

STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM GREENWOOD COUNTY  
South Carolina Workers' Compensation Commission

Appellate Panel

Case No. 0724852

**RECEIVED**

NOV 26 2012

**SC Court of Appeals**

John B. Leopard, ..... Appellant,

v.

Greenwood County and S.C. Association of Counties, SIF, ..... Respondents.

RECORD ON APPEAL - VOLUME 2

Lena Y. Meredith, SC Bar #9663  
Nicholson Meredith & Anderson, LLC  
Post Office Box 457  
109 Court Avenue West  
Greenwood, SC 29648  
(864) 229-7241  
Attorney for Appellant

Richard B. Kale, Jr., Esquire  
872 S Pleasantburg Dr  
Greenville, SC 29607  
(864) 527-3272  
Attorney for Respondents

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Claimant's Name: John B. Leopard  
Address: 712 Stillwell Road  
City: Greenwood State: SC Zip: 29646  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Preparer's Name: Richard B. Kale, Jr., Attorney for Defendants

Employer's Name: Greenwood County  
Address: 600 Monument St., Box P-103  
City: Greenwood State: SC Zip: 29646  
Carrier: S.C. Association of Counties SIF  
Preparer's Phone #: (864) 527-3272

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 154.13 2. AWW: \$ 231.18 Date of Injury: October 30, 2007
3. Type of injury and body part(s): Thoracic spine
4. Facts in controversy: (1) Whether claimant has suffered a change of condition for the worse? (2) Whether claimant properly filed his application for a change in condition within 12 months of the last payment of compensation?
5. Legal issues involved: Section 42-17-90; R.67-602C
6. Unusual aspects: Claimant was a volunteer firefighter.
7. Witnesses (designate if expert):\* Brian McKenna; Aleta A. Moore
8. Exhibits: Claimant's deposition transcript; Dr. Shallcross' deposition transcript; Form 16; Form 19; WCC File No. 0724852
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION; Deposition of Dr. Shallcross will be submitted.
10. Name, address, and specialty, if any, of the treating physician: Dr. David L. Shallcross, Upstate Medical Rehabilitation, 111 Doctors Drive, Greenville, SC 29605; physical medicine and rehabilitation
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant received compensation for a 40% permanent disability to the back by Form 16 Agreement, approved 2/10/10. Claimant was rated as having a 25% impairment to the spine by Dr. Shallcross on 10/8/09.
12. I am amending my Form 50/51 in the following manner: \_\_\_\_\_

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

Signature: Richard B. Kale, Jr.  
Richard B. Kale, Jr., Willson Jones Carter & Baxley, P.A.

Email: rbkale@wjlaw.net

Date of hearing: August 24, 2011 Time needed for hearing: 1 hour  
On behalf of ☐ Claimant ☒ Employer

I certify that I have served this document pursuant to R.67-212 by delivering a copy to LENA Y. MEREDITH, Esquire,  
Name

P.O. Box 457, Greenwood, SC 29648; and The Honorable Avery B. Wilkerson, Jr., SC WCC, P.O. Box 1715, Columbia, SC 29202-1715

Address

on the 12th day of August, 2011 by ☒ first class mail; ☐ personal service; ☐ certified mail.  
Richard B. Kale, Jr. August 12, 2011  
Richard B. Kale, Jr., Certifier Date

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.

**South Carolina Workers' Compensation Commission**

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

WCC File # 0724852  
Carrier File # 58-223652  
Carrier Code # SF930  
Employer FEIN 576000358

|                                                  |  |                                                 |  |                  |  |
|--------------------------------------------------|--|-------------------------------------------------|--|------------------|--|
| John B. Leopard                                  |  | 247-63-1193                                     |  | Greenwood County |  |
| Claimant's Name                                  |  | SSN                                             |  | Employer's Name  |  |
| 712 Stillwell Road, Greenwood, SC 29646          |  |                                                 |  |                  |  |
| Address                                          |  | City                                            |  | State Zip        |  |
| 600 Monument St., Box P-103, Greenwood, SC 29646 |  |                                                 |  |                  |  |
| S.C. Association of Counties SIF                 |  |                                                 |  |                  |  |
| Insurance Carrier                                |  |                                                 |  |                  |  |
| Home Phone                                       |  | Work Phone                                      |  | (864) 527-3272   |  |
| Richard B. Kale, Jr.                             |  | 872 S. Pleasantburg Drive, Greenville, SC 29607 |  | Phone #          |  |
| Preparer's Name                                  |  | Address                                         |  |                  |  |

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND  
LENA Y. MEREDITH, ESQUIRE, ATTORNEY FOR CLAIMANT

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

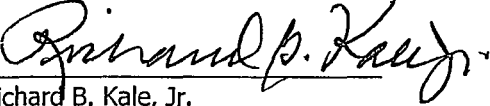
| <u>NAME OF PHYSICIAN/OTHER</u>                     | <u>DATE OF REPORT</u> | <u>PAGE</u> |
|----------------------------------------------------|-----------------------|-------------|
| <b>THORACIC SPINE</b>                              |                       |             |
| APA #1 – Dr. David L. Shallcross                   | 06/04/09 – 04/29/11   | 1-20        |
| APA #2 – Select Physical Therapy FCE               | 01/13/11              | 21-36       |
| APA #3 – Physicians Health and Rehab MRI           | 05/07/10              | 37          |
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| APA #5 – Dr. Philip J. Hodge                       | 02/19/08 – 03/23/09   | 128-143     |
| APA #6 – Greenville Radiology                      | 12/19/07 – 03/12/09   | 144-147     |
| APA #7 – Montgomery Center for Family Medicine     | 10/31/07 – 12/21/07   | 148-165     |
| APA #8 – Anderson Radiology                        | 12/11/07              | 166-167     |
| APA #9 – Optimum Life Center P.T.                  | 11/07/07 – 12/03/07   | 168-177     |
| APA #10 – Self Regional Healthcare                 | 10/30/07 – 10/31/07   | 178-202     |
| <b>TREATMENT FOR NON-WORK RELATED NECK INJURY</b>  |                       |             |
| APA #11 – Dr. Sumeer Lal                           | 11/14/07 – 07/15/08   | 203-209     |
| APA #12 – Self Regional Healthcare                 | 10/04/07              | 210-211     |
| <b>UNRELATED BILATERAL KNEE PROBLEMS</b>           |                       |             |
| APA #13 – Lakelands Orthopaedic                    | 04/06/99 – 02/22/02   | 211a-219    |
| APA #14 – Dr. Steven T. Carawan                    | 08/24/05 – 11/16/05   | 220-224     |
| APA #15 – Self Regional Healthcare                 | 02/15/02              | 225-226     |
| <b>TREATMENT FOR UNRELATED LOW BACK CONDITION</b>  |                       |             |
| APA #16 – Greenwood Sports & Industrial Rehab P.T. | 09/02/10 – 10/27/10   | 227-230     |
| APA #17 – Dr. Wayne Sida                           | 08/13/10 – 10/15/10   | 231-248     |
| APA #18 – Family Physicians of Greenwood           | 11/17/98 – 10/21/10   | 249-301     |
| APA #19 – Self Regional Healthcare                 | 08/13/10              | 302-303     |

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



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

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

  
Richard B. Kale, Jr.  
Willson Jones Carter & Baxley, P.A.  
872 S. Pleasantburg Drive  
Greenville, SC 29607

August 12, 2011

August 24, 2011  
(hearing date)

Medical  
JB-2231003

David L. Shallcross, M.D.

J. Reilly Keffer, DO

Robert E. LeBlond, M.D.

LEOPARD, JOHN/WC 35643 OUTPATIENT EVALUATION 06/04/09

**HPI:** Mr. Leopard is a 38 y/o male being seen for evaluation of rehabilitation needs. He is a previously healthy individual who was injured in his capacity as a volunteer firefighter. He was entering a building from the top floor when he fell approximately six to eight feet landing on his hands twisting and falling backwards on 10/31/07. He hurt his mid back. He had an MRI scan showing bulging disks at several levels which did contact and at T11 actually flatten the spinal cord. He also developed a slight compression fracture at T11. He developed immediate pain between the shoulder blades. He started physical therapy but the physical therapy hurt and he had to discontinue. He has been on Naprosyn since that time which is of a little bit of benefit. Flexeril makes him sleepy. He continues to work as a volunteer firefighter. He can wear his gear but he cannot do the entries under stressful conditions. The patient had a prior herniated disk known at the cervical level. He had been awaiting surgery at the time of his back injury. He went ahead and had a cervical decompression and fusion by Dr. Lowe in Greenwood on 1/16/08. He did quite well with this and the neck is currently okay. He was out of work for about 12 weeks. His hands, neck, and arms are currently doing well and he has been back on his regular job since April of 2008. He works in maintenance at ATS which requires him to do plant maintenance on very large machines. He is doing his work without restrictions. He has no pain in the low back. He has no pain, numbness, or tingling in the legs. Gait is functional. He has no numbness. He walks without difficulty. He is bowel and bladder intact. He did find that a TENS unit was beneficial and heat also helps. The patient continues to volunteer as a firefighter and work his full time job and he also does yard work at home. He is in schooling now learning fire science.

**PMH:** As above, cervical herniated disk, S/P knee arthroscopy which did quite well, S/P left inguinal herniorrhaphy surgery which did quite well, depression which is stable, gastroesophageal reflux disease stable, and hypercholesterolemia.

**ALLERGIES:** Neosporin and Demerol.

**MEDICATIONS:** Naprosyn EC 500 mg once a day, Lexapro 20 mg per day, omeprazole 20 mg per day, Simcor 500/20 once a day, Flexeril 10 mg twice a day. He takes no over the counter medicines.

**SH:** The patient is married and has six children. He smokes less than a pack of cigarettes a day. He drinks about 12 beers a month. He has a high school education and one year of college. He has been working in maintenance for 18 years.

**FH:** Positive for hypercholesterolemia.

**ROS:** As above. One of his major problems is difficulty sleeping because of the back pain which is burning and at times sharp and other times dull.

**PE:** On examination the patient is alert, fluent, oriented and pleasant. He is a well developed, well muscled Caucasian man who appears his stated age in no acute distress. Posture and stature are normal. Gait is normal including toe walking, heel walking, and tandem walking. He can achieve a full squat and rise again without difficulty. He has full lumbar range of motion with no tenderness in the lumbar region. His cervical range of motion is normal. Shoulder range of motion is normal. Upper extremity range of motion, strength, sensation and DTRs are intact.

TR# 0603&060409 MAT

Received

LEOPARD, JOHN/WC

Companion P&C Claims

35643

06/12/09

OUTPATIENT EVALUATION

06/04/09

Page -2-

He has normal inspiratory excursion. Hair, nail and skin patterns are normal. He is very tender over the midline thoracic spine from the T5 to the T11 level. He is also tender in the right thoracic paraspinals with their insertion from T5 to T11. He has normal thoracic curvature. His lower extremity musculature is well developed with no atrophy or fasciculation. Sensation is intact. DTRs at the patellar tendon are quite brisk but not pathological. Achilles tendon reflex is normal. He has no pathologic reflexes. He has no spasticity or clonus.

**IMP:** The patient has muscular thoracic sprain superimposed on thoracic herniated disks and probable mild compression fracture. Treatment options are limited.

**PLAN:** Physical therapy would be recommended but I understand that timing and location are quite difficult since he lives in McCormick. He can continue working full duty. I recommend tramadol up to 50 mg four times a day. This may be a better option than the Naprosyn since he has some GI disturbance and he can begin Zanaflex 4 mg at night and possibly use this during the day if necessary. I recommend a TENS unit evaluation. Follow up in one month.

I authorize all follow-up care for this patient to be provided as "incident to the physician service".

  
David L. Shallcross, M.D.

DLS/mat - T: 06/08/09

TR# 0603&060409 MAT

F1A0916310000293

AS IS

Telephone: (864) 232-8417  
Fax: (864) 232-1511

David L. Shallcross, M.D.  
Robert E. LeBlond, M.D.  
James Rellly Keffer, D.O.

David Goldsmith, PA-C  
Theresa Little, PA-C

Name John Leppard Date 6-4-09  
Address \_\_\_\_\_

R Return to work full duty

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

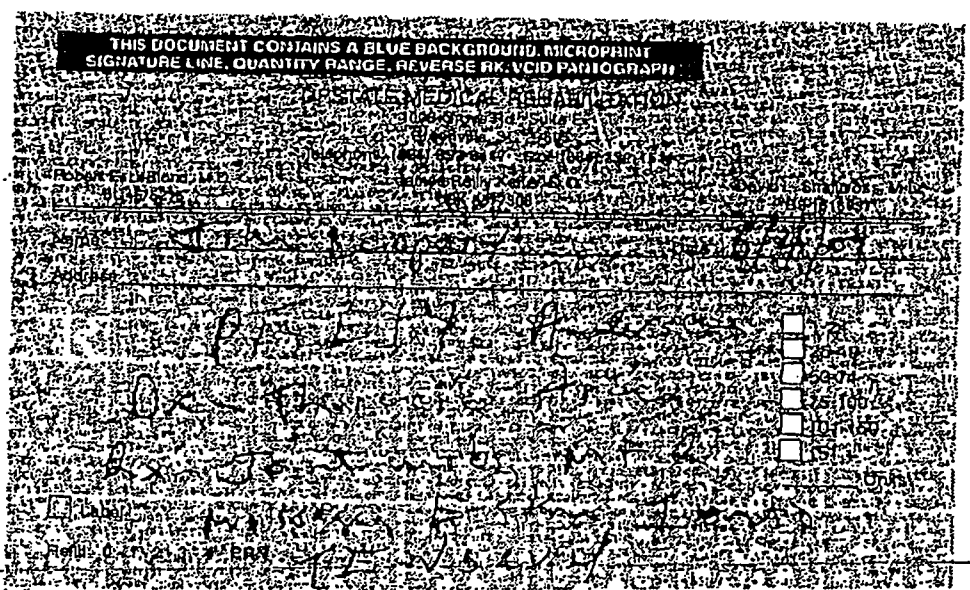
Dispense As Written

Dr. Nathan, CMS  
Substitution Permissible

Received:  
11/27/2007 21:42  
8642282102

Jun 4 2009 02:15pm  
C ALETA MOORE

PAGE 01/02



Received  
Companion P&C Claims  
UPSTATE MEDICAL REHABILITATION  
1003 Grove Road, Suite E  
Greenville, SC 29605  
(864) 232-8417

*med note*

58-223652

David L. Shallcross, M.D.

J. Reilly Keffer, DO

Robert E. LeBlond, M.D.

LEOPARD, JOHN/WC

35643

OUTPATIENT FOLLOWUP

07/06/09

**INTERVAL:** One month.

**BRIEF HISTORY:** Mr. Leopard returns for a follow up of thoracic muscular sprain, superimposed on thoracic herniated disks, and probable mild compression fracture. Mr. Leopard has been going to physical therapy in Greenwood. He has been going three times a week for the last three weeks. He states that this has helped some with his range of motion, but his back pain is about the same. He did notice some improvement to the point where he could use his hunting bow this past weekend. He had a lot of pain afterwards, but he was able to perform the movements. He states that at this point the pain is extending from the midback into the right shoulder area and around the ribcage and he has noticed some periodic episodes of numbness down the right arm. He denies any weakness. He states that the therapists have been working quite diligently with him and do anticipate further benefit as he continues to attend his therapy sessions. He also has a TENS unit which gives him some relief, but discomfort at this point. The patient reports that he has been using tramadol and Zanaflex together and he states the combination makes him quite sleepy. He is not able to take this combination while at work. The Naproxen has been helpful. He uses this regularly. He does not get any GI upset from it and he continues on medication for acid reflux. Mr. Leopard reports that if he takes a tramadol alone he does not get quite as much sedation. The Zanaflex does make him quite sleepy.

**PE:** On physical examination today the patient is alert and oriented. He does well with transitional movements. His gait is steady. He has good posture. He has a lot of tenderness in the right thoracic facet region into the paraspinal musculature with some radiation up into the shoulder girdle and through the intercostal muscles on the right side. He has no visible edema and no muscle atrophy.

**PLAN:** Mr. Leopard may benefit from use of some Lidoderm patches over the sore spot in the thoracic area. He reports injection was mentioned at previous visit and at this point he is interested in scheduling a Cortisone injection into the sore area of the thoracic. He is most likely to benefit from a thoracic facet injection and will be scheduled with Dr. Shallcross in the next few weeks. He will attempt to use the tramadol separately from the Zanaflex and hope that he will get less sedation as he continues to do this. He can continue to work full duty. Prescription for Lidoderm patches is written and he will continue to work with the physical therapist. Follow up one month after injection.

*Theresa Little PA-C*

Theresa Little, PA-C

TL/tsg T: 07/08/09

TR# 070609 MTS

*David L. Shallcross M.D.*

David L. Shallcross, M.D.

DLS/tsg

Received  
Companion P&C Claims  
UPSTATE MEDICAL REHABILITATION  
1003 Grove Road, Suite E  
Greenville, SC 29605  
(864) 232-8417

medial  
58-223052

David L. Shallcross, M.D.

J. Reilly Keffer, DO

Robert E. LeBlond, M.D.

LEOPARD, JOHN/WC

35643

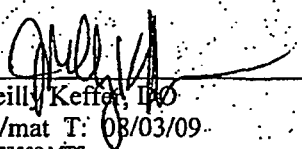
PROCEDURE NOTE

07/30/09

**DIAGNOSIS:** Persistent thoracic back pain with trigger points right lower thoracic paraspinals.

**PROCEDURE:** Informed consent was obtained. Trigger points were identified in the right lower thoracic paraspinal musculature at approximately T10/T11/T12. Trigger points were marked with a pen at T11 and T12 on the right. Skin was prepped with Betadine. Injectate included 1 cc of Depo-Medrol 80 mg combined with 4 cc of 1% lidocaine. The injectate was distributed equally among four injection sites with four different trigger points. The patient tolerated the procedure well. Fluoroscopy did help identify the level and ensure safe needle placement. The Betadine was cleansed off with alcohol. Two band aids were applied.

**PLAN:** The patient was refilled on his medications. We will see him back in follow up in the next few weeks for further evaluation and treatment recommendations.

  
J. Reilly Keffer, DO  
JRK/mat T: 08/03/09  
TR# 073009 MTS

5070000195380411

## Companion P&amp;C Claims

09/14/09

## UPSTATE MEDICAL REHABILITATION

1003 Grove Road, Suite E

Greenville, SC 29605

(864) 232-8417

Medical

58-223652

David L. Shallcross, M.D.

J. Reilly Keffer, DO

Robert E. LeBlond, M.D.

LEOPARD, JOHN/WC

35643

OUTPATIENT FOLLOWUP

08/28/09

INTERVAL: One month.

CC: Persistent thoracic pain S/P work related injury.

HISTORY: Mr. Leopard received trigger point injections from Dr. Keffer on last visit. These did help with some muscular pain. They did not help with the deeper, dull, aching pain. He still is working full-time without formal restrictions although he does avoid putting on a heavy oxygen pack and avoids going into burning houses. He continues on Naprosyn 500 myofascial once or twice a day, tramadol 50 mg up to four a day and Zanaflex 4 mg three a day.

PE: On examination he is alert, fluent and pleasant. He is quite well muscled. His posture is good. He is tender in the lower thoracic paraspinals and over the facet joints of the thoracic spine.

PLAN: The patient will be brought back for thoracic facet injections on next visit. There are no other treatment options available. The patient does understand the risk of pneumothorax associated with injections.

David L. Shallcross, M.D.

DLS/mbm T: 09/01/09

TR# 082809 MTS

Medical

50-223053

## Upstate Medical Rehabilitation

1003 Grove Road, Suite E  
Greenville, South Carolina 29605  
(864) 232-8417

David L. Shallcross, MD

Robert E. LeBlond, MD

## PROCEDURE NOTE

Patient: John Leonard SSN: 247-63-1193Date: 9-1-09

Procedure: Facet Nerve/Facet Joint Block

Indication(s): Spondylitis

Procedure: Risks and benefits of the procedure were explained to the patient and all questions regarding the same were answered. The patient gave written and verbal consent, and the decision was made to proceed.

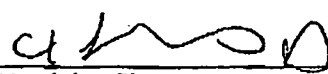
The patient was placed in the prone position on the procedure table and was prepped and draped in the usual sterile fashion using Betadine which was allowed to dry. Using fluoroscopic guidance, I located the L4-L5 facet joints noting the greatest opening. The tissues overlying the identified facet joint(s) were anesthetized using 5 cc of 1% Lidocaine without epinephrine. After several minutes a 25 gauge needle was inserted and, using fluoroscopy, guided into the L4-L5 facet joint noting ligamentous feeling prior to entering the joint. Aspiration was negative. I placed 20 mg Depo Medrol and 1 cc of 1% Lidocaine without epinephrine. The needle was removed and pressure was applied for several minutes. The patient was cleansed, bandaged, and transported to recovery.

Complications: 0

Patient tolerated procedure well.

Follow-up: The patient is to follow-up in two to three weeks, sooner if needed.

Discharge instructions, including review of possible signs and symptoms of infection, were given according to office procedure. Continue current meds.

  
Physician Signature



Received  
Companion P&C Claims  
UPSTATE MEDICAL REHABILITATION  
10/16/09  
111 Doctors Drive  
Greenville, SC 29605  
(864) 797-7100

*Medical*  
*58-223052*

David L. Shallcross, M.D.

J. Reilly Keffer, DO

Robert E. LeBlond, M.D.

LEOPARD, JOHN

869665

OUTPATIENT FOLLOWUP  
DISABILITY EVALUATION

10/08/09

**INTERVAL:** One month.

**CC:** Mid back pain.

**HISTORY:** John got a slight improvement from his last facet joint injections, but it only lasted for a couple of days. He is doing well using Zanaflex occasionally, Naprosyn occasionally and tramadol in the evening. He does not use this at work. He continues to volunteer as a firefighter. He can put on a 50 pound piece of equipment and work in the fires if necessary but, in general, he tries to avoid this and does most of the work on the outside. Review of his chart shows that he suffered a mild compression fracture at T12 as well as evidence of a bulging disk which flattened but did not displace or damage the spinal cord. He has been through all reasonable treatments and is not a surgical candidate. He shows no myelopathy. Pain is localized, mechanical and limited to the thoracic level.

**IMP/PLAN:** The patient is at maximum medical improvement. He may perform tasks of a volunteer fire department without restriction although, because of the pain, he may wish to avoid this. He has sustained a 25% spine impairment (25% whole person impairment). He is released from my care except for medication management and will follow up again in three to four months for medications. He will continue to use a TENS unit.

David L. Shallcross, M.D.  
DLS/lcb T: 10/12/09  
TR# 100809 MTS

FTA0928910000229

Received  
Companion P&C Claims  
UPSTATE MEDICAL REHABILITATION  
111 Doctors Drive  
Greenville, SC 29605  
(864) 797-7100

Medical  
58-223653

David L. Shallcross, M.D.

J. Reilly Keffer, DO

Robert E. LeBlond, M.D.

LEOPARD, JOHN

869665

OUTPATIENT FOLLOWUP

04/16/10

**INTERVAL:** Four months.

**CC:** Mid back pain with thoracic compression fracture and herniated disk.

**HISTORY:** Since last visit, Mr. Leopard continues to work at his regular job in maintenance. He has to get under machines and pull on pipes which cause a lot of pain. His job with the fire department is going well, but he does not do any heavy work and does not go into burning buildings. The Lidoderm patch has caused some breakout on his skin. Naprosyn has not been of much help. He is hoping to go to school, complete a bachelor's degree in worker's safety in the plant. He has developed some pain in the posterior right lower extremity which is a burning sensation which comes on on a daily basis one to two hours at a time, especially when the back hurts bad.

**PE:** On examination, he is alert, fluent and pleasant. He has normal thoracic contour. His lower extremity sensation is intact. He has quite brisk reflexes at patellar tendon, normal reflexes at the Achilles tendon. He has no clonus.

**IMP:** Mechanical back pain but no evidence of true radiculopathy or myelopathy following thoracic compression fracture and herniated disk. The patient does need to be watched carefully because of risk of spinal cord injury.

**PLAN:** We will switch him back to the tramadol 50 mg four times a day. Continue Zanaflex. Follow up in two months.

David L. Shallcross, M.D.  
DLS/lcb T: 04/20/10  
TR# 041610 MTS

Received  
Companion P&C Claims  
UPSTATE MEDICAL REHABILITATION  
06/15/10  
111 Doctors Drive  
Greenville, SC 29605  
(864) 797-7100

Medical  
58-223603

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D.

LEOPARD, JOHN

869665

OUTPATIENT FOLLOWUP

05/27/10

**INTERVAL:** One month.

**CC:** Mid back pain, thoracic compression fracture and herniated disk.

**HISTORY:** Since last visit, Mr. Leopard has had MRI scan of the thoracic spine. He has disk protrusions at T10/11 and T11/12 with no cord compression appreciated. He has some Schmorl's nodes involving the endplates. He had an episode of worsening pain and during which he could not work. He went to the emergency room and got some pain medications including Ativan and Lortab, and these made it impossible for him to stay on the job. Tramadol over the past few days has been beneficial. He is back at work. His Worker's Comp case has settled, and he gets lifetime care for it. He is worried about staying on a job.

**PE:** On examination, he is alert, fluent and pleasant. Gait is stable. Thoracic kyphosis remains the same. He has tenderness in the back.

**IMP/PLAN:** We have discussed various treatment options. I recommend he be given Pennsaid to the back about four times a day, and he will be given a dozen Lortab a month to supplement his other medications for pain. Follow up in two months.

David L. Shallcross, M.D.  
DLS/lcb T: 06/01/10  
TR# 052710 MTS

Received  
Companion P&C Claims  
UPSTATE MEDICAL REHABILITATION  
111 Doctors Drive  
Greenville, SC 29605  
(864) 797-7100

Medicare  
58-223052

David L. Shallcross, M.D. James R. Keffer, D.O. Robert E. LeBlond, M.D.

LEOPARD, JOHN

869665

OUTPATIENT FOLLOWUP

07/26/10

**INTERVAL:** Two months.

**CC:** Mid-back pain, thoracic compression fracture and herniated disc.

**HISTORY:** Today, Mr. Leopard rates his pain as an 8.5/10. He reports that today he bent over and pain shot through his back and down his leg into his foot. He denies any new weakness or bowel or bladder dysfunction. He reports some numbness in the toes on the right foot described as intermittent especially when driving. He is unable to tell the difference in his pain level with Pennsaid. He is currently taking Tramadol 50 mg 5-6 daily, Zanaflex 4 mg 5-6 daily, Lortab 10/500 which lasted approximately two weeks. He does report some sedation with Lortab which impairs his ability to take this at work. He reports that he had left early several days from work, as he works maintenance and this does aggravate his pain. He is asking about obtaining FMLA as he is almost out of vacation time. He is currently smoking one pack per day and is trying to cut back on his smoking. He states that he does this by trying to put a candy in his mouth instead of smoking a cigarette. He denies any alcohol use. He denies any exercise.

**PE:** This is a Caucasian male in no acute distress. Alert and oriented x3. Mood and affect are appropriate. His gait is in normal limits. He is able to walk on his toes and heels without difficulty. The lumbar spine exhibits decreased flexion due to thoracic pain as well as pain with lateral bending. The thoracic spine is tender from the mid-thoracic down especially in the right musculature.

**IMP:** This is a 39-year-old, Caucasian male seen for management of his mid-back pain, thoracic compression fracture and herniated disc. Most recent MRI performed in May of 2010, did show this protrusion at T10-11 and T11-12 contributing to some relative central canal stenosis without cord compression as well as minimal disc bulging or protrusion of the midline at T4-5. The patient has failed injections per his report.

**PLAN:** The patient will F/U in two months for re-evaluation. We will add Neurontin 300 mg 3 times daily to see if this improves his pain. We may consider thoracic epidural steroid injection in the future if his symptoms become less wide-spread. The patient may submit FLMA paperwork and this will be discussed with Dr. Shallcross at that time.

April D. Smith, PA-C for  
AS/cld

TR# 07/26/10 UMR

Robert E. LeBlond, M.D.  
REL/cld

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med note  
KIR  
58-223652

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D. Jyoti Math, MD

LEOPARD, JOHN BENJAMIN 869665 OUTPATIENT FOLLOWUP 09/21/10

**INTERVAL:** Four months

**CC:** Back pain following work related injury.

**HISTORY:** Since last visit John has had a couple of episodes where pain shot through his back forcing him to feel weak at the knees. He has seen Dr. Sida a neurologist in the local area. He has been placed on Valium and he also temporarily put him on some Avinza. While on these medicines he was evaluated at work and they told him that Valium, Lortab, Zanaflex and Lexapro are medicines that may interfere with work performance and they do not want him to return to work unless he is off these medicines. Currently he takes Zanaflex t.i.d., Tramadol about q.i.d. He is on Neurontin 300mg t.i.d. He is not sure if that makes him sleepy. He does think the Lortab makes him sleepy. He has been placed in physical therapy. Traction was of no help. He is doing some exercises, TENS unit and some stretches. He has only been in therapy for about two weeks. He has been taken out of work. He is concerned about losing his job. He is having some straining of stool, which causes pain and he has some hesitancy of urination.

**PE:** On examination he is alert, fluent and pleasant. He is slightly overweight, but well muscled. Gait is stable including toe walking, heel walking and tandem walking. His shoulder ROM is normal. His lumbar ROM is well preserved. He has tenderness in the midline lower thoracic region where he has a slight increase in thoracic kyphosis. His lower extremity musculature is intact. He has extremely brisk reflexes at the knees, slightly less so at the patellar tendon.

**IMP:** Clinically I cannot see any true worsening in his patient's condition, but he is complaining of increase pain and I think at this point he is having an attorney help him decide on disability and out of work issues.

**PLAN:** I will keep him out of work while he goes through therapy for the next month. He will have a functional capacity evaluation at the end and if it doesn't look safe for him to return to the job then we will have to say so. Follow up in one month.

David L. Shallcross, M.D.  
DLS/dfh  
TR #092110 UMR

UPSTATE MEDICAL REHABILITATION, P.C.

111 Doctors Drive  
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Robert E. LeBlond, M.D.  
BL 4575215

James Reilly Keffer, D.O.  
BK 8877308

David L. Shallcross, M.D.  
BS 1616931

Name John Cooper Date 9/21/10

Address \_\_\_\_\_

R Out of work till follow up

Imo

☐ Label

Refill 0 1 2 3 4 PRN

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

John

Please bring this card with you to each appointment.



GREENVILLE HOSPITAL SYSTEM  
UNIVERSITY MEDICAL CENTER

UPSTATE MEDICAL REHABILITATION

- ☒ David Shallcross, MD ☐ Theresa Little, PA-C  
☐ Robert LeBlond, MD ☐ David Goldsmith, PA-C  
☐ James Reilly Keffer, DO ☐ Joe McTavish, PA-C  
☐ Hong Zhang, Acupuncturist ☐ April D. Smith, PA-C

111 Doctors Drive • Greenville, SC 29605 • (864) 797-7100

| Appointment Type   | Weekday | Date     | Time    | Patient Balance |
|--------------------|---------|----------|---------|-----------------|
| Provider<br>Refill | Tri     | 10/22/10 | 2:30 AM |                 |
| Provider           |         |          | PM      |                 |
| Refill             |         |          | AM      |                 |
|                    |         |          | PM      |                 |

There will be a \$25.00 no-show fee for missed appointments.

Received  
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(Neal) 10/22/10  
50-223652

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D. Jyoti Math, MD

LEOPARD, JOHN BENJAMIN 869665

OUTPATIENT FOLLOWUP 10/22/10

**INTERVAL:** One month.

**CC:** back pain following work related injury.

**HISTORY:** Today Mr. Leopard reports that he is no longer seeing physical therapy. He states that he has not yet had an FCE. He states that he took the prescription given to him at his last visit to the physical therapy office but that Worker's Compensation had an affiliate that they would like for him to go see for this. He denies any change in the character or quality of his pain. He rates his pain as a 5/10. He denies any new numbness, weakness, bowel or bladder dysfunction though he does complain of some mild urinary retention with some "difficulty getting started". He is taking his Lortab 10 mg primary at h.s. He is allowed twelve of these per 30 days. He is utilizing Tramadol 50mg q.i.d. and Zanaflex 4mg t.i.d. He does complain of some sedation with the medications. He is currently smoking one pack of cigarettes and not attempting to decrease these. He denies alcohol use. He is currently not doing anything other than his at HEP for exercise.

**PE:** On examination this is an overweight Caucasian male in no acute distress. Alert and oriented x3. Mood and affect are appropriate. Gait is within normal limits. He is able to walk on toes and heels without difficulty. Thoracic and lumbar spine there is decreased lumbar flexion and extension. He is tender over the midthoracic region, midline and facets especially with facet loading.

