU:**

- Have the right to review the **NOTICE** prior to signing this consent.
- Accept that the **HOSPITAL** reserves the right to change the **NOTICE** and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site.
- Have the right to object to the use of your health information for the **HOSPITAL's** patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The **HOSPITAL**, however, is not required to agree to the restrictions requested.

____

____

- May revoke this consent in writing that **YOU** provide to the **HOSPITAL**. The revocation does not apply to any uses of your information made by the **HOSPITAL** in reliance upon this consent form and on the belief that your consent was still effective.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART 1 AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient/Agent [signature] Date 3/2/04

If agent, what is relationship to patient? ________________
Parent, guardian, legal representative

____________________ Date __________
Witness (when form is accepted verbally, by telephone or by electronic means)

G90041 (12-02)

ROPER ST FRANCIS HEALTHCARE

RCA **ADMISSION RECORD**

MED. REC. #	ADMISSION DATE/TIME	DISCHARGE DATE/TIME		SERVICE	STATION	ROOM NO.	PAT TYPE	F.C.	BL/ACCT #
000662559	03/03/04 1321			MED	A6W	0639-01	[illegible]	PP	04063-00556

LOCATION(S)	REL	PAT. CLA	PUB/VAL	LNG	SEX	RACE	MS	DATE OF BIRTH	AGE
BED	PVT		/ N	E	M	W	S	03/17/57	46Y

PATIENT

PATIENT NAME AND ADDRESS	SOC-SEC-NO	PATIENT EMPLOYER	TELEPHONE NO.
RUSSELL,ROBERT GENE 5913 HAGOOD AVE N CHARLESTON, SC 29406	247-06-2960 PRI TELEPHONE NO. (843)225-1022	DHEC	(843)719-4649

GUARANTOR / **EMPLOYERS**

GUARANTOR NAME AND ADDRESS	SOC-SEC-NO.	GUARANTOR EMPLOYER	TELEPHONE NO.
RUSSELL,ROBERT GENE 5913 HAGOOD AVE N CHARLESTON, SC 29406	247-06-2960 TELEPHONE NO. (843)225-1022 RELATION SELF	DHEC	(843)719-4649

INSURANCE

INSURANCE 1	INSURANCE 2
BCBS STATE PO BOX 100605 800 /4444311 COLUMBIA, SC 29260-0605 STATE BCBS ZCS247062960 RUSSELL,ROBERT;GENE	

MISC.

IN CASE OF EMERGENCY NOTIFY	SPOUSE
RUSSELL,JOHN BROTHER HM: (843)567-3847 WK:	HM: WK:

ADM DX/PRESENTING COMPLAINT	ARRIVAL MODE	ADM TYPE/SOURCE
ACTIVE CHESTPAIN 786.50	AMBULANC	1 / 6

ADMITTING DOCTOR	ATTENDING DOCTOR	REFERRING DOCTOR	PRIMARY CARE DOCTOR
SAUNDERS-MD,DONALD	SAUNDERS-MD,DONALD	SAUNDERS-MD,DONALD	PCP,UNKNOWN

ALERTS	PREVIOUS ADM DATE	OPT OUT	DIR	FND	MKT	PHN MSG	PRIMARY	ALT.		BY
NO NONE	03/02/04		No	N						RMP

FOR EMERGENCY DEPARTMENT USE ONLY

ALLERGIES	LMP#	TEMP#	RESP#	PULSE#	B/P#	TIME	SIGNATURE

PRINCIPAL DIAGNOSIS:

DRG

OTHER DIAGNOSIS(ES):

CODE(S)

786.50

PRINCIPAL OPERATION/PROCEDURE:

37.22
88.54
88.56

OTHER OPERATION(S)/PROCEDURE(S):

☐ OPERATIVE SUMMARY DICTATED ☐ DISCHARGE SUMMARY DICTATED PHYSICIAN SIGNATURE ____________ DATE: ________

Roper Hospital, 316 Calhoun Street, Charleston, SC 29401 | Bon Secours St. Francis Hospital, 2095 Henry Tecklenburg Drive, Charleston, SC 29414 | Roper Rehabilitation Hospital, 316 Calhoun Street, Charleston, SC 29401 | Roper Berkeley Day Hospital, 730 Stony Landing Road, Moncks Corner, SC 29461

CHART COPY

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MR#: 0006 8 ERC 03/03/04
RUSSELL, ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
FC: PP
ACCT#:04063-00226

18 Care Alliance - Bon Secours St. Francis

EMERGENCY NURSING RECORD
Chest Pain Complaints

TRIAGE TIME 1050 emergent urgent non-urgent

NAME: Robert Russell
D.O.B. ______ AGE: ______ (M) / F
HISTORIAN: patient __paramedics __family
ARRIVAL MODE: car __EMS __police
PMD: __none Saunders
Tetanus Immunizations: current / ^not current / date______
Pneumoccocal Immunization: current / ^not current / date______
Influenza Immunization: current / ^not current / date______

TREATMENT PTA __see EMS report __IV __O_2______

CHIEF COMPLAINT Chest pain [illegible]
started ____ min / hrs ago [illegible] Dr. Saunders for initiation of [illegible] [illegible] transfer to [illegible] Cath lab

__nausea / vomiting x______ __shortness of breath______
__chemical exposure______ __diaphoresis______

quality: pressure, tightness, indigestion, burning, dull / aching, sharp / stabbing, "pain", "numbness", "like prior MI"

location of pain:

__radiation (show radiation: ——→)

PAIN LEVEL current 0 /10 maximum: ____ /10

VITALS time: 1050
BP 137 / 78 P 81 RR 20 temp 97 TM (O) R Ax
Height 5/10 Weight 230 lb Kg
O_2 Sat% 97% RA / O_2______

ALLERGIES __NKDA / PCN / ASA / sulfa / latex
Percocet Rash

MEDS	DOSE	FREQUENCY	LAST DOSE
Prozac	40 mg	QD	
Lamictal	?		
Respirdol			

PAST HX __negative
__heart disease / HTN / diabetes insulin Depression
__family history of heart disease Grandfather MI @ 65 yrs
__past surgeries none finger, appendectomy
__smoker / drugs / alcohol______
__^TB exposure / symptoms______
__^has been physically hurt or threatened by someone close______

LNMP N/A G____ P____ Ab____ pregnant / postmenopausal

[signature] LPN (RN)

Wellbutrin
Zyrtec
Cardizem

TIME TO ROOM: 1050

INITIAL ASSESSMENT TIME 1050 ROOM: C1

GENERAL APPEARANCE
✓ no acute distress __mild / moderate / severe distress______
✓ alert (anxious / decreased LOC) emotional

FUNCTIONAL / NUTRITIONAL ASSESSMENT
✓ appears well nourished __^obese / malnourished______
✓ independent ADL __^assisted / total care______

RESPIRATORY
✓ no resp distress __mild / moderate / severe distress______
✓ nml breath sounds __wheezing / crackles / stridor______
__decreased breath sounds______
__retractions / accessory muscle use______

CVS
✓ regular rate __tachycardia / bradycardia / irrg rhythm______
✓ pulses strong / equal __pulse deficit______
✓ skin warm & dry __cool / diaphoretic______
__pale / cyanotic______

ABDOMEN
✓ nml inspection __tenderness / guarding / rebound______
__non-tender __bowel sounds hypoactive / hyperactive______
__bowel sounds present

NEURO
✓ oriented x3 __disoriented to person / place / time______
✓ moves all extremities __confused______
__weakness / sensory loss______

ADDITIONAL FINDINGS

Nurse Signature [signature]

^ protocol available

ACTIONS

TIME		INIT
OH	O_2 2 L via NC	
1050	(pulse oximeter)	
1050	(cardiac monitor)	
1050	Accu-Chek	
1050	✓ bed low position ✓ side rails up x1 (x2)	
1050	✓ call light in reach ✓ head of bed elevated	
1050	✓ ready for Dr eval. / notified doctor	
	restraints *see documentation*	

IV RECORD Pump used: (Yes) / No

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT
1052	INT	18	RAC				
1053	INT	18	LAC				
1115	NS	(L)		500cc bolus			

__IV / saline lock discontinued intact and pressure dressing applied

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1055	Heparin	5000u	IV	P	
1100	Response: ∅ adverse rxn				
1100	Nitro drip	50/250			
10	Response: ... stopped				
1100	Heparin 1100u				
1110	Response: ∅ adverse rxn				
	Response:				

PROCEDURES

Time		INIT
PTA	12 lead EKG performed	
Saunders	notified	
1115	– EKG done. Chao	
	V/Q notified.	
	duplex U/S	
	echocardiogram	
	Bronchodilator treatment *updraft inhaler*	
	chest tube inserted	
	external pacer applied	
	Foley fr. mL return	
1105	consent signed	
1050	(lab drawn) / sent	
	results back	
	awaiting physician review	
1058	(to Xray) w monitor / nurse / O_2 / tech (port)	

VITAL SIGNS

Time	BP	P	RR	T	O_2sat	Rhythm	INIT
1100	114/68	97	18		97	NSR	
1109	79/60	50	20		99		
1115	80/60	80	18		100		
1120	91/60	80	18		100		

PAIN REASSESSMENT

Time	Description	Level	INIT
1111		0/10	
1120	denies	0/10	
		/10	

ADDITIONAL NOTE: OH - pt placed in gown, warm blanket given, in position of comfort. pt pain free. Instructed pt to notify me if pain re-occurs. 1111 - pt diaphoretic c/o pain to ACW "2" BP 70s. nitro gtt stopped. Dr. Chao notified, EKG done. Dr. Saunders notified, Hold here to transport to cath lab. VSS.

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	**Total:**

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

DISPOSITION

__discharged *home police nursing home ME funeral home*
__verbal / written instructions / Rx given to: *patient* ______
__verbalized understanding
__learning barriers addressed______
__accompanied by / driver: ______
✓ pain level at discharge 0 /10
__admitted (transferred) to Lopez cath lab
__report to______ time______
✓ transfer documentation completed
__notified family / police / ME ______
__left AMA / LWOT *signed AMA sheet refused*
✓ physician notified of pt status Saunders, no further orders given

CONDITION

✓ unchanged __improved __stable __other______

Depart Time 1120 Mode: *walk W/C stretcher (ambulance)*

Discharge Nurse Signature [signature]

SIGNATURE	INITIAL
[signature]	
[signature]	

^ protocol available

Expected LOS Ca... ...lary Post-Procedu...
Interventional 2 Days Pos... Procedure

This document should be considered a Guideline. Outcomes will vary depending on the patient's severity of illness and other factors/conditions which effect or alter expected outcomes.

MR#: 000662559 A 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

Key: Fill in appropriate location for nursing unit. Initial completed intermediate and discharge outcomes. Circle any variances and document on variance log. Once variance is resolved, date and initial on clinical pathway.

Expected Discharge Outcomes	Day of Procedure (~~Pre-Procedure~~) post procedure Date: 3/3/04		Day 1 Post-Cath Discharge Outcomes Date: 3/7/04	
	Nursing Unit 6 West		Nursing Unit 6 west	
Neurological Neurological signs intact			Neurological signs intact	[initials]
Musculoskeletal Patient able to resume pre-admission ADLs and mobility			Patient able to resume pre-admission ADLs and mobility	[initials]
Cardiovascular Peripheral pulses return to pre-procedure assessment Chest pain controlled or absent Arrhythmia controlled or absent Hemodynamically stable	Baseline Pedal Pulses	2+ [initials]	Peripheral pulses return to pre-procedure assessment	[initials]
			Chest pain controlled or absent	[initials]
			Arrhythmia controlled or absent	[initials]
			Hemodynamically stable	[initials]
Respiratory Chest clear to auscultation bilaterally or within pre-admission parameters			Chest clear to auscultation bilaterally or within pre-admission parameters	[initials]
Genitourinary Patient able to void without discomfort (except dialysis patient) Urine output adequate (except dialysis patient)			Patient able to void without discomfort (except dialysis patient)	[initials]
			Urine output adequate (except dialysis patient)	[initials]
Integumentary Puncture site sealed			Puncture site sealed	[initials]
Psychosocial Patient/family able to identify resources for coping Patient/family able to verbalize thoughts/feelings about treatment	Patient/family able to verbalize thought/feelings of planned procedure	[initials]	Patient/family able to identify resources for coping	[initials]
			Patient/family able to verbalize thoughts/feelings about treatment	[initials]
Education Patient/family able to verbalize understanding of disease process and interventions Patient/family able to identify problems which require immediate medical attention Patient/family able to verbalize understanding of care needs (activity, meds, treatments, nutrition, etc. per PEARLS)	Patient/family able to verbalize understanding of planned procedure	[initials]	Patient/family able to verbalize understanding of disease process and interventions	[initials]
	Cath patient pathway reviewed with patient/family	[initials]	Patient /family able to identify problems which require immediate medical attention	[initials]
			Patient/family able to verbalize understanding of care needs (activity, meds, treatments, nutrition, etc. per PEARLS)	[initials]
Discharge Planning Patient/family able to verbalize support system(s) for home care and/or support system for home care established Patient/family able to manage continuing care needs Patient discharged			Patient/family able to verbalize support system(s) for home care and/or support system for home care established	[initials]
			Patient/family able to manage continuing care needs	[initials]
			Patient discharged	[initials]

Signature Key

Date	Initial	Signature	Date	Initial	Signature	Date	Initial	Signature
3/3/04	[initials]	[signature]						

...ected Discharge Outcomes = GOAL

ROI ST FRANCIS HEALTHCARE

[H]eparin Order Form

MR#: 00066255 ERC 03/03/04
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00226 FC: PP

Regular Unfractionated Heparin for Adults

[D]iagnosis: Chest Pain
[A]llergies: [illegible]
[T]otal Body Weight: 230 lbs. = 106 Kg.

Warning: Due to an increased risk of serious bleeding, patients should not be receiving both regular heparin and a Low-Molecular Weight Heparin.

Patients should also be evaluated for continuance of other medications such as aspirin, clopidogrel, and NSAID therapy.

[1]. Baseline PTT, PT / INR, Heme Panel

[2]. **Check the appropriate Bolus regimen according to Diagnosis / Disease**

a. No Initial Bolus

b. Acute Coronary Syndrome - Heparin Bolus 75 units / Kg = 8,000 units IV
(round to the nearest 1000 units) Maximum bolus = 10,000 units.

c. In Combination with Thrombolytic Therapy for Acute MI (TNKase, Retavase, TPA)
5,000 units bolus if 65 Kg or greater
4,000 unit bolus if less than 65 Kg.

See Dosing Chart on Back

d. Treatment of DVT / PE - Heparin Bolus 80 units / Kg = ________ units IV
(round to the nearest 1000 units) Maximum bolus = 10,000 units.

[3]. **Following bolus, begin IV Heparin infusion :** (Check the appropriate regimen)

- **Premixed IV bag contains Heparin 25,000 units in 250 ml of D5W (100 units / ml)**
- **Maximum initial infusion rate not to exceed 2000 units / hr.** 1700 u

All Cardiology Regimens : 16 units / Kg / hr = 17 mls / hr or

See Dosing Chart on Back

Treatment of DVT or PE : 18 units / Kg / hr = ________ mls / hr

[4]. PTT 6 hours after initiation of Heparin infusion or any dosage change.

[5]. Adjust Heparin based on guidelines below (Therapeutic range corresponds to a heparin anti - Xa range of 0.3 – 0.7 units)
(Document all changes on MAR and Physician's order sheet)

[P]TT (seconds)	Bolus Dose	Rate Changes	Repeat PTT (After each dosage change)
[P]TT < 49	Bolus 4,000 units	Increase rate 200 units / hr	6 hrs
[P]TT 49 – 58	Bolus 3,000 units	Increase rate 200 units / hr	6 hrs
[P]TT 59 – 86	No Bolus	No rate change	Next am
[P]TT 87 – 100	No Bolus	Decrease rate 100 units / hr	6 hrs
[P]TT 101 – 110	No Bolus	Hold infusion 1 hr, then decrease rate by 200 units / hr	6 hrs
[P]TT > 110	No Bolus	Hold infusion 1 hr, then decrease rate by 300 units / hr	6 hrs

[6]. Daily PTT and Heme Panel QAM (while on Heparin Protocol).

[7]. Check stools daily for occult blood & notify physician if positive.

[8]. Notify physician for bleeding, hematoma, or HR > 120 bpm.

F21100470

[Ph]ysician Signature: ________ Date / Time: ________ RN Sign off: [signature] Date / Time 03/03/04

MR#: 000662559 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57

PHYSICIAN'S ORDER SHEET

PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00226 FC: PP

DR. DONALD SAUNDERS' ADMIT ORDERS

Date	Admit Tele Room for Dr. Donald Saunders	Nurse's Signature
3/3/04	Dx: Chest Pain	
	Condition: Guarded	
1030	VS-Routine:	
	Allergies: Percocet – Rash	
	BR with BRP:	
	Diet: NPO	
	Labs: BMP, CBC, PT, PTT – Run Stat	
	CIP q 8 hours x 3 ① Prozac	
	Chest PA & lateral ② Lamictal	
	EKG now and in a.m. ③ Risperdal	
	Meds as at home: ④ Wellbutrin ⑤ Zantac	
	~~NTP 1" q 6 h~~ Omit [illegible]-NP ⑥ Sonata ⑦ Vioxx	
	Ecotrin 1 po every day if not allergic to aspirin	
	INT with flush q 8 h and prn	
	PRN List	
	Tylenol 1-2 tabs q 3 hours prn for pain or increased temperature	
	MOM 30 cc prn for constipation	
	Mylanta 30 cc prn for heartburn	
	Ambien 5 mg po q hs prn. If greater than 60 years old, 2.5 mg po q hs prn	
	NTG 1/150 sl q 5 minutes x 3 prn for chest pain or angina symptoms	
	Phenergan 12.5 mg IV q 6 hours prn for nausea/vomiting	
	Have pt sign consent for Ⓛ heart cath/PTCA/stent	
	Shave + Prep Ⓡ groin	
	Start IV NTG now	
	Start Hep gtt – cardiac protocol	
	Chris [illegible] NP	

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ROPER ST FRANCIS HEALTHCARE

TRANSFER FORM

Num: 000662559 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00226 FC: PP

Roper BSSF Northwoods Roper Berkeley Roper Mt. Pleasant

PHYSICIAN

I. MEDICAL CONDITION: Diagnosis- [illegible]

Emergency Medical Condition (EMC) Identified: (Check one of the following) (*Mark appropriate box, then go to Section II*)

- ☐ **No Emergency Medical Condition Identified:** This patient has been examined and an EMC has not been identified
- ☑ **Patient Stable -** The patient has been examined, an EMC has been identified and stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.
- ☐ **Patient Unstable -** The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest of the patient.
  I have examined this patient and based upon the reasonable risks and benefits described above and upon the information available to me, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition that may result from effecting this transfer.
- ☐ Other: __________

II. CERTIFICATION OF NEED FOR TRANSFER:

Medical Benefits :	Medical Risks :
[illegible]	
☐ Obtain level of care not available at this facility.	☑ Worsening of condition or death if you stay here.
	☑ Traffic delays resulting in deterioration of condition.

Date/Time 3/3/04 per Dr. [illegible] / by ________ Qualified Medical Personnel

Certifying Physician Signature [signature] Date/Time 3/3/04 10[illegible]

NURSING

III. Receiving Facility and Individual: The receiving facility has the capability for the treatment of this patient and has agreed to accept the transfer and provide appropriate medical treatment.

Name of receiving individual: [illegible] Time: 1100

Name of Receiving Facility: [illegible] Report given to (Person/title): ________

IV. Mode/Support/Treatment During Transfer As Determined by Physician– (Complete Applicable Items):

Mode of transportation for transfer: ☐ BLS Ambulance ☑ ALS Ambulance ☐ Helicopter ☐ Private Car ☐ Other: ________

Support/Treatment during transfer: ☑ Cardiac Monitor ☑ Oxygen – (Liters): 3 ☑ Pulse Oximeter ☐ IV Pump ☑ IV Fluid: [illegible] Rate: [illegible] ☐ Restraints – Type: ____ ☐ None ☐ Other: [illegible]

Name/Title of any accompanying hospital personnel: [illegible]

Radio on-line medical direction control exercised by (If necessary): ☐ Transfer Hospital ☐ Destination Hospital ☐ Other ____

Vital Signs Just Prior to Transfer: 97 T 116/[illegible] BP 90 Pulse 20 Respiration at 1[illegible] am/pm

V. ACCOMPANYING DOCUMENTATION– sent via: ☐ Patient/Responsible Party ☐ Fax ☑ Transporter

☑ Copy of Pertinent Medical Record ☐ Lab/ EKG/ XRay ☐ Copy of Transfer Form ☐ Court Order ☐ Advanced Directive ☐ Other ________

VI. Time of Transfer: ______ Date: 3/3/04 Nurse Signature: ________

☐ Patient/accompanying party instructed to go directly to accepting facility

PATIENT

VII. ☑ I hereby **CONSENT TO TRANSFER** to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made.

☐ I hereby **REQUEST TRANSFER** to ________. I understand and have considered the hospital's responsibilities, the risks and benefits of transfer, and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician, or anyone associated the hospital.

The reason I request transfer is: ________

☐ I hereby REFUSE transfer to another facility. The probable risks of such REFUSAL have been explained to me

Signature of ☐ Patient ☐ Responsible Person [signature] Relationship ______

2100476 Witness [signature]

Original-Pt. record; Copy-to receiving facility; Copy-QA/PI

RUSSELL, ROBERT
000662559
Donald E. Saunders, MD
Page 1

ROPER HOSPITAL

ADMISSION HISTORY AND PHYSICAL EXAMINATION
03/03/2004

This is a corrected report.

HISTORY OF PRESENT ILLNESS: This is a 46-year-old male who is admitted with chest pain. The patient has had intermittent chest pain for the past week. His chest pain was described as midsternal chest tightening without associated symptoms. The pain is slightly exacerbated with manual pressure of the chest region. The pain occurs intermittently and may last 30-60 minutes at a time.

CURRENT MEDICATIONS:
1. Prozac
2. Risperdal
3. Zantac
4. Vioxx
5. Sonata

ALLERGIES: No known drug allergies.

PAST MEDICAL HISTORY: Noncontributory.

SOCIAL HISTORY: He denies a smoking history of alcohol abuse. He is not married. He is employed. His family history is negative for coronary disease.

REVIEW OF SYSTEMS: Cardiac review of systems is as noted in history of present illness and past medical history. HEENT, GI, GU, hematologic, lymphangitic, psychiatric and other review of systems are negative.

PHYSICAL EXAMINATION: Vital signs – blood pressure 104/70, pulse 76, respirations 16. In general, he is a pleasant white male who appears his stated age. He is alert and oriented x 3 in no acute distress. HEENT is normocephalic and atraumatic. Neck is supple and nontender. Sclerae are clear. Extraocular movements appear to be intact. Cardiovascular exam shows the PMI located on the midclavicular axis. Regular rate and rhythm, no murmur, gallop or rub. Carotid arteries are 2/2 without bruit. The radial arteries and dorsalis pedis arteries are palpable. No significant edema is noted. Lungs are clear to auscultation and percussion. There is no use of any intercostal retractions or accessory muscles noted. Abdomen has bowel sounds present, is nontender. No hepatosplenomegaly. No masses. Skin exam is unremarkable. Psychiatric examination shows an appropriate affect. The patient was oriented to person, time and place. Neurological exam revealed cranial nerves II-XII to be grossly intact. Motor and sensory exam appeared to be grossly intact.

DIAGNOSTIC STUDIES: EKG is pending.

ADMISSION HISTORY AND PHYSICAL EXAMINATION
03/03/2004

ASSESSMENT AND PLAN: A 46-year-old male who presents with chest pain. The patient will be admitted to telemetry and placed on Nitro paste and aspirin. Serial cardiac enzymes and EKG will be obtained. I do believe he will benefit from either a nuclear stress test or a regular treadmill, depending on his EKG and the results of his cardiac enzymes.

ADDENDUM

The patient had an EKG. On the EKG, he appeared to have slight ST-segment elevation in the inferior leads as well as V_6. It is difficult to determine whether the elevations are secondary to repolarization abnormalities or chest pain.

At this time, treatment will be initiated at St. Francis Hospital emergency room. I would like to start him on intravenous nitroglycerin, heparin, aspirin and oxygen. I would like to transfer him urgently to Roper Hospital and proceed with cardiac catheterization and possible coronary intervention.

I have explained the risks, benefits and alternatives of the procedures planned. The patient agrees to proceed.

Donald E. Saunders, MD

TR: cnb DD: 03/03/2004 TD: 03/03/2004 12:21 P JOB#: 000016085 DOC#: 1069105

cc: Donald E. Saunders, MD

RUSSELL, ROBERT GENE
000662559
Donald E. Saunders, MD
Page 1

ROPER HOSPITAL

DISCHARGE SUMMARY
ADMISSION: 03/03/2004
DISCHARGE: 03/04/2004

Dictated by Chris Champion, NP for Donald Saunders, MD.

HISTORY OF PRESENT ILLNESS: The patient was seen in the emergency room at Roper Berkeley for complaint of chest pain. He was then sent to see Dr. Saunders in the office clinic yesterday. He was noted by EKG to appear to be having an acute myocardial infarction. He was having midsternal chest discomfort that relieved with nitroglycerin. It was decided to admit the patient.

HOSPITAL COURSE: The patient was transferred to Roper Hospital from St. Francis Hospital. He underwent emergent cardiac catheterization.

At this time, he will be discharged.

Pertinent laboratory data revealed basic metabolic panel on March 3, 2004 with sodium 143, potassium 4.4, BUN 14 and creatinine 1.3. CBC revealed WBC at 6.3, RBC at 4.90, hemoglobin 15.3 and hematocrit 43.8. Platelet count was 199,000.

Cardiac catheterization on March 3, 2004 by Dr. Saunders revealed no significant coronary artery disease and good left ventricular function. Ejection fraction was estimated to be greater than 60%.

There will be no changes in medications.

DISCHARGE MEDICATIONS:
1. Fluoxetine 40 mg 1 p.o. daily.
2. Zantac 150 mg 1 p.o. b.i.d.
3. Lamictal 250 mg 1 p.o. nightly.
4. Vioxx 25 mg 1 p.o. daily.
5. Sonata 20 mg 1 p.o. nightly.
6. Enteric-coated aspirin 81 mg 1 p.o. daily.
7. Wellbutrin SR 150 mg 1 p.o. b.i.d.
8. Risperdal 1 p.o. b.i.d.
9. Zyrtec 10 mg 1 p.o. daily.

DISCHARGE DISPOSITION: The patient was asked to consume a low-fat, low-cholesterol diet. He is to engage in low level of activity for 5 days and then as tolerated. He is to keep the right groin clean and dry for 5 days. He is to not lift objects greater than 10 pounds for 5 days and not strain. He is to follow up with his primary care physician, Dr. Virgil Harvey, in 5 to 7 days for noncardiac cause of chest pain workup. He is to follow up with Dr. Saunders in 2-3 weeks for routine followup. I will keep him out of work on Monday, March 8, 2004.

Donald E. Saunders, MD

TR: lab DD: 03/04/2004 TD: 03/09/2004 6:09 A JOB#. 000016860 DOC#: 1070736

cc: Virgil Harvey, MD
Donald E. Saunders, MD

MR#: 000662559 ~~ERC 03/03/04~~
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
~~ACCT#: 04063-00228~~ FC: PP
04063-00546

CareAlliance
Health Services

Informed Consent for Operation/Procedure/ Anesthesia *INCLUDING* Blood and Blood Products

1. I give my permission to Dr.(s) Saunders. to perform the following procedure(s) Left Heart Cath / PTCA / Stent on Robert Russell (patient's name).
2. I understand that during the procedure(s) new findings or conditions may appear and require an additional procedure(s) for proper care.
3. My doctor has discussed with me the items listed below:
   (a) the nature of my condition;
   (b) the nature and purpose of the procedure(s) that I am now authorizing;
   (c) the possible complications and side effects that may result, problems which may be experienced during recuperation, and the likelihood of success;
   (d) the benefits to be reasonably expected from the procedure(s);
   (e) the likely result of no treatment; and
   (f) the available alternatives, including the risks and benefits.
   (g) My physician has also explained that, in addition to the specific risks involved in the procedure(s), there are other possible risks that accompany any surgical and diagnostic procedure. I acknowledge that neither my physician nor anyone else involved in my care has made any guarantees or assurances to me as to the result of the procedure(s) that I am now authorizing.
4. I know that other clinical staff may help my doctor during the procedure(s).
5. I understand that the procedure(s) may require that I undergo some form of anesthesia, which may have its own risks. My doctor or a representative from the department of anesthesiology, has informed me of the course of anesthesia that is recommended (if any) along with its possible risks and alternatives.
6. Any tissue or specimens taken from my body as a result of the procedure(s) may be examined and disposed of, retained, preserved, or used for medical, scientific, or teaching purposes by the hospital.
7. I understand that my procedure(s) may be photographed or videotaped and that observers may be present in the room for the purpose of advancing medical care and education.
8. I understand that, during or after the procedure(s) my doctor may feel it necessary to give me a transfusion of blood or blood products. My doctor has discussed with me the alternatives to, and possible risks of transfusion.
9. I understand what my doctor has explained to me and have had all my questions fully answered.

Having talked with my doctor and having the opportunity to read this form, my signature below acknowledges my consent to the performance of the procedure(s) described above.

Signature of Patient or Legal Representative X [signature] Date 3/3/04 Time 11:05 AM
If Legal Representative, Relationship to Patient ____________

Witness [signature]

Verbal or Telephone Consent
Name of Legal Representative ____________ Relationship to Patient ____________ Date ______ Time ______

Witness ____________ Witness ____________

I have explained the risk, benefits, potential complications, and alternatives of the treatment to the patient and have answered all questions to the patient's satisfaction, and he/she has granted consent to proceed.

Physician's Signature [signature] Date ____________

Rev4

RUSSELL, ROBERT GENE
000662559
Donald E. Saunders, MD
Page 1

ROPER HOSPITAL

CARDIAC CATHETERIZATION REPORT

03/03/2004

Procedure Performed:

1. Right and left coronary angiography.
2. Left ventriculography.
3. Radiologic interpretation.

Medications: Versed 2 mg.

Contrast: Isovue 85 cc.

Indications: This is a white male who presented for urgent cardiac catheterization. The patient has chest pain with EKG changes suspicious for acute injury. The patient had ST segment elevation in the inferior leads. The patient was transferred urgently from St. Francis emergency room on nitroglycerin, heparin, aspirin, oxygen for cardiac catheterization and possibly coronary intervention. I examined the risks, benefits, alternatives of the procedure and plan and the patient agreed to proceed. He understands the minor risks of bleeding, infection, formation of an arterial renal fistula or renal failure. These occur in less than 10% of cases. Major complications include myocardial infarction, stroke or death. These occur in less than 1% of the cases.

Procedure in Detail: The patient was brought to the cardiac catheterization laboratory urgently. The right groin was prepped and draped in the usual sterile fashion. A 6 French sheath was placed in the right femoral artery under the usual modified Seldinger technique.

Under fluoroscopic guidance, a 6 French JL4 and a 6 French JR4 coronary catheter were advanced over a 0.38 J-tipped wire into the left and right coronary artery system. Selective left to right coronary angiography was then performed via left anterior oblique and right anterior oblique view using craniocaudal angulation. Contrast used is Isovue. Catheters were then removed from the right femoral arterial sheath.

At this time a left ventriculography was performed in the right anterior oblique projection using 12 cc of contrast.

The patient tolerated the procedure well and suffered no major complications.

Results:

- Pressures: The aortic pressure was 130/80. Left ventricle pressure was 130/10.
- Coronary Anatomy:
- Left main coronary artery is large vessel with no significant disease.
- Left anterior descending is a large vessel with two medium to small diagonal arteries. The remainder of the diagonal arteries are small vessels. No significant disease noted ________.
- Circumflex coronary artery is a large codominant vessel with a large LPL branch. There is no significant disease noted in the circumflex coronary system.
- Right coronary artery is a medium to large vessel with a medium to small PDA. There is no significant disease noted in the right coronary system.
- Left ventriculography reveals a left ventricular ejection fraction of greater than 60% with no significant wall motion abnormalities.

RUSSELL, ROBERT GENE
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ROPER HOSPITAL

CARDIAC CATHETERIZATION REPORT
03/03/2004

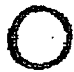
Impression: No significant coronary artery disease. Good left ventricular function.

Plan: The patient will be transferred back to the medical floor in stable condition. Noncardiac workup would be pursued.

Donald E. Saunders, MD

TR: cft DD: 03/03/2004 TD: 03/03/2004 12:45 P JOB#: 000016296 DOC#: 1069117

cc: Virgil Harvey, MD
Donald E. Saunders, MD



Date: 03/03/04 Roper Hospital Page 1

COMPLETE PATIENT REPORT

Pat ent : RUSSELL, ROBERT Procedu. Date: 03/03/04
Pat ent #: 29816 QCath C: e # : 1-13908

Sex	: M	Height	: 70.0 In
Date Of Birth	: 03/17/1957	Weight	. 230 0 Lb
Age	: 46 yrs	BSA	: 2.2 42

D agnosis
HEST PAIN.

P ocedures
.IC

P sicians
. SAUNDERS

L Personnel
I PARSONS---SCRUB M. HENDERSON---MON TOR
. FITZGERALD---CIRCULATE

NCILLARY LABORATORY VALUES

RBC Indices		Hematologic Studies	
HGB	= 15.30	Platelet Count	199.00
HCT	= 43.80		

RESSURES (mmHg)

Site	ROOM AIR, REST				
A	99/18,15	(S/BD,ED)	74 bpm	03/03/04 12:1	18
A	101/20,16	(S/BD,ED)	75 bpm	03/03/04 12:1	26
V	104/12,14	(S/BD,ED)	75 bpm	03/03/04 12:1	58
oA	100/32,51	(S/D,M)	75 bpm	03/03/04 12:1	58
V	100/19,15	(S/BD,ED)	73 bpm	03/03/04 12:2	17
V	100/8,14	(S/BD,ED)	74 bpm	03/03/04 12:2	26
oA	94/55,76	(S/D,M)	74 bpm	03/03/04 12:2	26

COMPLETE PATIENT REPORT

Pat ent : RUSSELL, ROBERT
Pat ent #: 29816

Procedure Date: 03/03/04
QCath Case # : 1-13908

'ENTRICULAR FUNCTION

Site 03/03/04 12:19:18 ROOM AIR, REST

LV	Systolic	=	99	P at peak dp/dt	=	68
	End diastolic	=	15	Peak (neg) dp/dt	=	-2209
	Begin Diastolic	=	18	P at peak (neg) dp/dt	=	47
	VMAX	=	1.58	Peak dp/dt/p	=	37.05
	Peak dp/dt	=	1668	P at peak dp/dt/p	=	28

Site 03/03/04 12:19:26 ROOM AIR, REST

LV	Systolic	=	101	P at peak dp/dt	=	66
	End diastolic	=	16	Peak (neg) dp/dt	=	-2253
	Begin Diastolic	=	20	P at peak (neg) dp/dt	=	51
	VMAX	=	1.61	Peak dp/dt/p	=	37.06
	Peak dp/dt	=	1669	P at peak dp/dt/p	=	30

Site 03/03/04 12:19:58 ROOM AIR, REST

LV	Systolic	=	104	P at peak dp/dt	=	76
	End diastolic	=	14	Peak (neg) dp/dt	=	-1365
	Begin Diastolic	=	12	P at peak (neg) dp/dt	=	44
	VMAX	=	0.98	Peak dp/dt/p	=	34.69
	Peak dp/dt	=	2310	P at peak dp/dt/p	=	26
	sep per beat	=	328	LVET	=	328
	SEP per minute	=	25	QS2	=	412
				PEP	=	80
				PEP / LVET	=	0.30

Site 03/03/04 12:20:17 ROOM AIR, REST

LV	Systolic	=	106	P at peak dp/dt	=	65
	End diastolic	=	15	Peak (neg) dp/dt	=	-1678
	Begin Diastolic	=	19	P at peak (neg) dp/dt	=	52
	VMAX	=	3.23	Peak dp/dt/p	=	12.11
	Peak dp/dt	=	2349	P at peak dp/dt/p	=	45

COMPLETE PATIENT REPORT

Patient : RUSSELL, ROBERT
Patient #: 29816
Procedure Date: 03/03/04
QCath Case # : 1-13908

VENTRICULAR FUNCTION

Site	03/03/04 12:20:26 ROOM AIR REST					
LV	Systolic	=	100	P at peak dp/dt	=	75
	End diastolic	=	14	Peak (neg) dp/dt	=	-1409
	Begin Diastolic	=	8	P at peak (neg) dp/dt	=	34
	VMAX	=	1.42	Peak dp/dt/p	=	37.53
	Peak dp/dt	=	1796	P at peak dp/dt/p	=	26
	sep per beat	=	256	LVET	=	256
	SEP per minute	=	19	QS2	=	384
				PEP	=	128
				PEP / LVET	=	0.50

VALVE PARAMETERS

ROOM AIR, REST

Valve Type	Values		
AORTIC	Mean Gradient (mmHg)	=	3
	Systolic Gradient (mmHg)	=	6
	Peak Inst Gradient (mmHg)	=	23

PROCEDURE LOG REPORT

Entry Number	Entry Date	Time	Procedure Log Entry
1	03/03/04	11:50:02	PT ARRIVES IN FASTING STATE IN SINGLE PLANE LAB# 1
2	03/03/04	11:50:02	H & P ON CHART
3	03/03/04	11:50:02	SIGNED CONSENT ON CHART
4	03/03/04	11:50:02	ALLERGIES: NKDA
5	03/03/04	11:50:02	PAIN ASSESSMENT: 0 ON 0-10 SCALE
6	03/03/04	11:50:02	IVF: HEP@17 .45NS@50
7	03/03/04	11:50:02	PEDAL PULSES: +2BILAT
8	03/03/04	11:50:02	PT VERIFIES NAME/DOB AND THIS MATCHES WRISTBAND
9	03/03/04	11:50:02	PT IDENTIFIES TYPE OF PROCEDURE
10	03/03/04	11:50:02	INTENDED ACCESS SITE IDENTIFIED & VALIDATED BY PT
11	03/03/04	11:50:02	R GROIN PREPPED AND DRAPED
12	03/03/04	11:50:02	PHYSICIAN PAGED WITH READY STATUS