**IMP:** This is a 40 y/o Caucasian male seen for management of his back pain following work related injury. He is stable on current medications. He has finished up physical therapy. He has not yet had his functional capacity evaluation. He is still out of work due to the sedation caused by his medications and states that he will not be allowed to return to work until he is no longer on the sedating medications. He shows me an email on his blackberry that is sent to him from somebody at work and gives me the number for an ATS safety manager, which is (309) 693-6311 for any questions to be answered.

**PLAN:** We will see him back for re-evaluation in one month and will hopefully have had his functional capacity evaluation by that time. I did speak with Ann today about this and she will call the provider on Monday. He is to continue current medications as prescribed and try to cut back on them as much as possible this month, utilizing TENS unit in place of Zanaflex and cutting back on the Tramadol as tolerated. He is instructed to increase his activity and to start at least a walking routine.

April D. Smith, PA-C

AS/dfh

TR# 102210 UMR

Medical  
58-223653

Upstate Medical Rehabilitation

Name (Print Clearly) John Leonard SS # 9/17/70 Date 11/23/10

Medicine Allergies: Penicillin, Neomycin New Allergies \_\_\_\_\_

List Current Pain Medications: \_\_\_\_\_ How much/often do you take the Medication? \_\_\_\_\_

1. Lorazepam 10/500 QHS
2. Tramadol 5/day
3. Zenilux 4/day

Does this medication impair your judgment, coordination or your ability to drive?

☒ Yes ☒ No If yes, please explain. at night after taking

Have you started any new meds since last seen by your doctor at UMR? no List: \_\_\_\_\_

When did you take your last dose of your medication? this AM

Are you experiencing any side effects? (Please circle any that apply.)

Stomach upset Diarrhea Constipation Itching Rash Change in appetite  
Jittery Sleepy Difficulty Breathing Other: \_\_\_\_\_

Do you consume any alcohol? no If so, what & how much? \_\_\_\_\_

Rate the pain you had before you began treatment: 0 (no pain) to 10 (unbearable)  
0 1 2 3 4 5 6 7 8 9 10  
Rate your pain since you began treatment: 0 (no pain) to 10 (unbearable)  
0 1 2 3 4 5 6 7 8 9 10

List any changes in your activity level over the last month. trying to walk

Are you working now? ☐ Yes ☒ No is this a change? ☐ Yes ☒ No

Who is your family doctor? Dr. Bagum MD

When is your next appointment with your doctor HERE? next month

I have reviewed Upstate Medical Rehabilitation's narcotics agreement.

I understand it and continue to agree to honor the agreement, I understand that failure to do so may result in my discharge from this medical practice. Below I give a daytime phone number where I should be able to be reached.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone Number (Mobile if possible) \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Provider Comments: Pts having difficulty sleeping - to use OTC benzydol; add  
meds, refills only, PB @ MMT - w/wh: Dr FLE  
Pts to use meds as possible  
Medical Provider Signature: [Signature] Date: 11/23/10 Incident to: DRS



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12/29/10  
111 Doctors Drive  
Greenville, SC 29605  
(864) 797-7100

Medical  
58-223602

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D. Jyoti Math, MD

LEOPARD, JOHN B 869665 OUTPATIENT FOLLOWUP 12/16/10

**INTERVAL:** One month

**CC:** Midback pain

**HISTORY:** Since last visit Mr. Leopard has continued to have pain in the midback and low back. The low back is typically not problematic unless the midback is flared up and in fact he does not think he would be seeing a physician for the low back at this point if it were not for his midback problems. He has been turned down for functional capacity evaluation. He continues to do only a few calls with the volunteer fire department. He feels as though he has difficulty wearing full gear. He has been told not to return to work because he is on medications that they think may interfere with his ability to work. He is currently on Zanaflex 4mg three to four times a day, Tramadol 50mg q.i.d. and Lortab one q.d. He also takes Lexapro. He is currently off his Neurontin.

**PE:** He is alert, fluent and pleasant. He has slightly exaggerated thoracic kyphosis. He is very tender on the lower thoracic spine midline. His lumbar region is essentially pain free.

**PLAN:** Patient needs functional capacity evaluation. He has an aggravation of his midthoracic pain and needs to have this brought to a conclusion. It sounds as though he has lost his other job because of the medications he is on, but at this point the medications are very minimal and really likely do not cause any impact on his job.

David L. Shallcross, M.D.

DLS/dfh

TR #121610 UMR

UPSTATE MEDICAL REHABILITATION

111 Doctors Drive  
Greenville, SC 29605  
(864) 797-7100

David L. Shallcross, M.D. L. Ashley Mullinax, M.D. Robert E. LeBlond, M.D. Jyoti Math, MD

LEOPARD, JOHN BENJAMIN 869665 OUTPATIENT FOLLOWUP 01/27/11

**CC:** Back pain following work related injury.

**HISTORY:** Since last visit John has finished up physical therapy. He still has pain in his midback. He has completed a functional capacity evaluation showing him capable of lifting 60 lbs from floor to waist, 50 lbs from waist to shoulder and limited lifting from floor to shoulder of 50 lbs. He can carry 100 lbs 25 feet. He can constantly sit and walk. He can frequently stand, stair climb, ladder climb, do desk level reaching, overhead reaching (needs to limit this with heavy weights), floor level reaching, balance, kneeling, stooping, crouching and crawling. These are listed as his permanent restrictions. He is at maximum medical improvement and there is no increased impairment rating based on his recent aggravation of pain. The patient is using Lortab 10mg about 12 times a month and he uses Tramadol 50mg four to five times a day. He also uses Zanaflex as needed.

**PE:** On examination he has not been on any antiinflammatory medicines.

**IMP:** His current job would require him to lift up to 100 lbs and he doesn't think that they would let him back on the job using the medications he is.

A note from his fire house boss states that he has only been out on a couple of fire calls and that he has been primarily the safety officer. I do not believe that he could use the heavy equipment necessary to be a fire fighter at this point.

**PLAN:** Patient is released from my care at maximum medical improvement with above listed restrictions. Begin Relafen on a p.r.n. basis.

*Dictated not read*

David L. Shallcross, M.D.

DLS/dfh

TR #012711 UMR

UPSTATE MEDICAL REHABILITATION, P.C.

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Robert E. LeBlond, M.D.  
BL 4575215

James Reilly Keffer, D.O.  
BK 8877308

David L. Shallcross, M.D.  
BS 1616931

Name John Leeper Date 1/27/81

Address \_\_\_\_\_

R

Permanent work & cstr.

Max lift 6'00" to waist

60 lb

Max lift for fork truck 60 lb

☐ Label

Redil - 0-1-2-3-4-PRN

Frequent stnky, climbing, balancing  
kneeling, stooping, crouching, crawling

OK

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED



## UNIVERSITY MEDICAL GROUP

## LEOPARD, JOHN BENJAMIN

40 Y old Male, DOB: 09/17/1970  
712 STILLWELL RD, GREENWOOD, SC-29646

Home: 864-227-8763

Guarantor: LEOPARD, JOHN BENJAMIN

External Visit ID: 114389000

Appointment Facility: Upstate Medical Rehabilitation

04/29/2011

Progress Notes: ProMRF1

**Current Medications**

Relafen tablet 750 mg 1-2 tab(s) daily  
Lortab 10 tablet 500 mg-10 mg 1 tab(s) every 6 hours  
Zanaflex capsule 4 mg 1 cap(s) three times daily  
Lexapro tablet 20 mg 1 tab(s) once a day  
Medication List reviewed and reconciled with the patient

**Past Medical History**

Hypercholesterolemia  
GERD  
Depression

**Surgical History**

cervical decompression and fusion 01/08  
knee arthroscopy  
inguinal herniorrhaphy

**Family History**

Family: hypercholesterolemia

**Social History**

Interpersonal/family relationships: Married, 6 children.  
Alcohol: yes Type: , Frequency: , Years: , Determination:.  
Smoking: yes PPD: , years:.  
Schooling: high school education and one year of college.

**Allergies**

Neosporin  
Demerol HCl

**Reason for Appointment**

1. fu. UMR Med refill

**History of Present Illness**Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? last night, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 7, Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Who is your family doctor? Dr Hill, When is your next appointment with your doctor HERE? Will check appts.

**Assessments**

1. Back pain, low back - 724.2 (Primary)
2. Encounter Long Term Use Other Drugs - v58.69
3. Therapeutic Drug Monitoring - V58.83

**Treatment****1. Back pain, low back**

Continue Relafen tablet, 750 mg, 1-2 tab(s), orally, daily  
Refill Zanaflex capsule, 4 mg, 1 cap(s), orally, three times daily, 30 day(s), 90, Refills 3  
Start ultram tablet, 50 mg, 1 tab(s), orally, FOUR TIMES A DAY, 30 day(s), 90, Refills 3  
Start Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 6 hours AS NEEDED, 10 day(s), 12, Refills 0

**2. Encounter Long Term Use Other Drugs**LAB: Fentanyl w/confirmation, urineLAB: Opiates by LC/MS/MS, urineLAB: Pain Therapy Screen, urine**3. Therapeutic Drug Monitoring**LAB: Fentanyl w/confirmation, urineLAB: Opiates by LC/MS/MS, urineLAB: Pain Therapy Screen, urine

Patient: LEOPARD, JOHN BENJAMIN DOB: 09/17/1970 Progress Note: ProMRF1 04/29/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

19  
http://ecw.ghs.org:8080/mobile/doc/jsp/catalog/xrnl/printChartOptions.jsp?encounterID=530... 6/9/2011

Page: 2/3

From: 864-797-7129 JUN-09-2011 14:43

**Procedure Codes**

83925 ASSAY OF OPIATES  
PPC RX Call in

**Follow Up**

As scheduled



Electronically signed by David Shallcross on 05/04/2011 at  
02:03 PM EDT

Sign off status: Completed

---

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7100  
Fax: 864-241-9229

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Patient: LEOPARD, JOHN BENJAMIN DOB: 09/17/1970 Progress Note: ProMRF1 04/29/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**FUNCTIONAL CAPACITY EVALUATION**

NAME: John Leopard  
EMPLOYER: Advanced Tech Services  
DATE OF INJURY: 10/31/2007  
DATE OF EVALUATION: 1/13/2011  
DATE OF REPORT: 1/13/2011  
I.D. NO.: 610278504

REFERRED BY: Physician  
PHYSICIAN: David Shallcross, MD  
INSURANCE CARRIER: AlignNetworks  
INSURANCE REP: Aleta Moore, RN  
INSURANCE I.D. NO.: 247-63-1193  
DATE OF BIRTH: 09/17/1970  
SEX: MALE

| DIAGNOSIS       | SIDE (L/R/B) | SURGERY STATUS (Y/N) | SURGERY DATE |
|-----------------|--------------|----------------------|--------------|
| 1: BACKACHE NOS |              | N                    |              |

**VITAL SIGNS**

HEIGHT: 70 inches      WEIGHT: 220 lbs.      HAND DOMINANCE: RIGHT  
RESTING HEART RATE: 88 bpm      RESTING BLOOD PRESSURE: 140/90 (B/P) mmHg  
STARTING TIME: 1/13/2011 13:12:42      ENDING TIME: 1/13/2011 17:12:16

**PURPOSE OF ASSESSMENT:** FCE Type: Work Related; Determine physical capabilities

**SUMMARY**

The results of this evaluation indicate that John Leopard demonstrated partial capability to perform in the HEAVY physical demand and full capability in the MEDIUM physical demand category of work (according to the U.S. Dept. of Labor (DOT) Work Classification) based on his ability to perform an occasional floor to waist lift of 60 lbs., waist to shoulder lift of 50 lbs., floor to shoulder lift of 50 lbs., and bimanual carry of 100 lbs. at 25 ft distance with pivot. He is capable of performing work with constant sitting and walking. He is capable of performing frequent standing, stair climbing, ladder climbing, desk level reaching, overhead reaching, floor level reaching, balancing, kneeling, stooping, crouching, and crawling. Throughout the material handling and positional tolerance tests, he reported dorsal or thoracic pain which he rated anywhere from 6 to 7/10 scale. However, the pain did not stop him from completing the tasks. John Leopard completed a single stage treadmill test at 2.2 mph and 5% grade. This was sufficient to predict John Leopard's functional aerobic capacity at 3.68 METS for an 8 hour time period. Deficits identified during testing include: decreased range of motion, posture deviation, and soft tissue tenderness. Isometric strength testing revealed consistency of 19 out of 24 tests. He demonstrated self-limiting behavior during the material handling portion of the evaluation due to his complaints of thoracic pain. Therefore, greater lifting capabilities may be possible. This, in combination with physiological responses (heart rate and respiratory rate), movement and muscle recruitment patterns both aware and unaware of observation, indicates that the results of this evaluation can be considered to be an accurate representation of John Leopard's functional abilities.

**PHYSICAL DEMAND LEVEL**

**HEAVY**

Thank you for referring John Leopard to Select Physical Therapy. If you have any further questions regarding this evaluation, please do not hesitate to contact us.

Professionally,

Evaluator:  
Title:

Evaluator: Marlon Libunao, PT, CEAS  
Title: Physical Therapist

cc:

Remainder of page intentionally left blank

**FUNCTIONAL CAPACITY EVALUATION**

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

**PHYSICAL ABILITIES ASSESSMENT (PAA)****HEAVY**

|                            | Occasional<br>(0 - 33%) | Frequent<br>(33% - 66%) | Constant<br>(66% - 100%) | Job Position | Comments |
|----------------------------|-------------------------|-------------------------|--------------------------|--------------|----------|
| <b>Material Handling :</b> |                         |                         |                          |              |          |
| Lift - Floor to Waist      | 80                      | 35                      | N/A                      |              |          |
| Lift - Waist to Shoulder   | 50                      | 40                      | N/A                      |              |          |
| Lift - Floor to Shoulder   | 50                      | 30                      | N/A                      |              |          |
| Carry - Bimanual           | 80                      | 50                      | N/A                      |              |          |
| Push                       | 100                     | 80                      | N/A                      |              |          |
| Pull                       | 100                     | 80                      | N/A                      |              |          |
| Additional Testing         | N/A                     | N/A                     | N/A                      |              |          |

| <b>Positional Tolerance :</b> | Frequency | Job Position | Comments |
|-------------------------------|-----------|--------------|----------|
| Sit                           | Constant  |              |          |
| Stand                         | Frequent  |              |          |
| Walk                          | Constant  |              |          |
| Climb Stairs                  | Frequent  |              |          |
| Climb Ladders                 | Frequent  |              |          |
| Reach Desk Level              | Frequent  |              |          |
| Reach Overhead                | Frequent  |              |          |
| Reach Floor Level             | Frequent  |              |          |
| Balance                       | Frequent  |              |          |
| Stoop                         | Frequent  |              |          |
| Kneel                         | Frequent  |              |          |
| Crouch                        | Frequent  |              |          |
| Crawl                         | Frequent  |              |          |

| <b>Manipulative Ability:</b> | Frequency       |                | Job Position | Comments |
|------------------------------|-----------------|----------------|--------------|----------|
| Object Handling              | Right: Frequent | Left: Frequent |              | R: / L:  |
| Fingering                    | Right: Frequent | Left: Frequent |              | R: / L:  |
| Simple Hand Grasp            | Right: Frequent | Left: Frequent |              | R: / L:  |
| Firm Hand Grasp              | Right: Frequent | Left: Frequent |              | R: / L:  |
| Fine/Gross Manipulation      | Right: Frequent | Left: Frequent |              | R: / L:  |

**Consistency Profile:**

Maximal Voluntary Effort

Pinch Strength Testing

Isometric Push / Pull

Dynamic Lift Test

Observed Movement Patterns

Standard Hand Grip

Rapid Exchange Grip

Cross-Reference Validity

Waddell's Testing

**Consistent Test Performance**

Consistent

7 of 10 CV Scores &lt; 15%; 2 of 2 of Bell Shapes Curve Distributions

Consistent

4 of 8 CV Scores &lt; 15%

Consistent

4 of 4 CV Scores &lt; 15%

Self Limiting Behavior

Expected Linear Heart Rate Increase

Consistent

N/A

N/A

2 of 2 negative Rapid Exchange Grip (REG) which may be an indicator of maximal effort

N/A

N/A

Not Tested

Evaluator:

Title:

Date: 1/13/2011

Evaluator: Marlon Libunao, PT, CEAS

Title: Physical Therapist

Date: 1/13/11

Evaluator Signature

Evaluator Signature

01 20 11 13:00 FROM SELECT 11 0042231710 1704 F004/017 F-814

**FUNCTIONAL CAPACITY EVALUATION**

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

**SUBJECTIVE HISTORY:**

John Leopard is a 40 year old male with the current diagnosis of BACKACHE, onset 10/31/2007. John Leopard reports that the injury occurred during an "interior attack" and fell 6 ft. through an attic floor, twisted his back and hit his back against a hard surface. He was brought to the ER and an MRI was obtained. It was initially thought he had muscle spasm. He was referred to PT twice. He returned to his physician sometime in 3/2009 and was diagnosed with T11/T12 derangement. He was referred to a pain specialist. Present symptoms include: middle back pain going to the right side of his low back.

Current medication includes: Tramadol, Zanaflex, Lortab. He indicated that he has taken Tramadol and Zanaflex today.

He underwent cervical fusion on 1/16/2008 not related to this diagnosis.

Previous testing for this injury/illness (as reported by John Leopard) includes: X-ray, MRI, and EMG

Previous treatment for this injury/illness includes: physical therapy and injection.

John Leopard reported sensation of locking up in his thoracic area and pain at an intensity of 5 (0 = no pain; 1,2,3 = low; 4,5,6 = moderate; 7,8,9 = severe; 10 = emergency pain). John Leopard reported that the pain ranges from 5 at best to 10 at its worst. John Leopard stated that twisting, bending, riding for long periods of time, walking, and lifting aggravates John Leopard's symptoms, and that laying down, changing position, getting in a hot tub, and using a heating pad provides relief. Perceived abilities include: sitting 30 minutes, standing 45 minutes, walking 45 minutes, driving 60 minutes, and lifting 30 lbs.

John Leopard is independent with activities of daily living (ADLs) including: dressing, grooming, bathing, hygiene, cooking, laundry, etc. Son helps with yard work. Following the most recent episode of pain, he attempted to cut grass and reported that his thoracic spine hurt so bad after the activity.

John Leopard describes a typical day as: baby sitting the children, taking them to school, and doing laundry. John Leopard drove a pick up truck to/from the FCE appointment today.

Additional Subjective Information Includes: N/A

**VOCATIONAL/JOB HISTORY:**

John Leopard is currently not working. John Leopard was employed by Advanced Technology Services for 10 years. He also volunteers at Station 99 for the last 6 months. Prior this, he was with station 75 for the 15 years as a fire fighter. He has decreased his active participation and now mostly conducts training. He used to be able to go into any house rescue called interior attack and he is not allowed to do this where he volunteers now. He has done maintenance type of work for the last 15 years as his primary occupation.

A Job Description was not received.

Remainder of page intentionally left blank



**FUNCTIONAL CAPACITY EVALUATION**

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

**MUSCULOSKELETAL SCREENING SUMMARY**

**Gait:** Client's gait is within normal limits as observed during the sub-maximal treadmill test and casually when he walked to his vehicle after the evaluation.

**Posture:** Client exhibited a slightly forward head posture as observed in sitting and standing.

**Soft Tissues:** There is minimal to moderate tenderness on palpation of the thoracic spine region at the approximate level of T5 to T11 spinous processes on both sides.

**Flexibility:** Passive straight leg raise of the left side was measured 39 degrees and the right side was measured 44 degrees indicating decreased flexibility of both lower extremities not related to the presenting diagnosis. Flexibility of both upper extremities is within normal limits.

**Range of Motion:** Refer to Active Range of Motion / Strength Measurements Form.

**Strength:** Refer to Active Range of Motion / Strength Measurements Form.

**Neurological:** Deep tendon reflex testing is within normal limits in all extremities. Sensation is within normal limits in all extremities.

**Additional Testing:** No further tests performed.

**ENDURANCE / AEROBIC CAPACITY**

Sub-Maximal Treadmill Test      ☒ Completed Test      ☐ Incomplete Test      ☐ Not Tested

Classification: Average      32 ml/kg/min      3.68 METS Moderate Work

HR Increase: YES      Respiration Increase: YES      Blood Pressure: 130/90 mmHg

**Comments:**

Client's heart rate peaked at 109 bpm during the second stage of the sub-maximal treadmill test. At 8 minutes into his walking, he began to report having mid-back/thoracic pain which he rated at 5/10 but indicated he is okay. He tolerated walking for a total time of 45 minutes.

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**FUNCTIONAL CAPACITY EVALUATION**

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

**MATERIAL HANDLING****Waist to Shoulder Dynamic Lift Test**

| Occasional Lift        | Heart Rate         | RPL          | RFT              | Frequent Lift    | Heart Rate | RPL          | RFT              |
|------------------------|--------------------|--------------|------------------|------------------|------------|--------------|------------------|
| 50 lbs.                | 90 bpm             | Very heavy   | Self Termination | 40 lbs.          | 102 bpm    | Very heavy   | Self Termination |
| Start Heart Rate       | 84 bpm             | HR Increase? | YES              | Start Heart Rate | 83 bpm     | HR Increase? | YES              |
| Constant Lift N/A lbs. | Heart Rate N/A bpm |              |                  |                  |            |              |                  |

Comments: During the occasional and frequent lift, the client indicated that the load was too heavy and did not feel comfortable lifting a heavier load due to his complaints of increased pain in his thoracic spine which he rated at 6/10. There were no changes in his lifting techniques to correlate with his complaints of task difficulty.

**Floor to Waist Dynamic Lift Test**

| Occasional Lift        | Heart Rate         | RPL          | RFT              | Frequent Lift    | Heart Rate | RPL             | RFT              |
|------------------------|--------------------|--------------|------------------|------------------|------------|-----------------|------------------|
| 80 lbs.                | 97 bpm             | Very heavy   | Self Termination | 35 lbs.          | 110 bpm    | Extremely heavy | Self Termination |
| Start Heart Rate       | 87 bpm             | HR Increase? | YES              | Start Heart Rate | 93 bpm     | HR Increase?    | YES              |
| Constant Lift N/A lbs. | Heart Rate N/A bpm |              |                  |                  |            |                 |                  |

Comments: During the occasional and frequent lift, the client indicated that the load was too heavy and that he did not feel comfortable lifting a heavier load due to his complaints of thoracic pain which he rated at 7/10. There were no changes in his lifting techniques to correlate with his complaints of task difficulty.

**Floor to Shoulder Dynamic Lift Test**

| Occasional Lift        | Heart Rate         | RPL          | RFT      | Frequent Lift    | Heart Rate | RPL          | RFT              |
|------------------------|--------------------|--------------|----------|------------------|------------|--------------|------------------|
| 50 lbs.                | 99 bpm             | Very heavy   | Max Lift | 30 lbs.          | 112 bpm    | Too heavy    | Self Termination |
| Start Heart Rate       | 90 bpm             | HR Increase? | YES      | Start Heart Rate | 93 bpm     | HR Increase? | YES              |
| Constant Lift N/A lbs. | Heart Rate N/A bpm |              |          |                  |            |              |                  |

Comments: During the occasional lift, the client reported that the load was very heavy and that he did not feel comfortable lifting a heavier load due to his complaints of increased thoracic pain which he rated at 6/10. He exhibited diminished shoulder flexion and shoulder abduction. He hyper extended his trunk consistent with task difficulty.

Lift Capacity Performance: Self Limiting Behavior

**Carry Testing**

| Occasional Carry        | Heart Rate         | RPL          | RFT       | Frequent Carry   | Heart Rate | RPL          | RFT       |
|-------------------------|--------------------|--------------|-----------|------------------|------------|--------------|-----------|
| 60 lbs. Bimanual        | 92 bpm             | Heavy        | Max Carry | 50 lbs.          | 100 bpm    | Very heavy   | Max Carry |
| 50 lbs Right            | 98 bpm             | Heavy        | Max Carry | 50 lbs.          | 103 bpm    | Heavy        | Max Carry |
| 50 lbs Left             | 96 bpm             | Heavy        | Max Carry | 50 lbs.          | 100 bpm    | Heavy        | Max Carry |
| Start Heart Rate        | 92 bpm             | HR Increase? | YES       | Start Heart Rate | 95 bpm     | HR Increase? | YES       |
| Constant Carry N/A lbs. | Heart Rate N/A bpm |              |           |                  |            |              |           |

Comments: The client used a lifting crate for bimanual carrying and a bucket for unilateral carrying at 25 ft. distance with pivot. He reported increased pain in his thoracic spine which he rated at 6/10 during the task.

**Push / Pull Testing**

| Occasional Push             | Occasional Pull          | Frequent Push/Pull | Heart Rate | RPL          | RFT      |
|-----------------------------|--------------------------|--------------------|------------|--------------|----------|
| 100 lbs.                    | 100 lbs.                 | 80 lbs.            | 98 bpm     | Heavy        | Max Push |
| Peak Heart Rate: 103 bpm    | Peak Heart Rate: 100 bpm | Start Heart Rate:  | 94 bpm     | HR Increase? | YES      |
| Constant Push/Pull N/A lbs. | Heart Rate N/A bpm       |                    |            |              |          |

Comments: The client used a hand truck for pushing and pulling at 25 ft. distance with pivot. He reported increased pain in his thoracic spine which he rated at 6/10. However, he indicated that his back pain has been hurting since he started the dynamic lift test and once the pain is flared up, it usually stays painful.

**Additional Testing**

| N/A               | Heart Rate         | RPL          | RFT | N/A              | Heart Rate | RPL          | RFT |
|-------------------|--------------------|--------------|-----|------------------|------------|--------------|-----|
| N/A lbs.          | N/A bpm            | N/A          | N/A | N/A lbs.         | N/A bpm    | N/A          | N/A |
| Start Heart Rate  | N/A bpm            | HR Increase? | N/A | Start Heart Rate | N/A bpm    | HR Increase? | N/A |
| Constant N/A lbs. | Heart Rate N/A bpm |              |     |                  |            |              |     |
| Comments: N/A     |                    |              |     |                  |            |              |     |

\* RPL - Rate of Perceived Load

\* RFT - Reason For Termination

Post Material Handling Blood Pressure:

140/90  
mmHg

**FUNCTIONAL CAPACITY EVALUATION**

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

**POSITIONAL TOLERANCE**

|                   | Frequency | Comments                                                                                                                                                                                                                                                                                                                                           |
|-------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sitting           | Constant  | The task was observed during the interview. Client tolerated sitting for a total time of 45 minutes. His heart rate was observed at 90 bpm.                                                                                                                                                                                                        |
| Standing          | Frequent  | The task was observed during lumbar range of motion assessment, maximum voluntary hand grip strength test, rapid exchange grip test, pinch grip test, isometric pushing and pulling tests. He tolerated standing for a total time of 32 minutes. His heart rate peaked at 95 bpm.                                                                  |
| Walking           | Constant  | The client tolerated walking for a total time of 45 minutes on the treadmill. He reported increased thoracic pain beginning at 8 minutes into his walking. His heart rate peaked at 109 bpm.                                                                                                                                                       |
| Stair Climbing    | Frequent  | During this activity, the client reported having thoracic pain which he rated at 6/10. However, he indicated that his back is already flared up from the lifting test that he just completed. He completed the task as requested. His heart rate peaked at 106 bpm.                                                                                |
| Climb Ladders     | Frequent  | The client performed the task with reciprocal gait pattern. He reported thoracic pain which he rated at 6/10. However, he indicated that he was "okay". His heart rate peaked at 110 bpm.                                                                                                                                                          |
| Reach Desk Level  | Frequent  | The task was observed during the material handling test when he performed repeated waist to shoulder and floor to waist. The task was again observed during peg board activity using the F.R.O.M. (Functional Range Of Motion) panel. His heart rate peaked at 110 bpm.                                                                            |
| Reach Overhead    | Frequent  | The task was observed using the F.R.O.M. panel when he moved the pegs repeatedly from the chest level to overhead level using either hand. The task was also performed at sustained level. He reported pain in his thoracic spine which he rated at 7/10 during the activity. He completed the task as requested. His heart rate peaked at 81 bpm. |
| Reach Floor Level | Frequent  | The task was observed during material handling when he performed repeated floor to waist lift and floor to shoulder lift. The task was again observed during unilateral carrying when he picked up the bucket off the floor. His heart rate peaked at 112 bpm.                                                                                     |
| Balance           | Frequent  | The task was observed when he walked on a balance beam and completed the task without difficulty. His heart rate peaked at                                                                                                                                                                                                                         |
| Sit               | Frequent  | The task was observed using the F.R.O.M. panel when he performed repeated waist to floor reaching by moving the pegs. He indicated having increased thoracic pain which he rated at 6/10. However, he completed the task as requested. His heart rate peaked at 84 bpm.                                                                            |
| Kneel             | Frequent  | The client tolerated the task without difficulty getting in and out of the kneeling position. His heart rate peaked at 88 bpm.                                                                                                                                                                                                                     |
| Crouch            | Frequent  | No Deficit Observed.                                                                                                                                                                                                                                                                                                                               |
| Crawl             | Frequent  | The client performed the task at 25 ft. distance with complaints of thoracic pain which he rated at 6/10. However, he completed the task as requested by the evaluator. His heart rate peaked at 103 bpm.                                                                                                                                          |
|                   | N/A       | N/A                                                                                                                                                                                                                                                                                                                                                |

**MANIPULATIVE ABILITY**

|                           | Frequency | Comments             |
|---------------------------|-----------|----------------------|
| R Object Handling         | Frequent  | No Deficit Observed. |
| L Object Handling         | Frequent  | No Deficit Observed. |
| R Fingering               | Frequent  | No Deficit Observed. |
| L Fingering               | Frequent  | No Deficit Observed. |
| R Simple Hand Grasp       | Frequent  | No Deficit Observed. |
| L Simple Hand Grasp       | Frequent  | No Deficit Observed. |
| R Firm Hand Grasp         | Frequent  | No Deficit Observed. |
| L Firm Hand Grasp         | Frequent  | No Deficit Observed. |
| R Fine/Gross Manipulation | Frequent  | No Deficit Observed. |
| L Fine/Gross Manipulation | Frequent  | No Deficit Observed. |

Observed Movement Patterns: Consistent

Additional Positional and Postural Tolerance Comments:

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**FUNCTIONAL CAPACITY EVALUATION**

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

**POST TEST VITAL SIGNS:**

Heart Rate: 90 bpm

Blood Pressure: 150/90 mmHg

**POST TEST PAIN LEVEL**

7/10

**MUSCULOSKELETON SCREENING POST-TEST SUMMARY****Gait Analysis:**

The client's gait is within normal limits as observed casually after the evaluation when he walked to his vehicle.

**Posture Analysis:**

Client exhibited a slightly forward head posture.

**Soft Tissue Assessment:**

There is minimal to moderate tenderness on palpation of the thoracic spinal region consistent with the initial findings.

**Flexibility:**

Decreased flexibility of the lower extremities. Normal flexibility of the upper extremities.

**Range Of Motion:**

Decreased range of motion of the cervical and lumbar spinal movements not related to the presenting diagnosis. Decreased thoracic spinal motion consistent with the initial findings.

**Strength:**

All muscles of the upper and lower extremities were graded 5/5.

**Neurological:**

Deep tendon reflex testing is within normal limits. Sensation is within normal limits in all extremities.

**Additional Tests:**

No further tests performed.