Date: 03/03/04 Roper Hospital Page 1

COMPLETE PATIENT REPORT

Patient : RUSSELL, ROBERT Procedure Date 03/03/04
Patient #: 29816 QCath Case # : 1-13908

PROCEDURE LOG REPORT

Entry Number	Entry Date	Time	Procedure Log Entry
13	03/03/04	11:58:51	HR: 66 SpO2: 98 NIBP: 126/ 66
1-	03/03/04	12:03:46	PHYSICIAN PRESENT IN LAB.
15	03/03/04	12:03:46	*TIMEOUT*FINAL VERIFICATION OF PT PROCEDURE,&SITE
16	03/03/04	12:03:53	HR: 64 SpO2: 99 NIBP: 127/ 67
17	03/03/04	12:07:54	CASE STARTED: ROOM AIR, REST
18	03/03/04	12:08:46	20CC 1% XYLOCAINE INFILTRATED VIA R GROIN
1-	03/03/04	12:08:46	R FEMORAL ARTERY CANNULATED
20	03/03/04	12:08:46	6FR SHEATH INTRODUCED INTO R FEMORAL ARTERY
21	03/03/04	12:08:52	HR: 65 SpO2: 99 NIBP: 126/ 67
22	03/03/04	12:09:26	VERBAL ORDER REPEATED AND VERIFIED
23	03/03/04	12:09:43	2MG VERSED IN BY FITZ VO SAUNDERS ANXIETY
2-	03/03/04	12:13:11	VERBAL ORDER REPEATED AND VERIFIED
25	03/03/04	12:13:16	HEPARIN DC'D
26	03/03/04	12:13:28	6FR JL4 INTRO
27	03/03/04	12:13:30	LCA INJ.
28	03/03/04	12:13:51	HR: 71 SpO2. 99 NIBP: 123/ 63
29	03/03/04	12:15:26	CATH EXCHANGE: 6FR JR4 INTRO
30	03/03/04	12:15:28	RCA INJ.
31	03/03/04	12:17:47	CATH EXCHANGE: 6FR PIGTAIL INTRO
32	03/03/04	12:18:57	HR: 84 SpO2: 99 NIBP: 122/ 40
33	03/03/04	12:19:25	SAMPLE: 1 = LV 99/18, 15
3	03/03/04	12:19:33	SAMPLE: 2 = LV 101/20, 16
35	03/03/04	12:19:47	HAND INJ. 12CC LV GAM
36	03/03/04	12:20:12	PULLBACK: 3 = LV 104/12, 14 Ao 100/32, 51
37	03/03/04	12:20:23	SAMPLE: 4 = LV 106/19, 15
38	03/03/04	12:20:39	PULLBACK: 5 = LV 100/8, 14 Ao 94/55, 76
3-	03/03/04	12:20:47	PIGTAIL REMOVED
4	03/03/04	12:21:01	6FR SHEATH SEWN IN PLACE
-1	03/03/04	12:21:03	CASE STOPPED
-2	03/03/04	12:21:19	ISOVUE: 85 CC USED
-3	03/03/04	12:21:19	FLOURO TIME: 1.5 MIN 11 CINE RUNS
	03/03/04	12:21:19	REPORT CALLED TO: 6W MAGGIE.
-5	03/03/04	12:21:19	PHYSICIAN SIGNATURE . SAUNDERS ..
-6	03/03/04	12:21:19	CATH TECH SIGNATURE. _HENDERSON ...
7	03/03/04	12:23:53	HR: 73 SpO2: 99 NIBP: 119/ 61

PRINTED IN USA

PROGRESS RECORD

STAMP DATE

MR#: 0. 2569 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

Date	
3/3/04 1240	Cath Done ... No sig CAD ...
	3/4/04 – 0800 – Cardiology
	(S) AxOx3
	(O) VS 100/64, 73, 20, 98.8 I/O = 1560/2825 Tele: None
	Card RRR
	Pulm – CTA
	ABD – BS(+)
	Ext (R) groin ͞s hematoma / bruit / ecchymosis
	LHS none
	(A&P) CP – cath 3/3 showed no sig DZ – D/C to home today ͞c F/U to 1°MD for non-cardiac causes of chest pain
	Chris ... NP

2100771 (G06260) (2/94)

MR#: 000662 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#: 04063-00556 FC: PP

PHYSICIAN'S ORDER SHEET

DRUG ALLERGIES: Percocet

DATE & TIME	RN SIGNATURE	BEGIN HERE: POST CARDIAC CATHETERIZATION ORDERS
3/3/04		indicate your orders by marking the appropriate box
[illegible]		1. Admit to: ☒ Outpatient (6W)
		☐ Inpatient (Intermediate telemetry, CICU, other)
		2. Telemetry ☐ Yes ☐ No
		3. Vital signs q 15 min X 4, q 30 X 2, q 1 hr X 4, then per unit routine.
		4. Activity: Bedrest for 6 hours, then progress activity as tolerated.
		HOB 30 degrees. [illegible]
	[illegible]	5. Sandbag to ☒ Right ☐ Left groin for 6 hours. Replace if oozing
		occurs.
		6. Diet: Continue [illegible] 150. Encourage P.O. fluids.
		7. IV Orders: [illegible] @ 150 cc/hr for
		6 hours, then convert to INT.
		8. Give ______ prn for pain.
		9. Pulling sheath: (if applicable)
		☐ PTT in ______ hours. If PTT < 50, pull sheath. If PTT > 50, check PTT Q
		1 hour until < 50, then pull sheath. Apply sandbag for ______ hours.
	OR	☐ ACT in ______ hours. If ACT < 140, pull sheath. If ACT > 140, check
		ACT Q 1 hour until < 140, then pull sheath. Apply sandbag for ______ hours.
	OR	☐ Pull sheath in ______ hours. Apply sandbag for ______ hours.
		10. ☐ Apply FemoStop per policy to groin prior to sheath removal. Remove
		FemoStop when bleeding has ceased. Apply sandbag for ______ hours.
		11. For outpatient caths only: Check affected groin site at ______ AM/PM.
		If no bleeding, ambulate patient for 30 minutes and recheck groin site. If no
		change, patient may be discharged at ______ AM/PM.
		12. Previous orders and medications reviewed, please renew.
		Changes:
	8	[illegible]
		[illegible] ACT @ 140 – pull [illegible] < 150
3/3/04	Order noted @	1315 [illegible]
3/3/04	Order Verified	[illegible]

Origin 2/98
Revised 1/99, 11/99, 5/03

Thank you, ______ M.D.

PHYSICIAN'S ORDER SHEET

MR#: 000662559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

DRUG ALLERGIES: Percocet

DATE & TIME	RN SIGNATURE	DR. HANGER'S ROUTINE PRN ORDERS
3/3/04 2230	OVERNIGHT	1. EKG with chest pain
		2. NTG 1/150 gr SL every 5 minutes for a total of 3 doses prn chest pain
		3. MOM 30 cc po QD prn constipation
		4. Tylenol 2 tabs every 4 hours po prn pain
		5. Benadryl 25 mg po every HS prn sleep
		6. Ambien 5mg QHS prn insomnia
		7. Phenergan 12.5 mg IV every 6 hours prn nausea/vomiting
		8. Darvocet N-100 1 to 2 tabs prn pain
		9. Mylanta 30cc po prn indigestion
		10. Call for: Systolic BP > 220 < 80; Temp > 102 orally; HR > 120 or < 40
		11. Do not treat PVC's unless sustained V-Tach > 30 seconds
		KENNETH H. HANGER, MD [signature] NP
		FAXED
2230	3/3/04	Noted Mella Schafidder

C:\windows\TEMP\Hanger Routine PRN Orders.doc

0420 3/4 Verified 11-7 Mella Schafielder

PHYSICIAN'S ORDER SHEET

MR#: 000662553 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00556 FC: PP

DRUG ALLERGIES
Dervocet

DATE & TIME	RN SIGNATURE	BEGIN HERE
3/4/04 1085		D/C to Home Chris [illegible] NP
3/4/04	[illegible]	noted @ 0900 [illegible]

G06252 (7/99) #2161439

ROPER ST FRANCIS HEALTHCARE

( ) ROPER HOSPITAL
( ) ST. FRANCIS HOSPITAL

MR#: 000662559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

ADMISSION HOME MEDICATION ORDERS
INCLUDE
PRESCRIPTION
OVER THE COUNTER &
VITAMINS & HERBAL PREPARATIONS

? symbol = patient or significant other cannot provide information.

DRUG ALLERGIES
Percocet

ASSESSMENT					ORDERS	
DRUG	DOSE	FREQ.	ROUTE	LAST DOSE TAKEN DATE & TIME	CONTINUE	DISCONTINUE
Fluoxetine	40mg	q AM	po	3/3/04 1330	✓	
Ranitidine	150mg	BID	po	3/3/04 1330	✓	
Lamictal	250mg	q HS	po	3/2/04 2200	✓	
Vioxx	25mg	q D	po	3/3/04 1330	✓	
Sonata	20mg	q HS	po	3/2/04 2200	✓	
ASA	81mg	q D	po	3/3/04 1330	✓	
Wellbutrin SR	150mg	BID	po	3/3/04 1330	✓	
Risperdal	0.25mg	BID	po	3/3/04 1330	✓	
Zyrtec	10mg	q HS	po	3/2/04 2200	✓	

SIGNATURE / INITIALS

[signature] 3/3/04 1300
ADMISSION RN SIGNATURE - DATE/TIME

V.O. DR Saunders / RBV / [illegible] myers RN
PHYSICIAN SIGNATURE

[signature] RN
RN SIGNATURE - DATE/TIME
(TAKING OFF ORDERS)

DO NOT SEND

OVERNIGHT

FAXED

2101351 (05/03)

ROPER ST FRANCIS HEALTHCARE

( ) ROPER HOSPITAL
( ) ST. FRANCIS HOSPITAL

MR#: 000662559 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

DISCHARGE MEDICATION ORDERS

? symbol = patient or significant other cannot provide information.

DRUG ALLERGIES

DRUG	DOSE	FREQ.	ROUTE	CONTINUE	DISCONTINUE	PRESCRIPTION GIVEN
Fluoxetine	40mg	q AM	PO	✓		
Ranitidine	150mg	BID	PO	✓		
Lamictal	250mg	q HS	po	✓		
Vioxx	25mg	q D	po	✓		
Sonata	20mg	q HS	po	✓		
ASA	81mg	q D	po	✓		
Wellbutrin SR	150mg	BID	po	✓		
Risperdal	0.25mg	BID	po	✓		
Zyrtec	10mg	q HS	po	✓		

Gwen G. Myer 3/3/04 1300
ADMISSION RN SIGNATURE - DATE/TIME

DATE & TIME		
3/4/04 0830	2.	DIET: Low Fat - low cholesterol diet
	3.	ACTIVITY: Low level of activity x 5 days - then as tolerated
	4.	FOLLOW-UP APPOINTMENT: LAB X-RAY: M.D. ① c̄ PMD in 5-7 days - for noncardiac causes of chest pain
	5.	WOUND CARE: Keep Ⓡ groin clean & dry x 5 days
	6.	SPECIAL INSTRUCTIONS: No Straining OR Heavy lifting > 10 pounds x 5 days
	7.	REFERRAL / HOME HEALTH:
		② F/U c̄ Dr Saunders in 2-3 weeks - 853-0250
		Out of work until 3/7/04

FAXED

Gwen G. Myer 3/4/04 0910
DISCHARGE RN SIGNATURE - DATE/TIME

[signature] NP
PHYSICIAN SIGNATURE

MR#: 000662559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00556 FC: PP

ARRHYTHMIA FLOW SHEET

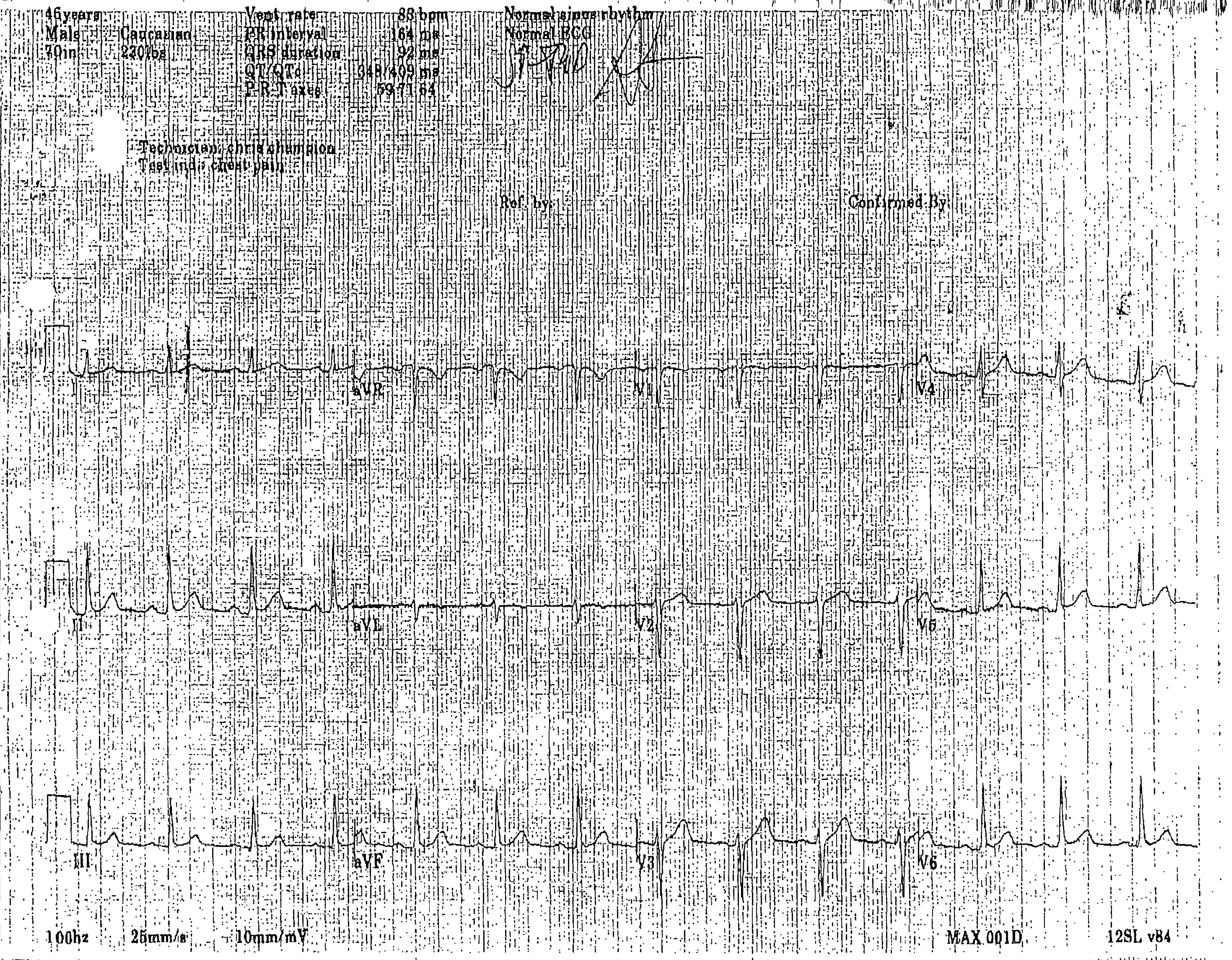
DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE
3/3/04	1330	SR	77	77	.20	.10			[illegible]

Admit/post cath

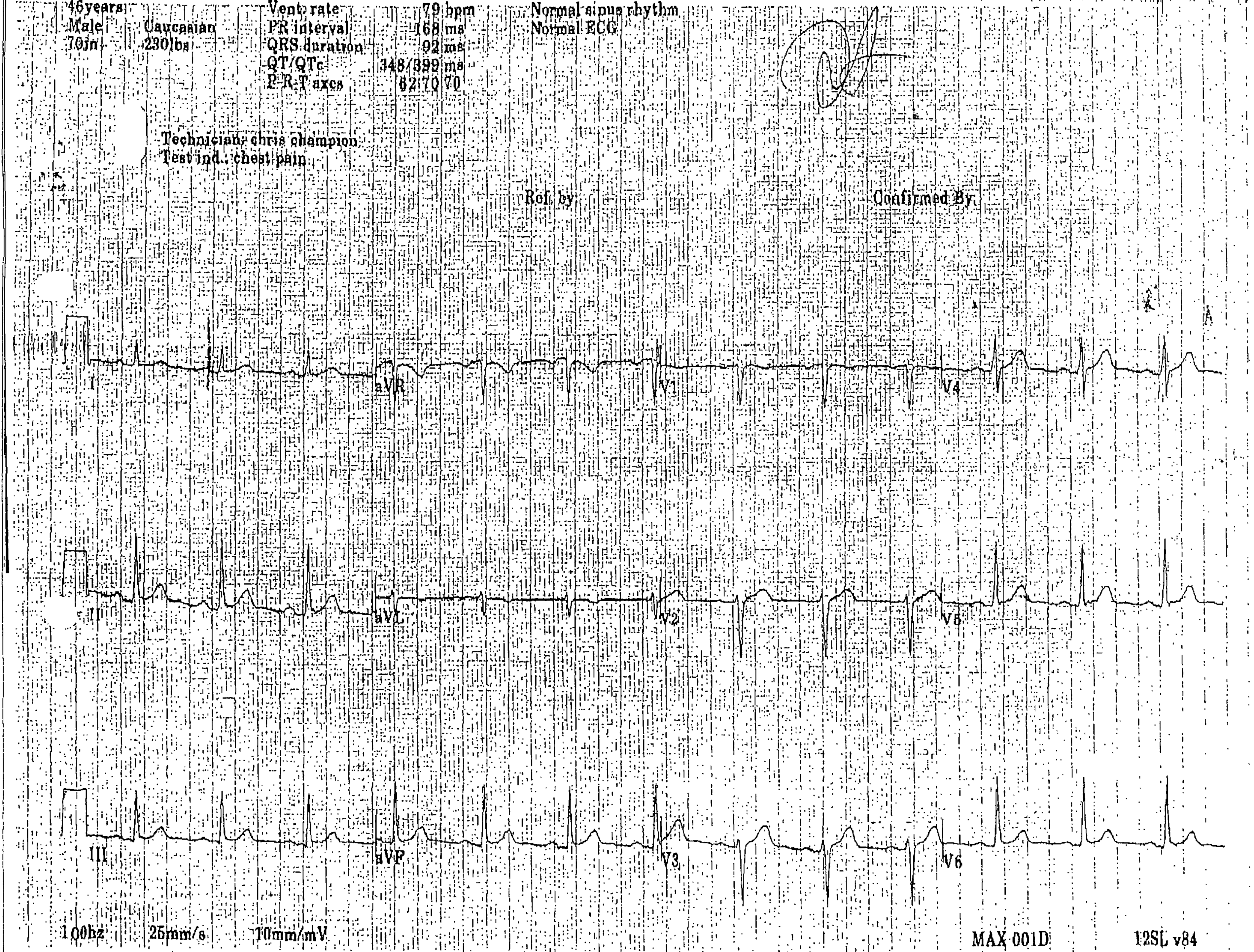
DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE
3/3/04	1457	SR	74	74	.20	.08	II		[illegible]

DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE

2122746



0334



0335

RUSSELL 03/03/2004 11:21:20 ST. FRANCIS HOSPITAL

0336

Oper:

Rate	70	. Normal sinus rhythm, rate 70
PR	188	. Borderline ST elevation, inferior leads
QRSD	94	
QT	344	
QTc	371	

DOB:

AD INFO:

Requested by:

--AXIS--

P	40
QRS	43
T	54

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

LOC 20002 0093 Speed 25 mm/sec Limb 10 mm/mV Chest 10 mm/mV 50~ 0.15-40 Hz HP703

000662559 03/03/2004 11:14:36 RUSSELL,ROBERT G ST. FRANCIS HOSPITAL

46 years Male

Oper: AR

0337

Rate	53
PR	161
QRSD	86
QT	366
QTc	343

. Normal sinus rhythm, rate 53
. QT interval short for rate

MR#: 000662559 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00226 FC: PP

DOB:
03/17/1957
AD INFO:

Requested by:

--AXIS--

P	45
QRS	38
T	60

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW

I aVR V1 V4

II aVL V2 V5

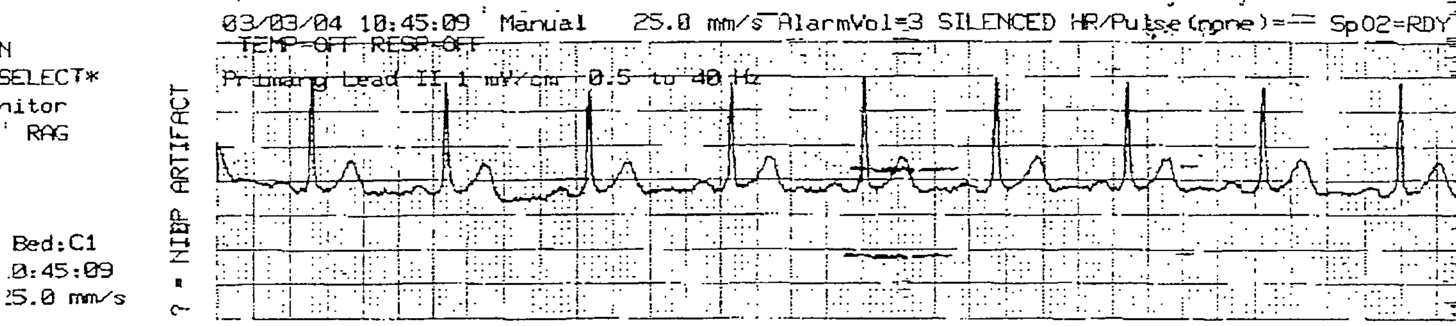
III aVF V3 V6

II

LOC 20002-0093 Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV F 60~ 0.5-40 Hz W HR708 01036

N
SELECT*
nitor
RAG

Bed:C1
.0:45:09
25.0 mm/s



MR#: 000662559 ERC 03/03/04 -
RUSSELL,ROBERT GEN DOB: 03/17/57

PHYS: SAUNDERS-MD,DONALD

ACCT#:04063-00226 FC: PP

☐ RH ☐ RBDH ☐ RNW ☐ RMP ☐ BSSF

NURSING INITIAL ASSESSMENT

MR#: 000662559 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#: 04063-00556 FC: PP
Name

⊕ ER Only ⊕ Category #

BASELINE INFORMATION

DATE: 3/3/04 | TIME: 1245 | AGE: 46 | ARRIVED: AMB WC STRETCHER EMS CARRIED (OTHER:) Bed | Primary MD Honey

Initial/Chief Complaint/History of Present Illness Post Heart Cath

T: 97.2 (PO) R TM	P: 79	R: 18	BP: Rt	Lt 124/60	⊕ O_2 Sat %	Sex: (M) F	Ht: 5' 10	Wt: Actual: (Stated:) 230lbs

⊕ Tetanus / Immunizations: | Pneumococcal Vaccine ☐ No ☑ Yes Most Recent Date:
⊕ Pregnant ☑ No ☐ Yes LNMP: N/A | Influenza Vaccine? ☐ No ☑ Yes Most Recent Date:

ALLERGIES: ☐ NONE ☑ MEDICATIONS ☐ LATEX ☐ FOOD ☐ ANESTHESIA ☐ OTHER

List Names & Reactions Percocet

TB ASSESSMENT - Initiate Airborne Isolation if 4 or greater criteria checked Yes

Persistent cough >2 weeks	☑ No ☐ Yes	Abnormal Chest X-Ray	☑ No ☐ Yes	Respiratory Isolation Ordered	☑ No ☐ Yes
Fever >100.4 (night sweats)	☑ No ☐ Yes	Physician order for AFB (smear/culture)	☑ No ☐ Yes		
Unexplained weight loss	☑ No ☐ Yes	Recent exposure to person with Suspected TB or + PPD	☑ No ☐ Yes		

RN / LPN Signature: [signature]

☑ See Home Medication Orders **MEDICATION / OVER THE COUNTER / HERBAL HISTORY** ☐ Investigation drugs/devices

MEDICATION	DOSE	FREQUENCY	LAST DOSE	MEDICATION	DOSE	FREQUENCY	LAST DOSE

Hospitalizations / Surgery:

MEDICAL HISTORY

Neurological	☑ No ☐ Yes		Sensory Impairment	☐ No ☑ Yes	glasses
Cardiovascular	☑ No ☐ Yes		Endocrine	☑ No ☐ Yes	
Hypertension	☑ No ☐ Yes		Blood Disorder	☑ No ☐ Yes	
Respiratory	☑ No ☐ Yes		Cancer	☑ No ☐ Yes	
Gastrointestinal	☑ No ☐ Yes		Psychosocial	☐ No ☑ Yes	Depression, Anxiety
Renal / Urological	☑ No ☐ Yes		Tobacco Use	☑ No ☐ Yes	
Gynecological	☑ No ☐ Yes	N/A	Alcohol / Drug Use	☑ No ☐ Yes	
Musculoskeletal	☑ No ☐ Yes		Infectious Disease	☑ No ☐ Yes	
Integumentary	☑ No ☐ Yes		Cough/Cold Past 2 Wks	☑ No ☐ Yes	
EENT	☑ No ☐ Yes		Anesthesia	☑ No ☐ Yes	

Source of Information ☑ Patient ☐ Family ☐ Unable to obtain ☐ Other | ☐ "Home" Medications sent home with

Arrival Date	Arrival Time	T PO R TM	P:	R:	BP: Rt	Lt	O_2 Sat %

RN Initials MM RN Signature [signature] Date 3/3/04 Time 1245 Unit 6west
RN Initials ______ RN Signature ______ Date ______ Time ______ Unit ______

ROPER ST FRANCIS HEALTHCARE

PATIENT COPY

MR#: 000662559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

Pearls for Progress

Cardiac Catheterization/Interventional Procedure Discharge Instructions

This is a guide following your Cardiac Catheterization. If you have additional questions, ask your doctor or nurse.

DIET Low fat, Low cholesterol
Resume your normal diet.

MEDICATIONS Continue All medications as before
Take your medicine exactly as instructed. If taking pain pills, take with food and *donot* drink alcohol or engage in activities that require mental alertness.

Name/Dosage	How Often	☐	Name/Dosage	How Often	☐

Managing Your Meds discussed (Place ☐ if Med Card given/discussed).

No straining or heavy lifting greater than 10 pounds for 5 days

ACTIVITY Low level of activity for 5 days then as tolerated

- Limit your activity for ~~24 hours~~. Remain quiet for the remainder of the day.
- Avoid heavy lifting or strenous activity for 48 hours, gradually resume your normal activity.
- **DONOT** sit up or stand up quickly since dizziness may occur. Walk with assistance if needed.

WOUNDCARE Keep Right groin Clean and Dry for 5 Days
Keep the wound clean and dry. Usually a shower is allowed when you feel able. Check the site frequently. If you notice bleeding, apply firm pressure with your fingers over the dressing or bandage. Call your doctor at once. A small bruise or lump at the site is normal. **DONOT** rub. The bruise will slowly disappear.

SIGNSTOREPORT
Callyourdoctorimmediatelyifyoudevelopanyofthesesymptoms:

- Pain or discomfort in chest area.
- Any bleeding or drainage from your site. Apply pressure over bandage and call your doctor.
- *Swelling, bruising or pain at the site which increases instead of decreases overtime.*
- Fever of 101 or greater.
- Any problems or significant changes at catheter site or in the leg.

Please do not hesitate to call Dr. Saunders, phone # 853-0250, if you have questions or if any problems develop.

ADDITIONALINSTRUCTIONS : Follow up with primary Doctor in 5-7 Days for Non-cardiac Causes of Chest pain. Follow up with DR Saunders in 2-3 weeks. Out of work until 3/7/04

I have read (or had read to me) and fully understand the above instructions.

[signature] Patient or Responsible Person | [signature] Registered Nurse | 3/4/04 0915 Date /Time

MR#: 52559 IPA 03/03/04 0639-01
RUSS___, ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD, DONALD
ACCT#: 04063-00556 FC: PP

Site Codes: A - L Upper Arm, B - R Upper Arm, C - L Hip, D - R Hip, E - L Thigh, F - R Thigh, G - Abd, H - Chest
IV Site Codes: 1-L Extremity 2-R Extremity 3-Central Line 4-Other
Doses Not Given: N-NPO P-On Pass T-Testing R-Refused S-Sleeping O-Other

Alg: Percocet

Drug/Dose/Route, Comments	Ord#	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
Scheduled								
0.9NS @ 150cc/hr for 6°	CA					12:45am	D/c @ ~~1515~~ 2230 MS	
Stop NTG	CA					stopped in cath lab		
Stop Heparin	CA					stopped in cath lab		
Prozac 40mg po	MS	QD				at home		
Lamictal 250mg po	MS	QHS					2200	
Risperdal 0.25mg po	MS	BID				at home	2200	
Zantac 150mg po	MS	BID				at home	2200	
Sonata 20mg po	MS	QHS					2200	
Vioxx 25mg po	MS	QD				at home		

Stat/One-Time Medications	Time	Site	Initials	Stat/One-Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
CA	Charlie Allen	MS	Molle Schafield	HM	[illegible]

3/3/04 - 3/4/04

2100430

MEDICATION ADMINISTRATION RECORD

Site Codes: A - L Upper Arm B - R Upper Arm C - L Hip D - R Hip E - L Thigh F - R Thigh G - Abd H - Chest

IV Site Codes: 1-L-Extremity 2-R Extremity 3-Central Line 4-Other

Doses Not Given: N-NPO P-On Pass T-Testing R-Refused S-Sleeping O-Other

Percocet

Alg:

MR#: 162559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

Drug/Dose Route.Comments	Ord#	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
~~PRN~~ Scheduled								
ASA 81mg po		QD				at home		
Wellbutrin SR 150mg po		BID				at home	2200	
Zyrtec 10mg po		QHS					2200	

Stat/One-Time Medications	Time	Site	Initials	Stat/One-Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
		MS	Meola Schofield		

3/3/04 - 3/4/04

2100430

MEDICATION ADMINISTRATION RECORD

0342

Site Codes: A - L Upper Arm C - L Hip E - [illegible]gn G - Abd
B - R Upper Arm D - R Hip F - [illegible]igh H - Chest

IV Site Codes: 1-L-Extremity 2-R Extremity 3-Central Line 4-Other

Doses Not Given: N-NPO P-On Pass T-Testing R-Refused S-Sleeping O-Other Alg: Percocet

MR#: 00662569 IPA 03/03/04 0639-01
RU [illegible]LL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#: 04063-00556 FC: PP

Drug/Dose Route, Comments	Ord#	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
non scheduled								
NTG 1/150 gr SL every 5 minutes for a total of 3 doses prn chest pain MS								
MOM 30cc po QD prn constipation MS								
Tylenol 2 tabs every 4 hours po prn pain MS								
Benadryl 25mg po every HS prn sleep MS								
Ambien 5mg QHS prn insomnia MS								
Phenergan 12.5mg IV every 6 hours prn nausea / vomiting MS								
Darvocet N-100 i to ii tabs prn pain MS							2 tabs 2230 MS	
Mylanta 30cc po prn indigestion MS								

Stat/One Time Medications	Time	Site	Initials	Stat/One Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
		MS	Molla Schofield [illegible]		

3/3 - 3/4

Roper G30085

MEDICATION ADMINISTRATION RECORD

Site Codes A - L Upper Arm B - R Upper Arm C - L Hip D - R Hip E - L Thigh F - R Thigh G - Abd H - Chest

IV Site Codes 1-L Extremity 2-R Extremity 3-Central Line 4-Other

Doses Not Given: N-NPO P-Or Pass T-Testing R-Refused S-Sleeping O-Other

RUSSELL,ROBERT GENE A000662559
0639 01 Sex. M A04063-00556
Age. 46Y Height: 177.8cm Weight: 104.3(73.00)kg BSA: 2.22sq m
Adm: 03/03/04 DOB 03/11/57 Dr: 17249 SAUNDERS-MD,DONAL
Dx: ACTIVE CHESTPAIN
Alg: percocet

Drug/Dose Route,Comments	Ord#	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
**** NON-SCHEDULED ORDERS ****								
A PATIENT SPECIFIC MEDICATI 1 EACH EAC (A PATIENT SPECIFIC MEDICATION) Dose. 1 EACH/1 EACH [MISC] ******** This code gives you access to Patient specific meds in your Pyxis Machine ******** *** AND/OR ***	NS #001	PRN	PRN	03/03 1700				
A PATIENT SPECIFIC REFRIG M 1 EACH EAC (A PATIENT SPECIFIC REFRIG MED) Dose: 1 EACH/1 EACH [MISC] ******** This code gives you access to patient specific refrigerated meds in your Pyxis machine ********	#001	PRN	PRN	03/03 1700				
NITROGLYCERIN 0.4 MG TAB (NITROSTAT) Dose: 0 4 MG/1 TABLET SUBL [SL] ******** This is a patient specific medication in your pyxis machine ********	NS #012	PRN	PRN	03/03 2300				
MAGNESIUM HYDROXIDE SUS (MOM) Dose: 30 ML [ORAL]	NS #013	PRN	PRN	03/03 2300				
ACETAMINOPHEN 325 MG TAB (TYLENOL) Dose· 650 MG/2 TABLET [ORAL]	NS #014	Q4HP	PRN	03/03 2300				
DIPHENHYDRAMINE HCL 25 MG CAP (BENADRYL) Dose: 25 MG/1 CAPSULE [ORAL]	NS #015	QHSP	PRN	03/03 2200				

Stat/One-Time Medications	Time	Site	Initials	Stat/One-Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
		NS	Nelle Schofield	mm	[illegible signature]

Covers Doses from 03/04/04 0701 to 03/05/04 0700 Page: 3 (more meds follow...)

Roper Main MEDICATION ADMINISTRATION RECORD

Site Codes: A - L Upper Arm, B - R Upper Arm, C - L Hip, D - R Hip, E - L Thigh, F - R Thigh, G - Abd, H - Chest

IV Site Codes: 1-L Extremity 2-R Extremity 3-Central Line 4-Other

Doses Not Given: N-NPO P-On Pass T-Testing R-Refused S-Sleeping O-Other

RUSSELL,ROBERT GENE A000662559
0639-01 Sex: M A04063-00556
Age: 46Y Height: 177.8cm Weight: 104.3(73.00)kg BSA: 2.22sq m
Adm: 03/03/04 DOB: 03/27/57 Dr: 17245 SAUNDERS-MCDONAL
Dx: ACTIVE CHESTPAIN
Alg: percocet

Drug/Dose Route.Comments	Ord#	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
**** NON-SCHEDULED ORDERS (cont) ****								
ZOLPIDEM TARTRATE 5 MG TAB (AMBIEN) Dose: 5 MG/1 TABLET [ORAL] INSOMNIA	#016	QHSP	PRN	03/03 2200	03/11 0700			
PROMETHAZINE HCL 25 MG INJ (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] ** SPECIFY ROUTE OF INJECTION **	#017	Q6HP	PRN	03/03 2300				
ALUMINUM-MAGNESIUM HYDROXIDE SUS (MAALOX) Dose: 30 ML [ORAL] FOR INDIGESTION	#018	Q3HP	PRN	03/03 2300				

Stat/One-Time Medications	Time	Site	Initials	Stat/One-Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
		MS	[signature]	WM	[signature]

Covers Doses from 03/04/04 0701 to 03/05/04 0700 Page: 4 (End of MAR)

Roper Main MEDICATION ADMINISTRATION RECORD

0345

Site Codes A - L Upper Arm C - L Hip E - L Thigh G - Abd
B - R Upper Arm D - R Hip F - R Thigh H - Chest
IV Site Codes 1-L Extremity 2-R Extremity 3-Central Line 4-Other
Doses Not Given: N-NPO P-On Pass T-Testing R-Refused S-Sleeping O-Other

RUSSELL,ROBERT GENE A000662559
0639-01 Sex M A04063-00556
Age 46Y Height: 177.8cm Weight: 104.3(73.00)kg BSA: 2.22sq m
Adm: 03/03/04 DOB 03/17/57 Dr: 17245 SAUNDERS-MCDONAL
Dx: ACTIVE CHESTPAIN
Alg: percocet

Drug/Dose Route Comments	Ord#	Freq	Sched	Start	Stop	0701 - 1500	1501 - 2300	2301 - 0700
**** SCHEDULED ORDERS ****								
FLUOXETINE HCL 20 MG CAP (PROZAC) Dose: 40 MG/2 CAPSULE [ORAL]	MS #002	QAM	DA	03/03 1000		~~1000~~ 0900 am Pt's own med		
RANITIDINE HCL 150 MG TAB Dose: 150 MG/1 TABLET [ORAL]	MS #003	BID	DA	03/03 1800		~~1000~~ 0900 am Pt's own med	1800	
LAMOTRIGINE 100 MG TAB (LAMICTAL) Dose: 250 MG/2.5 TABLET [ORAL]	MS #004	QHS	DA	03/03 2200			2200	
ROFECOXIB 25 MG TAB (VIOXX) Dose: 25 MG/1 TABLET [ORAL]	MS #005	QD		03/03 1000		~~1000~~ 0900 am Pt's own med		
ZALEPLON 5 MG CAP (SONATA) Dose: 20 MG/4 CAPSULE [ORAL]	MS #006	QHS	DA	03/03 2200			2200	
ASPIRIN CHEWABLE 81 MG TAB (BABY ASPIRIN) Dose: 81 MG/1 TABLET CHEWAB [ORAL]	MS #007	QD		03/03 1000		~~1000~~ 0900 am Pt's own med		
BUPROPION HCL SR 150 MG TAB (WELLBUTRIN SR) Dose: 150 MG/1 TABLET SR [ORAL] ***** DO NOT CRUSH *****	MS #008	BID	DA	03/03 1800		~~1000~~ 0900 am Pt's own med	1800	
RISPERIDONE 1 MG TAB (RISPERDAL) Dose: 0.25 MG/0.25 TABLET [ORAL]	MS #009	BID	DA	03/03 1800		~~1000~~ 0900 am Pt's own med	1800	
CETIRIZINE HCL 10 MG TAB (ZYRTEC) Dose: 10 MG/1 TABLET [ORAL]	MS #010	QHS	DA	03/03 2200			2200	

Stat/One-Time Medications	Time	Site	Initials	Stat/One-Time Medications	Time	Site	Initials

Init	Signature	Init	Signature	Init	Signature
MS	Meera Shafieldao [signature]			Hn	[signature]

Covers Doses from 03/04/04 0701 to 03/05/04 0700 Page: 1 (more meds follow...)