**ADDITIONAL INFORMATION**

N/A

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# FUNCTIONAL CAPACITY EVALUATION

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

## PERFORMANCE CONSISTENCY

### Maximal Voluntary Effort

☒ Computerized Data Collection - see attached report

| Grip Test                                           |  |  |  | Grip Position |   |   |   |   |   |                                           |   |   |   |   |   |   |   |   |
|-----------------------------------------------------|--|--|--|---------------|---|---|---|---|---|-------------------------------------------|---|---|---|---|---|---|---|---|
|                                                     |  |  |  | 1             |   |   | 2 |   |   | 3                                         |   |   | 4 |   |   | 5 |   |   |
| Right Hand                                          |  |  |  | 0             | 0 | 0 | 0 | 0 | 0 | 0                                         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Average                                             |  |  |  | 0             |   |   | 0 |   |   | 0                                         |   |   | 0 |   |   | 0 |   |   |
| Coefficient of Variation *                          |  |  |  | 0             |   |   | 0 |   |   | 0                                         |   |   | 0 |   |   | 0 |   |   |
| Left Hand                                           |  |  |  | 0             | 0 | 0 | 0 | 0 | 0 | 0                                         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Average                                             |  |  |  | 0             |   |   | 0 |   |   | 0                                         |   |   | 0 |   |   | 0 |   |   |
| Coefficient of Variation *                          |  |  |  | 0             |   |   | 0 |   |   | 0                                         |   |   | 0 |   |   | 0 |   |   |
| 7 of 10 CV Scores < 15% Consistent Test Performance |  |  |  |               |   |   |   |   |   | 2 of 2 of Bell Shapes Curve Distributions |   |   |   |   |   |   |   |   |

HR(s): 89 bpm to 95 bpm

Comments:

### Pinch Strength Testing

☒ Computerized Data Collection - see attached report

| Pinch Test                                         |                            | Tip Pinch |   |   | Palmar Pinch |   |   | Key Pinch |   |   |
|----------------------------------------------------|----------------------------|-----------|---|---|--------------|---|---|-----------|---|---|
| Right Hand                                         |                            | 0         | 0 | 0 | 0            | 0 | 0 | 0         | 0 | 0 |
|                                                    | Average                    | 0         |   |   | 0            |   |   | 0         |   |   |
|                                                    | Coefficient of Variation * | 0         |   |   | 0            |   |   | 0         |   |   |
| Left Hand                                          |                            | 0         | 0 | 0 | 0            | 0 | 0 | 0         | 0 | 0 |
|                                                    | Average                    | 0         |   |   | 0            |   |   | 0         |   |   |
|                                                    | Coefficient of Variation * | 0         |   |   | 0            |   |   | 0         |   |   |
| 4 of 6 CV Scores < 15% Consistent Test Performance |                            |           |   |   |              |   |   |           |   |   |

HR(s): 93 bpm to 95 bpm

Comments:

### Isometric Push / Pull

☒ Computerized Data Collection - see attached report

| Test                                               | Heart Rate | Trials(Pounds of Force) |         |         | Average | Standard Deviation | Coefficient of Variation* |
|----------------------------------------------------|------------|-------------------------|---------|---------|---------|--------------------|---------------------------|
|                                                    |            | Trial 1                 | Trial 2 | Trial 3 |         |                    |                           |
| Isometric Push                                     | bpm 90     | 0                       | 0       | 0       | 0       | 0                  |                           |
| Isometric Pull                                     | bpm 94     | 0                       | 0       | 0       | 0       | 0                  |                           |
| 4 of 4 CV Scores < 15% Consistent Test Performance |            |                         |         |         |         |                    |                           |

Comments:

Performance Consistency Summary: Consistent Test Performance

### Additional Performance Consistency Testing

☐ N/A

|                           |     |                                                                                       |
|---------------------------|-----|---------------------------------------------------------------------------------------|
| Standard Hand Grip:       | N/A | N/A                                                                                   |
| Rapid Exchange Grip:      |     | 2 of 2 negative Rapid Exchange Grip (REG) which may be an indicator of maximal effort |
| Cross-Reference Validity: | N/A | N/A                                                                                   |

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## FUNCTIONAL CAPACITY EVALUATION

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

## ACTIVE RANGE OF MOTION / STRENGTH

□ NA

| SPINE    |                       | NORM | AROM (Degrees) |
|----------|-----------------------|------|----------------|
| Cervical | Flexion               | 50°  | 50             |
|          | Extension             | 60°  | 43             |
|          | Right Lateral Flexion | 45°  | 37             |
|          | Left Lateral Flexion  | 45°  | 40             |
|          | Right Rotation        | 80°  | 35             |
|          | Left Rotation         | 80°  | 30             |
| Thoracic | Flexion               | 60°  | 12             |
|          | Right Rotation        | 30°  | 15             |
|          | Left Rotation         | 30°  | 10             |
| Lumbar   | Flexion               | 60°  | 38             |
|          | Extension             | 25°  | 7              |
|          | Right Lateral Flexion | 25°  | 22             |
|          | Left Lateral Flexion  | 25°  | 25             |
|          | Right SLR             | 80°  | 44             |
|          | Left SLR              | 80°  | 39             |

□ NA

| UPPER EXTREMITY |                   | NORM  | Right AROM | Left AROM | Right Strength | Left Strength |
|-----------------|-------------------|-------|------------|-----------|----------------|---------------|
| Shoulder        | Flexion           | 180°  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Extension         | 50°   | WNL        | WNL       | 5/5            | 5/5           |
|                 | Abduction         | 180°  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Adduction         | 40°   | WNL        | WNL       | 5/5            | 5/5           |
|                 | Internal Rotation | 90°   | WNL        | WNL       | 5/5            | 5/5           |
|                 | External Rotation | 90°   | WNL        | WNL       | 5/5            | 5/5           |
| Elbow           | Flexion           | 140°  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Extension         | 0°    | WNL        | WNL       | 5/5            | 5/5           |
|                 | Supination        | 80°   | WNL        | WNL       | 5/5            | 5/5           |
|                 | Pronation         | 80°   | WNL        | WNL       | 5/5            | 5/5           |
| Wrist           | Flexion           | 80° * | WNL        | WNL       | 5/5            | 5/5           |
|                 | Extension         | 70° * | WNL        | WNL       | 5/5            | 5/5           |
|                 | Radial Deviation  | 20°   | WNL        | WNL       | 5/5            | 5/5           |
|                 | Ulnar Deviation   | 30°   | WNL        | WNL       | 5/5            | 5/5           |

□ NA

| LOWER EXTREMITY |                   | NORM    | Right AROM | Left AROM | Right Strength | Left Strength |
|-----------------|-------------------|---------|------------|-----------|----------------|---------------|
| Hip             | Flexion           | 120° ** | WNL        | WNL       | 5/5            | 5/5           |
|                 | Extension         | 30° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Abduction         | 45° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Adduction         | 30° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Internal Rotation | 45° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | External Rotation | 45° **  | WNL        | WNL       | 5/5            | 5/5           |
| Knee            | Flexion           | 135° ** | WNL        | WNL       | 5/5            | 5/5           |
|                 | Extension         | 0° **   | WNL        | WNL       | 5/5            | 5/5           |
| Ankle           | Plantar Flexion   | 50° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Dorsiflexion      | 20° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Inversion         | 35° **  | WNL        | WNL       | 5/5            | 5/5           |
|                 | Eversion          | 15° **  | WNL        | WNL       | 5/5            | 5/5           |

Normative Data - AMA Guides to the Evaluation of Permanent Impairment, 5th Edition

\* Normative Data - Rehabilitation of the Hand: Survey and Therapy, 4th Edition

\*\* Normative Data - American Academy of Orthopedic Surgeons

## FUNCTIONAL CAPACITY EVALUATION

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-63-1193

## ACTIVE RANGE OF MOTION / STRENGTH (continued)

N/A

| HAND  |               | NORM *    | Right AROM<br>(Degrees) | Left AROM<br>(Degrees) | Right Strength | Left Strength |
|-------|---------------|-----------|-------------------------|------------------------|----------------|---------------|
| Thumb | CMC Flexion   | 15° *     | n/a                     | n/a                    | n/a            | n/a           |
|       | CMC Extension | 20° *     | n/a                     | n/a                    | n/a            | n/a           |
|       | CMC Abduction | 70° *     | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Flexion   | 50° *     | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Extension | 0° *      | n/a                     | n/a                    | n/a            | n/a           |
|       | IP Flexion    | 80° *     | n/a                     | n/a                    | n/a            | n/a           |
|       | IP Extension  | 0° *      | n/a                     | n/a                    | n/a            | n/a           |
| Index | MCP Flexion   | 90°       | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Extension | Up to 45° | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Flexion   | 110°      | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | DIP Flexion   | 60°       | n/a                     | n/a                    | n/a            | n/a           |
| Long  | DIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Flexion   | 90°       | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Extension | Up to 45° | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Flexion   | 110°      | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
| Ring  | DIP Flexion   | 60°       | n/a                     | n/a                    | n/a            | n/a           |
|       | DIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Flexion   | 90°       | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Extension | Up to 45° | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Flexion   | 110°      | n/a                     | n/a                    | n/a            | n/a           |
| Small | PIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | DIP Flexion   | 60°       | n/a                     | n/a                    | n/a            | n/a           |
|       | DIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Flexion   | 90°       | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Extension | Up to 45° | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Flexion   | 110°      | n/a                     | n/a                    | n/a            | n/a           |
|       | PIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | DIP Flexion   | 60°       | n/a                     | n/a                    | n/a            | n/a           |
|       | DIP Extension | 0°        | n/a                     | n/a                    | n/a            | n/a           |
|       | MCP Flexion   | 90°       | n/a                     | n/a                    | n/a            | n/a           |

Normative Data - American Academy of Orthopedic Surgeons, *Rehabilitation of the Hand: Surgery and Therapy*, 4th Edition

N/A

| Hand Volume |            | Right |        | Left |        |
|-------------|------------|-------|--------|------|--------|
|             | Pretest    |       | n/a ml |      | n/a ml |
|             | Post Test  |       | n/a ml |      | n/a ml |
|             | Difference | +     | n/a ml | +    | n/a ml |

\* *Rehabilitation of the Hand: Surgery and Therapy*, 4th Edition

- Fluid volume changes are often 30 to 50 ml or more between one measurement and the next if swelling is present.

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## FUNCTIONAL CAPACITY EVALUATION

Re: John Leopard

DOB: 09/17/1970

INSURANCE I.D. NO.: 247-83-1193

**ACTIVE RANGE OF MOTION / STRENGTH (continued)**☒ N/A

| Circumference |                 | Right |        | Left       |        |
|---------------|-----------------|-------|--------|------------|--------|
| n/a           | Pretest         |       | n/a cm | Pretest    | n/a cm |
|               | Post Test       |       | n/a cm | Post Test  | n/a cm |
|               | Difference      | +     | n/a cm | Difference | +      |
| n/a           | *R (Pretest)    |       | n/a cm | Pretest    | n/a cm |
|               | *R (Post Test)  |       | n/a cm | Post Test  | n/a cm |
|               | *R (Difference) | +     | n/a cm | Difference | +      |
| n/a           | Pretest         |       | n/a cm | Pretest    | n/a cm |
|               | Post Test       |       | n/a cm | Post Test  | n/a cm |
|               | Difference      | +     | n/a cm | Difference | +      |

\* Rehabilitation of the Hand: Survey and Therapy, 4th Edition - Circumference measurements of the hand and fingers or areas of swelling.☒ N/A

| Opposition | Right | Index - n/a | Long - n/a | Ring - n/a | Small - n/a |
|------------|-------|-------------|------------|------------|-------------|
|            | Left  | Index - n/a | Long - n/a | Ring - n/a | Small - n/a |

\* American Academy of Orthopedic Surgeons - Tip of thumb to base or tip of small digit.

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## FUNCTIONAL CAPACITY EVALUATION

Re: John Leopard

DOB: 09/17/1970

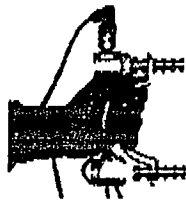
INSURANCE I.D. NO.: 247-63-1193

PHYSICAL DEMAND CATEGORY (U.S. Department of Labor, Dictionary of Occupational Titles)

- Sedentary** Exerting up to 10 lbs. of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull or otherwise move objects, including human body.
- Light** Exerting up to 20 lbs. of force occasionally, and/or up to 10 lbs. force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists from 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work.
- Medium** Exerting 20 lbs. to 50 lbs. of force occasionally, and/or 10 lbs. to 25 lbs. of force frequently, and/or greater than negligible up to 10 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.
- Heavy** Exerting 50 lbs. to 100 lbs. of force occasionally, and/or 25 lbs to 50 lbs. of force frequently, and/or 10 lbs. to 20 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.
- Very Heavy** Exerting in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.

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## Hand Grip Strength

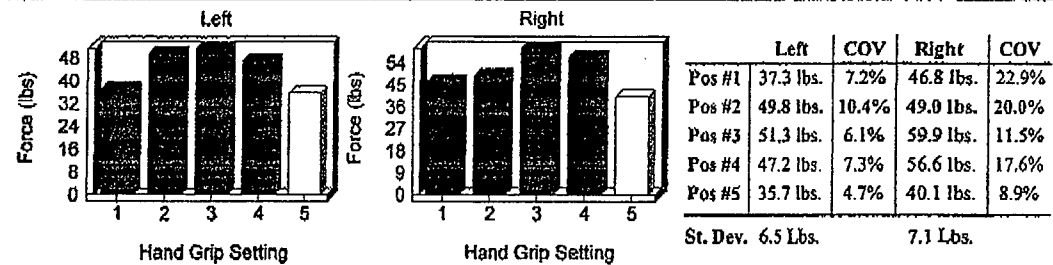


The hand dynamometer is set to each of the five available positions which vary the client's grip size. The results for each of the average maximum forces during each position are displayed by the corresponding bar graphs.

The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. John Leopard exerted consistent effort during grip strength testing. Mr. John Leopard was tested using the maximum voluntary effort and rapid exchange hand grip protocols. Mr. John Leopard is right hand dominant. Normative data is based on the assumption that right and left hand dominant subjects, analyzed separately show little functional difference between their mean scores.<sup>1-2</sup>

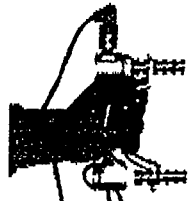
### Maximum Voluntary Effort (MVE)

Jan 06, 2011 6:43:20 PM



Using the Maximum Voluntary Effort (MVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve<sup>3,11,12,13</sup>, even in a disabled population or if the client's hand is injured<sup>4, 15</sup>, with at least 6 of the 10 coefficients of variation within the acceptable 15% or less limit.<sup>22</sup>

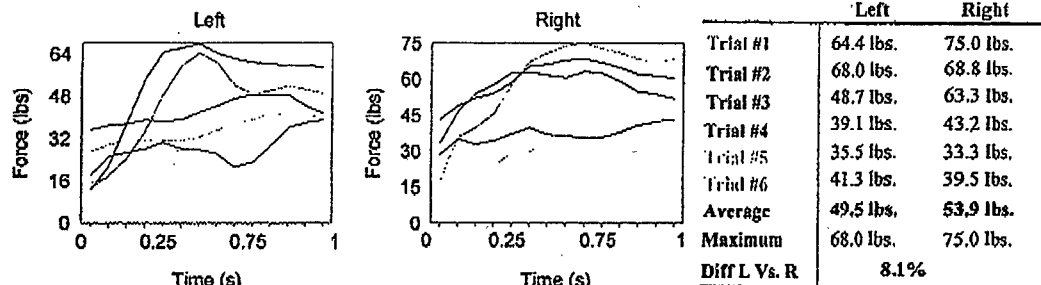
The graph obtained for Mr. John Leopard did demonstrate a bell shaped curve which may be an indicator of maximal effort and the coefficients of variation of the underlying data may be an indicator of consistent effort with 7 out of the 10 coefficients of variation within the 15% acceptable limit.



The hand dynamometer is set to position 3. The client applies a maximum force for a one second trial duration quickly alternating between hands. The average maximum force for all six trials is compared to the maximum voluntary effort value in the same position for reliability purposes.<sup>13</sup>

### Rapid Exchange Grip (REG)

Jan 06, 2011 6:50:39 PM



The peak average force value recorded during the maximum voluntary effort protocol was 59.9 lbs performed at position 3. The Rapid Exchange Grip (REG) protocol was therefore administered at this position. A negative rapid exchange grip (REG) occurs when the average of the values recorded during the rapid exchange grip protocol are less than the average of the values recorded during the maximum voluntary effort protocol in the same position and for the same hand. Conversely, a positive REG occurs when the average of the values recorded during the rapid exchange grip protocol exceed the average of the values recorded during the maximum voluntary effort protocol in the same position and for the same hand. A negative REG allows the evaluator to have more confidence that the evaluatee is performing maximally. A positive REG may be an indicator of submaximal effort.<sup>15</sup> Mr. John Leopard produced an average value of 49.5 lbs for the left hand and 53.9 lbs for the right hand during the rapid exchange protocol. He produced an average value of 51.3 lbs for the left hand and 59.9 lbs for the right hand during the maximum voluntary effort protocol. Mr. John Leopard therefore demonstrated a negative REG which may be an indicator of maximal effort.

<sup>3</sup> Stokes H. 1983. The seriously uninjured hand - weakness of grip. *J Occup Med* 25(9):683-684.

<sup>11</sup> Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. *Am J Phys Med Rehabil* 69(2): 96-101.

<sup>12</sup> Matheson L, Carlton R, Niemeyer L. 1988. Grip strength in a disabled sample: reliability and normative standards. *Ind Rehabil Q* 1(3):9,17-23.

<sup>13</sup> Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. *J Hand Surgery* 14A(4): 742-745.

<sup>22</sup> Klineck E, Strait J. 1997. Volition in impairment rating: the validity of effort assessment. *J Occup Med* 6(2) 9-18.

### SELECT PHYSICAL THERAPY

110 BYPASS HWY 225 GREENWOOD SC 29646 (864) 223-0406

Mr. John Leopard



## Pinch Strength

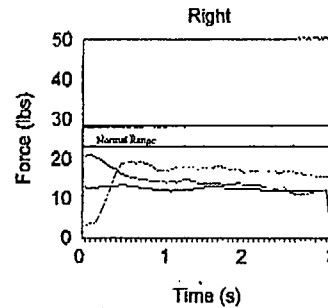
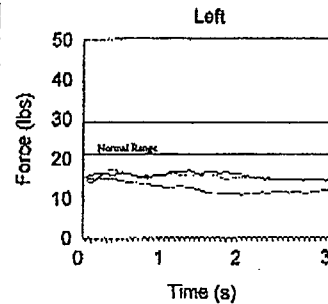
The FOCUS pinch strength test is performed to quantify pinch strength as compared to population norms.<sup>†</sup> Mr. John Leopard was asked to perform three forms of pinch strength tests including the tip, key and palmar pinch. The data demonstrated that Mr. John Leopard's tip pinch strength was low for the left hand and significantly low for the right hand. His left hand was 52.4% stronger than the right hand. Key pinch strength was significantly low for both the left and right hand. His left hand was 7.7% weaker than the right hand. Palmar pinch strength was significantly low for both the left and right hand. His left hand was 5.5% stronger than the right hand.

### Key Pinch Strength

Jan 06, 2011 6:51:41 PM



The client squeezes the pinch gauge using a key pinch for a three second trial duration. A rest period of 5 seconds is given before testing the other hand. This process is repeated three times. The average of the three trials is compared to published population normal values.<sup>†</sup>

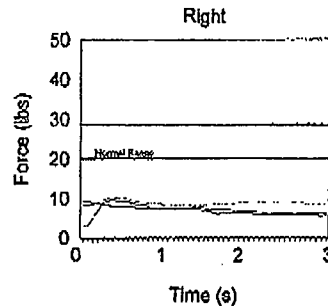
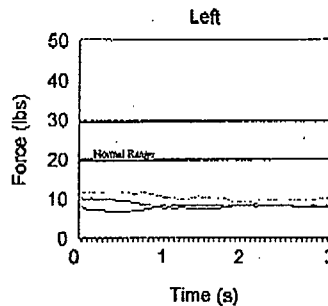


|              | Left      | Right     |
|--------------|-----------|-----------|
| Trial #1     | 17.2 lbs. | 19.2 lbs. |
| Trial #2     | 16.9 lbs. | 13.2 lbs. |
| Trial #3     | 15.0 lbs. | 20.9 lbs. |
| Average      | 16.4 lbs. | 17.8 lbs. |
| Maximum      | 17.2 lbs. | 20.9 lbs. |
| COV          | 5.9%      | 18.6%     |
| Diff L Vs. R | 7.7%      |           |



The client squeezes the pinch gauge using a palmar pinch for a three second trial duration. A rest period of 5 seconds is given before testing the other hand. This process is repeated three times. The average of the three trials is compared to published population normal values.<sup>†</sup>

### Palmar Pinch Strength

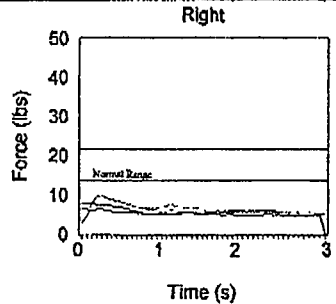
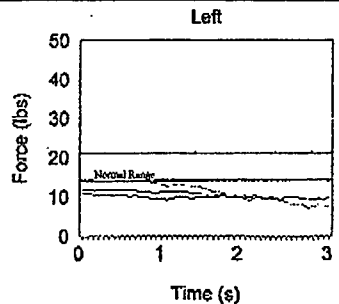


|              | Left      | Right     |
|--------------|-----------|-----------|
| Trial #1     | 11.9 lbs. | 10.2 lbs. |
| Trial #2     | 10.1 lbs. | 9.7 lbs.  |
| Trial #3     | 8.6 lbs.  | 9.1 lbs.  |
| Average      | 10.2 lbs. | 9.7 lbs.  |
| Maximum      | 11.9 lbs. | 10.2 lbs. |
| COV          | 13.2%     | 4.7%      |
| Diff L Vs. R | 5.5%      |           |



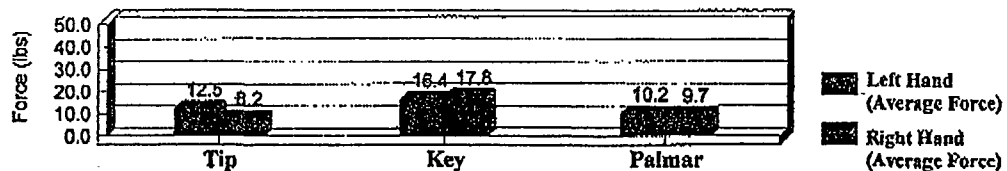
The client squeezes the pinch gauge using a tip pinch for a three second trial duration. A rest period of 5 seconds is given before testing the other hand. This process is repeated three times. The average of the three trials is compared to published population normal values.<sup>†</sup>

### Tip Strength



|              | Left      | Right    |
|--------------|-----------|----------|
| Trial #1     | 14.9 lbs. | 9.9 lbs. |
| Trial #2     | 11.9 lbs. | 6.5 lbs. |
| Trial #3     | 10.8 lbs. | 8.2 lbs. |
| Average      | 12.5 lbs. | 8.2 lbs. |
| Maximum      | 14.9 lbs. | 9.9 lbs. |
| COV          | 13.9%     | 16.9%    |
| Diff L Vs. R | 52.4%     |          |

Pinch Strength Average Force Comparison



<sup>†</sup> Mathiowetz V, Kashman N, Volland G, Weber K, Dowe M, Rogers S. 1985. Grip and pinch strength: normative data for adults. Arch Phys Med

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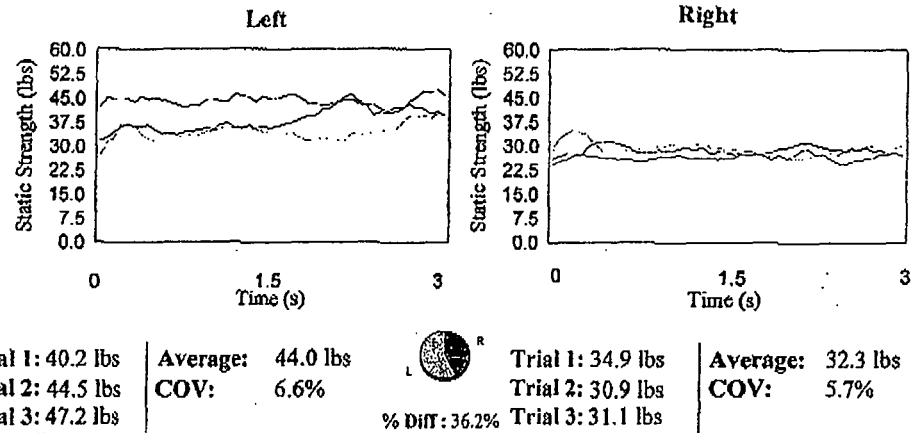
Mr. John Leopard



### ▶ UTM Standard Cart Height Pull Test

Test Date: Jan. 06, 2011 7:00:19 PM

Combined Peak Force: 74.3 lbs.



Mr. John Leopard reached a combined peak force of 74.3 lbs. during the UTM Standard Cart Height Pull Test test. The combined peak force is calculated by storing the combined maximum of the left and right force at any instant in time during each trial then averaging over all the trials. The average of the peak forces for the individual sides are 44.0 lbs. for the left side and 32.3 lbs. for the right side. This yields 36.2% difference between the sides. The coefficient of variation was 6.6% for the left side and 5.7% for the right side. Values greater than 15% may be an indicator of submaximal effort.

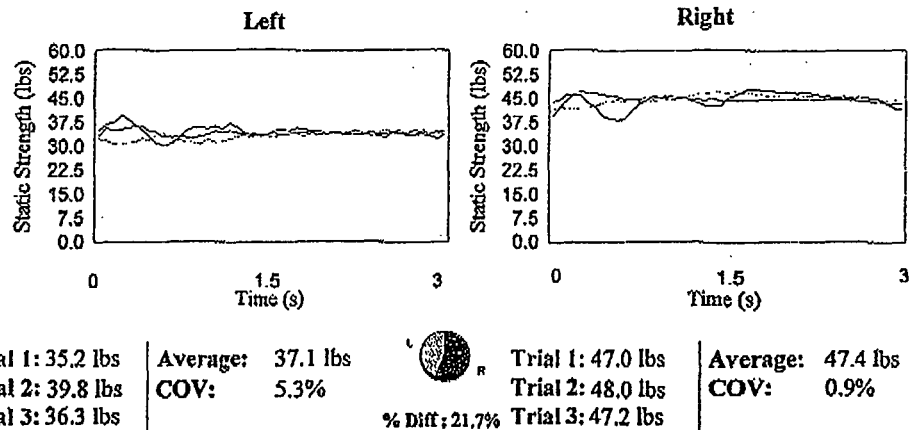
#### Evaluator Comments

Reported some pain in his thoracic spine which he rated a 7/10. He indicated that pushing was not as bad. He felt that he rated thoracic pain at 5/10 during pushing.

### ▶ UTM Standard Cart Height Push Test

Test Date: Jan. 06, 2011 6:59:05 PM

Combined Peak Force: 83.4 lbs.



Mr. John Leopard reached a combined peak force of 83.4 lbs. during the UTM Standard Cart Height Push Test test. The combined peak force is calculated by storing the combined maximum of the left and right force at any instant in time during each trial then averaging over all the trials. The average of the peak forces for the individual sides are 37.1 lbs. for the left side and 47.4 lbs. for the right side. This yields 21.7% difference between the sides. The coefficient of variation was 5.3% for the left side and 0.9% for the right side. Values greater than 15% may be an indicator of submaximal effort.

#### SELECT PHYSICAL THERAPY

110 BYPASS HWY 225 GREENWOOD SC 29646 (864) 223-0406

Mr. John Leopard





Physicians Health and Rehab  
105 Physicians Park Dr.  
Clinton, SC 29235  
Phone: (864) 938-0111  
Fax:

|             |                |               |                           |
|-------------|----------------|---------------|---------------------------|
| Name:       | JOHN LEOPARD   | Exam Date:    | 5/7/2010                  |
| Patient ID: | L247631193     | Exam:         | MRI T- SPINE W/O CONTRAST |
| DOB:        | 9/17/1970      | Reason:       |                           |
| Phone:      | (864) 554-6069 | Referrer:     | DAVID SHALLCROSS, MD      |
| Acc#:       | 67996          | 2nd Referrer: | Rehab Physicians Health & |
|             |                | 3rd Referrer: |                           |

**Results****MRI THORACIC SPINE:**

**INDICATION:** Chronic mid-back pain.

**TECHNIQUE:** Thoracic spine MRI examination was performed with multisequence multiplanar scans through the thoracic spine.

**FINDINGS:** There are no acute compression fractures identified in the thoracic spine. There is very slight anterior wedging of T11 which appears to be old. The thoracic cord can be followed down to about the L1 level at least. There are multiple Schmorl's nodes involving superior and inferior endplates throughout the lower thoracic spine.

At the T4-5 level, there is some mild central disc bulging with minimal subligamentous extension just below the level of the superior endplate of T5. There is no severe central canal stenosis there. There is some mild facet hypertrophy contributing to some mild narrowing of the AP diameter of the central canal at that T4-5 level.

At the T10-11 level, there is some broad-based protrusion of that disc with some relative central canal stenosis there. There is no cord compression as there is some CSF space posterior to the cord at that T10-11 level.

At T11-12, there is some broad-based protrusion of that disc. There is some central canal stenosis with a small amount of CSF space posterior to the cord at that level.

The T12-L1 level does not show any posterior disc protrusion.

**IMPRESSION:**

(1) There are disc protrusions at T10-11 and T11-12 contributing to some relative central canal stenosis without cord compression appreciated. There is minimal disc bulging or minimal protrusion in the midline at the T4-5 level as well.

Lawrence R. Lough, MD  
Radiologist  
PITTS RADIOLOGY

Report Electronically Signed by: Lawrence Lough M.D.  
Report Signed on: 5/10/2010 9:15 AM

|                   |                      |                   |                           |
|-------------------|----------------------|-------------------|---------------------------|
| 1. Name:          | JOHN LEOPARD         | Exam:             | MRI T- SPINE W/O CONTRAST |
| Patient ID:       | L247631193           | Acc:              | 67996                     |
| Completed Date:   | 5/7/2010 10:56:00 AM | Interpreting Rad: | Lawrence Lough M.D.       |
| Transcribed By:   | Lisa Atwood          | Dictated Date:    |                           |
| Transcribed Date: | 5/7/2010 10:34:59 PM | Finalized Date:   | 5/10/2010 9:15 AM         |

<https://ris.pittsrad.net/Reports/printreport.aspx?acc=67996>

10/10 P

5/10/2010  
MAY-10-2010 10:17



# ALIGNNETWORKS

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FAX / EMAIL Confidential - 6/19/2009 7:33:18 PM

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Patient Name: John Leopard

| Visit | Date               | Day      | Attendance | Procedure        |
|-------|--------------------|----------|------------|------------------|
| EVAL  | Jun 12 2009 4:00PM | Friday   | Yes        | Physical Therapy |
| 1     | Jun 16 2009 9:00AM | Tuesday  | Yes        | Physical Therapy |
| 2     | Jun 18 2009 9:00AM | Thursday | Yes        | Physical Therapy |

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# ALIGNNETWORKS

FAX / EMAIL Confidential - 6/5/2009 12:29:54 PM

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Align Networks, Eval.Sched. - Claim #: 580000223652, Leopard

Attn: Elvia Swainson, Alita Moore

Align Networks has scheduled the following patient for evaluation.

|                      |                                                                      |
|----------------------|----------------------------------------------------------------------|
| Patient:             | John Leopard                                                         |
| Schedule Date Time:  | Jun 12 2009 4:00PM                                                   |
| Service Requested:   | Physical Therapy                                                     |
| Claim #:             | 580000223652                                                         |
| Date of Injury:      | 02/11/2009                                                           |
| Body Part:           | upper back / thoracic / chest --                                     |
| Injury:              | Thoracic Sprain / Strain / Contusion --                              |
| Total RX:            | 12                                                                   |
| Total Authorization: | 12                                                                   |
| Provider:            | Select Physical Therapy Holdings, Inc. (DBA Select Physical Therapy) |
| Address:             | 110 Bypass 225                                                       |
| City/State/Zip:      | Greenwood, SC, 29646                                                 |
| Phone:               | (864) 223-0406                                                       |
| Fax:                 | (864) 223-1716                                                       |

Alignnetworks Fax: 904-998-0299

Alignnetworks TIN: 04-3821114

You will receive updated documentation and results from Align Networks upon completion of this appointment.

If you have any questions, please contact me.

Amy Roush  
(866)389-0211 (796)  
aroush@alignnetworks.com

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# ALIGNNETWORKS

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FAX / EMAIL Confidential - 6/19/2009 7:33:18 PM

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Align Networks, Eval.Note.Rcvd. - Claim #: 580000223652, Leopard

Attn: Elvia Swainson, Alita Moore

The evaluation note is attached for:

|                     |                    |
|---------------------|--------------------|
| Patient:            | John Leopard       |
| Schedule Date Time: | Jun 12 2009 4:00PM |
| Service Requested:  | Physical Therapy   |
| Claim #:            | 580000223652       |
| Date of Injury:     | 02/11/2009         |

If you have any questions, please contact me.

Mandy Victor  
(866)389-0211 (827)  
mvictor@alignnetworks.com

Attendance Verification of all visits for this claim begins on page 2.