ROA

RUSSELL, ROBERT G
Roper Saint Francis Healthcare
OP Pre_Post Procdre(op_pre_post)

ROOM: *0639-01* ADM: 03/03/04 13:21
AGE: 46Y SEX: M Cardiologi: SAUNDERS-III-MD, DON
DOB: 03/17/1957 ID: 0406300556 MR: 000662559
REQUESTED:03/05/04 03:28

Page: 1

FLOWSHEET	03/03				
Post-Procedure	12:45	13:49	14:30	15:30	16:30
POST PROC VITALS					
L.O.C.	2=awake orientX3 GGM1 &				
BP					103/60 DLC1
Pulse					68 DLC1
Respirations					20 DLC1
Pain level	0(0-10) GGM1				0(0-10) DLC1
Peripheral pulse	2(0-4) GGM1				2(0-4) DLC1
Site check	WNL GGM1				WNL DLC1
Procedure Type	GGM1 &				
Procedure Date	03/03/2004 GGM1				
Time on unit	12:45 GGM1				
Arrived via:	bed GGM1				
L.O.C.	alert oriented GGM1				
Oxygen	room air GGM1				
Resp quality	regular GGM1				
Breath sounds	clear all fields GGM1				
Cardiac	regular GGM1			regular DLC1 &	
GI					
Bowel sound	GGM1 &				
Abdomen	GGM1 &				
Skin color	GGM1 &				
Skin condition	warm dry GGM1				
Circ ck op extrm	pink warm GGM1				

CLARK, DEANNE L(DLC1)RN MYERS, GISELLE G(GGM1)RN

CONTINUED

FLOWSHEET	03/03				
Post-Procedure-Cont.	12:45	13:49	14:30	15:30	16:30
Peripheral pulse					
R radial	2+ GGM1				
L radial	2+ GGM1				
R pedal	2+ GGM1				
L pedal	2+ GGM1				
IV #1					
Fluid	.9 NS GGM1			.9 NS DLC1	
Site	L hand GGM1			L arm DLC1	
Rate	150cc/hr GGM1			150cc/hr DLC1	
Condition	no red/swel/drng GGM1			no red/swel/drng DLC1	
PAIN MGMT					
Pain scale	0(0-10) GGM1				
PUNCT/DRSG/OP					
Location	R groin no hematoma no bleeding no thrill no bruit sheath sutured GGM1			R groin drsg dry/intact no hematoma no bleeding sheath sutured DLC1 &	
SHEATH REMOVAL					
Removl date/time					03/03/2004 16:30 DLC1 &
Assessmt unchngd					yes DLC1
Vrblz undst rmvl					yes DLC1
POST REMOVAL					
Site ck post rmv					sandbag intact no hematoma no pain DLC1
PLAN OF CARE					
Clin Path Cont	yes GGM1				

CLARK, DEANNE L(DLC1)RN MYERS, GISELLE G(GGM1)RN

CONTINUED

FLOWSHEET	03/03				
Post-Procedure-Cont.	12:45	13:49	14:30	15:30	16:30
IV Site Checks	no red/swel/drng L hand GGM1			no red/swel/drng dry/intact L arm DLC1	
DAILY CARE RECRD					
Daily Shift Care	bedrest R leg straight GGM1			bedrest R leg straight DLC1	
Type of diet	calorie cntrld GGM1				
Amount eaten	100% GGM1				
Supp Nsg Notes 1	GGM1 &				

03/03/04 12:45 L.O.C.(GGM1): see frequent vs charting for post op vs.

03/03/04 12:45 Procedure Type(GGM1): heart cath

03/03/04 12:45 Bowel sound(GGM1): present & wnl x4 quads

03/03/04 12:45 Abdomen(GGM1): soft, nontender

03/03/04 12:45 Skin color(GGM1): wnl

03/03/04 12:45 Supp Nsg Notes 1(GGM1): rcvd from cath lab. alert, oriented x3. respirations even & unlabored. right groin free of obvious s/s of complications. verbally denies c/o pain or needs with no obvious s/s of distress observed at this time.

03/03/04 15:30 Cardiac(DLC1): SR

03/03/04 15:30 Location(DLC1): #6 french arterial sheath

03/03/04 16:30 Removl date/time(DLC1): #6 french arterial sheath removed per policy. VSS.

P/P Freq Vitals	12:45	13:49	14:30	15:30	16:30
SET 1					
Time		12:45 AM7			
BP		095/63 AM7			
Pulse		78 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 2					
Time		13:00 AM7			
BP		102/59 AM7			

CLARK, DEANNE L(DLC1)RN MARTIN, ANNETTE(AM7)PCA MYERS, GISELLE G(GGM1)RN

CONTINUED

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	12:45	13:49	14:30	15:30	16:30
Pulse		68 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 3					
Time		13:15 AM7			
BP		111/64 AM7			
Pulse		78 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 4					
Time		13:30 AM7			
BP		104/60 AM7			
Pulse		72 AM7			
Respirations		20 AM7			
Peripheral pulse		2(0-4) AM7			
Site Check		WNL AM7			
SET 1					
Time		14:00 AM7			
BP		109/60 AM7			
Pulse		79 AM7			
Respirations		20 AM7			

MARTIN, ANNETTE(AM7)PCA

CONTINUED

RUSSELL, ROBERT G
Roper Saint Francis Healthcare
OP Pre_Post Procdre(op_pre_post)

ROOM: *0639-01* ADM: 03/03/04 13:21
AGE: 46Y SEX: M Cardiologi: SAUNDERS-III-MD, DON
DOB: 03/17/1957 ID: 0406300556 MR: 000662559
REQUESTED:03/05/04 03:26

Page: 5

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	12:45	13:49	14:30	15:30	16:30
Peripheral pulse		2(0-4) AM7			
Site check		WNL AM7			
SET 2					
Time			14:30 DLC1		
BP			107/63 DLC1		
Pulse			79 DLC1		
Respirations			18 DLC1		
Pain Level			0(0-10) DLC1		
Peripheral pulse			2(0-4) DLC1		
Site check			WNL DLC1		
SET 1					
Time				15:30 DLC1	
BP				99/62 DLC1	
Pulse				75 DLC1	
Respirations				18 DLC1	
Pain level				0(0-10) DLC1	
Peripheral pulse				2(0-4) DLC1	
Site check				WNL DLC1	

CLARK, DEANNE L(DLC1)RN MARTIN, ANNETTE(AM7)PCA

CONTINUED

FLOWSHEET	03/03				
Post-Procedure	17:52	18:36	20:39	22:03	22:58
L.O.C. Oxygen Resp quality Breath sounds Cardiac					
GI					
Bowel sound					
Abdomen					
Skin color					
Skin condition					
Circ ck op extrm					
Peripheral pulse					
R radial					
L radial					
R pedal					
L pedal					
PAIN MGMT					
Pain scale					
PUNCT/DRSG/OP					
Location					
PLAN OF CARE					
Clin Path Cont					
IV Site Checks					
DAILY CARE RECRD					
Daily Shift Care					
Type of diet					
Amount eaten					
Supp Nsg Notes 1					
P/P Freq Vitals	17:52	18:36	20:39	22:03	22:58
SET 1					
Time	16:45 RB2				
BP	100/62 RB2				
Pulse	68 RB2				
Respirations	20 RB2				
Peripheral pulse	2(0-4) RB2				
Site Check	WNL RB2				

BARNWELL, RAUSHANNAH(RB2)ACT

CONTINUED

RUSSELL, ROBERT G
Roper Saint Francis Healthcare
OP Pre_Post Procdre(op_pre_post)

ROOM: *0639-01* ADM: 03/03/04 13:21
AGE: 46Y SEX: M Cardiologi: SAUNDERS-III-MD, DON
DOB: 03/17/1957 ID: 0406300556 MR: 000662559
REQUESTED: 03/05/04 03:28

Page: 7

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	17:52	18:36	20:39	22:03	22:58
SET 2					
Time	17:00 RB2				
BP	101/61 RB2				
Pulse	67 RB2				
Respirations	20 RB2				
Peripheral pulse	2(0-4) RB2				
Site Check	WNL RB2				
SET 3					
Time	17:15 RB2				
BP	107/68 RB2				
Pulse	83 RB2				
Respirations	20 RB2				
Peripheral pulse	2(0-4) RB2				
Site Check	WNL RB2				
SET 4					
Time		17:30 RB2			
BP		117/69 RB2			
Pulse		75 RB2			
Respirations		20 RB2			
Peripheral pulse		2(0-4) RB2			
Site Check		WNL RB2			
SET 1					
Time		18:00 RB2			
BP		99/68 RB2			

BARNWELL, RAUSHANNAH(RB2)ACT

CONTINUED

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	17:52	18:36	20:39	22:03	22:58
Pulse		84 RB2			
Respirations		20 RB2			
Peripheral pulse		2(0-4) RB2			
Site check		WNL RB2			
SET 2					
Time		18:30 RB2			
BP		108/68 RB2			
Pulse		81 RB2			
Respirations		20 RB2			
Peripheral pulse		2(0-4) RB2			
Site check		WNL RB2			
SET 1					
Time			19:30 RB2		
BP			103/62 RB2		
Pulse			75 RB2		
Respirations			20 RB2		
Peripheral pulse			2(0-4) RB2		
Site check			WNL RB2		
SET 2					
Time				20:30 RB2	
BP				108/63 RB2	
Pulse				73 RB2	
Respirations				20 RB2	

BARNWELL, RAUSHANNAH(RB2)ACT

CONTINUED

FLOWSHEET	03/03				
P/P Freq Vitals-Cont.	17:52	18:36	20:39	22:03	22:58
Peripheral pulse				2(0-4) RB2	
Site check				WNL RB2	
SET 3					
Time				21:30 RB2	
BP				104/62 RB2	
Pulse				74 RB2	
Respirations				20 RB2	
Peripheral pulse				2(0-4) RB2	
Site check				WNL RB2	
SET 4					
Time					22:30 RB2
BP					111/65 RB2
Pulse					73 RB2
Respirations					20 RB2
Peripheral pulse					2(0-4) RB2
Site check					WNL RB2

BARNWELL, RAUSHANNAH(RB2)ACT

CONTINUED

RUSSELL, ROBERT G
Roper Saint Francis Healthcare
OP Pre_Post Procdre(op_pre_post)

ROOM: *0639-01* ADM: 03/03/04 13:21
AGE: 46Y SEX: M Cardiologi: SAUNDERS-III-MD, DON
DOB: 03/17/1957 ID: 0406300556 MR 000662559
REQUESTED: 03/05/04 03:28

Page: 10

FLOWSHEET	03/04	
Post-Procedure	07:30	09:15
L.O.C.	alert oriented GGM1	
Oxygen	room air GGM1	
Resp quality	regular GGM1	
Breath sounds	clear all fields GGM1	
Cardiac	regular GGM1	
GI		
Bowel sound	GGM1 &	
Abdomen	GGM1 &	
Skin color	GGM1 &	
Skin condition	warm dry GGM1	
Circ ck op extrm	pink warm GGM1	
Peripheral pulse		
R radial	2+ GGM1	
L radial	2+ GGM1	
R pedal	2+ GGM1	
L pedal	2+ GGM1	
PAIN MGMT		
Pain scale	0(0-10) GGM1	
PUNCT/DRSG/OP		
Location	R groin no hematoma no bleeding no thrill no bruit GGM1	
PLAN OF CARE		
Clin Path Cont	yes GGM1	
IV Site Checks	no red/swel/drng L hand GGM1	

MYERS, GISELLE G(GGM1)RN

CONTINUED

FLOWSHEET	03/04	
Post-Procedure-Cont.	07:30	09:15
DAILY CARE RECRD		
Daily Shift Care	ambulating GGM1	
Type of diet	low fat/chol GGM1	
Amount eaten	100% GGM1	
Supp Nsg Notes 1	GGM1 &	GGM1 &

03/04/04 07:30 Bowel sound(GGM1): present & wnl x4 quads

03/04/04 07:30 Abdomen(GGM1): soft, nontender

03/04/04 07:30 Skin color(GGM1): wnl

03/04/04 07:30 Supp Nsg Notes 1(GGM1): assumed care of pt. alert, oriented x3. ambulating w/o difficulty. right groin free of obvious s/s of complications. verbally denies c/o pain or needs with no obvious s/s of distress observed at this time.

03/04/04 09:15 Supp Nsg Notes 1(GGM1): d/c int left hand. site free of obvious s/s of complications. pressure dsg applied. right groin free of obvious s/s of complications. d/c instructions & work release verbally & written given to pt at bedside. Voiced understanding of instructions.

MYERS, GISELLE G(GGM1)RN

LAST PAGE

RUSSELL, ROBERT G
Roper Saint Francis Healthcare
peds_ipoc
FROM: 03/03/04 12.45 TO: 03/04/04 09.36
ROOM: "0639-01" ADM. 03/03/04 13.21
AGE: 46Y SEX: M Cardiologi. SAUNDERS-III-MD, DONN
DOB: 03/17/1957 ID: 0406300556 MR: 000662559
REQUESTED:03/05/04 03:28

Page 1

NO DATA FOR THIS REPORT

FLOWSHEET	No Data

RUSSELL, ROBERT G
Roper Saint Francis Healthcare
Vitals/I&O (vs_io_detail)

ROOM. "0639-01" ADM: 03/03/04 13:21
AGE: 46Y SEX M Cardiologi: SAUNDERS-III-MD, DONAL
DOB: 03/17/1957 ID: 0406300556 MR: 000662559
REQUESTED:03/05/04 03:28

Page. 1

FLOWSHEET	03/03				03/04
Vital Signs	13:49	16:30	19:30	22:58	00:00
TEMP			99.3F RB2		98.9F SH5
PULSE		68 RB2	75 RB2		73 SH5
RESPIRATIONS		20 RB2	20 RB2		20 SH5
BP#1		103/60 RB2	103/62 RB2		100/64 SH5
INTAKE	13:49	16:30	19:30	22:58	00:00
Oral	540 AM7 540			1020 RB2 1020	
Intake Total	540 540			1020 1020	
OUTPUT	13:49	16:30	19:30	22:58	00:00
Urine	650 AM7 650			1875 RB2 1875	
Stool (O)	0 AM7 0			0 RB2 0	
Output Total	650 650			1875 1875	
I&O SUMMARY	13:49	16:30	19:30	22:58	00:00
Intake Total	540 540			1020 1020	
Output Total	650 650			1875 1875	
NET	-110 -110			-855 -855	

BARNWELL, RAUSHANNAH(RB2)ACT HEYWARD, SHERYL(SH5)PCA MARTIN, ANNETTE(AM7)PCA

FLOWSHEET	03/04			03/05
Vital Signs	05:18	24-HR	08:00	24-HR
TEMP			98.4F AM7	
PULSE			70 AM7	
RESPIRATIONS			16 AM7	
BP#1			106/68 AM7	
BP Equipment			dynamap AM7	
INTAKE	05:18	24-HR	08:00	24-HR
Oral	0 SH5 0	**1560**		
Intake Total	0 0	**1560**		
OUTPUT	05:18	24-HR	08:00	24-HR
Urine	300 SH5 300	**2825**		
Stool (O)		**0**		
Output Total	300 300	**2825**		
I&O SUMMARY	05:18	24-HR	08:00	24-HR
Intake Total	0 0	**1560**		
Output Total	300 300	**2825**		
NET	-300 -300	**-1265**		

HEYWARD, SHERYL(SH5)PCA MARTIN, ANNETTE(AM7)PCA

(Patient label where applicable)

☐ Roper Hospital

☐ Bon Secours St. Francis Hospital

MR#: 000662559 IPA 03/03/04 0639-01
RUSSELL,ROBERT GEN DOB: 03/17/57
PHYS: SAUNDERS-MD,DONALD
ACCT#:04063-00556 FC: PP

To the Patient [or parent, guardian, or legal representative] (YOU) ______________
Please print patient's name above if no label used.

Before Roper Hospital and/or Bon Secours St. Francis Hospital and any of its departments (the **HOSPITAL**) may provide you *inpatient or outpatient services* **YOU** *must know what services* **YOU** *will receive*, consent to them, agree to how to pay for them, and accept how the **HOSPITAL** will use your medical record. The **HOSPITAL** requests your consent to **TWO** (2) different parts of this form. Please carefully read Part I on treatment and other important matters **AND** Part II on the use of your patient information. **YOU** may request that this form be read to **YOU**. Be sure to ask any questions **YOU** may have about it. When **YOU** fully understand the form's content, please sign it in the place indicated on the back of the form. In advance, **THANK YOU** very much for your cooperation in meeting the **HOSPITAL'S** responsibility to **YOU** and to the community it serves.

PART I

CONSENT TO TREATMENT

YOU authorize your physician or a designated qualified assistant to provide **YOU** medical treatment. **YOU** consent to all **HOSPITAL** medical or diagnostic care ordered for **YOU** during this visit as an outpatient or stay in the **HOSPITAL**. This consent includes testing for infections such as hepatitis B and HIV and providing blood or body fluids for such tests in order to protect **YOU** and/or those who provide **YOU** services.

PAYMENT FOR SERVICES AND INSURANCE

YOU are directly responsible for paying for all provided services. The **HOSPITAL** will accept assignment of your payment responsibility to others. This includes health insurers, Medicare, Medicaid, workers' comp, and different types of liability, accident, and disability insurance policies. **YOU** agree that the assigned payment responsibility is covered by current, valid and in effect insurance arrangements and that **YOU** will promptly pay any required co-pay amounts and unpaid deductibles. If **YOU** are receiving Medicare benefits for the services provided, an assignment of benefits includes those for physician services that were part of the **HOSPITAL's** services to **YOU**.

YOU (patient or agent accepting financial responsibility) ***guarantee payment*** to the **HOSPITAL** for **ALL NONCOVERED SERVICES** and any unpaid, billed amounts not covered by insurance if the applicable benefit plan allows collection of the unpaid balance. **YOU** understand and accept that your physician's orders may include services not paid by benefit plans but will be provided to you by the **HOSPITAL**. Also, **YOU** accept that benefit plans may deny payment for what **YOU** believed were covered services resulting in your responsibility for paying for these services. **YOU** may be billed for the professional component of any hospital services, such as the professional component for clinical laboratory tests.

VALUABLES

YOU accept full responsibility for your valuables especially money or jewelry. The **HOSPITAL** does not accept any liability for your valuables. The **HOSPITAL** expects **YOU** will entrust any valuables to family or friends for safekeeping or deposit them in the **HOSPITAL** safe provided for that purpose. This is especially important when you are an inpatient, but this responsibility also extends to when **YOU** are an outpatient and must change into a **HOSPITAL** gown, remove jewelry or be sedated for a procedure.

SPECIAL NOTE FOR MEDICARE OR CHAMPUS PATIENTS

YOU acknowledge and certify by your signature that all your information provided to the **HOSPITAL** for Medicare or Champus benefits is correct and **YOU** agree to allow the **HOSPITAL OR OTHERS** that have information on your Medicare or Champus benefits claim to provide the information to Medicare, Champus, or their agents in order for them to determine your eligibility for benefits. To carry out this activity, the **HOSPITAL** may use a copy rather than the original of this consent form. **YOU** also, acknowledge receipt of the "Important Message from Medicare" [illegible] "Important Message from Champus" forms, which does not waive any o[illegible]r rights for a review or make **YOU** liable for [illegible] payment.

PART II

Consent to the Use and Disclosure of Protected Health Information

YOU agree to honestly, completely, and correctly provide all requested information and permit the **HOSPITAL** to share your medical record as applicable under the law with your physician, your insurers, Medicare, Medicaid or their designated agents. They may review your record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether your services are covered by them. **YOU** agree to allow the **HOSPITAL** to use your record made during this visit at this time or later to meet its required reporting duties regarding your care and to collect payment for the services **YOU** received. **YOU** agree for your doctor to direct copies of your medical records to other physicians, hospitals, and other healthcare facilities, as they deem necessary for continuity of care. **YOU** also agree to have your name posted on scheduling boards and outside your hospital room.

Specific uses of your protected information

The **HOSPITAL** originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among the many health professionals who contribute to your care (this includes posting your name on scheduling boards or outside your patient room)
- A source of information for applying diagnosis and surgical information to your bill
- A means by which a third-party payer (usually your insurance company or the government) can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

Your signature below acknowledges that **YOU** received the **Notice of Information Practices** that provides a description of information uses and disclosure practices. **YOU accept and understand that YOU:**

- Have the right to review the **NOTICE** prior to signing this consent.
- Accept that the **HOSPITAL** reserves the right to change the **NOTICE** and its information practices, for past, current, or future information. The new notice will contain the effective date on its first page and be made available on our Web site.
- Have the right to object to the use of your health information for the **HOSPITAL**'s patient directory.
- Have the right to request restrictions on the use or disclosure of your health information to carry out treatment, payment, or healthcare operations and to correct error(s) in your record. The **HOSPITAL**, however, is not required to agree to the restrictions requested.

____

____

- May revoke this consent in writing that **YOU** provide to the **HOSPITAL**. The revocation does not apply to any uses of your information made by the **HOSPITAL** in reliance upon this consent form and on the belief that your consent was still effective.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) PART I AND PART II AND FULLY UNDERSTAND AND AGREE TO THE CONTENT.

Patient/Agent ______________________________________ Date ____________________

If agent, what is relationship to patient? ______________________________________
Parent, guardian, legal representative

______________________________________ Date ____________________
Witness (when form is accepted verbally, by telephone or by electronic means)

G90041 (12-02)

South Carolina Department of Health and Environmental Control

DHEC PATIENT CARE FORM

Q.A NO.

TRIP NO.

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10-29) | FIRST NAME (30-45) | MI (46)

STREET (47-71) | APT. #

CITY (72-87) | STATE (88-89) SC | ZIP CODE (90-94) 29406

SSN (95-103)

SEX (104): 1 [X] Male; 2 [ ] Female; 3 [ ] Undetermined

RACE (105): 1 [X] White; 2 [ ] Black; 3 [ ] Am. Indian; 4 [ ] Hispanic; 5 [ ] Asian; 5 [ ] Other

AGE (106-109): 48 — CHECK ONE: 1 [X] YRS.; 2 [ ] MOS.; 3 [ ] DAYS

DISPOSITION (110-111)

01 TREAT/NO TRANS; 02 [ ] DOA AT SCENE; 03 [ ] HOSPITAL ER; 04 [X] HOSP. DIR. ADMIT; 05 [ ] PATIENT'S HOME; 07 [ ] NURSING HOME; 08 [ ] DR.'S OFFICE; 09 [ ] OUTPATIENT; 10 [ ] PT. REFUSED TREAT.; 13 [ ] EMS TRANSFER

TYPE OF INCIDENT

TRAUMA (112): 1 [ ] MVA; 2 [ ] MC; 3 [ ] BIKES; 4 [ ] PED; 5 [ ] ASSAULT; 6 [ ] FALL; 7 [ ] FIRE; 8 [ ] INTERFAC; 9 [ ] OTHER

MEDICAL (113): 1 [ ] ENVIRON; 2 [ ] BEHAV; 3 [ ] OB/GYN; 4 [ ] RESP; 5 [X] CARDIAC; 6 [ ] INTERFAC; 7 [ ] OTHER

PATIENT STATUS

TO SCENE (114): 1 [X] EMERGENT; 2 [ ] NONEMERGENT; CODE

ON SCENE (115): 1 [X] URGENT; 2 [ ] NON URGENT

FROM SCENE (116): 1 [X] URGENT; 2 [ ] NON URGENT; CODE

INCIDENT LOCATION

ST. OR HWY. NAME OR NO. SFXH - ER

CITY Chas SC

County (117-118) 10 | Zip Code (119-123) 29414

SAFETY EOP (124): 1 [ ] Seatbelts; 2 [ ] Helmets; 3 [ ] Airbags; 4 [ ] Child Seat; 5 [ ] None; 6 [ ] Unkn.

SITE OF INCIDENT (125): 1 [ ] ROADWAY; 2 [ ] RESIDENCE; 3 [ ] INDUSTRIAL; 4 [ ] RECREATIONAL; 5 [ ] AGRICULTURAL; 6 [X] OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)

003 [ ] Seizure; 004 [ ] Diabetic; 011 [ ] Abrasion/Contusions; 013 [ ] Laceration; 023 [ ] Fracture; 024 [ ] Multitrauma/Shock; 030 [ ] Head Injury; 032 [ ] Spinal Injury; 034 [ ] Stroke; 051 [ ] G.I. Problems; 074 [ ] Respiratory Distress; 080 [ ] Coronary Problems; 083 [ ] Cardiac Arrest; Other 085; Other

PRIMARY IMPRESSION (138-140): 086

TREATMENT PROCEDURES (141-174)

01 [ ] Dressing Applied; 02 [ ] Limb Splinted; 03 [ ] Spine Immobilized; 04 [ ] Neck Immobilized; 05 [ ] OB Assistance; 06 [ ] Oral Airway Used; 07 [X] Oxygen Given; 08 [ ] Suction Used; 09 [ ] Antishock Trousers; 10 [ ] Airway Maintained; 11 [ ] Antishock Treatment; 12 [ ] Artificial Resp; 13 [ ] Cardiac Massage; 14 [ ] Bleeding Controlled; 15 [ ] Cold Application; 16 [ ] Patient Restrained; 17 [X] Other (Use Comments); 18 [ ] Ventilator

ICFA CODES (175-180)

ADVANCED PROCEDURES (190-223)

1. [X] EKG Monitored — Rhythm SR — Time 1130
2. [ ] First Defib Attempted — Watt Sec. — Time; Post Defib — Rhythm
3. [ ] Second Defib Attempted — Watt Sec. — Time; Post Defib — Rhythm
4. [ ] Third Defib Attempted — Watt Sec. — Time; Post Defib — Rhythm

INTUBATED 5 [ ] ET Size — Total # Attempts (224); 15 [ ] RSI; 16 [ ] LMA; 17 [ ] Crico

6 [ ] EXTERNAL PACING; 7 [ ] BLOOD DRAWN — DEXTROSE BGL; 8 [ ] IV STARTED/GAUGE — SOLUTION — RATE — IV TIME — IV VOLUME; 9 [ ] IV STARTED/GAUGE — SOLUTION — RATE — IV TIME — IV VOLUME; 14 [ ] IV ATTEMPTED Total # (225); 10 [ ] PLEURAL DECOMPRESSION — Time; 11 [ ] INTRAOSSEOUS INF.; 12 [ ] AUTOMATIC DEFIB; 13 [ ] PATIENT ASSISTED MEDS; Ordering Physician (Name) (Signature)

SITE OF TRAUMA (181-189)

1 [ ] Head; 2 [ ] Face; 3 [ ] Neck; 4 [ ] Chest; 5 [ ] Abdomen; 6 [ ] Hip/Pelvis; 7 [ ] Upper Extr.; 8 [ ] Lower Extr.; 9 [ ] Back

DRUGS USED (226-241)

DRUG	DOSE	TIME	DRUG	DOSE	TIME
13	.4mg	1144			

REVISED TRAUMA SCORE

GCS: (242) EYES; (243) VERBAL; (244) MOTOR; (245-246) GLASGOW; (247-249) SBP; (250-252) RR; RTS (254-255); (253) ANATOMICAL INJ. 1 [ ] YES 2 [ ] NO

VITAL SIGNS

BP	PULSE	RESPIRATIONS	PUPIL	LEVEL OF CONSC.	TIME
120/61	73 [X] REG.	14 [X] REG.			1126
90/56	74 [X] REG	12 [X] REG.		A	1133
105/76	72 [X] REG.	10 [X] REG.		A	1138
93/68	80 [X] REG	12 [X] REG.		A	1140
121/67	76 [X] REG.	12 [X] REG		A	1143

EXPOSURE TO PT's BODY FLUIDS? (256) 1 [ ] YES 2 [X] NO

1st Responder (257) 1. [ ] YES Name — 2 [X] NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

[illegible handwritten comments]

Patient Care Form Left In (258): 1. [ ] ED 2. [ ] ICU 3. [X] OTHER — [X] See Page

TIME RECORD

RUN DATE (259-266): MONTH 03 DAY 04 YEAR 04

Call Received (267-270)	1033
Call Dispatched (271-274)	1057
Departed Base (275-278)	1057
Arrive Scene (279-282)	1106
Departed Scene (283-286)	1132
Arrive Destination (287-290)	1145

CAUSE OF DELAY

DHEC PERMIT NO (291-295): 16404

RECEIVING AGENCY (296-299): 4015

SENDING AGENCY (300-303): 4016

PROVIDER TIME (OPTIONAL)

ATTENDANTS SIGNATURE & CERTIFICATION NO

PRIMARY PATIENT ATTENDANT (304-308) 18170

2ND ATTENDANT/DRIVER (309-313)

3RD ATTENDANT/DRIVER (314-318)

RECEIVING NURSE OR PHYSICIAN

DHEC 1050 REV (01/2003)

RECEIVER'S COPY

REPORT NO. (1-9)

0363

ROPER BERKELEY CENTER IMAGING SERVICES

Name: RUSSELL,ROBERT GENE
Exam Date: 04/23/04 1536
Ord. Phy.: SAUNDERS-MD,DONALD E

MR#: A000662559
DOB: 03/17/57
Pt. Phone#: (843)810-8463
Ord. Phy.#: (843)853-0250
Phy. Fax #: 8438530210

SAUNDERS-MD,DONALD E
4969 CENTRE POINT DRIVE
SUITE 100
N CHARLESTON SC 29418

Acct_Nbr : A0411400639
Pat_Type : OPA

Chk-in #	Order	Exam	
1020278	0001	30146	BXR CHEST PA & LAT TWO VIEWS Ord Diag: CHEST PAIN

Two views of the chest, 4/23/04.

COMPARISON: 3/2/04.

PA and lateral projections of the chest are submitted. The cardiac silhouette is normal in size. The pulmonary vasculature is upper limits of normal. Lungs are clear. Costophrenic angles are sharp.

IMPRESSION:

No evidence of acute intrathoracic disease.

gcd

Read By: AMY M BETHEA-MD
Released By: AMY M BETHEA-MD

GCD
Approved: 04/24/04 1432

STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
CASE NUMBER - 0414927

ROBERT GENE RUSSELL,	)	
CLAIMANT,	)	SINGLE COMMISSION HEARING
VS.	)	BEFORE
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL,	)	COMMISSIONER SUSAN S. BARDEN
EMPLOYER,	)	
STATE ACCIDENT FUND,	)	
CARRIER,	)	
DEFENDANTS.	)	

COPY

WORKERS' COMPENSATION COMMISSION HEARING TAKEN BEFORE SARA L. QUATTLEBAUM, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 12:16 PM ON TUESDAY, JULY 1, 2008, PERIMETER CENTER, 4050 BRIDGEVIEW DRIVE, NORTH CHARLESTON, SOUTH CAROLINA.

SARA QUATTLEBAUM, Independent Court Reporter
100 OLD CHEROKEE ROAD, PMB 148
LEXINGTON, SC 29072
(803)808-0394

APPEARANCES

FOR THE CLAIMANT
J. DAVID MURRELL, ESQUIRE
WIGGER LAW
8086 RIVERS AVENUE
NORTH CHARLESTON, SOUTH CAROLINA 29406
(843)553-9800

FOR THE DEFENDANT
MARGARET M. URBANIC, ESQUIRE
CLAUSEN & STAUBS, LLC
126 SEVEN FARMS DRIVE
CHARLESTON, SOUTH CAROLINA 29492
(843)577-2026

SARA L. QUATTLEBAUM
Independent Court Reporter
100 Old Cherokee Road, PMB 148
LEXINGTON, SOUTH CAROLINA 29072
(803)808-0394

INDEX

WITNESS TUPPER GLENN
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CROSS EXAMINATION BY MR. URBANIC.................. 35
REDIRECT EXAMINATION BY MR. MURRELL................ 46
CERTIFICATE 48

1 THE COURT: Today's date is July 1, 2008. This
2 is South Carolina Workers' Compensation Commission
3 File No. 0414927.
4 This is the case of the Claimant, Mr. Robert
5 Russell, who is present today and represented by
6 Attorney David Murrell, versus the Employer, DHEC and
7 its Carrier, the State Accident Fund, both of which
8 are represented by Attorney Peggy Urbanic.
9 The purpose of today's hearing is to determine
10 issues raised in Forms 50 and 51.
11 The parties agree and stipulate that Mr.
12 Russell's average weekly wage is $629.67 yielding a
13 compensation rate of $419.80.
14 The date of this admitted accident was June 11,
15 2004. Let me preempt Ms. Urbanic here. She objects
16 to Page 100 of the Claimant's APA submissions. And
17 that occurs in Tab No. 10, Page 100 which is the
18 opinion of Dr. Burke who appears to be a psychologist
19 who states that based upon the injuries and the
20 depression and bipolar disorder that the Claimant is
21 permanently and totally disabled.
22 Ms. Urbanic raises the objection that Dr. Burke
23 is not qualified to make a determination and that I am
24 and that's why we are here. I'm the person that's
25 supposed to make that determination. I do agree with

1 her. I thought this was a physician we were talking
2 about. I didn't see the Ph.D. after it. I think he
3 is entitled to his opinion, but obviously he is not
4 sitting in this chair to make that decision.
5 So while I am going to overrule your objection
6 and allow this into evidence, I will give his opinion
7 the weight I think it should be accorded or afforded,
8 and that will be based on my review of all the
9 evidence and not just that one piece of paper. But it
10 will stay in evidence. And it is just one of many
11 pieces of evidence.
12 Are there any further objections to APAs or any
13 objections to jurisdiction, venue or any other items?
14 MR. MURRELL: None from the Claimant.
15 MS. URBANIC: None, Your Honor.
16 THE COURT: Thank you both.
17 Without objection, the Commission File becomes a
18 part of the record with the exception of self-serving
19 declarations and unstipulated medical reports.
20 Ms. Urbanic does have a running objection to that
21 document and any testimony relating thereto.
22 It is the Claimant's position that not only did
23 he injure his back in this accident, and the back is
24 the admitted body part and the only admitted body part
25 in this accident, but that he also aggravated his

1 preexisting depression and bipolar disorder, such that
2 he is permanently and totally disabled pursuant to
3 Section 42-9-10 and entitled to receive lifetime
4 causally-related medicals pursuant to that statutory
5 theory; also, alternatively under 42-9-30, Item 19, in
6 that he has sustained a 50 percent or greater loss of
7 use of his back. He is not currently working and is
8 unable to work, unable to sustain any gainful
9 employment.
10 Conversely, it is the position of the Defendants
11 that while the Defendants do acknowledge that there
12 may be some permanency with regard to the Claimant's
13 back, the only admitted body part, the Defendants
14 would point to my attention the impairment rating of
15 Dr. Stovall who assigned a 5 percent impairment rating
16 and no surgery was performed. I believe it was
17 conservative treatment only with some injections.
18 It would be the Claimant's position that I should
19 look more to the impairment rating of Dr. Forest who
20 assigned a 10 percent impairment rating. But it would
21 be the Defendants' position that the disability in
22 this case would be something less than total and the
23 award would be made pursuant to Section 42-9-30, Item
24 19 and certainly less than 50 percent loss of use of
25 the back.

1 Is that a fair summary of your positions before
2 we hear from Mr. Russell?
3 MR. MURRELL: Yes, Commissioner.
4 MS. URBANIC: Yes.
5 THE COURT: Thank you very much.
6 **ROBERT RUSSELL,**
7 having been first duly sworn, testified as follows:
8 THE COURT: Please state your full name for the
9 record.
10 THE WITNESS: Robert Gene Russell.
11 THE COURT: Is Gene, is that G-E-N-E?
12 THE WITNESS: G-E-N-E.
13 THE COURT: Okay. All right. Thank you. Please
14 answer any questions Mr. Murrell has. I'm going to
15 ask that you direct your responses as best you can my
16 way. The questions will be coming from him, like you
17 are telling me the answers. Do the best you can.
18 THE WITNESS: Can I say something first or do I
19 wait for him to ask me?
20 MR. MURRELL: I will ask you questions.
21 THE COURT: You will have a chance to confer with
22 him if you feel like there's something that he might
23 not have covered, and then he can ask you about it.
24 Okay. Go ahead, Mr. Murrell.
25 MR. MURRELL: Thank you, Commissioner. Just

1 before I start my questioning, I wanted to point out a
2 couple of other issues that we will be seeking some
3 reimbursement on. There were some medical bills that
4 Mr. Russell had that were not paid.
5 THE COURT: Okay.
6 MR. MURRELL: And they are listed on Item 21.
7 THE COURT: Let's go off the record.
8 (OFF THE RECORD)
9 THE COURT: The Claimant also requests
10 reimbursement for several things. One is some visits
11 to a chiropractor which were unauthorized visits and
12 the mileage relating thereto. He also seeks
13 reimbursement for the expenses that he has incurred or
14 had to pay co-pays for the emergency room, the
15 ambulance, and this is on the date of the accident or
16 shortly thereafter, the physician's bill and x-rays.
17 The Defendants concede that if it is either an
18 expense from Dr. Stovall, whether that's mileage or
19 modalities that they will pay for that. And they will
20 also pay for the expenses of the ER and the ambulance
21 including the physician's bills and any diagnostic
22 testing from that emergency room visit and the
23 ambulance ride on the way.
24 So the only thing that the Defendants, as far as
25 these reimbursements, are denying would be the

1 unauthorized chiropractic visits and any mileage
2 relating thereto.
3 The Claimant has also raised an issue that he is
4 entitled to receive some temporary total disability
5 benefits which he was not paid for, that he used some
6 short-term disability and long-term disability which
7 he is going to repay. There are some issues with
8 that. I don't know how much sick leave and annual
9 leave is interwoven in this, but the testimony will
10 develop that I assume.
11 Mr. Murrell has pointed to my attention Tab 18,
12 and of course just having been handed these documents
13 by the attorneys, which of course is the normal course
14 of events for a hearing, I haven't reviewed anything
15 yet. So I don't know exactly what dates are
16 requested. But that will be developed, and of course
17 it's in Tab 18. And we'll just kind of do the best we
18 can with that issue.
19 Is there anything else that either of you would
20 like to add before we hear from Mr. Russell?
21 MR. MURRELL: The only thing I would add to this
22 is the body parts are the back and both legs.
23 THE COURT: Back, both legs - and you are right,
24 an aggravation of depression and preexisting bipolar.
25 Okay.