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## INITIAL EVALUATION SUMMARY

Please fax this form along with a copy of your evaluation to: 904.309.8942

Re: Injured Worker: John Leopard Claim number: 580000223652  
 Initial Eval Date: 6/12/2009 4:00:00 PM Surgical Date:  
 Employer: Greenwood County Fire Fighter  
 Facility Name: Select Physical Therapy Holdings, Inc. (DBA Select Physical Therapy)  
 Referring Physician: David Shallcross DOI: 02/11/2009  
 Injury: Thoracic Sprain / Strain / Contusion  
 Visit Guidelines: 12  
 Service Type: Physical Therapy

This injured worker has initiated skilled therapy. Please circle selections:

Initial Pain Rating out of 10 point score: 0 1 2 3 4 5 6 (7) 8 9 10

Work Status: Not working / Modified / Full Duty

Gross ROM: Non Functional / Within Functional Limits / Within Normal Limits *painful*

Gross Strength: Non Functional / Within Functional Limits / Within Normal Limits *painful*

Injured worker did receive Home Exercise Program: Yes / No

Work Specific activities and goals will be included in treatments: Yes / No

Discharge/Discontinuation expected within-visit guidelines: Yes / No

Projected Treatment Plan: 3 times a week for 4 weeks

Clinical Indicators that may influence patients recovery/attendance:

Concomitant s/p cervical fusion not related to presenting diagnosis (1/16/09)  
Chronic nature of the presenting diagnosis

Measurements/Comments:

↓ Thoracic ROM (see initial eval)  
↓ Trunk strength (see initial eval)

Marlon J. Silbano, PT

Therapist Signature

6/12/09

Date



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jun 12, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim #: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits:  
Cxl/Ns: 0

## Initial Evaluation

### Diagnoses

Spine

7241

PAIN IN THORACIC SPINE

71950

JT STIFFNESS NEC-UNSPEC

72887

MUSCLE WEAKNESS-GENERAL

### General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

#### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

### Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Premorbid status: Work status: Prior to the injury and onset of symptoms, the patient worked full time without restrictions and without symptom reproduction. Pt. was capable of unlimited bending, stooping, lifting, carrying, crawling, pushing, pulling, tolerates sitting, standing, and walking w/o pain reproduction. Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

#### Client Knowledge/Awareness of:

- Pathology: Good. Rehabilitative Process: Good.

#### Functional Capability:

- Working Status: Pt. works as a maintenance technician for Advance Technical Services. Job requires working on machineries including motor changing, working on equipments, lifting, reaching, crawling, and reaching on top of machineries as needed. He volunteers as a firefighter for the Greenwood County. Job requires crawling, kneeling, pulling, pushing, carrying, climbing, standing, bending.

#### Mechanism of Injury: Primary Episode: Date of Injury:

- Date 10/31/2007

#### Mechanism of Injury:

- Primary Episode: The patient indicated that he was going through an attic with his head first, when he missed the surface, twisted his back hitting his back against the surface and hurt his back. He was brought to the ER and an MRI was performed. It was initially thought he had muscle spasm. He was referred to PT around 12/2007. He began with stretching exercises and manual therapy but his back pain increased with this and was stopped. He was referred to a neurosurgeon around 1/2008. It was thought that it was related to muscles. He underwent neck fusion (not related to presenting diagnosis) on 1/16/09 and was recovering from this until he returned back to the surgeon and thought he had MMI. On 2/2009, when it was time to settle with worker's comp, he indicated that his back continues to hurt. He return to MD and had another MRI. He had T11 and T12 derangement. He was referred to a pain specialist and was referred back to PT.

#### Medical Management:

- Physician Speciality: Physical Medicine & Rehabilitation.

#### Previous Medical Management:

- PT treatments

#### Rehabilitation Expectations/Goals:



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jun 12, 2009

- Return to Work Activities: Pt. would like to get some relief of pain in his back and be able to perform repeated reaching, lifting, bending, stooping, carrying, twisting, tolerate sitting or standing w/o symptom reproduction.

### Objective Examination

The client exhibits an independent gait pattern. All of the biomechanical characteristics of gait appear normal in all planes of motion for all phases. No abnormalities are evident.

#### Muscle Testing: Thoracolumbar Planes:

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                               |      |
|-------------------------------|------|
| • Extension(painful ++)       | 50%  |
| • Flexion(painful)            | 75%  |
| • Rotation Left               | 75%  |
| • Rotation Right(painful)     | 75%  |
| • Side Bending Left           | 100% |
| • Side Bending Right(painful) | 75%  |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Side Bending:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Rotation:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

### Treatments

#### Exercise Activities: Range of Motion:

- Extension
- Rotation

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

#### Therapy Session Time

|                              |          |
|------------------------------|----------|
| • Therapy Session Start Time | 05:00 PM |
| • Therapy Session Stop Time  | 06:00 PM |

#### Documented Procedural Code Summary:

| Description                   | Code  | Units | Minutes |
|-------------------------------|-------|-------|---------|
| • Physical Therapy Evaluation | 97001 | 1     | n/a     |
| • Therapeutic Procedure       | 97110 | 1     | 12      |

### Assessment



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jun 12, 2009

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The specific functional deficits and goals identified necessitate skilled rehabilitation over the next 30 days and are outlined in the goals section of this evaluation. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

#### Presentation:

- Pt. presents with complaints of mid-back pain R>L at approximate level of T10 to T12 spinous processes following a work-related injury that occurred on 10/31/2007. He underwent cervical fusion on 1/16/09 (not related to the presenting diagnosis). On today's examination, the patient exhibits a slightly restricted thoracic extension, flexion, side bending to the right, and rotation to either side. He exhibits slight truncal weakness that may be related to muscular guarding/pain. There is minimal to moderate tenderness over the involved spinous processes. He exhibits signs and symptoms consistent with soft tissue/joint dysfunction and possible mechanical derangement of the thoracic-lumbar spine segment.

#### Recommendations:

- Skilled Intervention: Pt. will benefit from skilled physical therapy treatments to address the functional limitations indicated. He will benefit from therapeutic modalities and manual therapy to reduce pain, inflammation, and muscle guarding. He will also benefit from therapeutic exercises to increase ROM and strength and improve mobility enabling him to perform work related activities pain-free.

#### Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

STG Achieve by Jun 26, 2009.

##### Symptomatic Improvements:

- Decreasing Pain: to 5/10.

LTG Achieve by Jul 10, 2009.

##### Symptomatic Improvements:

- Decreasing Pain: to 3/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

LTG Achieve by Jul 10, 2009.

##### ADL Improvements In:

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

LTG Achieve by Jul 10, 2009.

##### Palpable Improvements:

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

LTG Achieve by Jul 10, 2009.

##### Range of Motion Improvements to: Active Thoracic:

- Extension 100%
- Flexion 100%
- Rotation Left 100%
- Rotation Right 100%
- Side Bending Right 100%

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

LTG Achieve by Jul 10, 2009.

##### Musculoskeletal Improvements In:

##### Thoracolumbar Spine to:

- |             | Left | Right |
|-------------|------|-------|
| • Extension | 5/5  | 5/5   |
| • Flexion   | 5/5  | 5/5   |

#### Plan



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jun 12, 2009

**Amount, Frequency and Duration:**

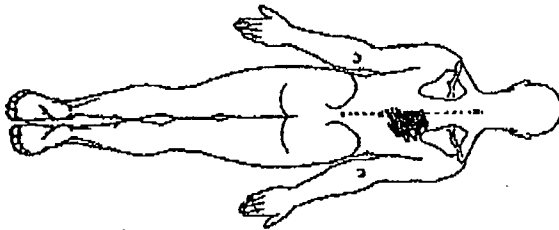
- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Recommendations:**

- We will contact his worker's compensation casemanager regarding the issuance of a home TENS unit. Once approved, we will provide education on its use.

**Therapeutic Contents:**

- Thank you for the referral of this patient to our facility for physical therapy services. Mr. Leopard's physical therapy treatments will include modalities i.e. MHP, e-stimulation, and US to reduce pain, inflammation, and muscle guarding/spasm. We will also perform manual therapy i.e. soft tissue and joint mobilization techniques to further reduce any soft tissue and joint restrictions and improve mobility. We will also incorporate therapeutic exercises to increase ROM mainly of the thoracic region and to increase truncal strength. Once pain is reduced, we will also incorporate functional activity training.

**Sketches**

Posterior Full Body

*Marlon Libunao, PT*

Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

a Select Medical company

**Patient:** John Leopard  
**Acct #:** 013R61024795B  
**DOB:** Sep 17, 1970  
**Clinician:** Marlon Libunao, PT  
**Prim Phy:** David L. Shallcross  
**Phy Phone:** (864) 232-6417  
**Phy Fax:** (864) 232-1511  
**Sec Phy:** Not Specified  
**Inj. Date:** 2/11/2009  
**Surg. Date:** Not Specified

**Visit Date:** Jun 12, 2009  
**FSC:** Workers Compensation  
**Payor:** WC OF SC  
**Pol/Claim#:** 247631193  
**Insured:** John Leopard  
**Employer:** Advanced Tech Services  
**Case Mgr:** Not Specified  
**Visits:** 1  
**Cxl/Ns:** 0

## Plan of Care

**Diagnoses** Spine

7241 PAIN IN THORACIC SPINE  
71950 JT STIFFNESS NEC-UNSPEC  
72887 MUSCLE WEAKNESS-GENERAL

### Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

#### ADL / Functional Status:

- Premorbid status: Work status: Prior to the injury and onset of symptoms, the patient worked full time without restrictions and without symptom reproduction. Pt. was capable of unlimited bending, stooping, lifting, carrying, crawling, pushing, pulling, tolerates sitting, standing, and walking w/o pain reproduction.

#### Mechanism of Injury: Primary Episode: Date of Injury:

- Date 10/31/2007

#### Mechanism of Injury:

- Primary Episode: The patient indicated that he was going through an attic with his head first, when he missed the surface, twisted his back hitting his back against the surface and hurt his back. He was brought to the ER and an MRI was performed. It was initially thought he had muscle spasm. He was referred to PT around 12/2007. He began with stretching exercises and manual therapy but his back pain increased with this and was stopped. He was referred to a neurosurgeon around 1/2008. It was thought that it was related to muscles. He underwent neck fusion (not related to presenting diagnosis) on 1/16/09 and was recovering from this until he returned back to the surgeon and thought he had MMI. On 2/2009, when it was time to settle with worker's comp, he indicated that his back continues to hurt. He return to MD and had another MRI. He had T11 and T12 derangement. He was referred to a pain specialist and was referred back to PT.

#### Rehabilitation Expectations/Goals:

- Return to Work Activities: Pt. would like to get some relief of pain in his back and be able to perform repeated reaching, lifting, bending, stooping, carrying, twisting, tolerate sitting or standing w/o symptom reproduction.

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

### Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The specific functional deficits and goals identified necessitate skilled rehabilitation over the next 30 days and are outlined in the goals section of this evaluation. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

#### Presentation:

- Pt. presents with complaints of mid-back pain R>L at approximate level of T10 to T12 spinous processes following a work-related injury that occurred on 10/31/2007. He underwent cervical fusion on 1/16/09 (not related to the presenting diagnosis). On today's examination, the patient exhibits a slightly restricted thoracic extension, flexion, side bending to the right, and rotation to either side. He exhibits slight truncal weakness that may be related to muscular guarding/pain. There is minimal to moderate tenderness over the involved spinous processes. He exhibits signs and symptoms consistent with soft tissue/joint dysfunction and possible mechanical derangement of the thoracic-lumbar spine segment.

#### Recommendations:

- Skilled Intervention: Pt. will benefit from skilled physical therapy treatments to address the functional limitations indicated. He will benefit from therapeutic modalities and manual therapy to reduce pain, inflammation, and muscle guarding. He will also benefit from therapeutic exercises to increase ROM and strength and improve mobility enabling him to perform work related activities pain-free.



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jun 12, 2009

### Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

*STG Achieve by Jun 26, 2009.*

**Symptomatic Improvements:**

- Decreasing Pain: to 5/10.

*LTG Achieve by Jul 10, 2009.*

**Symptomatic Improvements:**

- Decreasing Pain: to 3/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

*LTG Achieve by Jul 10, 2009.*

**ADL Improvements In:**

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

*LTG Achieve by Jul 10, 2009.*

**Palpable Improvements:**

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

- |                               |      |
|-------------------------------|------|
| • Extension(painful ++)       | 50%  |
| • Flexion(painful)            | 75%  |
| • Rotation Left               | 75%  |
| • Rotation Right(painful)     | 75%  |
| • Side Bending Left           | 100% |
| • Side Bending Right(painful) | 75%  |

*LTG Achieve by Jul 10, 2009.*

**Range of Motion Improvements to: Active Thoracic:**

- |                      |      |
|----------------------|------|
| • Extension          | 100% |
| • Flexion            | 100% |
| • Rotation Left      | 100% |
| • Rotation Right     | 100% |
| • Side Bending Right | 100% |

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

- |             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

*LTG Achieve by Jul 10, 2009.*

**Musculoskeletal Improvements In:**

**Thoracolumbar Spine to:**

- |             | Left | Right |
|-------------|------|-------|
| • Extension | 5/5  | 5/5   |
| • Flexion   | 5/5  | 5/5   |

### Plan

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Recommendations:**

- We will contact his worker's compensation casemanager regarding the issuance of a home TENS unit. Once approved, we will provide education on its use.

**Therapeutic Contents:**

- Thank you for the referral of this patient to our facility for physical therapy services. Mr. Leopard's physical therapy treatments will include modalities i.e. MHP, e-stimulation, and US to reduce pain, inflammation, and muscle guarding/spasm. We will also perform





Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jun 12, 2009

manual therapy i.e. soft tissue and joint mobilization techniques to further reduce any soft tissue and joint restrictions and improve mobility. We will also incorporate therapeutic exercises to increase ROM mainly of the thoracic region and to increase truncal strength. Once pain is reduced, we will also incorporate functional activity training.

Marlon Libunao, PT, PT(SC Lic: 2892)

**Please Sign and Return**

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

**Comments/Revisions****Physician Signature****Date**



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

## Companion P&amp;C Claims

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shaecross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jun 16, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 2  
Cxl/Ns: 0

## Daily Note

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

## Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

## Subjective Examination

## ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

## Daily Comments:

- Patient states that his upper back and right shoulder blade is still hurting him. Reports that it didn't seem to feel any worse since he started therapy, but he has not been able to get much relief from the pain. Rates pain in his upper back and shoulder 6 or 7/10.

## Objective Examination

## Muscle Testing: Thoracolumbar Planes:

- Extension
- Flexion

Left  
4/5  
4/5

Right  
4/5  
4/5

## Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

## Range of Motion: Active Thoracic:

- Extension(painful ++)
- Flexion(painful)
- Rotation Left
- Rotation Right(painful)
- Side Bending Left
- Side Bending Right(painful)

50%  
75%  
75%  
75%  
100%  
75%

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

- T 10
- T 11
- T 12

Left

Negative  
Negative  
Negative

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

- T 10
- T 11

Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms

06-19-'09 08:04 FROM-SELECT PT

Received 8642231716

T-978 P007/007 F-642

Companion P&C Claims



Pat # 07/13/09 John Leopard

Acct #: 013R610247958

Visit Date: Jun 16, 2009

*Marlon Libunao PT*

Marlon Libunao, PT, PT(SC Lic: 2892)

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Page 3 of 3

Ashley M. Bowie, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

## Companion P&amp;C Claims

Patient: 13/09 In Leopard  
Abct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jun 18, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 3  
Cxl/Ns: 0

## Daily Note

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

## Subjective Examination

## Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

## Daily Comments:

- Patient states he does feel that therapy is helping, because he is able to do his stretch to the right side without as much pain. Reports that leaning back still hurts some.

## Objective Examination

## Muscle Testing: Thoracolumbar Planes:

- Extension
- Flexion

Left  
4/5  
4/5

Right  
4/5  
4/5

## Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

## Range of Motion: Active Thoracic:

- Extension(painful ++)
- Flexion(painful)
- Rotation Left
- Rotation Right(painful)
- Side Bending Left
- Side Bending Right(painful)

50%  
75%  
75%  
75%  
100%  
75%

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

- T 10
- T 11
- T 12

Left

Negative  
Negative  
Negative

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

- T 10
- T 11
- T 12

Negative  
Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:

- T 10
- T 11
- T 12

Negative  
Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:

- T 10
- T 11
- T 12

Negative  
Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Treatments

## Exercise Activities: Range of Motion:

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Status: Signed off (secure electronic signature)

Ashley M. Bowle, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)

Page 1 of 3

## Companion P&amp;C Claims


 Patient: John Leopard  
 Acct #: 013R610247958

Visit Date: Jun 18, 2009

## • Extension

 Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated,  
 Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As:  
 Therapeutic Exercise

## • Rope &amp; Pulley Flexion

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

## • Rotation

 Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body  
 Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain  
 Free, Charge As: Therapeutic Exercise
**Exercise Activities: Machines/Wts.(L. Quarter):**

## • Back Extensions

 Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions:  
 10, Sets: 3, Charge As: Therapeutic Exercise
**Exercise Activities: Aerobic Conditioning:**

## • Upper Body Ergometer

 Time Elapsed: 10 Minutes, Direction: forward & backward, Speed  
 (rpm): 120, Charge As: Therapeutic Exercise
**Modalities:**

## • Electric Stim, Unattended

 Time Elapsed: 20 Minutes, Location: Thoracic spine & R scapula,  
 Performed With: Moist Heat, Mode: Continuous, Type: Interferential,  
 Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended
**Therapy Session Time**

## • Therapy Session Start Time 05:00 PM

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Therapeutic Procedure               | 97110 | 2     | 32      |

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time. The patient tolerated today's treatment intervention without complaints of pain or difficulty.

**Treatment Emphasis to focus on:**

- Pain relief, Range of Motion/Mobility Improvements.

**Plan****Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

**Subjective Examination****ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

**General Information****Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

**Additional Detail: Thoracic strain**

1: Cervical fusion 1/16/09 not related to diagnosis

 Component 1: Joint mobilization, Component 2: MFR, Massage,  
 Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
 eval

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

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Document ID: 52D007BA.004

Status: Signed off (secure electronic signature)

Page 2 of 3

Ashley M. Bowie, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)

06-19-'09 08:03 FROM-SELECT PT Received 8642231716

T-978 P004/007 F-642

Companion P&C Claims



07/13/09  
Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jun 18, 2009

*Marlon Libunao*

Marlon Libunao, PT, PT(SC Lic: 2892)

F1A091941000433

Document ID: 52D007BA.004 Status: Signed off (secure electronic signature)  
Ashley M. Bowle, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)

Page 3 of 3


**Select**

a Select Medical company

 Select Physical Therapy  
 110 Bypass 225  
 Greenwood, SC USA 29649  
 Phone: (864) 223-0406  
 Fax: (864) 223-1716

Received

Companion P&amp;C Claims

 Patient: John Leopard  
 Acct #: 0136010247958  
 DOB: Sep 17, 1970  
 Clinician: Marlon Ubunao, PT  
 Prim Phy: David L. Shallcross  
 Phy Phone: (864) 232-8417  
 Phy Fax: (864) 232-1511  
 Sec Phy: Not Specified  
 Inj. Date: 2/11/2009  
 Surg. Date: Not Specified

 Visit Date: Jun 23, 2009  
 PSC: Workers Compensation  
 Payor: WC OF SC  
 Pol/Claim #: 247631193  
 Insured: John Leopard  
 Employer: Advanced Tech Services  
 Case Mgr: Not Specified  
 Visits: 5  
 Cx/Ns: 0

**Daily Note**

Diagnoses Spine

 7241  
 71950  
 72887

 PAIN IN THORACIC SPINE  
 JT STIFFNESS NEC-UNSPEC  
 MUSCLE WEAKNESS-GENERAL

58-223052

**General Information**

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

**Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

 Component 1: Joint mobilization, Component 2: MFR, Massage,  
 Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
 eval

**Subjective Examination**
**ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

**Chief Complaint:**

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

**Daily Comments:**

- Patient states that his upper back and right shoulder blade is still very sore and tender, but it doesn't hurt as bad as it did before he started therapy. Reports that he is still doing his exercises at home, and they seem to be getting easier. Reports that he is able to bend backwards without as much pain. States that the TENS seems to be helping with his pain, it doesn't seem to be as intense.

**Objective Examination**
**Muscle Testing: Thoracolumbar Planes:**

- Extension
- Flexion

 Left  
 4/5  
 4/5

 Right  
 4/5  
 4/5

**Palpation:**

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

**Range of Motion: Active Thoracic:**

- Extension(painful ++)
- Flexion(painful)
- Rotation Left
- Rotation Right(painful)
- Side Bending Left
- Side Bending Right(painful)

 50%  
 75%  
 75%  
 75%  
 100%  
 75%

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:**

- T 10
- T 11
- T 12

 Left  
 Negative  
 Negative  
 Negative

Right

 Aggravates Symptoms  
 Aggravates Symptoms  
 Aggravates Symptoms

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:**

- T 10

 Left  
 Negative

Right

Aggravates Symptoms

 Document ID: 52D007BA.006  
 Ashley M. Bowie, PTA,PTA(SC Lic: 1995); Marlon Ubunao, PT,PT(SC Lic: 2892)

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Page 1 of 3



Received

Companion P&amp;C Claims

Patient: John Leonard  
Acct #: 0154810247958

Visit Date: Jun 23, 2009

|                                                                                      |             |                     |
|--------------------------------------------------------------------------------------|-------------|---------------------|
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:</b> | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:</b>     | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |

**Treatments****Exercise Activities: Range of Motion:**

- Extension

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

- ROM Activity 1

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae

**Modalities:**

- Electric Stim, Unattended

**Therapy Session Time**

- Therapy Session Start Time 05:00 PM

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 3     | 47      |

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time.

**Treatment Emphasis to focus on:**

- Pain relief. Range of Motion/Mobility Improvements. Strengthen Disuse Components.

**Plan****Daily Plan:**

0500000100260013

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Ashley M. Bowie, PTA,PTA(SC Lic: 1995); Marlon Libunao, PT,PT(SC Lic: 2892)

Page 2 of 3



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Companion P&C Claims

Patient: John Leonard  
Acct #: 07/23/09  
016402047958

Visit Date: Jun 23, 2009

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Marlon Libunao, PT, PT(SC Lic: 2892)

0500000140260V1F

Document ID: 52D007BA.006

Status: Signed off (secure electronic signature)

Page 3 of 3

Ashley M. Bowie, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Received

## Companion P&amp;C Claims

Patient: John Leopard  
Acct #1: 07220047958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jun 25, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 6  
Cd/Ns: 0

## Daily Note

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

## Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

## Subjective Examination

## ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

## Daily Comments:

- States that pain is not quite as intense and not quite as frequent as it has been.

## Objective Examination

## Muscle Testing: Thoracolumbar Planes:

|             |      |       |
|-------------|------|-------|
|             | Left | Right |
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

## Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

## Range of Motion: Active Thoracic:

|                               |      |
|-------------------------------|------|
| • Extension(painful ++)       | 50%  |
| • Flexion(painful)            | 75%  |
| • Rotation Left               | 75%  |
| • Rotation Right(painful)     | 75%  |
| • Side Bending Left           | 100% |
| • Side Bending Right(painful) | 75%  |

## Special Tests: Symptom Provocation/Alleviation: Thoracic

## Spine: Flexion:

|        |          |                     |
|--------|----------|---------------------|
|        | Left     | Right               |
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

## Special Tests: Symptom Provocation/Alleviation: Thoracic

## Spine: Extension:

|        |          |                     |
|--------|----------|---------------------|
|        | Left     | Right               |
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |



Received

Companion P&amp;C Claims

Patient: John Leonard  
Acct #: 0136010247958

Visit Date: Jun 25, 2009

|                                                          |          |                     |
|----------------------------------------------------------|----------|---------------------|
| • T 12                                                   | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Side Bending:                                     |          |                     |
| • T 10                                                   | Negative | Aggravates Symptoms |
| • T 11                                                   | Negative | Aggravates Symptoms |
| • T 12                                                   | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Rotation:                                         |          |                     |
| • T 10                                                   | Negative | Aggravates Symptoms |
| • T 11                                                   | Negative | Aggravates Symptoms |
| • T 12                                                   | Negative | Aggravates Symptoms |

**Treatments****Exercise Activities: Range of Motion:**

- Extension.

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

- ROM Activity 1

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions
- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae

**Modalities:**

- Electric Stim, Unattended

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 3     | 47      |

**Assessment**

Tenderness is localized more now closer to the spine area.

**Plan****Recommendations:**

- Continue with current program.

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

Time Elapsed: 15 Minutes, Location: Thoracic spine & R scapula, Performed With: Moist Heat, Mode: Continuous, Type: Interferential, Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended

0500000740760113

07-07-'09 14:39 FROM-SELECT PT

8642231716

T-067 P007/020 F-825

Received



Companion P&C Claims

Patient:

John Leonard

Acct #:

023K020247958

Visit Date: Jun 25, 2009

*Marlon Libunao PT*

Marlon Libunao, PT, PT(SC Lic: 2892)

050000017036013

Document ID: 520007BA.007  
Marlon Libunao, PT, PT(SC Lic: 2892)

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Page 3 of 3



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Received

## Companion P&amp;C Claims

Patient: John Leopard  
Acct #: 015K610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jun 29, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 7  
Cd/Ns: 1

## Daily Note

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

58 223452

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

## Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

## Subjective Examination

## ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

## Daily Comments:

- Today, pt. states he has been having some radiating pain and tingling sensation into his right hand. When asked, he indicated that this has been going on for two or three weeks now. It seems that the UBE exercise seems to flare this up more.

## Objective Examination

## Muscle Testing: Thoracolumbar Planes:

- Extension
- Flexion

Left  
4/5  
4/5

Right  
4/5  
4/5

## Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

## Range of Motion: Active Thoracic:

- Extension(painful ++)
- Flexion(painful)
- Rotation Left
- Rotation Right(painful)
- Side Bending Left
- Side Bending Right(painful)

50%  
75%  
75%  
75%  
100%  
75%

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

- T 10
- T 11
- T 12

Left  
Negative  
Negative  
Negative

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

- T 10
- T 11

Left  
Negative  
Negative

Right  
Aggravates Symptoms  
Aggravates Symptoms

Document ID: 52D0078A.009  
Marlon Libunao, PT,PT(SC Lic: 2892)

Status: Signed off (secure electronic signature)

Page 1 of 3



Received

## Companion P&amp;C Claims

Patient: John Leonard

Acct #: 013R610247958

Visit Date: Jun 29, 2009

• T 12  
Special Tests: Symptom Provocation/Alleviation: Thoracic  
Spine: Side Bending:

- T 10
- T 11
- T 12

Special Tests: Symptom Provocation/Alleviation: Thoracic  
Spine: Rotation:

- T 10
- T 11
- T 12

Negative  
Left

Negative  
Negative  
Negative  
Left

Negative  
Negative  
Negative

Aggravates Symptoms  
Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms  
Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Treatments**

Durable Medical Equipment: Spine Equipment:

- Cervical Roll

Exercise Activities: Range of Motion:

- Extension

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

- ROM Activity 1

Exercise Activities: Machines/Wts.(L. Quarter):

- Back Extensions

- Machines/Free Weights 1

Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch

Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae

Modalities:

- Electric Stim, Unattended

Documented Procedural Code Summary:

| Description                           | Code    | Units | Minutes |
|---------------------------------------|---------|-------|---------|
| • Cervical Roll                       | E0190-1 | 1     | n/a     |
| • Electrical Stimulation (unattended) | 97014   | 1     | n/a     |
| • Manual Therapy Techniques           | 97140   | 1     | 10      |
| • Therapeutic Procedure               | 97110   | 3     | 52      |

**Assessment**

Units: 1, Additional Detail: For proper positioning of neck and thoracic spine, Charge As: Cervical Roll

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

Time Elapsed: 15 Minutes, Location: Thoracic spine & R scapula, Performed With: Moist Heat, Mode: Continuous, Type: Interferential, Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended



Received

Companion P&C Claims  
Patient: John Leonard  
Acct #: 013R010247958

Visit Date: Jun 29, 2009

The patient tolerated today's treatment intervention with minimal complaints of pain.

**Treatment Emphasis to focus on:**

- Range of Motion/Mobility Improvements. Muscle Function Improvements. Pain relief.

**Plan**

**Recommendations:**

- Continue with current program. Will emphasis cervical stabilization during thoracic exercises. PT. was given neck roll for sleeping at night as well.

Marlon Libunao, PT, PT(SC Lic: 2892)

F1A0920410000049



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

## Received

## Companion P&amp;C Claims

Patient: John Leopard  
Acct #: 013R010247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-6417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jul 01, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 8  
Cxl/Ns: 1

## Daily Note

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

## Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage, Component 3: E-stimulation, Iontophoresis, Component 4: TENS eval

## Subjective Examination

## ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

## Daily Comments:

- Patient states that he is having some pain in his right shoulder today. Reports that he felt this pain shoot down into his arm while he was doing an activity here in therapy, but reports that the pain is not down into his arm anymore, but his shoulder is still bothering him some. Reports that his upper back and shoulder blade is better, but the shoulder joint still hurts some. Rates pain about 4 or 5/10.

## Objective Examination

## Muscle Testing: Thoracolumbar Planes:

|             |      |       |
|-------------|------|-------|
|             | Left | Right |
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

## Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

## Range of Motion: Active Thoracic:

|                               |      |
|-------------------------------|------|
| • Extension(painful ++)       | 50%  |
| • Flexion(painful)            | 75%  |
| • Rotation Left               | 75%  |
| • Rotation Right(painful)     | 75%  |
| • Side Bending Left           | 100% |
| • Side Bending Right(painful) | 75%  |

## Special Tests: Symptom Provocation/Alleviation: Thoracic

## Spine: Flexion:

- T 10
- T 11
- T 12

## Left

Negative  
Negative  
Negative

## Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

## Special Tests: Symptom Provocation/Alleviation: Thoracic

## Spine: Extension:

- T 10

Left  
Negative

Right  
Aggravates Symptoms





Received

Companion P&amp;C Claims

Patient: John Leopard  
Acc #: 013R020247958

Visit Date: Jul 01, 2009

|                                                                                      |             |                     |
|--------------------------------------------------------------------------------------|-------------|---------------------|
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:</b> | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:</b>     | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |

**Treatments****Exercise Activities: Range of Motion:**

- Extension

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

- ROM Activity 1

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Rowing

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae(This visit)

**Modalities:**

- Electric Stim, Unattended

**Therapy Session Time**

- Therapy Session Start Time 05:00 PM

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Therapeutic Procedure               | 97110 | 4     | 57      |

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time. Treatment Emphasis to focus on:

Document ID: 52D007BA.010 Status: Signed off (secure electronic signature)  
Ashley M. Bowie, PTA,PTA(SC Lic: 1995); Marlon Libunao, PT,PT(SC Lic: 2892)

Page 2 of 3

07-07-'09 14:42 FROM-SELECT PT

8642231716

T-067 P014/020 F-825

Received

Companion P&C Claims

Patient: John Leopard

Acct #: 072709 013R610247958

Visit Date: Jul 01, 2009



- Pain relief. Range of Motion/Mobility Improvements. Muscle Function Improvements. Strengthen Disuse Components.

**Plan**

**Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

a Select Medical company

Patient: John Leopard  
Acct #: 013R510247858  
DOB: Sep 17, 1970  
Chiropractor: Marion Libunao, PT  
Prim Phys: David L. Shalcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Note Date: Jul 02, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim #: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 0  
Cd/Ns: 1

## Progress Note

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

### General Information

This is a 38 year old male w/ complaints of mid-thoracic pain following a work related injury that occurred on 10/31/07. He was initially referred to PT on 6/4/09 and began therapy on 6/12/09 completing 9 sessions including the initial assessment.

### Subjective Examination

PT indicates that he continues to report having mid-thoracic pain on the right side at approximate level of T8 to T10. He indicates that the pain intensity and the frequency of occurrence seems to have decreased since the initial assessment.

### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician

### Objective Examination:

|                                                                                                                                                                                                                     | Jun 12, 2009 |       | Jul 02, 2009        |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|---------------------|-------|
|                                                                                                                                                                                                                     | Left         | Right | Left                | Right |
| <b>Muscle Testing: Thoracolumbar Planes:</b>                                                                                                                                                                        |              |       |                     |       |
| • Extension                                                                                                                                                                                                         | 4/5          | 4/5   | 4/5                 | 4/5   |
| • Flexion                                                                                                                                                                                                           | 4/5          | 4/5   | 4/5                 | 4/5   |
| <b>Palpation:</b>                                                                                                                                                                                                   |              |       |                     |       |
| • Thoracic Region: Tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula has decreased since the initial assessment. |              |       |                     |       |
| <b>Range of Motion: Active Thoracic:</b>                                                                                                                                                                            | Jun 12, 2009 |       | Jul 02, 2009        |       |
| • Extension(painful ++)                                                                                                                                                                                             | 50%          |       | 50%                 |       |
| • Flexion(painful)                                                                                                                                                                                                  | 75%          |       | 75%                 |       |
| • Rotation Left                                                                                                                                                                                                     | 75%          |       | 75%                 |       |
| • Rotation Right(painful)                                                                                                                                                                                           | 75%          |       | 75%                 |       |
| • Side Bending Left                                                                                                                                                                                                 | 100%         |       | 100%                |       |
| • Side Bending Right(painful)                                                                                                                                                                                       | 75%          |       | 75%                 |       |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spinal Flexion:</b>                                                                                                                                     | Left         |       | Right               |       |
| • T 10                                                                                                                                                                                                              | Negative     |       | Reproduces Symptoms |       |
| • T 11                                                                                                                                                                                                              | Negative     |       | Reproduces Symptoms |       |
| • T 12                                                                                                                                                                                                              | Negative     |       | Reproduces Symptoms |       |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:</b>                                                                                                                                   | Left         |       | Right               |       |
| • T 10                                                                                                                                                                                                              | Negative     |       | Aggravates Symptoms |       |
| • T 11                                                                                                                                                                                                              | Negative     |       | Aggravates Symptoms |       |
| • T 12                                                                                                                                                                                                              | Negative     |       | Aggravates Symptoms |       |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:</b>                                                                                                                                | Left         |       | Right               |       |
| • T 10                                                                                                                                                                                                              | Negative     |       | Reproduces Symptoms |       |
| • T 11                                                                                                                                                                                                              | Negative     |       | Reproduces Symptoms |       |
| • T 12                                                                                                                                                                                                              | Negative     |       | Reproduces Symptoms |       |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:</b>                                                                                                                                    | Left         |       | Right               |       |
| • T 10                                                                                                                                                                                                              | Negative     |       | Aggravates Symptoms |       |
| • T 11                                                                                                                                                                                                              | Negative     |       | Aggravates Symptoms |       |
| • T 12                                                                                                                                                                                                              | Negative     |       | Aggravates Symptoms |       |



Patient: John Leopard  
Acct #: 013R610247958

Note Date: Jul 02, 2009

### Assessment

PT continues to report having mid-thoracic pain on the right side with occasional pain reproduction into the right arm. However, I did not feel that this may be related to the presenting diagnosis. Thoracic range of motion is within functional limitations but did not aggravate the pain which it used to. He reported that trunk mobility has improved now and that he seems to be getting stronger in terms of being able to perform work-related activities with minimal reproduction of symptoms. Performing joint mobilization to the thoracic spine remains very tender, however, he seems to be tolerating this a little better now. Mr. Leopard attends therapy as scheduled and remains compliant with his exercise program.