1 And you have already stated your name and I have
2 already sworn you in. If you will answer any
3 questions your lawyer has. But again, as best you
4 can, I know it's awkward, he is asking the questions
5 but just as best you can direct them my way. Thanks.
6 Go ahead.
7 MR. MURRELL: Thanks, Commissioner.
8 DIRECT EXAMINATION
9 BY MR. MURRELL:
10 Q Mr. Russell, how old are you?
11 A 51.
12 Q What's your date of birth?
13 A March 17, '57.
14 Q And how tall are you?
15 A 5'10".
16 Q And how much do you weight?
17 A 240.
18 Q And are you married?
19 A No.
20 Q And can you tell the Commissioner what types of jobs
21 you've had in the past, what sort of job titles prior
22 to working with DHEC?
23 A Prior to - I was a social service specialist.
24 THE COURT: Is that for DSS?
25 THE WITNESS: DSS.

1 THE COURT: Tell me what you did as a social
2 service specialist.
3 THE WITNESS: I took applications and reviewed
4 the applications and determined whether they qualified
5 or if they did not.
6 THE COURT: And what type, for services with you
7 all?
8 THE WITNESS: Ma'am?
9 THE COURT: You were determining whether they
10 qualified for services with you all?
11 THE WITNESS: Yes, ma'am.
12 THE COURT: Okay. And how long did you do that
13 for?
14 THE WITNESS: Two years.
15 THE COURT: Two years. And then what did you do?
16 Is that when you went to DHEC after that?
17 THE WITNESS: Yes. I went to DHEC after that.
18 THE COURT: Let's go backwards. What did you do
19 before DSS?
20 THE WITNESS: I worked for Geer Drug Company,
21 G-E-E-R.
22 THE COURT: And what did you do for Geer Drug
23 Company?
24 THE WITNESS: I was a promotional coordinator.
25 THE COURT: Okay. And what did that involve?

1 Like if you went to work one day as a promotional
2 coordinator, educate me and tell me what you did.
3 THE WITNESS: To me, it was an overstated title
4 because what I did was I did the forms and did costing
5 to see, figuring what the markup should be for the
6 items and then I had to do the - there was a lot of
7 math work. Then I would take the figures and give
8 that to someone to type in on the computer. She would
9 do the typing. I did all the figuring.
10 THE COURT: Okay.
11 BY MR. MURRELL:
12 Q And prior to that what other job titles?
13 A I worked as a courier for First Coastal Properties.
14 THE COURT: And what did you do, like on a day,
15 deliver -
16 THE WITNESS: They sent me to the bank, made
17 deposits, and I went to pick up like the real estate
18 if one of the agents had some paperwork that needed to
19 go somewhere. I delivered that.
20 THE COURT: How long did you do that for?
21 THE WITNESS: Maybe a year.
22 THE COURT: A year, how long were you at Geer
23 Drug doing that job?
24 THE WITNESS: Two years.
25 THE COURT: Okay. All right. How about before

1 your courier job? What did you do?
2 THE WITNESS: Courier job, let's see, we had
3 owned this family grocery store out in the country and
4 I managed the store.
5 THE COURT: You managed the store for your
6 family's grocery store?
7 THE WITNESS: Yes, ma'am.
8 THE COURT: Okay. All right. And how long did
9 you do that?
10 THE WITNESS: For just a couple of years.
11 BY MR. MURRELL:
12 Q How far did you go in school?
13 A Four years.
14 THE COURT: Is that a college?
15 THE WITNESS: Yes.
16 THE COURT: Okay. Four year degree, and what is
17 your degree in in college?
18 THE WITNESS: Business administration.
19 THE COURT: All right. Okay.
20 BY MR. MURRELL:
21 Q How long - when did you begin working at DHEC?
22 A I've got 16 or 17 years with the state, so I guess
23 subtract two from let's say 17, so 15 years.
24 THE COURT: And you've had two with DSS.
25 THE WITNESS: Yes.

1 THE COURT: And how many - 15 with it?
2 THE WITNESS: I believe it was around 15 or 16.
3 THE COURT: 15 with DHEC?
4 THE WITNESS: Yes.
5 THE COURT: All right.
6 BY MR. MURRELL:
7 Q And then in June, 2004 what was your job title with
8 DHEC?
9 A Environmental health manager.
10 THE COURT: And what did you do on a daily basis
11 as an environmental health manager?
12 THE WITNESS: I did soil borings to determine
13 whether a lot passed to get a septic tank.
14 THE COURT: Okay.
15 THE WITNESS: If it did pass, I drew up the
16 permits, you know, so the subcontractor would know how
17 to install it. And after the contractor installed the
18 system I went to inspect it to make sure it was
19 installed correctly.
20 THE COURT: You were indoors and outdoors with
21 that job?
22 THE WITNESS: Yes.
23 THE COURT: Okay.
24 THE WITNESS: Sometimes we had to go on
25 complaints, you know, the people complained about

1 their neighbor's septic tank not working or, you
2 know, we had to go there and issue a citation that
3 they needed to get it repaired.
4 THE COURT: So did you issue those citations?
5 THE WITNESS: Yes, ma'am.
6 THE COURT: And the violations?
7 THE WITNESS: Yes, ma'am.
8 THE COURT: Okay.
9 THE WITNESS: And also some times not - well, in
10 the beginning we had to do like dog bites, we had to
11 go put the dog in quarantine, and then they got
12 someone else at the end that that's all they did. So
13 we didn't really have to fool with those anymore. At
14 the beginning we did those. That's all they did.
15 BY MR. MURRELL:
16 Q How would you classify your job at DHEC in the June,
17 2004 time frame as far as the physical requirements?
18 Would you say it was a light, medium or heavy physical
19 type of job?
20 A It was heavy physically. When I had to dig in clay,
21 which the area I worked in had a lot of clay. If it
22 was a large - a really large lot, if it didn't pass, I
23 would dig up all over the lot.
24 THE COURT: Trying to find a place where it would
25 perk? Is that the -

1 THE WITNESS: Yes, ma'am. We would go down
2 three feet into the ground and turn the auger, and you
3 had to pull that auger out and then you would have to
4 push the clay out and look at it, the color of it and
5 all. And if it was like sand, it was a lot easier.
6 THE COURT: Okay.
7 BY MR. MURRELL:
8 Q How many hours a day were you drilling versus doing
9 paperwork?
10 A We had to do paperwork. That took like three hours I
11 guess usually a day doing paperwork.
12 THE COURT: And the rest was outside?
13 THE WITNESS: Yes, ma'am.
14 THE COURT: All right.
15 BY MR. MURRELL:
16 Q Can you tell the Commissioner how you were injured on
17 June 11, 2004?
18 THE COURT: This is an admitted claim, so you are
19 not here to prove you got hurt on the job. You are
20 just here so I have an idea. Because they know how
21 you got hurt and I don't.
22 THE WITNESS: Okay.
23 THE COURT: Just tell me what happened.
24 THE WITNESS: I was making a right turn. As I
25 was slowly turning somebody came out and -

1 THE COURT: You got rear ended?
2 THE WITNESS: Yes, ma'am.
3 THE COURT: In a motor vehicle accident? Were
4 you in a truck?
5 THE WITNESS: I was in one of those small Ford
6 Rangers.
7 THE COURT: Okay.
8 BY MR. MURRELL:
9 Q And can you tell the Commissioner what parts of your
10 body were injured when the wreck happened on your job?
11 A Well, my back hurt. And then I felt my left arm was
12 hurting and also my head was hurting me and my neck
13 and I believe that's all.
14 Q Did you have other problems after the initial injury,
15 other parts of your body start bothering you after
16 that?
17 A Well, my hip, you know, after the accident. It wasn't
18 just my low back. It was my hip hurting the most.
19 THE COURT: You are indicating your left hip?
20 THE WITNESS: Yes, ma'am.
21 THE COURT: Okay.
22 BY MR. MURRELL:
23 Q And did the problems ever go further down your body
24 later on?
25 A No, no. Sometimes now recently my legs hurt me. I

1 don't know. Sometimes it's just like I just ache all
2 over, my legs and my back and my hip, my neck, and my
3 arms doesn't hurt anymore.
4 Q So today, you have problems with your back and the
5 left hip and the legs; is that correct?
6 A Yes, just sometimes. Like they hurt right now, not
7 all the time.
8 Q Can you tell the Commissioner what type of medical
9 care you got as a result of your injury on the job?
10 A I went to Dr. Stovall, and he was treating me with
11 medication and he sent me to physical therapy. And I
12 was still hurting so that didn't help. So he sent me
13 to -
14 THE COURT: You had some injections?
15 THE WITNESS: No, Dr. Santi treated me first and
16 then he sent me to Dr. Stovall. Dr. Santi, did I say,
17 what did I say?
18 THE COURT: It's okay, because I'm going to read
19 the records. You don't need to get into that. You
20 are fine. Go ahead.
21 BY MR. MURRELL:
22 Q Did you have some injections?
23 A Yes. Dr. Stovall, he prescribed me some injections.
24 They didn't help.
25 THE COURT: Didn't help?

1 THE WITNESS: No.

2 BY MR. MURRELL:

3 Q And what about the chiropractic treatment? Why did

4 you decide to seek care there?

5 A Because in the previous accident, I had been to a

6 chiropractor and it did help me going to a

7 chiropractor. I was just hurting so bad. I just said

8 I have got to get some kind of relief. I wasn't going

9 to Dr. Stovall and doing the physical therapy just

10 wasn't - I don't think so. I went to a chiropractor.

11 Q Did the chiropractic treatment help some?

12 A It helped some, yes.

13 Q Now, can you tell the Commissioner when you started

14 missing time from work as a result of your injuries on

15 the job?

16 A I missed, to start off with, it was - I went two days.

17 I talked to Dr. Santi, he was like -

18 MS. URBANIC: I object to hearsay.

19 THE COURT: He can tell what he told.

20 MS. URBANIC: I mean what Dr. Santi said.

21 THE WITNESS: It's what I told Dr. Santi.

22 THE COURT: I think he - he is probably going to

23 get to the point where you are going to object. I

24 don't think he's quite reached there. You told Dr.

25 Santi what?

1 THE WITNESS: That he said -
2 THE COURT: No. You can't tell what he said.
3 You can tell what you told him. And the reason for
4 that, let me just explain to you because she is going
5 to keep objecting, the reason is that that doctor is
6 not here for her to ask questions of.
7 THE WITNESS: I understand.
8 THE COURT: Okay. Go ahead.
9 THE WITNESS: That I could not take much time off
10 from work, that I had a lot of work, paperwork piled
11 on my desk. I felt really bad staying out because my
12 supervisor, I was really close friends with him. I
13 felt bad because he was going to get dumped with all
14 my work. I really did. I felt really bad. So I
15 said, I've got to go. I can't stay out. I need to go
16 to work. So he said - well, I can't say he said, but
17 -
18 THE COURT: You went back to work for awhile?
19 THE WITNESS: Yes. I went back to work. But I
20 could not - do you want me to -
21 MR. MURRELL: Go ahead.
22 THE WITNESS: I couldn't do any of the digging
23 at work. And so my supervisor, he would have to go
24 with me and do my digging. And then the paperwork, I
25 had to sit there and not get it done. My back was

1 hurting. I just let it sit there. He would come, my
2 supervisor would come up and say, just do one folder
3 at a time. I would just do that one folder. I would
4 just sit there and couldn't concentrate, you know. I
5 don't know what was wrong with me. I could not do it,
6 and so -
7 BY MR. MURRELL:
8 Q Now, we submitted as one of our exhibits your
9 personnel leave form. I want to get you to look at
10 this, Mr. Russell, and I'm going to take it apart
11 here. If you could tell the Commissioner -
12 THE COURT: Is this Tab 18 we're talking about?
13 MR. MURRELL: Yes, Commissioner. I'm sorry.
14 Tab 18.
15 BY MR. MURRELL:
16 Q If you could tell the Commissioner, of these dates on
17 here that began on Page 172, I submitted the entire
18 exhibit, but 172, there's an asterisk, and this is
19 after his injury. I believe Page 171 showed some time
20 prior to his injury that he was out of work.
21 THE COURT: 171 is prior to the injury.
22 MR. MURRELL: That would not be related to his
23 injury on the job, but it was just submitted so it
24 would be a full exhibit.
25 THE COURT: Okay.

1 BY MR. MURRELL:

2 Q Can you tell us these dates here that begin with the

3 asterisk on Page 172, are those dates absences that

4 are related to your injury on the job?

5 A Let's see, the first one, yes.

6 THE COURT: What is the date?

7 THE WITNESS: 6/17.

8 THE COURT: Is related?

9 THE WITNESS: Yes, ma'am. 6/21.

10 THE COURT: Is related?

11 THE WITNESS: Yes. I had to go to the doctor.

12 THE COURT: Okay.

13 THE WITNESS: 29.

14 THE COURT: Is 6/29 related?

15 THE WITNESS: Let me look. Yes, I stayed home

16 because my back was hurting too bad to go to work.

17 BY MR. MURRELL:

18 Q It may be easier if you could look this over if you

19 see one that's not related, can you tell us about

20 that? And if it's all related you could just say Page

21 172, all related.

22 A Okay. Yes, it's all related.

23 THE COURT: 172 is all related?

24 THE WITNESS: Yes, ma'am.

25 THE COURT: All right.

1 BY MR. MURRELL:

2 Q And now on Page 173, if you can look at those pages.

3 Are all of those related?

4 MR. MURRELL: And let me say this, Commissioner,

5 171 has some codes on here.

6 THE COURT: Oh, okay.

7 MR. MURRELL: And that again is why I left it on

8 here.

9 THE COURT: Okay.

10 MR. MURRELL: And it says leave type, 01, 02, 09,

11 03 are codes on there. And if you can tell us, the 01

12 says annual leave. What is annual leave?

13 THE WITNESS: That's her time that - vacation,

14 vacation time.

15 THE COURT: I know what that is. What I need to

16 know is would you take annual leave or sick leave for,

17 let's start with the ones on 172. Is that what you

18 would do?

19 THE WITNESS: If I didn't have enough sick leave

20 then I took my annual leave and go to the doctor. I

21 took annual leave to go to the doctor if I'd run out

22 of sick leave.

23 THE COURT: Okay.

24 BY MR. MURRELL:

25 Q And every month, were you allotted so much sick leave?

1 A Yes.

2 Q if you used up all the sick leave time, you would then

3 use annual leave?

4 A Yes.

5 THE COURT: Now, you've been an employee of the

6 state for some, you have what like 16 or 17 years?

7 THE WITNESS: Yes, ma'am.

8 THE COURT: And you had a good bit of sick leave

9 accumulated. Did you use up all your sick leave on

10 this accident or for some other illnesses?

11 THE WITNESS: I had a previous accident. I hurt

12 my back. I had to take a long time off with that.

13 THE COURT: I was just thinking you have a pretty

14 good account balance.

15 THE WITNESS: Yes, for sick leave. Right. But I

16 was out sick a lot like, especially like on Mondays,

17 it was like during the weekend I'd get depressed and

18 it was hard to get up.

19 THE COURT: This was before the accident?

20 THE WITNESS: Yes, ma'am. Yes, ma'am.

21 BY MR. MURRELL:

22 Q So there were other times prior to the accident that

23 you were using a lot of sick leave?

24 A Yes.

25 Q And then after the accident at work, if you had sick

1 leave, would you use that?
2 A Yes.
3 THE COURT: But if not you used annual leave.
4 THE WITNESS: Yes, ma'am.
5 THE COURT: Okay. Now, what about 173, let's
6 move on.
7 THE WITNESS: Yes, this is like hour periods I
8 would go to the doctor. Yes, all of that was -
9 BY MR. MURRELL:
10 Q That was related?
11 A That was related.
12 Q Let's turn to Page 174. Let's do the same thing. If
13 you can tell us are those related to - absences
14 related to your injury on the job?
15 A Yes.
16 Q Page 175, could you look at that?
17 A Yes.
18 Q Okay. 176?
19 A Yes.
20 Q Page 177?
21 A Yes.
22 Q Page 178?
23 A Yes, right.
24 Q Page 179?
25 A You've got these crossed out, so we're not counting

1 those, right?
2 Q That's how we received it from DHEC. It's not my
3 marking.
4 A Yes. Okay. They said it was not and it wasn't.
5 Q Some of these do have lines through them. You would
6 agree that's not related to your time off work because
7 of your accident?
8 A Yes. They said it was. Yes.
9 THE COURT: And that goes for all pages. If
10 there is a line through it, that's not related to this
11 accident?
12 THE WITNESS: Yes, ma'am.
13 THE COURT: All right.
14 BY MR. MURRELL:
15 Q So now looking at Page 179, other than the ones that
16 are marked through, do those relate to time missed
17 from work as a result of your injury on the job?
18 A Yes.
19 Q There are two entries on Page 180. Do those relate?
20 A Yes.
21 Q Thank you. Now, Page 180 shows two dates in 2005.
22 Can you tell the Commissioner when was it that you
23 stopped working at DHEC entirely?
24 A I'm not sure, some time in January, I believe.
25 THE COURT: Of this year?

1 THE WITNESS: No.

2 THE COURT: 2007?

3 THE WITNESS: Right after. When was the wreck?

4 THE COURT: Excuse me, this was 2004.

5 MR. MURRELL: The wreck is in June 11, 2004. So

6 when was it that you stopped working and never

7 returned to DHEC?

8 THE WITNESS: It was in January.

9 THE COURT: In 2005?

10 THE WITNESS: You say the wreck was in 2004?

11 THE COURT: Yes.

12 THE WITNESS: And what month was it in?

13 THE COURT: I'm going to let your attorney answer

14 that.

15 MR. MURRELL: June 11, 2004 is when the wreck

16 occurred.

17 THE COURT: All right. When did he stop working?

18 I've got another hearing.

19 MR. MURRELL: If we could just -

20 THE WITNESS: My memory is rally bad.

21 MR. MURRELL: So, January 14, 2005.

22 THE COURT: All right.

23 MR. MURRELL: And then there's a 7/16/2005, so I

24 believe that the two times he had been out of work and

25 then came back.

1 THE COURT: The absolute last time was -
2 MR. MURRELL: 7/16/2005.
3 THE COURT: Got it. Thank you.
4 MR. MURRELL: That's Tab 17.
5 THE COURT: All right. Thank you. All right.
6 BY MR. MURRELL:
7 Q Now, Mr. Russell, do you still work at DHEC now?
8 A No.
9 Q And how was it that you left your job? How did you do
10 that?
11 A My psychiatrist, Dr. James Jenkins, he decided that it
12 was -
13 MS. URBANIC: I object if he were about to say
14 what he said, hearsay.
15 THE WITNESS: It was -
16 BY MR. MURRELL:
17 Q Did you retire?
18 A Did I retire?
19 Q From DHEC?
20 A Yes, I did.
21 Q Okay. And that would have been in the July 16, 2005
22 time frame; is that correct?
23 A Yes, sir.
24 Q Now, can you tell the Commissioner, are you continuing
25 having problems from your injuries today that you had

1 on the job in June, 2004?
2 A Yes. My lower back hurts and my hip, left hip still
3 hurts. And my left arm, it stopped and the middle of
4 my neck doesn't, my head doesn't. My back and also my
5 depression, I still have depression worse and my
6 bipolar is worse, too.
7 Q Now, I want to ask you some questions about each of
8 those individually. Okay. Can you tell the
9 Commissioner what problem you continue to have with
10 your back?
11 A What -
12 Q Do you have pain? Do you have numbness? Can you
13 explain to her what the problem has been?
14 A It's pain. It's like constant and there's -
15 THE COURT: On a scale of one to ten, of one not
16 being much, being minimal, and ten being you are ready
17 to go to the emergency room, what would it be
18 generally?
19 THE WITNESS: Maybe an eight.
20 THE COURT: An eight?
21 THE WITNESS: Yes, ma'am.
22 THE COURT: On a constant basis? Or is that on a
23 bad day.
24 THE WITNESS: On a bad day, yeah.
25 THE COURT: Or is that a bad day?