### Plan

Thank you for the kind referral of this patient to our facility for physical therapy services. I am pleased to report that Mr. Leopard seems to be responding to therapy slowly very well in terms of reducing pain, increasing mobility and strength. His ability to perform reaching, repeated bending, and twisting seems to have improved. I felt that Mr. Leopard will benefit from continuing physical therapy treatments 3x/wk for another 3 to 4 weeks to his mid-thoracic regions to continue with modalities and manual therapy and with exercises. He was provided with a home TENS unit which he reports seems to be helping him. We will continue with manual therapy techniques and will try the use of Iontophoresis to further address the relief of pain. Once again, thank you for the kind referral.

Therapy  
Referral

- I have read the above report and request that my patient:
- ☒ Continue with treatment program as indicated above.
  - ☐ Continue treatment program for \_\_\_ days/week for \_\_\_ weeks.
  - ☐ Revise treatment program as indicated: \_\_\_\_\_
  - ☐ Progress to a home exercise program.
  - ☐ Be discharged.
  - ☐ Other: \_\_\_\_\_

Please sign  
and return

*Mol*

Marlon Libunao, PT, PT(SC Lic: 2892)

*[Signature]* 7/16/09  
Physician Signature Date



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

**Patient:** John Leopard  
**Acct #:** 013R610247958  
**DOB:** Sep 17, 1970  
**Clinician:** Marlon Libunao, PT  
**Prim Phy:** David L. Shallcross  
**Phy Phone:** (864) 232-8417  
**Phy Fax:** (864) 232-1511  
**Sec Phy:** Not Specified  
**Inj. Date:** 2/11/2009  
**Surg. Date:** Not Specified

**Visit Date:** Jul 09, 2009  
**PSC:** Workers Compensation  
**Payor:** WC OF SC  
**Pol/Claim #:** 247631193  
**Insured:** John Leopard  
**Employer:** Advanced Tech Services  
**Case Mgt:** Not Specified  
**Visits:** 10  
**Cxl/Ns:** 2

## Daily Note

**Diagnoses** Spine

7241 PAIN IN THORACIC SPINE  
71950 JT STIFFNESS NEC-UNSPEC  
72887 MUSCLE WEAKNESS-GENERAL

### General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

#### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis  
Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

### Subjective Examination

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

#### Daily Comments:

- Patient states that his upper back and shoulder are extremely sore today. Reports that he was hanging from a broken machine for hours trying to repair it yesterday, and is having a lot more pain and soreness. Rates pain 8/10 at this time.

### Objective Examination

#### Muscle Testing: Thoracolumbar Planes:

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                               |      |
|-------------------------------|------|
| • Extension(painful ++)       | 50%  |
| • Flexion(painful)            | 75%  |
| • Rotation Left               | 75%  |
| • Rotation Right(painful)     | 75%  |
| • Side Bending Left           | 100% |
| • Side Bending Right(painful) | 75%  |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 09, 2009

|                                                                                      |             |                     |
|--------------------------------------------------------------------------------------|-------------|---------------------|
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:</b> | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:</b>     | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |

### Treatments

#### **Exercise Activities: Range of Motion:**

- Extension

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

- ROM Activity 1(This visit)

#### **Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

- Machines/Free Weights 1

#### **Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

#### **Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

#### **Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Rowing

#### **Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae

#### **Modalities:**

- Electric Stim, Unattended

#### **Therapy Session Time**

- Therapy Session Start Time 05:00 PM

#### **Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 3     | 52      |

### Assessment

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

Time Elapsed: 20 Minutes, Location: R scapula & R upper trap, Performed With: Moist Heat, Mode: Continuous, Type: Interferential, Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 09, 2009

**Presentation:**

- Patient presents with a mild to moderate increase in pain and soreness of upper back and right shoulder, that he feels is due to him having to work hanging overhead repairing a machine. Began treatment with MH along with e-stim to this area to help decrease reports of pain, and improve tolerance to exercise program. Patient performed exercises outlined above without complaints of increasing pain, but did not report of having any decrease in pain either. Ended treatment with soft tissue massage to help decrease any soreness from exercises.

**Plan****Daily Plan:**

- Advance as tolerated.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jul 10, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim #: 247631193  
Insured: John Leopard  
Employee: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 11  
Cxl/Ns:

## Daily Note

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

### General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

#### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage, Component 3: E-stimulation, Iontophoresis, Component 4: TENS eval

### Subjective Examination

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

#### Daily Comments:

- Patient states that his upper back is doing a little better today. Reports that he is not as tender as he was on his last visit, but he can still feel some soreness. Rates pain 5/10.

### Objective Examination

#### Muscle Testing: Thoracolumbar Planes:

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                               |      |
|-------------------------------|------|
| • Extension(painful ++)       | 50%  |
| • Flexion(painful)            | 75%  |
| • Rotation Left               | 75%  |
| • Rotation Right(painful)     | 75%  |
| • Side Bending Left           | 100% |
| • Side Bending Right(painful) | 75%  |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |





Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 10, 2009

|                                                                                      |             |                     |
|--------------------------------------------------------------------------------------|-------------|---------------------|
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:</b> | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |
| <b>Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:</b>     | <b>Left</b> | <b>Right</b>        |
| • T 10                                                                               | Negative    | Aggravates Symptoms |
| • T 11                                                                               | Negative    | Aggravates Symptoms |
| • T 12                                                                               | Negative    | Aggravates Symptoms |

### Treatments

#### Exercise Activities: Range of Motion:

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- ROM Activity 1

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(L. Quarter):

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

#### Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

#### Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(U. Quarter):

- Seated-Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

#### Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

#### Modalities:

- Electric Stim, Unattended

Time Elapsed: 20 Minutes, Location: R scapula & R upper trap, Performed With: Moist Heat, Mode: Continuous, Type: Interferential, Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended

#### Therapy Session Time

- Therapy Session Start Time 04:00 PM

#### Documented Procedural Code Summary:

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 4     | 57      |



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 10, 2009

---

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time.

**Treatment Emphasis to focus on:**

- Pain relief. Range of Motion/Mobility Improvements. Strengthen Disuse Components.

**Plan****Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

A handwritten signature in cursive script, appearing to read "Ashley M. Bowie".

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

A handwritten signature in cursive script, appearing to read "Marlon Libunao PT".

Marlon Libunao, PT, PT(SC Lic: 2892)



# ALIGNNETWORKS

FAX / EMAIL Confidential - 7/27/2009 2:27:17 PM

NEEDS FOLLOW UP - Align Networks Clinical Review Summary - Claim #: 580000223652, John Leopard

Attn: Elvia Swainson, Alita Moore

Align Networks has completed a Clinical Case Review for the following patient:

Patient: John Leopard  
Claim #: 580000223652

Attached is the copy of the clinical case review summary.  
The clinical review supports the continuation of current authorization for 3 times a week for 3-4 weeks. No additional authorization is being requested at this time.

If you have any questions, or would like to discuss the case with the reviewing physical therapist, please contact the clinical review department.

\*\*\*\*\*  
**Important Note:**

The Align Clinical Review is a peer courtesy review, rendering a professional recommendation only. Align is not certified to make any final decisions on authorization or denial of continued therapy. Align Networks will not stop therapy or deny care without explicit authorization from the claims adjuster and/or case manager.

\*\*\*\*\*  
Heidi Christensen, Clinical Review Coordinator  
866-389-0211 ext. 817 or Hchristensen@alignnetworks.com

Thank you for choosing Align Networks. Visit us on the web at [WWW.ALIGNNETWORKS.COM](http://WWW.ALIGNNETWORKS.COM)



7785 Baymeadows Way, Suite 302  
 Jacksonville, FL 32256  
 Ph: 904-998-0211  
 Fax: 904-309-8943

### Therapy Peer Review Summary

Date: 7/27/2009 Claim #: 580000223652  
 Patient Name: John Leopard Therapy Service: Physical Therapy  
 Diagnosis: Thoracic Sprain / Strain / Contusion Surgery: No  
 Diagnosis Details: Diagnosis Guideline: 12  
 DOI: 02/11/2009 Evaluation date: 6/12/2009 4:00:00 PM  
 Date of Surgery: # of Visits to Date: 11  
 Visits Authorized: 20 Date of Last Visits: 7/10/2009 4:00:00 PM  
 # of (CX/NS) Visits: 2

New Rx? Yes Date of RX: 7/2/09 Requested freq/duration of RX: 3x3-4 (12 auth)

Progress Summary Received from Provider: Yes Date of Progress Summary: 7-2-09

Significant progress made in last two weeks: Yes

ROM: Increased Strength: Increased Pain Level: Decreased

Percent of Goals Met from IE: NA

Plan for discharge on Progress Summary: No

Comments: Progress note reports mid-thoracic pain right with occasional radiation of pain to right arm. Thoracic ROM is WFL (ext decreased 50%, flex 75% of normal, rotation bilat 75% of nl, SB left 100% of nl/right 75% of normal) with decreased pain upon ROM. There was improved trunk mobility with thor strength 4/5. Patient now able to work with minimal reproduction of symptoms.

Treatment Notes Reviewed: Yes

Has Patient been compliant with Plan of Care, HEP, and attendance? Yes

Progression of program (ther-ex, HEP) documented: Yes

Manual therapy performed: Yes

Daily treatments consisted of: HP, ther ex, man ther, estim, ionto, TNS, HEP.

Comments: Good notes with logical progression of care.

Communication with Provider: NA - Progress Note Sufficient Therapist Name: \_\_\_\_\_

Discussed Work-Related activities and goals: NA

Progress toward Goals noted: NA

Discussed estimated date for D/C: NA

D/C expected to occur at end of requested visits: NA

Comments on patient progress: NA

Expected D/C: 2-4 Weeks



## ALIGN NETWORKS

**Recommendation based on Review:** Continue current Auth, plan for d/c at end

From date of this review, the clinical review findings support the need for an additional 3x/week freq/3-4 weeks duration for a total of 20 visits from evaluation.

**Does review recommend fewer visits than ordered by MD RX?** No

**Does treating therapist agree with review findings?** NA - No peer call completed

**Additional Comments:** Per progress notes and daily notes, patient making steady progress with good improvements in ROM, strength, pain complaints, and function. Patient works as a firefighter and maintenance technician, both of which have significant physical demands. Continuation of PT for 9 more visits is a reasonable request and may help prevent re-injury.

**Reviewer Name:** Jean Erdal PT, MHS



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

a Select Medical company

## Received Companion P&C Claims

08/21/09

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shalcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inf. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jul 27, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 12  
Ox/Ns: 2

## Daily Note

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

## Subjective Examination

### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

### Chief Complaint:

- PT reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 7/10.

### Daily Comments:

- Patient states that his upper back is feeling really sore today but feels that is due to him just getting back from his vacation, and having so much to do at work. Reports that he did not have any pain while he was off, and he was able to perform his exercises if he did get pain. Rates pain about 7/10 at this time.

## Objective Examination

### Muscle Testing: Thoracolumbar Planes:

- Extension
- Flexion

Left  
4/5  
4/5

Right  
4/5  
4/5

### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

### Range of Motion: Active Thoracic

- Extension (painful ++)
- Flexion (painful)
- Rotation Left
- Rotation Right (painful)
- Side Bending Left
- Side Bending Right (painful)

50%  
75%  
75%  
75%  
100%  
75%

### Special Tests: Symptom Provocation/Alleviation: Thoracic

#### Spine: Flexion:

- T 10
- T 11
- T 12

Left

Negative  
Negative  
Negative

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

### Special Tests: Symptom Provocation/Alleviation: Thoracic

#### Spine: Extension:

- T 10

Negative

Aggravates Symptoms

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Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 27, 2009

• T11  
• T12  
Special Tests: Symptom Provocation/Alleviation: Thoracic  
Spine: Side Bending:  
• T10  
• T11  
• T12  
Special Tests: Symptom Provocation/Alleviation: Thoracic  
Spine: Rotation:  
• T10  
• T11  
• T12

Negative  
Negative  
Left  
Negative  
Negative  
Negative  
Left  
Negative  
Negative  
Negative  
Aggravates Symptoms  
Aggravates Symptoms  
Right  
Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms  
Right  
Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

### Treatments

#### Exercise Activities: Range of Motion:

- Extension
- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation
- ROM Activity 1

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated,  
Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As:  
Therapeutic Exercise  
Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body  
Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain  
Free, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Technique: Active Assistive, Description:  
Thoracic extension using roll, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(L. Quarter):

- Back Extensions
- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds,  
Description: Cables -40 lbs. to the right only, Charge As: Therapeutic  
Exercise

#### Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed  
(rpm): 120, Charge As: Therapeutic Exercise

#### Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position:  
Seated, leaning over the mat table, w blue swiss bal, Additional  
Detail: Swiss ball rolling from one side to the other, Charge As:  
Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(U. Quarter):

- Seated Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

#### Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of  
the thorax, scapula, Technique: Strumming, Direction:  
Multidirection, Assisting Technique: To decrease pain and  
tenderness, Charge As: Manual Therapy Techniques

#### Modalities:

- Electric Stim, Unattended

Time Elapsed: 20 Minutes, Location: R scapula & R upper trap,  
Performed With: Moist Heat, Mode: Continuous, Type: Interferential,  
Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended

#### Therapy Session Time

- Therapy Session Start Time 04:00 PM

#### Documented Procedural Code Summary:

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 4     | 57      |



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Patient: John Leopard

Acct #: 013R610247958

Visit Date: Jul 27, 2009

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time.

Treatment Emphasis to focus on:

- Pain relief. Range of Motion/Mobility Improvements. Muscle Function Improvements.

**Plan**

Daily Plan:

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Marlon Libunao, PT, PT(SC Lic 2892)

0910000100000010

Document ID: 52D007BA.016

Status: Signed off (secure electronic signature)

Page 3 of 3

Ashley M. Bowie, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)





Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

a Select Medical company

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Companion P&C Claims  
08/21/09

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jul 28, 2009  
PSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 13  
Cd/NS: 2

*MEDICAL NOTE*  
*580000223652*

## Plan of Care

Diagnoses      Spine

7241      PAIN IN THORACIC SPINE  
71950      JT STIFFNESS NEC-UNSPEC  
72887      MUSCLE WEAKNESS-GENERAL

## Subjective Examination

### ADL / Functional Status:

- Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

### Presentation:

- Pt. continues to present with complaints of mid-thoracic pain aggravated by bending, stooping, lifting and twisting. He indicated that pain intensity and frequency has decreased since the start of care. Tenderness has decreased as well. Trunk range of motion and strength has improved and his tolerance of exercise activities improved. However, he indicated that the pain remains persistent. He continues to exhibit signs and symptoms consistent with soft tissue/joint dysfunction and possible mechanical derangement, although intensity has decreased.

### Recommendations:

- Skilled Intervention: Mr. Leopard will benefit from continuing physical therapy treatments to address the residual functional limitations. He will continue to benefit from modalities and manual therapy techniques to further reduce any residual pain and soft tissue/joint dysfunction. He will continue to benefit from therapeutic exercises, with progressive strengthening to further assist with eliminating soft tissue dysfunction. Goals were modified according to the progress showed by the patient. Goals of pain management were addressed this episode as well as goals pertaining to achieving full range of motion and full strength.

## Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

**STG Achieve by Aug 11, 2009.**

**Symptomatic Improvements:**

- Decreasing Pain: to 3/10.

**LTG Achieve by Aug 25, 2009.**

**Symptomatic Improvements:**

- Decreasing Pain: to 0/10.

**Goal Achieved Jul 28, 2009.**

**Symptomatic Improvements:**

- Decreasing Pain: to 5/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

**LTG Achieve by Aug 25, 2009. Progress: Some progress.**

**ADL Improvements In:**

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Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 28, 2009

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

STG Achieve by Aug 11, 2009. Progress: Good progress.

**Palpable Improvements:**

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

|                            |      |
|----------------------------|------|
| • Extension                | 75%  |
| • Flexion                  | 75%  |
| • Rotation Left            | 75%  |
| • Rotation Right (painful) | 100% |
| • Side Bending Left        | 100% |
| • Side Bending Right       | 100% |

STG Achieve by Aug 11, 2009.

**Range of Motion Improvements to: Active Thoracic:**

|                      |      |
|----------------------|------|
| • Extension          | 100% |
| • Flexion            | 100% |
| • Rotation Left      | 100% |
| • Rotation Right     | 100% |
| • Side Bending Right | 100% |

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

|             |      |       |
|-------------|------|-------|
| • Extension | Left | Right |
| • Flexion   | 4/5  | 4/5   |

LTG Achieve by Aug 25, 2009. Progress: Good progress.

**Musculoskeletal Improvements In:**

|                         |      |       |
|-------------------------|------|-------|
| Thoracolumbar Spine to: | Left | Right |
| • Extension             | 5/5  | 5/5   |
| • Flexion               | 5/5  | 5/5   |

**Plan**

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Therapeutic Contents:**

- Thank you for the referral of your patient to our facility for physical therapy services. I would like to recommend continuing physical therapy treatments of Mr. Leopard to further address the relief of pain and to continue with trunk strengthening and stabilization exercises in conjunction with manual therapy techniques i.e. soft tissue and joint mobilization of the thoracic spine as tolerated. I feel that he will benefit from PT treatments in conjunction with injections and pain management he is presently receiving. Once again, thank you for the kind referral.

*Marlon Libunao*

Marlon Libunao, PT, PT(SC Lic: 2892)

**Please Sign and Return**

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

**Comments/Revisions**

Physician Signature

Date



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Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 28, 2009

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

**Presentation:**

- Pt. continues to present with complaints of mid-thoracic pain aggravated by bending, stooping, lifting and twisting. He indicated that pain intensity and frequency has decreased since the start of care. Tenderness has decreased as well. Trunk range of motion and strength has improved and his tolerance of exercise activities improved. However, he indicated that the pain remains persistent. He continues to exhibit signs and symptoms consistent with soft tissue/joint dysfunction and possible mechanical derangement, although intensity has decreased.

**Recommendations:**

- Skilled Intervention: Mr. Leopard will benefit from continuing physical therapy treatments to address the residual functional limitations. He will continue to benefit from modalities and manual therapy techniques to further reduce any residual pain and soft tissue/joint dysfunction. He will continue to benefit from therapeutic exercises, with progressive strengthening to further assist with eliminating soft tissue dysfunction. Goals were modified according to the progress showed by the patient. Goals of pain management were addressed this episode as well as goals pertaining to achieving full range of motion and full strength.

**Problems & Goals**

**Problem #1 Chief Complaint:** Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

STG Achieve by Aug 11, 2009.

Symptomatic Improvements:

- Decreasing Pain: to 3/10.

LTG Achieve by Aug 25, 2009.

Symptomatic Improvements:

- Decreasing Pain: to 0/10.

Goal Achieved Jul 28, 2009.

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

LTG Achieve by Aug 25, 2009. Progress: Some progress.

ADL Improvements In:

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

STG Achieve by Aug 11, 2009. Progress: Good progress.

Palpable Improvements:

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

STG Achieve by Aug 11, 2009.

Range of Motion Improvements to: Active Thoracic:

|                      |      |
|----------------------|------|
| • Extension          | 100% |
| • Flexion            | 100% |
| • Rotation Left      | 100% |
| • Rotation Right     | 100% |
| • Side Bending Right | 100% |

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

LTG Achieve by Aug 25, 2009. Progress: Good progress.

Musculoskeletal Improvements In:

Thoracolumbar Spine to:

Left

Right

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Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 28, 2009

- Extension
- Flexion

5/5  
5/5

5/5  
5/5

**Plan**

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Therapeutic Contents:**

- Thank you for the referral of your patient to our facility for physical therapy services. I would like to recommend continuing physical therapy treatments of Mr. Leopard to further address the relief of pain and to continue with trunk strengthening and stabilization exercises in conjunction with manual therapy techniques i.e. soft tissue and joint mobilization of the thoracic spine as tolerated. I feel that he will benefit from PT treatments in conjunction with injections and pain management he is presently receiving. Once again, thank you for the kind referral.

*Marlon Libunao, PT*

Marlon Libunao, PT, PT(SC Lic 2892)

091000010000001

Received  
Companion P&C Claims  
08/21/09



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shafercross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Jul 28, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 13  
Of/Us: 2

## Re-Evaluation

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

## Subjective Examination

### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

### Daily Comments:

- Pt. reports that he continues to have some back pain as he returned to work from using the new equipment they got at work (Eaton).

## Objective Examination

|                                                                                                                                                                                                       | Jun 12, 2009 |       | Jul 28, 2009        |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|---------------------|-------|
| Muscle Testing: Thoracolumbar Planes:                                                                                                                                                                 | Left         | Right | Left                | Right |
| • Extension                                                                                                                                                                                           | 4/5          | 4/5   | 4/5                 | 4/5   |
| • Flexion                                                                                                                                                                                             | 4/5          | 4/5   | 4/5                 | 4/5   |
| Palpation:                                                                                                                                                                                            |              |       |                     |       |
| • Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula. |              |       |                     |       |
| Range of Motion: Active Thoracic                                                                                                                                                                      | Jun 12, 2009 |       | Jul 28, 2009        |       |
| • Extension                                                                                                                                                                                           | 50%          |       | 75%                 |       |
| • Flexion                                                                                                                                                                                             | 75%          |       | 75%                 |       |
| • Rotation Left                                                                                                                                                                                       | 75%          |       | 75%                 |       |
| • Rotation Right (painful)                                                                                                                                                                            | 75%          |       | 100%                |       |
| • Side Bending Left                                                                                                                                                                                   | 100%         |       | 100%                |       |
| • Side Bending Right                                                                                                                                                                                  | 75%          |       | 100%                |       |
| Special Tests: Symptom Provocation/Alleviation: Thoracic                                                                                                                                              | Left         |       | Right               |       |
| Spine: Flexion:                                                                                                                                                                                       |              |       |                     |       |
| • T 10                                                                                                                                                                                                | Negative     |       | Aggravates Symptoms |       |
| • T 11                                                                                                                                                                                                | Negative     |       | Aggravates Symptoms |       |
| • T 12                                                                                                                                                                                                | Negative     |       | Aggravates Symptoms |       |
| Special Tests: Symptom Provocation/Alleviation: Thoracic                                                                                                                                              | Left         |       | Right               |       |
| Spine: Extension:                                                                                                                                                                                     |              |       |                     |       |
| • T 10                                                                                                                                                                                                | Negative     |       | Aggravates Symptoms |       |

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Companion P&C Claims  
08/21/09



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Jul 28, 2009

|                                                          |          |                     |
|----------------------------------------------------------|----------|---------------------|
| • T11                                                    | Negative | Aggravates Symptoms |
| • T12                                                    | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Side Bending:                                     |          |                     |
| • T10                                                    | Negative | Aggravates Symptoms |
| • T11                                                    | Negative | Aggravates Symptoms |
| • T12                                                    | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Rotation:                                         |          |                     |
| • T10                                                    | Negative | Aggravates Symptoms |
| • T11                                                    | Negative | Aggravates Symptoms |
| • T12                                                    | Negative | Aggravates Symptoms |

### Treatments

#### Exercise Activities: Range of Motion:

- Extension
- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Technique: Active/Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(L Quarter):

- Back Extensions
- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

#### Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

#### Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss ball, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(U. Quarter):

- Seated Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

#### Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

#### Modalities:

- Electric Stim, Unattended

Time Elapsed: 20 Minutes, Location: R scapula & R upper trap, Performed With: Moist Heat, Mode: Continuous, Type: Interferential, Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended

#### Documented Procedural Code Summary:

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 4     | 57      |

### Assessment

Document ID: SZD0078A.017  
Marlon L. Dumas, PT, PT(SC Lic: 2892)

Status: Signed off (secure electronic signature)

Page 2 of 4



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Received  
Companion P&C Claims

Patient: John Doe  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Kurt E. Garber, DPT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 04, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 14  
Cxl/Ns: 4

## Daily Note

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

### General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

#### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

#### Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis  
Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

### Subjective Examination

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

#### Daily Comments:

- Patient states that his entire back is extremely sore today. Reports that he was in a car accident last week, and then he went to have his injection done last Thursday. Reports that he doesn't know if it hasn't 'taken effect' yet, but he is having a lot of pain and soreness. Rates pain 7/10.

### Objective Examination

#### Muscle Testing: Thoracolumbar Planes:

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                           |      |
|---------------------------|------|
| • Extension               | 75%  |
| • Flexion                 | 75%  |
| • Rotation Left           | 75%  |
| • Rotation Right(painful) | 100% |
| • Side Bending Left       | 100% |
| • Side Bending Right      | 100% |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |



Received  
Companion P&C Claims

Patient: John Doe  
Acct #: 013R610247958

Visit Date: Aug 04, 2009

|                                                                               |          |                     |
|-------------------------------------------------------------------------------|----------|---------------------|
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending: | Left     | Right               |
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:     | Left     | Right               |
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |

### Treatments

#### Exercise Activities: Range of Motion:

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion(This visit)
- Rotation

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(L. Quarter):

- Back Extensions(This visit)
- Machines/Free Weights 1(This visit)

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Did Not Perform:, Charge As: Therapeutic Exercise This visit

#### Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

#### Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

#### Exercise Activities: Machines/Wts.(U. Quarter):

- Seated-Rowing(This visit)

#### Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

#### Modalities:

- Electric Stim, Unattended

Time Elapsed: 20 Minutes, Location: R scapula & R upper trap, Performed With: Moist Heat, Mode: Continuous, Type: Interferential, Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended

#### Therapy Session Time

- Therapy Session Start Time 04:00 PM

#### Documented Procedural Code Summary:

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |
| • Manual Therapy Techniques           | 97140 | 1     | 10      |
| • Therapeutic Procedure               | 97110 | 2     | 37      |

### Assessment

#### Presentation:

- Patient presented with a mild increase in pain and soreness pf upper back, and feels that is due to him being in a car accident, as well as



Received  
Companion P&C Claims



Patient: John Leopa  
Acct #: 013R610247958

Visit Date: Aug 04, 2009

him receiving an injection last week. Denies of receiving any pain relief from injection thus far. Began treatment with MH along with e-stim to thoracic spine and right scapula. This was followed by soft tissue massage to same areas prior to exercise program, to help improve tolerance to therapeutic activities. Patient reported a decrease in tightness by the end of treatment, but no relief from soreness. Will re-assess upon return.

**Plan**

**Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Kurt E. Garber, DPT, PT(SC Lic: 4095), DPT



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Received  
Companion P&C Claims

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Kurt E. Garber, DPT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 06, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 47631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 1  
Cd/Ns: 4

## Daily Note

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

### General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

#### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

### Subjective Examination

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

#### Daily Comments:

- Patient states that his upper back and shoulder blade is not as sore as it was on his last therapy session. States that he has been trying to do his exercises at home, and can tell that they are helping. Rates pain about 3 or 4/10.

### Objective Examination

#### Muscle Testing: Thoracolumbar Planes:

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                           |      |
|---------------------------|------|
| • Extension               | 75%  |
| • Flexion                 | 75%  |
| • Rotation Left           | 75%  |
| • Rotation Right(painful) | 100% |
| • Side Bending Left       | 100% |
| • Side Bending Right      | 100% |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |

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Status: Signed off (secure electronic signature)

Ashley M. Bowle, PTA, PTA(SC Lic: 1995); Kurt E. Garber, DPT, PT(SC Lic: 4095), DPT

Page 1 of 3



Received  
Companion P&C Claims

Patient: John Leopold  
Acct #: 013R610247958

09/02/09  
Visit Date: Aug 06, 2009

|                                                          |          |                     |
|----------------------------------------------------------|----------|---------------------|
| • T 12                                                   | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Side Bending:                                     |          |                     |
| • T 10                                                   | Negative | Aggravates Symptoms |
| • T 11                                                   | Negative | Aggravates Symptoms |
| • T 12                                                   | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Rotation:                                         |          |                     |
| • T 10                                                   | Negative | Aggravates Symptoms |
| • T 11                                                   | Negative | Aggravates Symptoms |
| • T 12                                                   | Negative | Aggravates Symptoms |

### Treatments

#### Exercise Activities: Range of Motion:

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated,  
Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As:  
Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion(This visit)
- Rotation

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body  
Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain  
Free, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description:  
Thoracic extension using roll, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(L. Quarter):

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds,  
Description: Cables -40 lbs. to the right only, Charge As: Therapeutic  
Exercise

#### Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed  
(rpm): 120, Charge As: Therapeutic Exercise

#### Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position:  
Seated leaning over the mat table w blue swiss bal, Additional  
Detail: Swiss ball rolling from one side to the other, Charge As:  
Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(U. Quarter):

- Seated-Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

#### Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of  
the thorax, scapula, Technique: Strumming, Direction:  
Multidirection, Assisting Technique: To decrease pain and  
tenderness, Charge As: Manual Therapy Techniques

#### Modalities:

- Electric Stim, Unattended(This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

#### Therapy Session Time

- Therapy Session Start Time 05:00 PM

#### Documented Procedural Code Summary:

| Description                 | Code  | Units | Minutes |
|-----------------------------|-------|-------|---------|
| • Manual Therapy Techniques | 97140 | 1     | 10      |
| • Therapeutic Procedure     | 97110 | 3     | 52      |

### Assessment

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time.  
Treatment Emphasis to focus on:



Received  
Companion P&C Claims

Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Aug 06, 2009

- 
- Range of Motion/Mobility Improvements. Muscle Function Improvements. Strengthen Disuse Components.

**Plan**

**Daily Plan:**

- Advance as tolerated.

**Recommendations:**

- Accelerate Rehabilitation Program.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Kurt E. Garber, DPT, PT(SC Lic 4095), DPT



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

## Received Companion P&C Claims

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Kurt E. Garber, DPT  
Prim Phy: David L. Shalkross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 07, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 16  
Cd/Ns: 4

## Daily Note

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

## Subjective Examination

### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

### Daily Comments:

- Patient state that his upper back and right shoulder blade is feeling much better. Reports that he has been doing his stretches at home, and can tell that he is not as sore as he was last week. Rates pain about 3 or 4/10 at this time.

## Objective Examination

### Muscle Testing: Thoracolumbar Planes:

|             |      |       |
|-------------|------|-------|
|             | Left | Right |
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

### Range of Motion: Active Thoracic:

|                           |      |
|---------------------------|------|
| • Extension               | 75%  |
| • Flexion                 | 75%  |
| • Rotation Left           | 75%  |
| • Rotation Right(painful) | 100% |
| • Side Bending Left       | 100% |
| • Side Bending Right      | 100% |

### Special Tests: Symptom Provocation/Alleviation: Thoracic

#### Spine: Flexion:

|        |          |                     |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

### Special Tests: Symptom Provocation/Alleviation: Thoracic

#### Spine: Extension:

|        |          |                     |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

### Special Tests: Symptom Provocation/Alleviation: Thoracic

#### Spine: Side Bending:

|        |          |                     |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

### Special Tests: Symptom Provocation/Alleviation: Thoracic

#### Spine: Rotation:

|        |          |                     |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

## Treatments

### Exercise Activities: Range of Motion:



Received  
Companion P&C Claims

Patient: John Leopold  
Acct #: 013R610247958

Visit Date: Aug 07, 2009

• Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion(This visit)
- Rotation

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Did Not Perform:, Charge As: Therapeutic Exercise This visit  
Time Elapsed: 6 Minutes, Side: Right, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

• ROM Activity 1

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Lat Pulldowns

Time Elapsed: 5 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Seated-Rowing

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of the thorax, scapula, Technique: Strumming, Direction: Multidirection, Assisting Technique: To decrease pain and tenderness, Charge As: Manual Therapy Techniques

**Modalities:**

- Electric Stim, Unattended(This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

**Therapy Session Time**

- Therapy Session Start Time 04:00 PM

**Documented Procedural Code Summary:**

| Description                 | Code  | Units | Minutes |
|-----------------------------|-------|-------|---------|
| • Manual Therapy Techniques | 97140 | 1     | 10      |
| • Therapeutic Procedure     | 97110 | 4     | 57      |

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace Improvements are noted at this time.

**Recommendations:**

- Accelerate rehabilitation program.

**Treatment Emphasis to focus on:**

- Muscle Function Improvements. Strengthen Disuse Components.

**Plan**

**Daily Plan:**

- Progress as Tolerated w/ the Addition of: Resistive Activities: Machines/Free Weights. Advance as tolerated.

**Subjective Examination**

**ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling.

Document ID: 52D0078A.023  
Ashley M. Bowler, PTA,PTA(SC Lic: 1995); Kurt E. Garber, DPT,PT(SC Lic: 4095),DPT

Status: Signed off (secure electronic signature)

Page 2 of 3



Received  
Companion P&C Claims

Patient: John L. Luper  
Acct #: 013R610247958

Visit Date: Aug 07, 2009

States that pain will flare up without apparent reason and with sitting, standing, or walking.

**General Information**

**Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,

Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Kurt E. Garber, DPT, PT(SC Lic 4095), DPT



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Received  
Companion P&C Claims

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Ubunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 10, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 17  
Cd/Ns: 4

## Daily Note

Diagnoses Spine

7241 PAIN IN THORACIC SPINE  
71950 JT STIFFNESS NEC-UNSPEC  
72887 MUSCLE WEAKNESS-GENERAL

### General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

#### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis  
Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

### Subjective Examination

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

#### Daily Comments:

- Patient states that his upper back and shoulder blade is not bothering him too bad today. Reports that he has to return to his MD, and he feels he will release him. States that there is nothing he is not able to do, he only gets some pain and discomfort when he has to crawl under or around an object.

### Objective Examination

#### Muscle Testing: Thoracolumbar Planes:

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                            |      |
|----------------------------|------|
| • Extension                | 75%  |
| • Flexion                  | 75%  |
| • Rotation Left            | 75%  |
| • Rotation Right (painful) | 100% |
| • Side Bending Left        | 100% |
| • Side Bending Right       | 100% |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic

##### Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |





Received  
Companion P&C Claims

Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Aug 10, 2009

|                                                                               |          |                     |
|-------------------------------------------------------------------------------|----------|---------------------|
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending: | Left     | Right               |
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:     | Left     | Right               |
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |

### Treatments

#### Exercise Activities: Range of Motion:

- Extension(This visit)
- Rope & Pulley Scap ABD
- Rope & Pulley Flexion(This visit)
- Rotation(This visit)
- ROM Activity 1

Did Not Perform:, Charge As: Therapeutic Exercise This visit  
Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Did Not Perform:, Charge As: Therapeutic Exercise This visit  
Did Not Perform:, Charge As: Therapeutic Exercise This visit  
Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

#### Exercise Activities: Machines/Wts.(L. Quarter):

- Back Extensions
- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

#### Exercise Activities: Aerobic Conditioning:

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

#### Exercise Activities: Flexibility(U. Quarter):

- Midback Stretch(This visit)

Did Not Perform:, Charge As: Therapeutic Exercise This visit

#### Exercise Activities: Machines/Wts.(U. Quarter):

- Seated-Lat Pulldowns
- Seated-Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

#### Functional/ADL Activities: Functional Task Training:

- Lift & Carry
- Lift:Floor to Waist
- Lift:Waist to Shoulder
- Overhead Reach

Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Charge As: Therapeutic Activities  
Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Charge As: Therapeutic Activities  
Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Charge As: Therapeutic Activities  
Time Elapsed: 5 Minutes, Weight - Pounds: 10 Pounds, Additional Detail: lifting 10# on overhead platform, Charge As: Therapeutic Activities

#### Manual Interventions: Upper Quarter Soft Tissue:

- Erector Spinae(This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques This visit

#### Modalities:

- Electric Stm, Unattended(This visit)

Did Not Perform:, Charge As: E-Stm, Unattended This visit

#### Therapy Session Time :

- Therapy Session Start Time 04:00 PM

#### Documented Procedural Code Summary:

| Description              | Code  | Units | Minutes |
|--------------------------|-------|-------|---------|
| • Therapeutic Activities | 97530 | 1     | 20      |
| • Therapeutic Procedure  | 97110 | 3     | 40      |



Received  
Companion P&C Claims

Patient: John Leopardo  
Acct #: 013R610247958

Visit Date: Aug 10, 2009

**Assessment**

The client exhibits a mild capacity for advancement of therapeutic activity during treatment. Fair Improvements are noted at this time.

**Treatment Emphasis to focus on:**

- Muscle Function Improvements. Strengthen Disuse Components. Maximizing function related to: Work performance.

**Plan**

**Daily Plan:**

- Progress as Tolerated w/ the Addition of: Functional Activities: ADL's:
  - Lifting. Carrying. Reaching.
- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowle, PTA, PTA(SC Lic 1995)

Marlon Ubunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

**Companion P&C Claims**

Patient: John Leopard  
Acct #: 09/14408  
DOB: Sen 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 12, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 18  
Cxl/Ns:

**Daily Note Status Report**

|                  |       |       |                         |
|------------------|-------|-------|-------------------------|
| <b>Diagnoses</b> | Spine | 7241  | PAIN IN THORACIC SPINE  |
|                  |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|                  |       | 72887 | MUSCLE WEAKNESS-GENERAL |

**General Information**

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

**Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

**Subjective Examination****ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

**Chief Complaint:**

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

**Daily Comments:**

- Patient states that he is having a lot more pain today. States that he has been having to repair a machine at works, and that puts his back in a very awkward position. Reports that he is having pain like he when he had the accident. Rates pain 8/10 at this time.

**Objective Examination****Muscle Testing: Thoracolumbar Planes:**

|             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

**Palpation:**

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

**Range of Motion: Active Thoracic:**

|                           |      |
|---------------------------|------|
| • Extension               | 75%  |
| • Flexion                 | 75%  |
| • Rotation Left           | 75%  |
| • Rotation Right(painful) | 100% |
| • Side Bending Left       | 100% |
| • Side Bending Right      | 100% |

**Special Tests: Symptom Provocation/Alleviation: Thoracic****Spine: Flexion:**

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

**Special Tests: Symptom Provocation/Alleviation: Thoracic****Spine: Extension:**

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |



## Companion P&amp;C Claims

 Patient: John Leopold  
 Acct #: 09/14/09 031610247958

Visit Date: Aug 12, 2009

|                                                          |          |                     |
|----------------------------------------------------------|----------|---------------------|
| • T 12                                                   | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Side Bending:                                     |          |                     |
| • T 10                                                   | Negative | Aggravates Symptoms |
| • T 11                                                   | Negative | Aggravates Symptoms |
| • T 12                                                   | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic | Left     | Right               |
| Spine: Rotation:                                         |          |                     |
| • T 10                                                   | Negative | Aggravates Symptoms |
| • T 11                                                   | Negative | Aggravates Symptoms |
| • T 12                                                   | Negative | Aggravates Symptoms |

**Treatments****Exercise Activities: Range of Motion:**

- Extension

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation(This visit)
- ROM Activity 1

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions(This visit)
- Machines/Free Weights 1(This visit)

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Lat Pulldowns(This visit)
- Seated-Rowing(This visit)

**Functional/ADL Activities: Functional Task Training:**

- Lift & Carry(This visit)
- Lift:Floor to Waist(This visit)
- Lift:Waist to Shoulder(This visit)
- Overhead Reach

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae

**Modalities:**

- Electric Stim, Unattended

**Therapy Session Time**

- Therapy Session Start Time 04:00 PM

**Documented Procedural Code Summary:**

| Description                           | Code  | Units | Minutes |
|---------------------------------------|-------|-------|---------|
| • Electrical Stimulation (unattended) | 97014 | 1     | n/a     |

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated,  
 Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As:  
 Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description:  
 Thoracic extension using roll, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed  
 (rpm): 120, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position:  
 Seated leaning over the mat table w blue swiss bal, Additional  
 Detail: Swiss ball rolling from one side to the other, Charge As:  
 Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Did Not Perform:, Charge As: Therapeutic Activities This visit

Did Not Perform:, Charge As: Therapeutic Activities This visit

Did Not Perform:, Charge As: Therapeutic Activities This visit

Time Elapsed: 5 Minutes, Weight - Pounds: 10 Pounds, Additional  
 Detail: lifting 10# on overhead platform, Charge As: Therapeutic  
 Activities

Time Elapsed: 10 Minutes, Tx Depth: Superficial, Side: Right side of  
 the thorax, scapula, Technique: Strumming, Direction:  
 Multidirection, Assisting Technique: To decrease pain and  
 tenderness, Charge As: Manual Therapy Techniques

Time Elapsed: 20 Minutes, Location: R scapula & R upper trap,  
 Performed With: Moist Heat, Mode: Continuous, Type: Interferential,  
 Clinical Use: Pre/Post Activity, Charge As: E-Stim, Unattended



Companion P&amp;C Claims

Patient: John Leopold  
Acct #: 09/14/09  
0134610247958

Visit Date: Aug 12, 2009

|                             |       |   |    |
|-----------------------------|-------|---|----|
| • Manual Therapy Techniques | 97140 | 1 | 10 |
| • Therapeutic Activities    | 97530 | 1 | 5  |
| • Therapeutic Procedure     | 97110 | 2 | 36 |

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace improvements are noted at this time.

**Treatment Emphasis to focus on:**

- Pain relief. Range of Motion/Mobility Improvements. Strengthen Disuse Components.

**Plan****Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowie, PTA, PTA(SC Lic 1995)

Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

a Select Medical company

## Received Companion P&C Claims

09/14/09

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marion Libunao, PT  
Prim Phy: David L. Shalkross  
Phy Phone: (864) 232-8417  
Phy Fac: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 18, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case No: Not Specified  
Visits: 19  
Cd/Ns: 4

Rehab  
58 223 0406

## Re-Evaluation

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage, Component 3: E-stimulation, Iontophoresis, Component 4: TENS eval

## Subjective Examination

### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

### Chief Complaint:

- Pt. reports having mild pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that he is now capable of running both his jobs w/ symptom reproduction but much more tolerable. He rates his pain at 1 to 2/10 occasionally worse depending on the level of activity. States that he seems to be getting more strength in his trunk.

## Objective Examination

### Muscle Testing: Thoracolumbar Planes:

- Extension
- Flexion

|           | Jul 28, 2009 |       | Aug 18, 2009 |       |
|-----------|--------------|-------|--------------|-------|
|           | Left         | Right | Left         | Right |
| Extension | 4/5          | 4/5   | 4/5          | 4/5   |
| Flexion   | 4/5          | 4/5   | 4/5          | 4/5   |

### Palpation:

- Thoracic Region: There is minimal tenderness of the latissimus dorsi over the right side below the inferior angle of the scapula.

### Range of Motion: Active Thoracic:

- Extension
- Flexion

Jul 28, 2009 Aug 18, 2009

- Rotation Left

75% 75%

- Rotation Right (painful)

75% 75%

- Side Bending Left

100% 100%

- Side Bending Right

100% 100%

### Special Tests: Symptom Provocation/Alleviation: Thoracic

Left

Right

### Spine: Flexion:

- T10

Negative

Aggravates Symptoms

- T11

Negative

Aggravates Symptoms

- T12

Negative

Aggravates Symptoms

### Special Tests: Symptom Provocation/Alleviation: Thoracic

Left

Right

### Spine: Extension:

- T10

Negative

Aggravates Symptoms

- T11

Negative

Aggravates Symptoms

- T12

Negative

Aggravates Symptoms

**Received  
Companion P&C Claims**

09/14/09



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Aug 18, 2009

**Special Tests: Symptom Provocation/Alleviation: Thoracic**

**Spine: Side Bending:**

- T 10
- T 11
- T 12

**Left**

Negative  
Negative  
Negative  
Left

**Right**

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms  
Right

**Special Tests: Symptom Provocation/Alleviation: Thoracic**

**Spine: Rotation:**

- T 10
- T 11
- T 12

Negative  
Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Treatments**

**Exercise Activities: Range of Motion:**

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated,  
Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As:  
Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation(This visit)
- ROM Activity 1

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Did Not Perform, Charge As: Therapeutic Exercise This visit

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description:  
Thoracic extension using roll, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 80 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds,

Description: Cables -40 lbs. to the right only, Charge As: Therapeutic  
Exercise

- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed  
(rpm): 120, Charge As: Therapeutic Exercise

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position:  
Seated leaning over the mat table w blue swiss bal, Additional  
Detail: Swiss ball rolling from one side to the other, Charge As:  
Therapeutic Exercise

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated Chest Press

Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

- Seated Lat Pulldowns

Time Elapsed: 5 Minutes, Weight - Pounds: 70 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

- Seated Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 45 Pounds, Repetitions:  
10, Sets: 3, Charge As: Therapeutic Exercise

**Functional/ADL Activities: Functional Task Training:**

- Lift & Carry

Time Elapsed: 5 Minutes, Weight - Pounds: 35 Pounds, Charge As:  
Therapeutic Activities

- Lift: Floor to Waist

Time Elapsed: 5 Minutes, Weight - Pounds: 40 Pounds, Charge As:  
Therapeutic Activities

- Lift: Waist to Shoulder

Time Elapsed: 5 Minutes, Weight - Pounds: 40 Pounds, Charge As:  
Therapeutic Activities

- Overhead Reach(This visit)

Did Not Perform, Charge As: Therapeutic Activities This visit

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae(This visit)

Did Not Perform, Charge As: Manual Therapy Techniques This visit

**Modalities:**

- Electric Stim: Unattended(This visit)

Did Not Perform, Charge As: E-Stim, Unattended This visit

**Documented Procedural Code Summary:**

| Description              | Code  | Units | Minutes |
|--------------------------|-------|-------|---------|
| • Therapeutic Activities | 97530 | 1     | 15      |
| • Therapeutic Procedure  | 97110 | 4     | 61      |

Received  
Companion P&C Claims  
09/14/09



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Aug 18, 2009

### Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

#### Presentation:

- Although patient continues to have symptom reproduction and shows tenderness in the thoracic spine region, the pain intensity and frequency has been reported to have decreased since the start of care. However, he indicated that depending on the level of activity that he is doing i.e. amount of lifting and intensity of lifting at work, he reports that the pain may be worse at times. Trunk range of motion continues to show improvement, but continues to be restricted minimally with pain at the end of rotation and extension consistent with thoracic joint dysfunction. Trunk muscular strength continues to improve as well with pain reproduction following repeated extension and rotation. Goals were partially met during the last billing period due to persistent pain. Felt that rehab progress and tolerance of exercises concurs with Injection treatments provided by the physician.

#### Recommendations:

- Skilled Intervention: Required To: Improve Function.

### Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that he is now capable of running both his jobs w/ symptom reproduction but much more tolerable. He rates his pain at 1 to 2/10 occasionally worse depending on the level of activity. States that he seems to be getting more strength in his trunk.

*LTG Achieve by Sep 15, 2009.*

#### Symptomatic Improvements:

- Decreasing Pain: to 0/10.

*Goal Achieved Aug 19, 2009.*

#### Symptomatic Improvements:

- Decreasing Pain: to 3/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

*Goal Achieved Aug 19, 2009.*

#### ADL Improvements In:

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal tenderness of the latissimus dorsi over the right side below the inferior angle of the scapula.

*LTG Achieve by Sep 15, 2009. Progress: Good progress.*

#### Palpable Improvements:

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

*LTG Achieve by Sep 15, 2009. Progress: Good progress.*

#### Range of Motion Improvements to: Active Thoracic:

- |                      |      |
|----------------------|------|
| • Extension          | 100% |
| • Flexion            | 100% |
| • Rotation Left      | 100% |
| • Rotation Right     | 100% |
| • Side Bending Right | 100% |

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

*LTG Achieve by Sep 15, 2009. Progress: Good progress.*

#### Musculoskeletal Improvements In:

##### Thoracolumbar Spine to:

- Extension
- Flexion

Left

5/5  
5/5

Right

5/5  
5/5

### Plan





Received  
Companion P&C Claims

09/14/09

Patient: John Leopard

Acct #: 013R610247958

Visit Date: Aug 18, 2009

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Therapeutic Contents:**

- Thank you for the kind referral of this patient to our facility for physical therapy services. Mr. Leopard continues to receive injections to his back and feels that progress in rehabilitation/strengthening correlates with pain management strategies provided by the referring physician. I felt that he will continue to benefit from PT treatments to continue to address strengthening and trunk stabilization related to the heavy lifting and material handling that he has to perform at work that is still presently limited due to the persistent pain and muscular weakness. Once again, thank you for the kind referral.

*Marlon Libunao PT*

Marlon Libunao, PT, PT(SC Lic: 2892)

Received  
Companion P&C Claims  
09/14/09



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shalkross  
Phy Phone: (864) 232-6417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 18, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 19  
Cd/Ns: 4

## Plan of Care

Diagnoses Spine

7241 PAIN IN THORACIC SPINE  
71950 JT STIFFNESS NEC-UNSPEC  
72887 MUSCLE WEAKNESS-GENERAL

## Subjective Examination

### ADL / Functional Status:

- Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

### Presentations:

- Although patient continues to have symptom reproduction and shows tenderness in the thoracic spine region, the pain intensity and frequency has been reported to have decreased since the start of care. However, he indicated that depending on the level of activity that he is doing i.e. amount of lifting and intensity of lifting at work, he reports that the pain may be worse at times. Trunk range of motion continues to show improvement, but continues to be restricted minimally with pain at the end of rotation and extension consistent with thoracic joint dysfunction. Trunk muscular strength continues to improve as well with pain reproduction following repeated extension and rotation. Goals were partially met during the last billing period due to persistent pain. Felt that rehab progress and tolerance of exercises concurs with injection treatments provided by the physician.

### Recommendations:

- Skilled Intervention: Required To: Improve Function.

## Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that he is now capable of running both his jobs w/ symptom reproduction but much more tolerable. He rates his pain at 1 to 2/10 occasionally worse depending on the level of activity. States that he seems to be getting more strength in his trunk.

**LTG Achieve by Sep 15, 2009.**

### Symptomatic Improvements:

- Decreasing Pain: to 0/10.

**Goal Achieved Aug 19, 2009.**

### Symptomatic Improvements:

- Decreasing Pain: to 3/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

**Goal Achieved Aug 19, 2009.**

### ADL Improvements In:

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal tenderness of the latissimus dorsi over the right side below the inferior angle of the scapula.

**LTG Achieve by Sep 15, 2009. Progress: Good progress.**

### Palpable Improvements:



Received  
Companion P&C Claims

09/14/09

Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Aug 18, 2009

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

|                           |      |  |  |
|---------------------------|------|--|--|
| • Extension               | 75%  |  |  |
| • Flexion                 | 100% |  |  |
| • Rotation Left           | 75%  |  |  |
| • Rotation Right(painful) | 100% |  |  |
| • Side Bending Left       | 100% |  |  |
| • Side Bending Right      | 100% |  |  |

LTG Achieve by Sep 15, 2009. Progress: Good progress.

**Range of Motion Improvements to: Active Thoracic**

|                      |      |  |  |
|----------------------|------|--|--|
| • Extension          | 100% |  |  |
| • Flexion            | 100% |  |  |
| • Rotation Left      | 100% |  |  |
| • Rotation Right     | 100% |  |  |
| • Side Bending Right | 100% |  |  |

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

|             |      |       |
|-------------|------|-------|
|             | Left | Right |
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

LTG Achieve by Sep 15, 2009. Progress: Good progress.

**Musculoskeletal Improvements In:**

|                         |      |       |
|-------------------------|------|-------|
| Thoracolumbar Spine to: | Left | Right |
| • Extension             | 5/5  | 5/5   |
| • Flexion               | 5/5  | 5/5   |

**Plan**

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Therapeutic Contents:**

- Thank you for the kind referral of this patient to our facility for physical therapy services. Mr. Leopard continues to receive injections to his back and feels that progress in rehabilitation/strengthening correlates with pain management strategies provided by the referring physician. I felt that he will continue to benefit from PT treatments to continue to address strengthening and trunk stabilization related to the heavy lifting and material handling that he has to perform at work that is still presently limited due to the persistent pain and muscular weakness. Once again, thank you for the kind referral.

*Marlon Libunao, PT*

Marlon Libunao, PT, PT(SC Lic: 2892)

**Please Sign and Return**

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

**Comments/Revisions**

Physician Signature

Date



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

a Select Medical company

Received  
Companion P&C Claims

09/14/09

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inf. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Aug 19, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 19  
Cd/Ns: 4

**Daily Note**

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

**General Information**

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

**Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage, Component 3: E-stimulation, Iontophoresis, Component 4: TENS eval

**Subjective Examination**

**ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

**Chief Complaint:**

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

**Daily Comments:**

- Patient states that he doesn't feel too bad today. Reports that he is not having a lot of pain in his shoulder blade area, but still has some tenderness in the middle of his upper back. Reports that he feels that injection helped with the shoulder, but the back still bothers him. Patient states that he is still unable to lift anything heavy at work due to the pain. States that he feels therapy is helping him to get stronger, but he still has some pain. Reports that this is his last therapy session, and he returns to his MD on 8/28.

**Objective Examination**

**Muscle Testing: Thoracolumbar Planes:**

- Extension
- Flexion

| Left | Right |
|------|-------|
| 4/5  | 4/5   |
| 4/5  | 4/5   |

**Palpation:**

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

**Range of Motion: Active Thoracic:**

- Extension
- Flexion
- Rotation Left
- Rotation Right (painful)
- Side Bending Left
- Side Bending Right

|      |  |
|------|--|
| 75%  |  |
| 75%  |  |
| 75%  |  |
| 100% |  |
| 100% |  |
| 100% |  |

**Special Tests: Symptom Provocation/Alleviation: Thoracic**

**Spine: Flexion:**

- T10
- T11
- T12

| Left     | Right               |
|----------|---------------------|
| Negative | Aggravates Symptoms |
| Negative | Aggravates Symptoms |
| Negative | Aggravates Symptoms |

**Special Tests: Symptom Provocation/Alleviation: Thoracic**

**Spine: Extension:**

| Left | Right |
|------|-------|
|      |       |

Document ID: 52D007BA.026  
Ashley M. Bowie, PTA, PTA(SC Lic: 1995); Marlon Libunao, PT, PT(SC Lic: 2892)

Status: Signed off (secure electronic signature)

Page 1 of 3



Received  
Companion P&C Claims

09/14/09

Patient: John Leopard

Acct #: 013R610247958

Visit Date: Aug 19, 2009

|                                                                               |          |                     |
|-------------------------------------------------------------------------------|----------|---------------------|
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending: | Left     | Right               |
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |
| Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:     | Left     | Right               |
| • T 10                                                                        | Negative | Aggravates Symptoms |
| • T 11                                                                        | Negative | Aggravates Symptoms |
| • T 12                                                                        | Negative | Aggravates Symptoms |

**Treatments**

**Exercise Activities: Range of Motion:**

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain-Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation (This visit)
- ROM Activity 1

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise

Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts. (L. Quarter):**

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 80 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

**Exercise Activities: Flexibility (U. Quarter):**

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss ball, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts. (U. Quarter):**

- Seated-Chest Press

Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Seated-Lat Pulldowns

Time Elapsed: 5 Minutes, Weight - Pounds: 70 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Seated-Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 45 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

**Functional/ADL Activities: Functional Task Training:**

- Lift & Carry

Time Elapsed: 5 Minutes, Weight - Pounds: 35 Pounds, Charge As: Therapeutic Activities

- Lift: Floor to Waist

Time Elapsed: 5 Minutes, Weight - Pounds: 40 Pounds, Charge As: Therapeutic Activities

- Lift: Waist to Shoulder

Time Elapsed: 5 Minutes, Weight - Pounds: 40 Pounds, Charge As: Therapeutic Activities

- Overhead Reach (This visit)

Did Not Perform:, Charge As: Therapeutic Activities This visit

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae (This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques This visit

**Modalities:**

- Electric Stim, Unattended (This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

**Therapy Session Time**

Document ID: 52D007BA.026

Status: Signed off (secure electronic signature)

Page 2 of 3

Ashley M. Bowie, PTA, PTA (SC Lic: 1995); Marlon Ubunao, PT, PT (SC Lic: 2892)



Received  
Companion P&C Claims

09/14/09

Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Aug 19, 2009

- Therapy Session Start Time 04:00 PM

**Documented Procedural Code Summary:**

| Description              | Code  | Units | Minutes |
|--------------------------|-------|-------|---------|
| • Therapeutic Activities | 97530 | 1     | 15      |
| • Therapeutic Procedure  | 97110 | 4     | 61      |

**Assessment**

**Presentation:**

- Patient shows mild improvements in condition of right shoulder blade, but continues to complain of pain and tenderness in his upper back area. Shows excellent compliance with home and clinical exercise programs, and has attended 19 therapy sessions since initial evaluation. Performed exercises outlined above with minimal complaints of upper back pain, that he felt with increasing weights of machines. Patient also experienced some pain with lifting 30 pounds from floor to shoulder level. Patient returns to MD next Friday, and may benefit from continuing a strengthening program in order to prepare him to go back to work without any restrictions or symptom reproduction.

**Plan**

**Consult with:**

- Physician.

**Refer Client to:**

- Physician for Re-Check.

Ashley M. Bowle, PTA, PTA(SC Lic 1995)

Marlon Libunao, PT, PT(SC Lic 2892)



# ALIGNNETWORKS

FAX / EMAIL Confidential 8/27/2009 6:01:35 PM

To: Elvia Swainson, Alita Moore  
Subject: Align Networks, Ref.Status - Claim #: 580000223652, Leopard

From: Christina Hewett  
Fax Number: (904)998-0299  
Business Phone: (866)389-0211 (846)  
Email: VisitManagement@alignnetworks.com

Attached is the status update for patient: John Leopard

Please note the patient attended the last authorized visit on 8/19/09. We have advised the clinic that those dates are over the authorization and we will need the new MD orders forwarded asap to submit for any additional authorization to be approved. Thank you

## Patient Information

Name: John Leopard  
Phone: (864) 227-8763  
Cell#: (864) 554-6069  
SSN #: 247-63-1193  
Treating Dr.: David Shallcross  
Dr. Phone: (864) 232-8417  
Injury Date: 02/11/2009  
As of: 08/27/2009  
Total Visits Attended: 20  
Total Visits Authorized: 20

## Injury Information

State: SC  
ICD-9:  
Procedure: Physical Therapy  
Employer: Greenwood County Fire Fighter  
Surgery: No  
Body Part: upper back / thoracic / chest --  
Injury: Thoracic Sprain / Strain / Contusion --

## Provider Information

Name: Select Physical Therapy Holdings, Inc. (DBA Select Physical Therapy)  
Addr1: 110 Bypass 225  
Addr2: Greenwood, SC, 29646  
Phone: (864) 223-0406

Attendance Verification of all visits for this claim begins on page 2.

Thank you for choosing Align Networks. Visit us on the web at [WWW.ALIGNNETWORKS.COM](http://WWW.ALIGNNETWORKS.COM)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Sep 22, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 21  
Cd/Ns: 0

## Re-Evaluation

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

## General Information

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

### Treatment Guidelines:

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage, Component 3: E-stimulation, Iontophoresis, Component 4: TENS eval

## Subjective Examination

### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

## Objective Examination

### Muscle Testing: Thoracolumbar Planes:

- Extension
- Flexion

|           | Aug 18, 2009 |       | Sep 22, 2009 |       |
|-----------|--------------|-------|--------------|-------|
|           | Left         | Right | Left         | Right |
| Extension | 4/5          | 4/5   | 4/5          | 4/5   |
| Flexion   | 4/5          | 4/5   | 4/5          | 4/5   |

### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

### Range of Motion: Active Thoracic:

- Extension
- Flexion
- Rotation Left
- Rotation Right (painful)
- Side Bending Left
- Side Bending Right

|                          | Aug 18, 2009 | Sep 22, 2009 |
|--------------------------|--------------|--------------|
| Extension                | 75%          | 75%          |
| Flexion                  | 100%         | 75%          |
| Rotation Left            | 75%          | 75%          |
| Rotation Right (painful) | 100%         | 100%         |
| Side Bending Left        | 100%         | 100%         |
| Side Bending Right       | 100%         | 100%         |

### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

- T 10
- T 11
- T 12

|      | Left     | Right               |
|------|----------|---------------------|
| T 10 | Negative | Aggravates Symptoms |
| T 11 | Negative | Aggravates Symptoms |
| T 12 | Negative | Aggravates Symptoms |

### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

- T 10
- T 11
- T 12

|      | Left     | Right               |
|------|----------|---------------------|
| T 10 | Negative | Aggravates Symptoms |
| T 11 | Negative | Aggravates Symptoms |
| T 12 | Negative | Aggravates Symptoms |





Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Sep 22, 2009

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:**

- T 10
- T 11
- T 12

**Left**

Negative  
Negative  
Negative  
Left

**Right**

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms  
Right

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:**

- T 10
- T 11
- T 12

Negative  
Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Treatments**

**Exercise Activities: Range of Motion:**

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation(This visit)
- ROM Activity 1

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Did Not Perform:, Charge As: Therapeutic Exercise This visit

Time Elapsed: 5 Minutes, Technique: Active Assistive, Description: Thoracic extension using roll, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 80 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 120, Charge As: Therapeutic Exercise

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Chest Press

Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Seated-Lat Pulldowns

Time Elapsed: 5 Minutes, Weight - Pounds: 70 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

- Seated-Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 45 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

**Functional/ADL Activities: Functional Task Training:**

- Lift & Carry

Time Elapsed: 5 Minutes, Weight - Pounds: 35 Pounds, Charge As: Therapeutic Activities

- Lift:Floor to Waist

Time Elapsed: 5 Minutes, Weight - Pounds: 40 Pounds, Charge As: Therapeutic Activities

- Lift:Waist to Shoulder

Time Elapsed: 5 Minutes, Weight - Pounds: 40 Pounds, Charge As: Therapeutic Activities

- Overhead Reach(This visit)

Did Not Perform:, Charge As: Therapeutic Activities This visit

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae(This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques This visit

**Modalities:**

- Electric Stim, Unattended(This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

**Documented Procedural Code Summary:**

| Description              | Code  | Units | Minutes |
|--------------------------|-------|-------|---------|
| • Therapeutic Activities | 97530 | 1     | 15      |
| • Therapeutic Procedure  | 97110 | 4     | 61      |



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Sep 22, 2009

### Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

#### **Presentation:**

- Pt. presents with continued complaints of mid-thoracic pain. states that pain has decreased over time and that therapy has helped since the start of care. He reports that pain is felt during heavy lifting and carrying, but this does not seem to limit the patient from being able to carry out the task. Physician recommended to continue care to further strengthen trunk muscles in conjunction with pain management strategies.

#### **Recommendations: Skilled Intervention: Required To:**

- Improve Function. Increase Strength.

### Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

*STG Achieve by Oct 06, 2009.*

#### **Symptomatic Improvements:**

- Decreasing Pain: to 0/10.

*Goal Achieved Aug 19, 2009.*

#### **Symptomatic Improvements:**

- Decreasing Pain: to 3/10.

**Problem #2 ADL / Functional Status: Current status: Work status:** Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

*Goal Achieved Aug 19, 2009.*

#### **ADL Improvements In:**

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

*STG Achieve by Oct 06, 2009. Progress: Good progress.*

#### **Palpable Improvements:**

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

*STG Achieve by Oct 06, 2009.*

#### **Range of Motion Improvements to: Active Thoracic:**

- |                      |      |
|----------------------|------|
| • Extension          | 100% |
| • Flexion            | 100% |
| • Rotation Left      | 100% |
| • Rotation Right     | 100% |
| • Side Bending Right | 100% |

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

*STG Achieve by Oct 06, 2009. Progress: Good progress.*

#### **Musculoskeletal Improvements In:**

##### **Thoracolumbar Spine to:**

- |             | Left | Right |
|-------------|------|-------|
| • Extension | 5/5  | 5/5   |
| • Flexion   | 5/5  | 5/5   |

### Plan

#### **Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Sep 22, 2009

---

**Recommendations:**

- Continue with current program.

**Therapeutic Contents:**

- Home Exercise Program. Therapeutic Activities: Therapeutic Exercise.

A handwritten signature in cursive script, appearing to read "Marlon Libunao".