1 THE WITNESS: On a bad day. Yes.
2 THE COURT: What's a good day? Give me a good
3 day.
4 THE WITNESS: A five, a five.
5 THE COURT: Do you take any prescription
6 medication for it?
7 THE WITNESS: Yes, ma'am.
8 THE COURT: What do you take?
9 THE WITNESS: I take Celebrex and I take Tylenol,
10 too, Tylenol extra strength.
11 THE COURT: All right.
12 THE WITNESS: I take two of those in the morning
13 and two at night. I take Celebrex, one in the morning
14 and one at night.
15 THE COURT: Does the medication help?
16 THE WITNESS: Yes, ma'am.
17 THE COURT: All right. What about your left hip?
18 Tell me about how that is.
19 THE WITNESS: It hurts. If I walk too much it
20 just starts hurting. I can't walk, continue to walk.
21 I have to stop. Then the Celebrex and the Tylenol
22 help that, too.
23 THE COURT: How far can you walk before it really
24 hurts?
25 THE WITNESS: I can walk like -

1 THE COURT: Is it a block or -
2 THE WITNESS: No, further than that. Say if I
3 was inside a store I could walk maybe half around the
4 store and then it starts hurting. Like, say Target or
5 something, walk halfway through there.
6 THE COURT: All right.
7 BY MR. MURRELL:
8 Q You also mentioned earlier your legs.
9 THE COURT: Not this last time he didn't. You
10 asked him what was wrong. He said his low back and
11 left hip still hurt and his depression and his
12 bipolar.
13 THE WITNESS: I didn't say that because in her
14 deposition I didn't bring it up. But afterwards I
15 thought about it and I told David, I said -
16 THE COURT: How about now? Because when he asked
17 you what your problems were you said your low back and
18 your left hip.
19 THE WITNESS: Yes. Right now my legs are
20 hurting. Yes. But I didn't want to bring it up
21 because I didn't say it in my deposition. I forgot
22 about that.
23 BY MR. MURRELL:
24 Q How often, on an average, you know, how often do the
25 legs bother you?

1 A I don't know. Maybe 20, 25 percent out of 100. I'd
2 say out of 100 percent, do you want it that way or
3 how, on a daily basis?
4 THE COURT: Do your legs hurt every day?
5 THE WITNESS: No, they don't.
6 THE COURT: All right.
7 BY MR. MURRELL:
8 Q How many days a week or a month do your legs bother
9 you?
10 THE COURT: Once a week? Twice a week? Three
11 times a week? Once or twice a week?
12 THE WITNESS: It's not every week.
13 THE COURT: Okay.
14 THE WITNESS: Sometimes it don't.
15 THE COURT: So it's intermittent. It comes and
16 goes.
17 THE WITNESS: Right. Yes, ma'am.
18 THE COURT: So some weeks it doesn't bother you?
19 THE WITNESS: Yes.
20 THE COURT: All right.
21 THE WITNESS: And some weeks it's just -
22 THE COURT: It bothers you.
23 THE WITNESS: It bothers me a lot.
24 THE COURT: All right.
25 BY MR. MURRELL:

1 Q Can you tell the Commissioner more about your
2 depression and bipolar? Can you explain to her -
3 THE COURT: How has that gotten worse?
4 MR. MURRELL: Where you were earlier and where
5 you are now.
6 THE WITNESS: When I got hurt, my pain was really
7 bad. I stated to two different doctors, I said,
8 Sometimes I hurt so bad I'd think I could kill myself.
9 I was really, really in pain. I said there's no way I
10 can continue to live in this pain. It's really bad.
11 It hurts. I would cry a lot. I was worried - I just
12 worried and was anxious and got depressed and -
13 THE COURT: Do you live by yourself?
14 THE WITNESS: No. My mother lives with me.
15 THE COURT: All right.
16 BY MR. MURRELL:
17 Q How did your depression change after your injury on
18 the job in June, 2004?
19 A I got more depressed.
20 Q You said the pain caused you a lot of problems. Were
21 there other problems or things that made you more
22 depressed at work, I believe you said you'd worry
23 about your supervisor having to do your job?
24 A Yes. I got depressed because I couldn't do my work
25 and I felt really bad for my supervisor. I felt like

1 I was depressed if I couldn't do my work, and I felt
2 really depressed because he was having to do my work.
3 He was telling me don't worry about it but I did worry
4 and I got depressed. He's a really great person and I
5 didn't want to dump all my work on him. He's a really
6 good person.
7 Q Now, did you have depression prior to your injury at
8 the job?
9 A Yes, I did.
10 Q Did you have bipolar disorder prior to your injury on
11 the job?
12 A Yes, right, I did.
13 Q Can you tell the Commissioner how your bipolar
14 changed? How did that get worse after the injury on
15 the job?
16 A I thought I answered that when I said the crying and
17 thinking of suicide and more nervous and constantly
18 worrying and getting agitated. I just couldn't stop
19 worrying about stuff.
20 Q Did your medications that you were taking for
21 depression and bipolar change after your injury on the
22 job in June of '04?
23 A Yes. It changed.
24 Q Explain how that changed.
25 THE COURT: Did the physician increase dosages or

1 change?

2 THE WITNESS: Increased dosages and added new

3 drugs. Sometimes quit with another drug.

4 THE COURT: I got you. That's good enough. Go

5 ahead, Mr. Murrell.

6 BY MR. MURRELL:

7 Q Now, can you tell the Commissioner what problems you

8 have with your depression and your bipolar? How does

9 it affect you and your ability to work?

10 A Well, my bipolar and depression, I can't work in a

11 competitive environment. I'm just - I don't know. I

12 get mad easy. There is like a lot of times I just

13 flare up and get mad and, you know, it's like so I go

14 to the store or something. I just get really mad at

15 the cashier or like my mom's in the hospital right

16 now.

17 THE COURT: I'm sorry to hear that.

18 THE WITNESS: Thank you. Hopefully she will be

19 better. I had to - I just jumped all over the nurse

20 because I think she needed to be, but I didn't handle

21 it very calm.

22 THE COURT: I understand.

23 THE WITNESS: Okay.

24 BY MR. MURRELL:

25 Q Do you have any problems concentrating?

1 A Yes, I do.
2 Q Do you have problems motivating yourself to do some
3 things?
4 A Yes, sometimes.
5 Q What about reading?
6 A I don't read, not even the newspaper. I used to like
7 to stay up on current events and stuff. But, you
8 know, reading, I don't do that no more. Sitting
9 there, I just can't sit there and concentrate and sit
10 still.
11 THE COURT: All right. Mr. Murrell, I'm going to
12 have to ask you to wrap things up, because Ms. Urbanic
13 hasn't had an opportunity. Are you about done?
14 MR. MURRELL: Yes, ma'am.
15 THE COURT: Please answer any questions Ms.
16 Urbanic has. You can look at her. You don't need to
17 look at me.
18 CROSS EXAMINATION
19 BY MS. URBANIC:
20 Q Mr. Russell, I know there is a hearing behind us. Try
21 to focus on my questions. We can hopefully move
22 through this quickly. You have not looked for work
23 anywhere since you left DHEC; is that right?
24 A No, - well, you don't want to know anything?
25 Q Try to keep it short. I don't want to interfere with

1 your testimony, but -
2 A Okay.
3 Q And prior to this accident on June 11, 2004, you've
4 been in several other motor vehicle accidents, right?
5 A Right.
6 Q Okay. And the first accident you were in, was it the
7 truck versus 18 wheeler; does that sound right?
8 A The first one for DHEC. I was in another one before
9 that. It wasn't DHEC.
10 Q Before you worked at DHEC, you were in a motor vehicle
11 accident.
12 A Yes.
13 Q And you were rear ended?
14 A Yes.
15 Q And you injured your back?
16 A Right.
17 Q And you got $3000 to $4000 out of that settlement?
18 A Yes. I think that's right. Yes.
19 Q Then when you went to work for DHEC, you were in one
20 with an 18 wheeler?
21 A Right.
22 Q You injured your back in that accident?
23 A Yes.
24 Q And there was a suit filed in that accident?
25 A Yes.

1 Q And you got $25 hundred K - 25,000.
2 A Yes, that's right.
3 Q $2500, sorry. I can't read my own handwriting. Was
4 there another motor vehicle accident after that one
5 with DHEC?
6 A Yes.
7 Q And you injured your back in that one?
8 A The one, we mentioned the one where the 18 wheeler hit
9 me. That one's been mentioned. There was another one
10 where a girl, I was waiting for a light to change. A
11 girl came across the road and rear ended me.
12 Q I guess my point is that you've been in at least three
13 other motor vehicle accidents where you've injured
14 your back.
15 A Yes.
16 Q Does that sound right?
17 A Right.
18 Q And prior to June 11, 2004, you told me your back
19 problems would aggravate when you were doing the
20 digging that you had to do for DHEC?
21 A Right.
22 Q It would flare up every now and then?
23 A Yes.
24 Q You never fully recovered from those prior motor
25 vehicle accidents?

1 A I believe I did because if I hadn't, I wouldn't have
2 been able to dig in all the clay that I had to dig in.
3 Q But you would feel back pain every now and then?
4 A Yes. But after two days it would go away.
5 Q And at this car accident on June 11, 2004, you were in
6 a Ford Ranger truck, pick-up truck?
7 A Right. This current one you are talking about?
8 Q Yes.
9 A Yes.
10 Q The one we are here about today.
11 A Yes.
12 Q You were wearing your seatbelt?
13 A Yes.
14 Q No bruises from the seat belt?
15 A No.
16 Q And it was very minor damage to your car?
17 A Right.
18 Q Your car was able to be driven from the scene? You
19 didn't have to get a tow truck?
20 A It probably was.
21 Q Now, your bipolar and depression, you've had this
22 since the early eighties, diagnosed with it?
23 A Depression, yes.
24 Q Was the bipolar diagnosed later?
25 A I want to say yes.

1 Q You've been hospitalized for suicide prior to this
2 accident?
3 A Yes. No, I didn't commit suicide. I told them I was
4 thinking about suicide.
5 Q We understand you didn't commit it or you wouldn't be
6 with us here today. But you've had suicidal thoughts
7 prior to this injury; is that right?
8 A I said that because I didn't want to go back to work.
9 I was like in a real hostile environment at work. I
10 had been sexually harassed by my supervisor. And I
11 was really - the guy that worked my office with me, he
12 was just real unfriendly to me and to me it was really
13 hostile there. I didn't want to go to work. I said
14 that in order to get into the hospital. I felt that
15 it was necessary to say that.
16 Q This was in 2001 when Dr. Rosen put you in the
17 hospital?
18 A I don't think he was the one that put me in there.
19 MS. URBANIC: This is Page 228 of the APA
20 submissions, Commissioner. She will read the record.
21 THE WITNESS: I started going to him afterwards.
22 THE COURT: That's fine. I will read them all.
23 BY MS. URBANIC:
24 Q Do you recall telling your disability examiner,
25 Richard Beaten, about an incident in your twenties

1 when you tried to jump off a bridge while
2 intoxicated, on Page 240?
3 A I told him that I jumped off the bridge.
4 THE COURT: If you don't remember, that's fine.
5 I'll read it.
6 THE WITNESS: Yes. I don't remember what
7 exactly.
8 THE COURT: You don't dispute the record. It's
9 just you don't -
10 THE WITNESS: I don't remember. Yes.
11 THE COURT: That's fine.
12 BY MS. URBANIC:
13 Q This chiropractor you went to for treatment, did you
14 see him prior to the accident?
15 A Which one?
16 Q Dr. Faust, is that how you say that?
17 A No, I hadn't.
18 Q Had you been to other chiropractors?
19 A Yes, I had.
20 Q And that was for your back that you went to the
21 chiropractor before?
22 A Yes.
23 Q Dr. Faust, he's with the Palmetto Spine Center? Does
24 that sound right?
25 A Right.

1 MS. URBANIC: This is Page 27 of the Claimant's
2 APA submissions, Commissioner.
3 BY MS. URBANIC:
4 Q Did you first see him on June 7, 2004, approximately
5 four days before this accident?
6 A I went inside and I was having pain. I was inquiring
7 about getting a massage. I had already signed in. It
8 was on a Friday. He was closing already. He told me
9 to come back, which I didn't come back until after the
10 accident.
11 Q Okay. Since this motor vehicle accident, did your
12 niece pass away from cancer?
13 A Yes.
14 Q And that caused you some depression?
15 A I was sad about it, but I wasn't - she was a really
16 good person. Yes, it was sad.
17 Q Do you recall telling Dr. Burke about that making you
18 depressed?
19 A Yes.
20 Q Okay. You are able to drive a car; is that right?
21 A Now?
22 Q Yes.
23 A Yes.
24 Q You know how to use a computer?
25 A Yes. I know how to go on sites, and I don't know how

1 to do any - I know how to play on one.
2 Q You know how to get the internet and search for
3 whatever it is you want to search for?
4 A Right.
5 Q Your position at DSS was a sedentary type job; is that
6 right?
7 A Right.
8 Q Mainly sat behind a desk doing paperwork?
9 A Right.
10 Q And you are able to sit down. You've been sitting
11 here for at least an hour?
12 A Yes, right.
13 Q And I know you said your mom is in the hospital.
14 Normally you drive her around to her doctors'
15 appointments and help her with her medication; is that
16 right?
17 A I drive her to the doctor and she had psoriasis really
18 bad so I helped her with that and then sometimes she
19 gets confused about what she's taking so I have to
20 help her. She can't - she's 76 and she gets real
21 confused. Sometimes she can do it on her own. I have
22 to oversee it and make sure she's taking it right.
23 Q Part of your therapy - I know I'm jumping around a
24 little bit. I apologize. Part of your therapy with
25 your psychologist and psychiatrist is they want you

1 out and interacting with people in the community; is
2 that right?
3 A Yes, right.
4 Q That's supposed to help you?
5 A Yes, ma'am.
6 Q Your state disability retirement, is that being
7 reconsidered in August?
8 A Yes. It's up for review. Yes.
9 THE COURT: What do you mean, reconsidered? Was
10 it denied or - I mean, I'm not sure.
11 MS. URBANIC: It's currently up for reviewing it
12 in August.
13 THE WITNESS: It was good for three years. They
14 have to do a review every three years.
15 THE COURT: I see. Thank you.
16 BY MS. URBANIC:
17 Q The time you testified to for being out of work, when
18 you worked at DHEC, if you were going to take time
19 off, did you have to fill out leave slips, let your
20 supervisor know?
21 A Yes.
22 Q Do you have any of those slips here with you today?
23 A No. I didn't know I would need them.
24 Q I think we all know annual and sick leave time, that's
25 time you get paid for when you are not at work; is

1 that right?
2 A Right.
3 Q So the times you testify when you went through three
4 or four pages at work, you took annual sick leave
5 time; is that right?
6 A Right.
7 Q You received money, your regular paycheck?
8 A Right.
9 Q And is it your - I know you looked at these sheets and
10 say these times look accurate as to when you missed
11 following this accident.
12 A Right.
13 Q Is it your contention you missed various dates because
14 of doctor's appointments?
15 A Some were doctor's appointments. Some days I stayed
16 out a complete day. It was either my back was hurting
17 or I was too depressed to get out of the bed and go to
18 work. Some days it was both. I just couldn't go.
19 MS. URBANIC: And I don't want to spend too much
20 time, but when I looked through the records I couldn't
21 find doctor's appointments matching some of these
22 dates. I don't know how you want me to try to -
23 THE COURT: You said some of them he was home,
24 but you can ask about any dates you want to ask about.
25 MS. URBANIC: I don't want to make this unduly

1 lengthy.
2 THE COURT: Well, it's your right to do that. I
3 don't know exactly without those slips or I don't know
4 how he's going to remember all of those, frankly. I
5 know that's kind of your point. But -
6 MS. URBANIC: Let me see if there's a way I can
7 narrow it down without -
8 THE COURT: You are very efficient. I'm sure you
9 will figure out a way.
10 BY MS. URBANIC:
11 Q Mr. Russell, you testified before this accident you
12 had missed time form work.
13 A Yes.
14 Q I think you even said there were days when you had
15 depression and couldn't get out of bed?
16 A Right.
17 Q Would that have been in 2004 when you had some of
18 those days with depression?
19 A Yes.
20 Q And I think you testified on direct as well that the
21 visit or on the leave slips it was just a couple of
22 hours, or an hour or two hours, you thought that was
23 doctor's appointments?
24 A Yes. That's what I thought.
25 Q Is it possible that some of those might be -

1 A Yes. I might have had to get off work early or
2 either was running late. That's possible.
3 THE COURT: I think since - I don't know that you
4 need to pursue that.
5 MS. URBANIC: I would let the record reflect it.
6 If I have to write a brief -
7 THE COURT: I understand it. But you don't have
8 documents to match up with those dates. He has
9 conceded that maybe a few of them at least might not
10 have been related to the -
11 MS. URBANIC: Okay. Give me one second. I
12 believe that's all the questions I have.
13 THE COURT: Mr. Murrell, do you have any
14 questions?
15 MR. MURRELL: Very briefly, Commissioner.
16 REDIRECT EXAMINATION
17 BY MR. MURRELL:
18 Q Mr. Russell, have you sustained any loss of use to
19 your back as a result of your injury on the job?
20 A Yes.
21 Q If your back was 100 percent, is it 100 percent now?
22 A No.
23 Q Can you tell the Commissioner what percentage you
24 believe you sustained of loss as a result of your
25 injury on the job?

1 A 50 percent, just, you know, I think that's right.
2 Around 50 percent.
3 Q Now, are you able to return to work as an
4 environmental specialist?
5 A No.
6 Q Are you able to perform any work today?
7 A No.
8 Q Are you currently receiving retirement from the state;
9 is that correct?
10 A That's correct.
11 MR. MURRELL: Those are all the questions I have.
12 THE COURT: Ms. Urbanic, do you have anything?
13 MS. URBANIC: No.
14 THE COURT: That concludes this proceeding.
15 (The hearing concluded at 1:14 PM)
16

STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT 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 25TH DAY OF JULY, 2008.

SARA L. QUATTLEBAUM
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JULY 12, 2012

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FOR BERKELEY COUNTY
Court of Common Pleas

The Honorable Kristi Lea Harrington, Circuit Court Judge

Case No. 2011-CP-08-00396

Robert Russell..Employee, Claimant/Respondent,

v.

Department of Health and Environmental Control, Employer, and State Accident Fund, Carrier..Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

October 17, 2012

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THE STATE OF SOUTH CAROLINA
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PROOF OF SERVICE

I certify that I have served the Record on Appeal on Robert Russell by depositing a copy of it in the United States Mail, postage prepaid, on October 18, 2012, addressed to her attorney of record, J. David Murrell, Esquire, Murrell Law Firm, 1517 Sam Rittenberg Boulevard, Charleston, SC 29407.

October 18, 2012

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