---

Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

**Patient:** John Leopard  
**Acct #:** 013R610247958  
**DOB:** Sep 17, 1970  
**Clinician:** Marlon Libunao, PT  
**Prim Phy:** David L. Shallcross  
**Phy Phone:** (864) 232-8417  
**Phy Fax:** (864) 232-1511  
**Sec Phy:** Not Specified  
**Inj. Date:** 2/11/2009  
**Surg. Date:** Not Specified

**Visit Date:** Sep 22, 2009  
**FSC:** Workers Compensation  
**Payor:** WC OF SC  
**Pol/Claim#:** 247631193  
**Insured:** John Leopard  
**Employer:** Advanced Tech Services  
**Case Mgr:** Not Specified  
**Visits:** 21  
**Cd/Ns:** 6

## Plan of Care

|                  |       |       |                         |
|------------------|-------|-------|-------------------------|
| <b>Diagnoses</b> | Spine | 7241  | PAIN IN THORACIC SPINE  |
|                  |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|                  |       | 72887 | MUSCLE WEAKNESS-GENERAL |

## Subjective Examination

### ADL / Functional Status:

- Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

## Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 4 weeks. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

### Presentation:

- Pt. presents with continued complaints of mid-thoracic pain. states that pain has decreased over time and that therapy has helped since the start of care. He reports that pain is felt during heavy lifting and carrying, but this does not seem to limit the patient from being able to carry out the task. Physician recommended to continue care to further strengthen trunk muscles in conjunction with pain management strategies.

### Recommendations: Skilled Intervention: Required To:

- Improve Function. Increase Strength.

## Problems & Goals

**Problem #1 Chief Complaint:** Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

STG Achieve by Oct 06, 2009.

### Symptomatic Improvements:

- Decreasing Pain: to 0/10.

Goal Achieved Aug 19, 2009.

### Symptomatic Improvements:

- Decreasing Pain: to 3/10.

**Problem #2 ADL / Functional Status:** Current status: Work status: Since the injury and the onset of symptoms, the patient reports having difficulty with repeated bending and stooping due to reproduction of pain. He reports having increased mid-back pain with repeated reaching, lifting, carrying, pushing, or pulling. He reports symptom reproduction during crawling. States that pain will flare up without apparent reason and with sitting, standing, or walking.

Goal Achieved Aug 19, 2009.

### ADL Improvements In:

- Pt. will be able to bend, stoop, lift, and carry w/o symptom reproduction.

**Problem #3 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

STG Achieve by Oct 06, 2009. Progress: Good progress.

### Palpable Improvements:

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #4 Range of Motion: Active Thoracic.**

- Extension

75%



Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Sep 22, 2009

- Flexion 75%
- Rotation Left 75%
- Rotation Right(painful) 100%
- Side Bending Left 100%
- Side Bending Right 100%

STG Achieve by Oct 06, 2009.

**Range of Motion Improvements to: Active Thoracic:**

- Extension 100%
- Flexion 100%
- Rotation Left 100%
- Rotation Right 100%
- Side Bending Right 100%

**Problem #5 Muscle Testing: Thoracolumbar Planes.**

- |             | Left | Right |
|-------------|------|-------|
| • Extension | 4/5  | 4/5   |
| • Flexion   | 4/5  | 4/5   |

STG Achieve by Oct 06, 2009. Progress: Good progress.

**Musculoskeletal Improvements In:**

- |                                | Left | Right |
|--------------------------------|------|-------|
| <b>Thoracolumbar Spine to:</b> |      |       |
| • Extension                    | 5/5  | 5/5   |
| • Flexion                      | 5/5  | 5/5   |

**Plan**

**Amount, Frequency and Duration:**

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

**Recommendations:**

- Continue with current program.

**Therapeutic Contents:**

- Home Exercise Program. Therapeutic Activities: Therapeutic Exercise.

Marlon Libunao, PT, PT(SC Lic: 2892)

**Please Sign and Return**

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

**Comments/Revisions**

Physician Signature

Date



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29649  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Received  
Companion P&C Claims

11/03/09

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallockross  
Phy Phone: (864) 232-8417  
Phy Fax: (864) 232-1511  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Visit Date: Sep 23, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employee: Advanced Tech Services  
Case Mgt: Not Specified  
Visits: 22  
Cd/Ns: 6

**Daily Note**

Diagnoses Spine

7241  
71950  
72887

PAIN IN THORACIC SPINE  
JT STIFFNESS NEC-UNSPEC  
MUSCLE WEAKNESS-GENERAL

**General Information**

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

**Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

Additional Detail: Thoracic strain

1: Cervical fusion 1/16/09 not related to diagnosis

Component 1: Joint mobilization, Component 2: MFR, Massage,  
Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
eval

**Subjective Examination**

**ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician

**Chief Complaint:**

- PT reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

**Daily Comments:**

- Patient states that his upper back is still really sore, but he feels that is from him beginning the exercises, as well as what he does at work. Rate pain 5 or 6/10, but it gets worse as he does activity.

**Objective Examination**

**Muscle Testing: Thoracolumbar Planes:**

- Extension
- Flexion

Left  
4/5  
4/5

Right  
4/5  
4/5

**Palpation:**

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

**Range of Motion: Active Thoracic:**

- Extension
- Flexion
- Rotation Left
- Rotation Right (painful)
- Side Bending Left
- Side Bending Right

75%  
75%  
75%  
100%  
100%  
100%

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:**

- T 10
- T 11
- T 12

Left

Negative  
Negative  
Negative

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:**

- T 10
- T 11
- T 12

Left

Negative -  
Negative  
Negative

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms



Received  
Companion P&C Claims

11/03/09  
Patient: John Leopold  
Acct #: 013R610247958

Visit Date: Sep 23, 2009

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:**

- T 10
- T 11
- T 12

Left

Negative  
Negative  
Negative  
Left

Right

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms  
Right

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:**

- T 10
- T 11
- T 12

Negative  
Negative  
Negative

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Treatments**

**Exercise Activities: Range of Motion:**

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation(This visit)
- ROM Activity 1(This visit)

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Did Not Perform:, Charge As: Therapeutic Exercise This visit  
Did Not Perform:, Charge As: Therapeutic Exercise This visit

**Exercise Activities: Machines/Wts.(L. Quarter):**

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 80 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 35, Charge As: Therapeutic Exercise

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Chest Press
- Seated-Lat Pulldowns
- Seated-Rowing

Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 70 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 45 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise

**Functional/ADL Activities: Functional Task Training:**

- Lift & Carry(This visit)
- Lift:Floor to Waist(This visit)
- Lift:Waist to Shoulder(This visit)
- Overhead Reach(This visit)

Did Not Perform:, Charge As: Therapeutic Activities This visit  
Did Not Perform:, Charge As: Therapeutic Activities This visit  
Did Not Perform:, Charge As: Therapeutic Activities This visit  
Did Not Perform:, Charge As: Therapeutic Activities This visit

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae(This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques This visit

**Modalities:**

- Electric Stim, Unattended(This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

**Therapy Session Time**

- Therapy Session Start Time 04:00 PM

**Documented Procedural Code Summary:**

| Description             | Code  | Units | Minutes |
|-------------------------|-------|-------|---------|
| • Therapeutic Procedure | 97110 | 4     | 56      |

**Assessment**

The client exhibits a slight capacity for advancement of therapeutic activity during treatment. Trace Improvements are noted at this time.

Document ID: 5200078A.033

Status: Signed off (secure electronic signature)

Ashley M. Bowie, PTA,PTA(SC Lic: 1995); Marlon Libunao, PT,PT(SC Lic: 2892)

Page 2 of 3

9710000126 F1A0930710000126

Received  
Companion P&C Claims

11/03/09

Patient: John Leopard

Acct #: 013R610247958

Visit Date: Sep 23, 2009



**Treatment Emphasis to focus on:**

- Range of Motion/Mobility Improvements. Muscle Function Improvements. Strengthen Dlsuse Components.

**Plan**

**Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowle, PTA, PTA(SC Lic: 1995)

Marion Libunao, PT, PT(SC Lic: 2892)





# ALIGNNETWORKS

FAX / EMAIL Confidential - 9/24/2009 11:47:28 AM

To: Elvia Swainson, Alita Moore  
Subject: Align Networks, Ref.Status - Claim #: 580000223652, Leopard

From: Athena Fortenberry  
Fax Number: (904)998-0299  
Business Phone: (866)389-0211 (819)  
Email: VisitManagement@alignnetworks.com

Attached is the status update for patient: John Leopard

We have requested a current progress summary on the patient. As soon as we receive it, we will forward it to you. I apologize for the delay. Please let me know if you need anything in the meantime. Have a great day and thank you!!

## Patient Information

Name: John Leopard  
Phone: (864) 227-8763  
Cell#: (864) 554-6069  
SSN #: 247-63-1193  
Treating Dr.: David Shallcross  
Dr. Phone: (864) 232-8417  
Injury Date: 02/11/2009  
As of: 09/24/2009  
Total Visits Attended: 24  
Total Visits Authorized: 28

## Injury Information

State: SC  
ICD-9:  
Procedure: Physical Therapy  
Employer: Greenwood County Fire Fighter  
Surgery: No  
Body Part: upper back / thoracic / chest --  
Injury: Thoracic Sprain / Strain / Contusion --

## Provider Information

Name: Select Physical Therapy Holdings, Inc. (DBA Select Physical Therapy)  
Addr1: 110 Bypass 225  
Addr2: Greenwood, SC, 29646  
Phone: (864) 223-0406

Attendance Verification of all visits for this claim begins on page 2.

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# ALIGNNETWORKS

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FAX / EMAIL Confidential - 9/24/2009 11:47:28 AM

---

Patient Name: John Leopard

| Visit | Date               | Day       | Attendance | Procedure        |
|-------|--------------------|-----------|------------|------------------|
| EVAL  | Jun 12 2009 4:00PM | Friday    | Yes        | Physical Therapy |
| 1     | Jun 16 2009 9:00AM | Tuesday   | Yes        | Physical Therapy |
| 2     | Jun 18 2009 9:00AM | Thursday  | Yes        | Physical Therapy |
| 3     | Jun 19 2009 9:00AM | Friday    | Yes        | Physical Therapy |
| 4     | Jun 23 2009 5:00PM | Tuesday   | Yes        | Physical Therapy |
| 5     | Jun 25 2009 5:00PM | Thursday  | Yes        | Physical Therapy |
| 6     | Jun 26 2009 5:00PM | Friday    | Missed     | Physical Therapy |
| 7     | Jun 29 2009 9:00AM | Monday    | Yes        | Physical Therapy |
| 8     | Jul 1 2009 9:00AM  | Wednesday | Yes        | Physical Therapy |
| 9     | Jul 2 2009 9:00AM  | Thursday  | Yes        | Physical Therapy |
| 10    | Jul 8 2009 5:00PM  | Wednesday | Missed     | Physical Therapy |
| 11    | Jul 9 2009 5:00PM  | Thursday  | Yes        | Physical Therapy |
| 12    | Jul 10 2009 4:00PM | Friday    | Yes        | Physical Therapy |
| 13    | Jul 27 2009 9:00AM | Monday    | Yes        | Physical Therapy |
| 14    | Jul 28 2009 9:00AM | Tuesday   | Yes        | Physical Therapy |
| 15    | Aug 4 2009 9:00AM  | Tuesday   | Yes        | Physical Therapy |
| 16    | Aug 6 2009 9:00AM  | Thursday  | Yes        | Physical Therapy |
| 17    | Aug 7 2009 9:00AM  | Friday    | Yes        | Physical Therapy |
| 18    | Aug 10 2009 9:00AM | Monday    | Yes        | Physical Therapy |
| 19    | Aug 12 2009 9:00AM | Wednesday | Yes        | Physical Therapy |
| 20    | Aug 18 2009 9:00AM | Tuesday   | Yes        | Physical Therapy |
| 21    | Aug 19 2009 9:00AM | Wednesday | Yes        | Physical Therapy |
| 22    | Sep 18 2009 5:00PM | Friday    | Yes        | Physical Therapy |
| 23    | Sep 19 2009 9:00AM | Saturday  | Yes        | Physical Therapy |
| 24    | Sep 22 2009 5:00PM | Tuesday   | Yes        | Physical Therapy |
| 25    | Sep 23 2009 9:00AM | Wednesday | Yes        | Physical Therapy |

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**Received**  
**Companion P&C Claims**  
**11/03/09**



Select Physical Therapy  
 110 Bypass 225  
 Greenwood, SC USA 29649  
 Phone: (864) 223-0406  
 Fax: (864) 223-1716

Patient: John Leopard  
 Acct #: 013R610247958  
 DOB: Sep 17, 1970  
 Clinician: Marlon Ubunao, PT  
 Prim Phy: David L. Shallockross  
 Phy Phone: (864) 232-8417  
 Phy Fax: (864) 232-1511  
 Sec Phy: Not Specified  
 Inj. Date: 2/11/2009  
 Surg. Date: Not Specified

Visit Date: Sep 28, 2009  
 FSC: Workers Compensation  
 Payor: WC OF SC  
 Pol/Claim #: 247631193  
 Insured: John Leopard  
 Employer: Advanced Tech Services  
 Case Mgr: Not Specified  
 Visits: 23  
 Cd/Ref: 6

**Daily Note**

|                  |              |              |                                |
|------------------|--------------|--------------|--------------------------------|
| <b>Diagnoses</b> | <b>Spine</b> | <b>7241</b>  | <b>PAIN IN THORACIC SPINE</b>  |
|                  |              | <b>71950</b> | <b>JT STIFFNESS NEC-UNSPEC</b> |
|                  |              | <b>72887</b> | <b>MUSCLE WEAKNESS-GENERAL</b> |

**General Information**

This is a 38 year old male with complaints of mid-thoracic pain following a work-related injury that occurred on 10/31/07. He is now being referred to PT for evaluation and treatment of the thoracic spine.

**Treatment Guidelines:**

- Evaluate and Treat
- Precautions
- Rehabilitative Program

**Additional Detail: Thoracic strain**

1: Cervical fusion 1/16/09 not related to diagnosis  
 Component 1: Joint mobilization, Component 2: MFR, Massage,  
 Component 3: E-stimulation, Iontophoresis, Component 4: TENS  
 eval

**Subjective Examination**

**ADL / Functional Status:**

- Occupation: Greenwood County Fire Fighter/Maintenance Technician

**Chief Complaint:**

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

**Daily Comments:**

- Patient states that his upper back is still pretty sore, but he doesn't feel that therapy is making it any worse. States that the stretches help, but the pain just gets worse if he has a lot of twisting and lifting at work. States that his pain is worst in the mornings when he first wakes up, but it gets better as the day goes on. Rates pain 6/10 at this time.

**Objective Examination**

**Muscle Testing: Thoracolumbar Planes:**

|             |             |              |
|-------------|-------------|--------------|
|             | <b>Left</b> | <b>Right</b> |
| • Extension | 4/5         | 4/5          |
| • Flexion   | 4/5         | 4/5          |

**Palpation:**

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

**Range of Motion: Active Thoracic:**

|                            |      |
|----------------------------|------|
| • Extension                | 75%  |
| • Flexion                  | 75%  |
| • Rotation Left            | 75%  |
| • Rotation Right (painful) | 100% |
| • Side Bending Left        | 100% |
| • Side Bending Right       | 100% |

**Special Tests: Symptom Provocation/Alleviation: Thoracic**

**Spine: Flexion:**

|        |             |                     |
|--------|-------------|---------------------|
|        | <b>Left</b> | <b>Right</b>        |
| • T 10 | Negative    | Aggravates Symptoms |
| • T 11 | Negative    | Aggravates Symptoms |
| • T 12 | Negative    | Aggravates Symptoms |

**Special Tests: Symptom Provocation/Alleviation: Thoracic**

**Spine: Extension:**

|        |             |                     |
|--------|-------------|---------------------|
|        | <b>Left</b> | <b>Right</b>        |
| • T 10 | Negative    | Aggravates Symptoms |
| • T 11 | Negative    | Aggravates Symptoms |
| • T 12 | Negative    | Aggravates Symptoms |

**Received  
Compahion P&C Claims**

11/03/09

Patient: John Leopard  
Acct #: 013R610247958

Visit Date: Sep 28, 2009



**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:**

- T 10
- T 11
- T 12

**Left**

Negative  
Negative  
Negative

**Right**

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:**

- T 10
- T 11
- T 12

**Left**

Negative  
Negative  
Negative

**Right**

Aggravates Symptoms  
Aggravates Symptoms  
Aggravates Symptoms

**Treatments**

**Exercise Activities: Range of Motion:**

- Extension

Time Elapsed: 6 Minutes, Technique: Active, Body Position: Seated, Spine Segment: Thoracic, ROM Performed: Pain Free, Charge As: Therapeutic Exercise

- Rope & Pulley Scap ABD
- Rope & Pulley Flexion
- Rotation(This visit)
- ROM Activity 1(This visit)

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise  
Did Not Perform:, Charge As: Therapeutic Exercise This visit  
Did Not Perform:, Charge As: Therapeutic Exercise This visit

**Exercise Activities: Machines/Wts.(L Quarter):**

- Back Extensions

Time Elapsed: 5 Minutes, Weight - Pounds: 80 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 40 lbs. Pounds, Description: Cables -40 lbs. to the right only, Charge As: Therapeutic Exercise

- Machines/Free Weights 1

**Exercise Activities: Aerobic Conditioning:**

- Upper Body Ergometer

Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): 35, Charge As: Therapeutic Exercise

**Exercise Activities: Flexibility(U. Quarter):**

- Midback Stretch

Time Elapsed: 5 Minutes, Repetitions: 15x each side, Position: Seated leaning over the mat table w blue swiss bal, Additional Detail: Swiss ball rolling from one side to the other, Charge As: Therapeutic Exercise

**Exercise Activities: Machines/Wts.(U. Quarter):**

- Seated-Chest Press
- Seated-Lat Pulldowns
- Seated-Rowing(scapular retraction)

Time Elapsed: 5 Minutes, Weight - Pounds: 30 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 70 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise  
Time Elapsed: 5 Minutes, Weight - Pounds: 45 Pounds, Repetitions: 10, Sets: 3, Additional Detail: no elbow flexion, Charge As: Therapeutic Exercise

**Functional/ADL Activities: Functional Task Training:**

- Lift & Carry(This visit)
- Lift:Floor to Waist(This visit)
- Lift:Waist to Shoulder(This visit)
- Overhead Reach(This visit)

Did Not Perform:, Charge As: Therapeutic Activities This visit  
Did Not Perform:, Charge As: Therapeutic Activities This visit  
Did Not Perform:, Charge As: Therapeutic Activities This visit  
Did Not Perform:, Charge As: Therapeutic Activities This visit

**Manual Interventions: Upper Quarter Soft Tissue:**

- Erector Spinae(This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques This visit

**Modalities:**

- Electric Stim, Unattended(This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

**Therapy Session Time**

- Therapy Session-Start Time 04:00 PM

**Documented Procedural Code Summary:**

| Description             | Code  | Units | Minutes |
|-------------------------|-------|-------|---------|
| • Therapeutic Procedure | 97110 | 4     | 56      |

**Assessment**

Document ID: 520007BA.034 Status: Signed off (secure electronic signature)  
Ashley M. Bowie, PTA,PTA(SC Lic: 1995); Marlon Libunao, PT,PT(SC Lic: 2892)

Page 2 of 3  
912000012070000126

Received  
Companion P&C Claims

11/03/09

Patient: John Leopard

Acct #: 013R610247958

Visit Date: Sep 28, 2009



**Presentation:**

- Patient presents with no significant change in condition of upper back since last therapy session, but doesn't feel that therapy is making it any worse. Continue to complain of moderate pain that is worst in the morning, and after any twisting or lifting activities, mostly performed at work. Patient performed exercises outlined above without any complaints of increasing pain or discomfort, but did report of experiencing soreness while doing so. Patient may benefit from isotonic activities of prone horizontal abduction to further increase strength of rhomboid and middle trap muscles, in order to improve tolerance to actively using this muscle group with lifting, pushing, and pulling at work, with minimal symptom reproduction.

**Plan**

**Daily Plan:**

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Ashley M. Bowle, PTA, PTA(SC Lic: 1995)

Marlon Libunao, PT, PT(SC Lic: 2892)



Select Physical Therapy  
110 Bypass 225  
Greenwood, SC USA 29646  
Phone: (864) 223-0406  
Fax: (864) 223-1716

Patient: John Leopard  
Acct #: 013R610247958  
DOB: Sep 17, 1970  
Clinician: Marlon Libunao, PT  
Prim Phy: David L. Shallcross  
Phy Phone: (864) 797-7100  
Phy Fax: (864) 797-7105  
Sec Phy: Not Specified  
Inj. Date: 2/11/2009  
Surg. Date: Not Specified

Note Date: Nov 18, 2009  
FSC: Workers Compensation  
Payor: WC OF SC  
Pol/Claim#: 247631193  
Insured: John Leopard  
Employer: Advanced Tech Services  
Case Mgr: Not Specified  
Visits: 23  
Cxl/NS: 8

## Discharge Summary

|           |       |       |                         |
|-----------|-------|-------|-------------------------|
| Diagnoses | Spine | 7241  | PAIN IN THORACIC SPINE  |
|           |       | 71950 | JT STIFFNESS NEC-UNSPEC |
|           |       | 72887 | MUSCLE WEAKNESS-GENERAL |

### Subjective Examination

#### ADL / Functional Status:

- Occupation: Greenwood County Fire Fighter/Maintenance Technician Current status: Work status: Full time / Full duty.

#### Chief Complaint:

- Pt. reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

### Objective Examination

|                                       | Jun 12, 2009 |       | Sep 28, 2009 |       |
|---------------------------------------|--------------|-------|--------------|-------|
| Muscle Testing: Thoracolumbar Planes: | Left         | Right | Left         | Right |
| • Extension                           | 4/5          | 4/5   | 4/5          | 4/5   |
| • Flexion                             | 4/5          | 4/5   | 4/5          | 4/5   |

#### Palpation:

- Thoracic Region: There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

#### Range of Motion: Active Thoracic:

|                           | Jun 12, 2009 | Sep 28, 2009 |
|---------------------------|--------------|--------------|
| • Extension               | 50%          | 75%          |
| • Flexion                 | 75%          | 75%          |
| • Rotation Left           | 75%          | 75%          |
| • Rotation Right(painful) | 75%          | 100%         |
| • Side Bending Left       | 100%         | 100%         |
| • Side Bending Right      | 75%          | 100%         |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Flexion:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Extension:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Side Bending:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

#### Special Tests: Symptom Provocation/Alleviation: Thoracic Spine: Rotation:

|        | Left     | Right               |
|--------|----------|---------------------|
| • T 10 | Negative | Aggravates Symptoms |
| • T 11 | Negative | Aggravates Symptoms |
| • T 12 | Negative | Aggravates Symptoms |

### Assessment

Based on this patient's clinical presentation, it is my professional opinion that the patient's prognosis at time of discharge is good. The



Patient: John Leopard  
Acct #: 013R610247958

Note Date: Nov 18, 2009

patient was educated regarding their discharge prognosis and related pathology. The patient demonstrates good understanding of their home program instructions.

**Presentation:**

- Patient presents with no significant change in condition of upper back since last therapy session, but doesn't feel that therapy is making it any worse. Continue to complain of moderate pain that is worst in the morning, and after any twisting or lifting activities, mostly performed at work. Patient performed exercises outlined above without any complaints of increasing pain or discomfort, but did report of experiencing soreness while doing so. Patient may benefit from isotonic activities of prone horizontal abduction to further increase strength of rhomboid and middle trap muscles, in order to improve tolerance to actively using this muscle group with lifting, pushing, and pulling at work, with minimal symptom reproduction.

**Recommendations: Discharge, Secondary to:**

- Completion of current program. Plateaued progress.

**Problems & Goals**

**Problem #1 Chief Complaint:** PT reports having mild to moderate pain in his mid-thoracic spine to the right side (approx level of T10-T12). He states that no specific and consistent movement aggravates the pain. Sitting, standing, bending, lifting, and general trunk mobility aggravates the pain, but other movements may not be as intense as others and may not be as frequent at times. He rates his pain at 4 to 5/10.

*Goal Abandoned Oct 02, 2009. RTW full duty*

**Symptomatic Improvements:**

- Decreasing Pain: to 0/10.

**Problem #2 Palpation: Thoracic Region:** There is minimal to moderate tenderness of the thoracic spinous processes, transverse processes, and latissimus dorsi over the right side below the inferior angle of the scapula.

*Goal Abandoned Oct 02, 2009. Residuals. RTW Full duty*

**Palpable Improvements:**

- Tenderness Decreasing to: 0=No tenderness noted.

**Problem #3 Range of Motion: Active Thoracic.**

*Goal Abandoned Oct 02, 2009. Residuals RTW Full duty*

**Range of Motion Improvements to: Active Thoracic:**

- |                      |      |
|----------------------|------|
| • Extension          | 100% |
| • Flexion            | 100% |
| • Rotation Left      | 100% |
| • Rotation Right     | 100% |
| • Side Bending Right | 100% |

**Problem #4 Muscle Testing: Thoracolumbar Planes.**

*Goal Abandoned Oct 02, 2009. Residuals RTW Full duty*

**Musculoskeletal Improvements In:**

**Thoracolumbar Spine to:**

- |             | Left | Right |
|-------------|------|-------|
| • Extension | 5/5  | 5/5   |
| • Flexion   | 5/5  | 5/5   |

**Plan**

**Discharge due to:**

- Progress has plateaued.

Marlon Libunao, PT, PT(SC Lic: 2892)



# ALIGNNETWORKS

FAX / EMAIL Confidential - 1/5/2010 5:32:14 PM

Align Networks, Discharge.File - Claim #: 580000223652, Leopard

Attn: Elvia Swainson, Alita Moore

Discharge/Discontinuation notes have been received for the following patient and are attached below:

|                    |                  |
|--------------------|------------------|
| Patient:           | John Leopard     |
| Service Requested: | Physical Therapy |
| Claim #:           | 580000223652     |
| Date of Injury:    | 02/11/2009       |

If you have any questions, please contact me.

Erin Doss

(866)389-0211 (732)

VisitManagement@alignnetworks.com

Thank you for choosing Align Networks. Visit us on the web at [WWW.ALIGNNETWORKS.COM](http://WWW.ALIGNNETWORKS.COM)



**JOHN B. LEOPARD** Patient ID: 247-63-1193  
DOB: 17.Sep.1970 (37) Male  
Visit Date: 19.Feb.2008

#### PRESENT ILLNESS INFORMATION

**Chief Complaint:** WC injury: 10/30/07. Patient seen in neurosurgical consultation for low back pain. he describes pain at the level of the shoulder blades radiating to chest wall. Thoracic MRI done 12/19/07. Medications reviewed with patient, appropriate updates made, summary given to patient.

#### HPI:

**S1: Evaluation of thoracic pain.**

**Location:** in the interscapular region in the midline.

**Quality:** gnawing and sharp.

**Severity:** The usual pain level is 6 (scale of 1-10). Functional impairment is moderate - when present it interferes only with some daily activities.

**Timing:** This has been a problem since 10/30/07.

**Referred or radiating symptoms:** pain -

- pain of the same quality as the thoracic back pain extending into the chest wall retrosternally.

**Setting in which it first occurred:** following trauma.

- Mechanism of injury: a fall.
- Timing of injury: 10/30/07.
- Locale where the injury occurred: in the workplace. The injury was reported to Workers' Compensation.

**Aggravating factors:**

- low back movements.

**Relieving factors:** The patient states that nothing seems to relieve the pain, including lying down, sitting, standing, walking, application of cold or heat.

**Associated manifestations:**

- insomnia. It starts after the onset of the thoracic back pain.

**Previous tests/evaluations:**

- Thoracic spine MRI: Date - 12/19/07. Test location - Lakeland Ortho.

**Previous treatment related to the thoracic back pain:**

- Prescription medication: Flexeril (effectiveness: negative), Ultracet (effectiveness: fair), Darvocet-N 100 (effectiveness: fair), Lortab (effectiveness: negative).
- Physical therapy: Response - fluctuating (sometimes better, sometimes worse).

#### REVIEW OF SYSTEMS

**Constitutional Symptoms:** no details provided.

**Gastrointestinal:** heartburn or indigestion.

**Musculoskeletal:** back pain.

The following systems are negative: Cardiovascular, Eyes, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Nervous, Psychiatric, Respiratory.

#### PAST, FAMILY AND SOCIAL HISTORY

**Current Meds:** Aciphex (20 MG), daily, prescribed by Dr. Hill  
Lexapro (20 MG), daily, prescribed by Dr. Hill  
Vytorin (uncertain of dosage), daily, prescribed by Dr. Hill

**Med Allergies:** Demerol: "makes skin crawl"  
Neosporin: "swell up"

**Non-Med Allergies:** No non-medication allergies.

**Past Health History:** Childhood Diseases: negative.

**Eyes:** negative.

**Ears:** negative.

**Cardiovascular:** negative.

**Respiratory:** negative.

**Gastrointestinal:** reflux diagnosed in 1998.

**Neurologic:** negative.

**Endocrine:** negative.

**Hematologic and Lymphatic:** negative.

**Surgeries and Hosp:** Problems with anesthesia: none.

**Previous surgery:**

- Abdominal and gastrointestinal: hernia repair in 2002
- Musculoskeletal: "right knee - 2005" spine surgery - "cervical fusion on 01/16/08 in Greenwood,

SC.

**Serious Injuries:** Previous non-surgical hospitalizations: infection in left knee.  
**Back Injury:** cervical spine injury; and lumbar injury of the back on 30.Oct.2007.  
**Family History:** Problems with anesthesia: negative.  
Cardiovascular: Hypertension - father, mother, and brother(s).  
Respiratory: negative.  
Musculoskeletal: Arthritis - father and mother.  
Neurologic: negative.  
Hematologic/Lymphatic: negative. Specifically, no bleeding, clotting, or bruising problems.  
**Social History:** Most recent occupation: Maintenance.  
Marital status: married.  
Current tobacco usage:  
• Cigarettes - Started smoking cigarettes in 1986. Currently smokes an average of 1/2 pack per day.  
Current use of alcoholic beverages: Drinks beer, an average of 6 cans or bottles (1 six-pack) per week; started in 1989.  
Second-hand smoke exposure: is exposed to second-hand smoke.  
Hand dominance: right.  
Home living situation and relationships: Lives with spouse and children.  
Other comments: Dr. Hill - PCP; Dr. Sameer Lal - neck surgery.  
Provider has reviewed PFSH/ROS information

## OBJECTIVE

**CONSTITUTION:** Blood pressure: Left arm - sitting 141/91 mm Hg. Radial Pulse: 93 bpm. Temperature: 97.7 F (oral).  
Weight: 225.8 pounds.  
General appearance: Well developed, well nourished and groomed.  
Ability to communicate: normal.

**RESPIRATORY:** Normal breath sounds.

## CARDIOVASCULAR:

**Auscultation:** normal S1, S2, no murmurs or abnormal sounds.

## MUSCULOSKELETAL:

**Thoracic spine:** Active ROM.

**NEUROLOGIC:** The patient is awake and alert. Oriented x 4. The judgment and insight of the patient is normal. The patient's immediate, recent, and remote memory seem normal. The mood and affect of the patient seem normal and appropriate to the situation. Language is intact for receptive and expressive functions. The fund of knowledge is within normal limits for age and educational background. Capacity for sustained mental activity and abstract thinking is within normal limits.

## Motor examination:

- Muscle strength - Shoulder girdle bilaterally, intact and symmetrical. Proximal upper extremities bilaterally, intact and symmetrical. Distal upper extremities and hand bilaterally, intact and symmetrical. Lower extremities intact and symmetrical.
- Muscle size - is normal and symmetrical in upper extremities; is normal and symmetrical in lower extremities.

**Sensory examination** for light touch intact and symmetrical in the upper extremities; intact and symmetrical in the trunk; intact and symmetrical in the lower extremities.

**Deep tendon reflexes:** Biceps reflexes normal (2+) bilaterally. Brachioradialis reflex normal (2+) bilaterally. Triceps reflexes normal (2+) bilaterally. Knee reflex *bilaterally* 3+. Ankle reflexes normal (2+) bilaterally.

**Pathologic reflexes:** Hoffmann's response is negative bilaterally. Ankle clonus is absent.

**Nerve and spinal cord tension-compression signs:**

**Gait:** Normal.

**Station:** Normal.

**Spine examination:** Thoracic spine: *tenderness* off midline only on the left present in the paraspinous muscles.

## TESTS AND PROCEDURES

### PERFORMED IN THE PAST

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Date: 19.Dec.2007

- 19.Feb.2008 Broad base degenerative disc bulge at T11-12 with minimal flattening of cord. T10-11 mild degenerative disc bulge with mild flattening of cord. Mild compression deformity at T11 on the left.

**ASSESSMENT**

**CURRENT PROBLEMS**

**724.1 Pain, Thoracic**

Status: unstable

**MEDICATIONS**

**NEW**

EC-Naprosyn (Naproxen Tab EC 500 MG), 1 TAB BID (quantity: 60 ), subs OK, refills: 2 , prescribed on 19.Feb.2008 by Philip J. Hodge, M.D.

**PLAN**

**Medical Advice:**

**Restrictions:**

**Work Status:** return to regular duty.

**Schedule Follow-up:** in 1 month.

**Comments:** Films with patient.

**Impression:** Mr. Leopard has thoracic back pain after a fall thru the attic in 10/30/07. His MRI shows degenerative changes of his thoracic spine without fracture or disc herniation. I think his injuries are muscular or ligamentous in nature and will improve with time. I recommend Naprosyn and return to work without restriction. I will see him back in 1 month to measure his progress.

Philip J. Hodge, M.D.

AllMeds

**ICD CODE SUMMARY**

**724.1 Pain, Thoracic**

**CPT CODE SUMMARY**

**99203 New Patient: Level 3**

**NON-BILLABLE CPT CODES**

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

**JOHN B. LEOPARD** Patient ID: 247-63-1193  
DOB: 17.Sep.1970 (37) Male  
Visit Date: 17.Apr.2008

#### PRESENT ILLNESS INFORMATION

**Chief Complaint:** WC Injury on 10/30/07. Follow up on low back and thoracic back. Patient states pain score today is a 1. Patient states pain is now only in the thoracic spine. Patient states Dr. Lal told him not to take Aleve because it would slow down healing process of healing of the metal rod in neck, but patient is out of Naproxen which seemed to help him so he wants to ask questions about that. Medications reviewed with patient, appropriate updates made, summary given to patient.

#### HPI:

**S1: Follow-up on low back pain.**

**Location:** lumbar region of the back in the midline.

This has been a recurring problem.

**Status of the pain since last visit:** changed.

- **Location now:** Pain is referred to the same location as previously.
- **Severity:** resolved.

**Previous associated manifestations:**

- insomnia - much improved.

**New associated manifestations:** none identified.

#### REVIEW OF SYSTEMS

**Constitutional Symptoms:** no details provided.

**Gastrointestinal:** heartburn or indigestion.

**Musculoskeletal:** back pain.

The following systems are negative: Cardiovascular, Eyes, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Nervous, Psychiatric, Respiratory.

#### PAST, FAMILY AND SOCIAL HISTORY

**Current Meds:** Aciphex (20 MG), daily, prescribed by Dr. Hill  
EC-Naprosyn (Naproxen Tab EC 500 MG), 1 TAB BID for 30 days (quantity: 60), subs OK, refills: 2, prescribed on 19.Feb.2008 by Philip J. Fodge, M.D.  
Lexapro (20 MG), daily, prescribed by Dr. Hill  
Vytorin (uncertain of dosage), daily, prescribed by Dr. Hill

**Med Allergies:** Demerol: "makes skin crawl"  
Neosporin: "swell up"

**Non-Med Allergies:** No non-medication allergies.

**Past Health History:** **Childhood Diseases:** negative.

**Eyes:** negative.

**Ears:** negative.

**Cardiovascular:** negative.

**Respiratory:** negative.

**Gastrointestinal:** reflux diagnosed in 1998.

**Neurologic:** negative.

**Endocrine:** negative.

**Hematologic and Lymphatic:** negative.

**Surgeries and Hosp:** Problems with anesthesia: none.

**Previous surgery:**

- **Abdominal and gastrointestinal:** hernia repair in 2002
- **Musculoskeletal:** "right knee - 2005" spine surgery - "cervical fusion on 01/16/08 in Greenwood, SC."

**Previous non-surgical hospitalizations:** infection in left knee.

**Serious Injuries:** **Back Injury:** cervical spine injury; and lumbar injury of the back on 30.Oct.2007.

**Family History:** **Problems with anesthesia:** negative.

**Cardiovascular:** Hypertension - father, mother, and brother(s).

**Respiratory:** negative.

**Musculoskeletal:** Arthritis - father and mother.

**Neurologic:** negative.

**Hematologic/Lymphatic:** negative. Specifically, no bleeding, clotting, or bruising problems.

**Social History:** **Most recent occupation:** Maintenance.

**Marital status:** married.

**Current tobacco usage:**

- Cigarettes - Started smoking cigarettes in 1986. Currently smokes an average of 1/2 pack per day.

**Current use of alcoholic beverages:** Drinks beer, an average of 6 cans or bottles (1 six-pack) per week; started in 1989.

**Second-hand smoke exposure:** is exposed to second-hand smoke.

**Hand dominance:** right.

**Home living situation and relationships:** Lives with spouse and children.

**Other comments:** Dr. Hill - PCP; Dr. Sameer Lal - neck surgery.

**Provider has reviewed PFSH/ROS information**

**OBJECTIVE**

**CONSTITUTION:** Blood pressure: Left arm - sitting 144/93 mm Hg. Radial Pulse: 70 bpm. Temperature: 98.4 F (oral). Weight: 221.0 pounds.

**General appearance:** Well developed, well nourished and groomed. No apparent acute or chronic distress.

**Ability to communicate:** normal.

**MUSCULOSKELETAL:**

**Thoracic spine:** Active ROM.

**NEUROLOGIC:**

**Level of consciousness:** awake and alert.

**Level of orientation:** normal to time, place, person and situation.

**Judgment and insight:** normal.

**Mood and affect:** normal and appropriate to the situation.

**Language:** intact for receptive and expressive functions.

**Sensory examination** for light touch intact and symmetrical in the upper extremities; intact and symmetrical in the trunk; intact and symmetrical in the lower extremities.

**Gait:** Normal.

**Station:** Normal.

**TESTS AND PROCEDURES**

**PERFORMED IN THE PAST**

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Date: 19.Dec.2007

- 19.Feb.2008 Broad base degenerative disc bulge at T11-12 with minimal flattening of cord. T10-11 mild degenerative disc bulge with mild flattening of cord. Mild compression deformity at T11 on the left.

**ASSESSMENT**

**CURRENT PROBLEMS**

**724.1 Pain, Thoracic**

Status: stable

**MEDICATIONS**

**REFILLED**

EC-Naprosyn (Naproxen Tab EC 500 MG), 1 TAB BID for 30 days (quantity: 60 ), subs OK, refills: 2 , prescribed on 17.Apr.2008 by Philip J. Hodge, M.D.

**PLAN**

**Medical Advice:** Contact the office if there are any problems.

**Work Status:** return to regular duty.

**Schedule Follow-up:** in 3 to 4 weeks after returning to work.

**Impression:** Mr. Leopard is doing better with his thoracic back pain. He will return to work and I will see him back in 1 month.

Philip J. Hodge, M.D.

AllMeds

**ICD CODE SUMMARY**

**724.1 Pain, Thoracic**

**CPT CODE SUMMARY**

**99213** Established Patient: Level 3  
**NON-BILLABLE CPT CODES**  
**72146** MRI, spinal canal and contents, thoracic; without contrast material

**JOHN B. LEOPARD** Patient ID: 247-63-1193

DOB: 17.Sep.1970 (37) Male

Visit Date: 12.May.2008

#### PRESENT ILLNESS INFORMATION

**Chief Complaint:** W/C injury on 10-30-07. Follow up on low back and thoracic pain. Patient continues with only thoracic pain which is unchanged from last visit. Patient states pain score is 4. Medications reviewed, no changes made.

#### HPI:

**S1: Follow-up on low back pain.**

**Location:** lumbar region of the back in the midline.

This has been a recurring problem.

**Status of the pain since last visit:** no change in location, quality, severity or timing.

**Previous associated manifestations:**

- insomnia - much improved.

**New associated manifestations:** none identified.

**Response to other treatments or surgery:** Prescription medication: Naprosyn (effectiveness: good).

#### REVIEW OF SYSTEMS

**Constitutional Symptoms:** no details provided.

**Gastrointestinal:** heartburn or indigestion.

**Musculoskeletal:** back pain.

The following systems are negative: Cardiovascular, Eyes, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Nervous, Psychiatric, Respiratory.

#### PAST, FAMILY AND SOCIAL HISTORY

**Current Meds:** Aciphex (20 MG), daily, prescribed by Dr. Hill  
EC-Naprosyn (Naproxen Tab EC 500 MG), 1 TAB BID for 30 days (quantity: 6C), subs OK, refills: 2, prescribed on 17.Apr.2008 by Philip J. Hodge, M.D.  
Lexapro (20 MG), daily, prescribed by Dr. Hill  
Vytorin (uncertain of dosage), daily, prescribed by Dr. Hill

**Med Allergies:** Demerol: "makes skin crawl"  
Neosporin: "swell up"

**Non-Med Allergies:** No non-medication allergies.

**Past Health History:** **Childhood Diseases:** negative.  
**Eyes:** negative.  
**Ears:** negative.  
**Cardiovascular:** negative.  
**Respiratory:** negative.  
**Gastrointestinal:** reflux diagnosed in 1998.  
**Neurologic:** negative.  
**Endocrine:** negative.  
**Hematologic and Lymphatic:** negative.

**Surgeries and Hosp:** Problems with anesthesia: none.

**Previous surgery:**

- Abdominal and gastrointestinal: hernia repair in 2002
- Musculoskeletal: "right knee - 2005" spine surgery - "cervical fusion on 01/16/08 in Greenwood, SC".

**Previous non-surgical hospitalizations:** infection in left knee.

**Serious Injuries:** Back Injury: cervical spine injury, and lumbar injury of the back on 30.Oct.2007.

**Family History:** Problems with anesthesia: negative.  
**Cardiovascular:** Hypertension - father, mother, and brother(s).  
**Respiratory:** negative.  
**Musculoskeletal:** Arthritis - father and mother.  
**Neurologic:** negative.

**Hematologic/Lymphatic:** negative. Specifically, no bleeding, clotting, or bruising problems.

**Social History:** Most recent occupation: Maintenance.

**Marital status:** married.

**Current tobacco usage:**

- Cigarettes - Started smoking cigarettes in 1986. Currently smokes an average of 1/2 pack per day.

**Current use of alcoholic beverages:** Drinks beer, an average of 6 cans or bottles (1 six-pack) per

week; started in 1989.

**Second-hand smoke exposure:** is exposed to second-hand smoke.

**Hand dominance:** right.

**Home living situation and relationships:** Lives with spouse and children.

**Other comments:** Dr. Hill - PCP; Dr. Sameer Lal - neck surgery.

**Provider has reviewed PFSH/ROS information**

#### OBJECTIVE

**CONSTITUTION:** Blood pressure: Left arm - sitting 136/84 mm Hg. **Radial Pulse:** 88 bpm. **Temperature:** 98.7 F (oral). Weight: 221.0 pounds.

**General appearance:** Well developed, well nourished and groomed. No apparent acute or chronic distress.

**Ability to communicate:** normal.

#### NEUROLOGIC:

**Level of consciousness:** awake and alert.

**Level of orientation:** normal to time, place, person and situation.

**Judgment and insight:** normal.

**Mood and affect:** normal and appropriate to the situation.

**Language:** intact for receptive and expressive functions.

**Gait:** Normal.

**Station:** Normal.

#### TESTS AND PROCEDURES

##### PERFORMED IN THE PAST

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Date: 19 Dec 2007

- 19 Feb 2008 Broad base degenerative disc bulge at T11-12 with minimal flattening of cord. T10-11 mild degenerative disc bulge with mild flattening of cord. Mild compression deformity at T11 on the left.

#### ASSESSMENT

##### CURRENT PROBLEMS

**724.1 Pain, Thoracic**

Status: stable

#### PLAN

**Medical Advice:** Patient's questions were answered.

**Work Status:** return to regular duty. MMI has been reached. Disability rating: 3% to the whole person for thoracic back soft tissue injury according to AMA Guide to the Evaluation of Permanent Impairment Fifth Edition.

**Impression:** Mr. Leopard is some what better on Naprosyn for his thoracic back pain. I feel that his injury is likely a soft tissue injury and has met maximum improvement. I feel that he can return to work without restriction although he may need intermittent antiinflammatories and physical therapy to function optimally.

#### COMMUNICATIONS

Follow-up visit

Johnny A. Goforth, III, M.D.; J Benjamin Hill, M.D.

Follow-up visit

Johnny A. Goforth, III, M.D.; J Benjamin Hill, M.D.

Philip J. Hodge, M.D.

AllMeds

#### ICD CODE SUMMARY

**724.1 Pain, Thoracic**

#### CPT CODE SUMMARY

**99213 Established Patient: Level 3**

#### NON-BILLABLE CPT CODES

**72146 MRI, spinal canal and contents, thoracic; without contrast material**



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



## Physician's Statement

Claimant's Name: John Ledman  
Physician's Name: Philip Hodge MD  
Practice/Clinic: SE Neurosurgical  
Preparer's Name: Philip Hodge, MD  
Phone: (803) 454-4600

Employer's Name: Greenwood County  
Insurance Carrier: SC Counties Trust Association  
SCWCC File No: 0724852

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

Date of Injury or Illness: 10-30-07

Date of first office visit: 2-19-08

Date of last visit: 5/12/08

Diagnosis or nature of Injury or Illness: 724.1

Body part(s) injured: thoracic spine Body part(s) affected: thoracic spine

Date of Maximum Medical Improvement: 5/12/08

Based on the AMA Guidelines, the claimant has sustained a 3 % medical impairment to whole person injured body part(s) and a 0 % medical impairment to other affected body part(s).

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

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

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DEC 05 2008

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

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

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

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

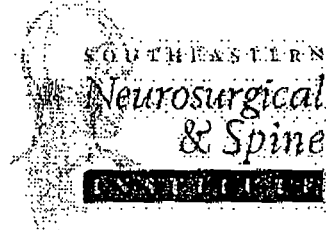
Intermittent antiinflammatories, physical therapy

Treating Physician

Date

5/12/08

Stephen R. Gardner, M.D., F.A.C.S.  
John K. Johnson, M.D., F.A.C.S.  
Philip J. Hodge, M.D.



Phone (864) 454-4600  
Fax (864) 454-4605

200 Patewood Dr., Ste B260, Greenville, SC  
29615

12 May 2008  
RE: JOHN B. LEOPARD

J Benjamin Hill, M.D.  
Family Physician's of Greenwood  
1506 Spring Street  
Greenwood, SC 29646

Dear Dr. Hill:

JOHN B. LEOPARD (DOB: 17 Sep 1970) returned for followup evaluation on 12 May 2008.

**PRESENT ILLNESS INFORMATION**

**Chief Complaint**

W/C injury on 10-30-07. Follow up on low back and thoracic pain. Patient continues with only thoracic pain which is unchanged from last visit. Patient states pain score is 4. Medications reviewed, no changes made.

**HPI**

**SI: Follow-up on low back pain.**

**Location:** lumbar region of the back in the midline.

This has been a recurring problem.

**Status of the pain since last visit:** no change in location, quality, severity or timing.

**Previous associated manifestations:**

\* insomnia - much improved.

**New associated manifestations:** none identified.

**Response to other treatments or surgery:** Prescription medication: Naprosyn (effectiveness: good).

**ASSESSMENT:**

Pain, Thoracic

**PLAN:**

**Medical Advice:** Patient's questions were answered.

**Work Status:** return to regular duty. MMI has been reached. Disability rating: 3% to the whole person for thoracic back soft tissue injury according to AMA Guide to the Evaluation of Permanent Impairment Fifth Edition.

**Impression:** Mr. Leopard is some what better on Naprosyn for his thoracic back pain. I feel that his injury is likely a soft tissue injury and has met maximum improvement. I feel that he can return to work without restriction although he may need intermittent antiinflammatories and physical therapy to function optimally.

Sincerely,

Philip J. Hodge, M.D.

file://C:\Documents and Settings\R128\_FAXX\Local Settings\Temp\1C8B46582EE48.html 5/12/2008

**JOHN B. LEOPARD** Patient ID: 247-63-1193  
DOB: 17.Sep.1970 (38) Male  
Visit Date: 09.Mar.2009

#### PRESENT ILLNESS INFORMATION

**Chief Complaint:** WC INJURY 10/30/07. Patient returns after phone call, last seen in office 5/12/08, NO NEW TESTING. Follow up on upper back pain. Patient states pain score today is a 7. Patient states pain is worse than at last visit. Medications reviewed with patient, appropriate updates made.

#### HPI:

**S1: Follow-up on thoracic pain.**

**Location:** upper back below the level of the shoulder blades in the midline. There was no referral of pain to other locations.

This has been a recurring problem.

**Status of the pain since last visit:** changed. **Severity:** somewhat more severe.

**Previous associated manifestations:**

- insomnia - unchanged.

**New associated manifestations:** none identified.

#### REVIEW OF SYSTEMS

**Constitutional Symptoms:** no details provided.

**Gastrointestinal:** heartburn or indigestion.

**Musculoskeletal:** back pain.

The following systems are negative: Cardiovascular, Eyes, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Nervous, Psychiatric, Respiratory.

#### PAST, FAMILY AND SOCIAL HISTORY

**Current Meds:** Aciphex (20 MG), daily, prescribed by Dr. Hill  
EC-Naprosyn (Naproxen Tab BC 500 MG), 1 TAB BID for 30 days (quantity: 60), subs OK, refills: 2, prescribed on 17.Apr.2008 by Philip J. Hodge, M.D.  
Lexapro (20 MG), daily, prescribed by Dr. Hill  
Vytorin (uncertain of dosage), daily, prescribed by Dr. Hill

**Med Allergies:** Demerol: "makes skin crawl"  
Neosporin: "swell up"

**Non-Med Allergies:** No non-medication allergies.

**Past Health History:** **Childhood Diseases:** negative.  
Eyes: negative.  
Ears: negative.  
Cardiovascular: negative.  
Respiratory: negative.  
Gastrointestinal: reflux diagnosed in 1998.  
Neurologic: negative.  
Endocrine: negative.  
Hematologic and Lymphatic: negative.

**Surgeries and Hosp:** **Problems with anesthesia:** none.

**Previous surgery:**

- Abdominal and gastrointestinal: hernia repair in 2002
- Musculoskeletal: "right knee - 2005" spine surgery - "cervical fusion on 01/16/08 in Greenwood, SC.

**Previous non-surgical hospitalizations:** infection in left knee.

**Serious Injuries:** **Back Injury:** cervical spine injury, and lumbar injury of the back on 30.Oct.2007.

**Family History:** **Problems with anesthesia:** negative.

**Cardiovascular:** Hypertension - father, mother, and brother(s).

**Respiratory:** negative.

**Musculoskeletal:** Arthritis - father and mother.

**Neurologic:** negative.

**Hematologic/Lymphatic:** negative. Specifically, no bleeding, clotting, or bruising problems.

**Social History:** **Most recent occupation:** Maintenance.

**Marital status:** married.

**Current tobacco usage:**

- Cigarettes - Started smoking cigarettes in 1986. Currently smokes an average of 1/2 pack per day.
- Current use of alcoholic beverages:** Drinks beer, an average of 6 cans or bottles (1 six-pack) per

week; started in 1989.

**Second-hand smoke exposure:** is exposed to second-hand smoke.

**Hand dominance:** right.

**Home living situation and relationships:** Lives with spouse and children.

**Other comments:** Dr. Hill - PCP; Dr. Sameer Lal - neck surgery.

**Provider has reviewed PFSSH/ROS information**

#### OBJECTIVE

**CONSTITUTION:** Blood pressure: Left arm - sitting 157/96 mm Hg. **Radial Pulse:** 94 bpm. **Temperature:** 98.7 F (oral). Weight: 221.8 pounds.

**General appearance:** Well developed, well nourished and groomed. No apparent acute or chronic distress.

**Ability to communicate:** normal.

**RESPIRATORY:** Respiratory Effort normal. **Auscultation:** normal breath sounds.

#### CARDIOVASCULAR:

**Auscultation:** normal S1, S2, no murmurs or abnormal sounds.

#### NEUROLOGIC:

**Level of consciousness:** awake and alert.

**Level of orientation:** normal to time, place, person and situation.

**Judgment and insight:** normal.

**Mood and affect:** normal and appropriate to the situation.

**Language:** intact for receptive and expressive functions.

#### Motor examination:

- Muscle strength - Upper extremities, intact and symmetrical. Lower extremities intact and symmetrical.

- Muscle size - is normal and symmetrical in upper extremities; is normal and symmetrical in lower extremities.

**Sensory examination** for light touch intact and symmetrical in the lower extremities.

**Deep tendon reflexes:** Knee reflexes normal (2+) bilaterally. Ankle reflexes normal (2+) bilaterally.

**Gait:** Normal.

**Station:** Normal.

#### Spine examination:

**Spine palpation:**

- Thoracic spine: *Tenderness* off midline only on the right in the paraspinous muscles.

#### TESTS AND PROCEDURES

##### PERFORMED IN THE PAST

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Date: 19.Dec.2007

- 19.Feb.2008 Broad base degenerative disc bulge at T11-12 with minimal flattening of cord. T10-11 mild degenerative disc bulge with mild flattening of cord. Mild compression deformity at T11 on the left.

#### ASSESSMENT

##### CURRENT PROBLEMS

**724.1 Pain, Thoracic**

Status: unstable

#### MEDICATIONS

##### CHANGED

Flexeril (Cyclobenzaprine HCl Tab 10 MG), 1 tid prn for muscle spasm (quantity: 45 ), subs OK, refills: 2 , prescribed on 09.Mar.2009 by Philip J. Hodge, M.D.

##### REFILLED

EC-Naprosyn (Naproxen Tab EC 500 MG), 1 TAB BID for 30 days (quantity: 60 ), subs OK, refills: 2 , prescribed on 09.Mar.2009 by Philip J. Hodge, M.D.

#### PLAN

**Medical Advice:** Contact the office if there are any problems. Home exercise: Exercise sheet given to patient. Focus on core stabilization. Patient's questions were answered.

**Schedule Follow-up:** in 2 weeks.

**Impression:** Mr. Leopard has thoracic back pain with muscle spasm after a work related injury in 2007. There is no associated weakness or numbness in his legs. I will order a new thoracic, adjust his medications and start home exercise.

program. I will see him back in 2 weeks.

#### TESTS AND PROCEDURES

##### SCHEDULED

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Scheduled: 12.Mar.2009, Location: GRPA

- Arrive@5.00. RTO 3-23-09@3:40.  
Scheduled through One Call Medical

Philip J. Hodge, M.D.

AllMeds

#### ICD CODE SUMMARY

**724.1** Pain, Thoracic

#### CPT CODE SUMMARY

**99213** Established Patient: Level 3

#### NON-BILLABLE CPT CODES

**72146** MRI, spinal canal and contents, thoracic; without contrast material

**72146** MRI, spinal canal and contents, thoracic; without contrast material

JOHN B. LEOPARD Patient ID: 247-63-1193  
DOB: 17.Sep.1970 (38) Male  
Visit Date: 23.Mar.2009

#### PRESENT ILLNESS INFORMATION

**Chief Complaint:** WC INJURY 10/30/07. Follow up on upper back pain. Patient states pain score today is a 5. Patient returns with Thoracic MRI done at GRPA 3/12/09. Patient states the Flexeril is helping him. Medications reviewed with patient, appropriate updates made.

#### HPI:

**S1: Follow-up on thoracic pain.**

**Location:** upper back below the level of the shoulder blades in the midline. There was no referral of pain to other locations.

This has been a recurring problem.

**Status of the pain since last visit:** changed. **Severity:** somewhat less severe.

**Previous associated manifestations:**

- insomnia - unchanged.

**New associated manifestations:** none identified.

**Tests or diagnostic procedures since the last visit:**

- Thoracic spine MRI: Date - 3/12/09. Test location - GRPA.

#### REVIEW OF SYSTEMS

**Constitutional Symptoms:** no details provided.

**Gastrointestinal:** heartburn or indigestion.

**Musculoskeletal:** back pain.

The following systems are negative: Cardiovascular, Eyes, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Nervous, Psychiatric, Respiratory.

#### PAST, FAMILY AND SOCIAL HISTORY

**Current Meds:** Aciphex (20 MG), daily, prescribed by Dr. Hill  
EC-Naprosyn (Naproxen Tab EC 500 MG), 1 TAB BID for 30 days (quantity: 60 ), subs OK, refills: 2, prescribed on 09.Mar.2009 by Philip J. Hodge, M.D.  
Flexeril (Cyclobenzaprine HCl Tab 10 MG), 1 tid prn for muscle spasm (quantity: 45 ), subs OK, refills: 2, prescribed on 09.Mar.2009 by Philip J. Hodge, M.D.  
Lexapro (20 MG), daily, prescribed by Dr. Hill  
Vytarin (uncertain of dosage), daily, prescribed by Dr. Hill

**Med Allergies:** Demerol: "makes skin crawl"  
Neosporin: "swell up"

**Non-Med Allergies:** No non-medication allergies.

**Past Health History:** **Childhood Diseases:** negative.  
**Eyes:** negative.  
**Ears:** negative.  
**Cardiovascular:** negative.  
**Respiratory:** negative.  
**Gastrointestinal:** reflux diagnosed in 1998.  
**Neurologic:** negative.  
**Endocrine:** negative.  
**Hematologic and Lymphatic:** negative.

**Surgeries and Hosp:** **Problems with anesthesia:** none.

**Previous surgery:**

- Abdominal and gastrointestinal: hernia repair in 2002
- Musculoskeletal: "right knee - 2005" spine surgery - "cervical fusion on 01/16/08 in Greenwood, SC".

**Previous non-surgical hospitalizations:** infection in left knee.

**Serious Injuries:** **Back Injury:** cervical spine injury, and lumbar injury of the back on 30.Oct.2007.

**Family History:** **Problems with anesthesia:** negative.

**Cardiovascular:** Hypertension - father, mother, and brother(s).

**Respiratory:** negative.

**Musculoskeletal:** Arthritis - father and mother.

**Neurologic:** negative.

**Hematologic/Lymphatic:** negative. Specifically, no bleeding, clotting, or bruising problems.

**Social History:** **Most recent occupation:** Maintenance.

**Marital status:** married.

**Current tobacco usage:**

- Cigarettes - Started smoking cigarettes in 1986. Currently smokes an average of 1/2 pack per day.

**Current use of alcoholic beverages:** Drinks beer, an average of 6 cans or bottles (1 six-pack) per week; started in 1989.

**Second-hand smoke exposure:** is exposed to second-hand smoke.

**Hand dominance:** right.

**Home living situation and relationships:** Lives with spouse and children.

**Other comments:** Dr. Hill - PCP; Dr. Sameer Lal - neck surgery.

**Provider has reviewed PFSH/ROS information**

## **OBJECTIVE**

**CONSTITUTION:** Blood pressure: Left arm - sitting 163/105 mm Hg. **Radial Pulse:** 112 bpm. **Temperature:** 97.4 F (oral). Weight: 231.0 pounds.

**General appearance:** Well developed, well nourished and groomed. No apparent acute or chronic distress.

**Ability to communicate:** normal.

## **NEUROLOGIC:**

**Level of consciousness:** awake and alert.

**Level of orientation:** normal to time, place, person and situation.

**Judgment and insight:** normal.

**Mood and affect:** normal and appropriate to the situation.

**Language:** intact for receptive and expressive functions.

**Deep tendon reflexes:** Knee reflex *bilaterally* 3+. Ankle reflex on the right normal (2+); *on the left* 3+.

**Pathologic reflexes:** Ankle clonus is absent.

**Cerebellar function including coordination:** Romberg with eyes closed fails to reveal any trunk ataxia. Tandem gait is normal.

**Gait:** Normal.

**Station:** Normal.

## **TESTS AND PROCEDURES**

### **PERFORMED IN THE PAST**

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Date: 12.Mar.2009; Location: GRPA

- 23.Mar.2009 T10-11 mild degenerative disc bulge with mild flattening of cord. At T11-12 central disc protrusion that rotates the cord to the left.

**72146 MRI, spinal canal and contents, thoracic; without contrast material**

Date: 19.Dec.2007

- 19.Feb.2008 Broad base degenerative disc bulge at T11-12 with minimal flattening of cord. T10-11 mild degenerative disc bulge with mild flattening of cord. Mild compression deformity at T11 on the left.

## **ASSESSMENT**

### **CURRENT PROBLEMS**

**724.1 Pain, Thoracic**

Status: unstable

## **PLAN**

**Medical Advice:** Patient's questions were answered.

**Consults and referrals:** Referral request: Pain Management for evaluation and management.

**Comments:** CD wioth patient.

**Impression:** Mr. Leopard returns to review his thoracic spine MRI which shows some stenosis in the lower thoracic region. He has mildly increased reflexes but no other symptoms of myelopathy. He has back pain that has worsened since our last evaluation but I do not feel that this warrants surgery. His rating and restrictions remain the same and I recommend pain management.

Philip J. Hodge, M.D.

AllMeds

## **ICD CODE SUMMARY**

**724.1 Pain, Thoracic**

## **CPT CODE SUMMARY**

**99214** Established Patient: Level 4

**NON-BILLABLE CPT CODES**

**72146** MRI, spinal canal and contents, thoracic; without contrast material

**72146** MRI, spinal canal and contents, thoracic; without contrast material



OUTSIDE STUDY INTERPRETATION



**GREENVILLE  
RADIOLOGY**

1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

CHARLES GRAY, MD  
102 GREGOR MENDEL CIR  
LAKELANDS ORTHO  
GREENWOOD, SC 29646-

In reference to your recent referral of:

JOHN B LEOPARD                      MRN:  
712 STILLWELL RD  
GREENWOOD, SC 29646-  
DOB: 09-17-70

LAKELANDS ORTHOPAEDIC  
MRI Spine Thoracic w/o Contrast

Date Of Service: 12-19-07

REPORT:

MRI THORACIC SPINE 12/19/07:

CLINICAL HISTORY: Thoracic pain in a 37 year old male. Assess for fracture.

TECHNICAL: Sagittal T1 weighted, sagittal fast spin echo T2 weighted images, sagittal inversion recovery images of the entire thoracic spine. Axial T1 weighted, sagittal inversion recovery, sagittal fast spin echo T2 weighted images of the entire thoracic spine. Axial T1 weighted images of T6-7 and T10 to L1.

FINDINGS: Endplate irregularity is present throughout the entire thoracic spine, particularly noted distally where multiple Schmorl's nodes are evident. Changes of desiccation are present at all levels.

T6-7, a small central HNP is present which lies up against the anterior margin of the cord. The foramina are patent.

At T10-11, mild central disc bulge is present with minimal flattening of the anterior margin of the thoracic cord. Foramina are patent.

At T11-12, a disc bulge is present, mildly asymmetric towards the right with minimal flattening of the anterior margin of the cord. The foramina are patent.

There is no evidence for an occult fracture and no malalignment.

No definite abnormal MR signal changes within the cord.

OUTSIDE STUDY INTERPRETATION



**GREENVILLE  
RADIOLOGY**

1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

**IMPRESSION:**

**1. MULTILEVEL SCHMORL'S NODES, PARTICULARLY DISTALLY. SUPERIMPOSED EARLY DEGENERATIVE CHANGES AT MULTIPLE LEVELS. AT T10-11, THERE IS BORDERLINE IMPINGEMENT UPON THE ANTERIOR ASPECT OF THE CORD. AT T11-12, ASYMMETRIC DISC BULGES TOWARDS THE RIGHT WITH BORDERLINE IMPINGEMENT UPON THE CORD. AT T6-7, THERE IS ALSO MINIMAL DISC BULGE LYING UP AGAINST THE ANTERIOR MARGIN OF THE CORD.**

*Kathleen Gallagher Oxner, M.D.*

KATHLEEN OXNER MD, MD

TRANSCRIBED: 12-19-2007 04:48:52 PM  
DICTATED BY: KATHLEEN OXNER MD 12-19-2007 04:48:52 PM  
RELEASED BY: KATHLEEN OXNER MD 12-19-2007 04:58:17 PM

KGO/HW



**GREENVILLE  
RADIOLOGY**

1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

STEPHEN GARDNER, MD  
200 PATEWOOD DRIVE  
BLDG B SUITE 260  
GREENVILLE, SC 29615-

In reference to your recent referral of:

JOHN B LEOPARD  
712 STILLWELL RD  
GREENWOOD, SC 29646-  
DOB: 09-17-70

GREENVILLE RADIOLOGY

MRI Spine Thoracic w/o Contrast

Date Of Service: 03-12-09

**REPORT:**

**HISTORY:** 38-year-old male approximately 18 months following back injury presents with mid back pain and reported muscle spasm.

**MRI THORACIC SPINE 3/12/09**

Sagittal and axial images were obtained using multiple pulse sequences. No prior studies are presently available for direct comparison.

Relatively subtle thoracic scoliosis is noted. Mild, chronic endplate compression is identified involving the superior and inferior aspect of the T5 vertebral body. Multiple Schmorl's nodes are identified throughout the mid and lower thoracic spine and mild, chronic anterior wedge deformity is identified at the T10, T11, and T12 levels. No marrow signal to suggest an acute osseous abnormality is noted. Multilevel disc degeneration is present with mild disc space narrowing.

At the T4-5 level, shallow central disc herniation is identified which subtly effaces the anterior aspect of the cervical cord. No central canal stenosis or cord compression is identified.

At the T6-7 level, a shallow central disc herniation is identified producing subtle flattening of the anterior surface of the cervical cord. No evidence of central canal stenosis, cord compression, or foraminal narrowing is identified.

At the T10-11 level, central disc herniation and spondylosis are present which produces central canal stenosis which mildly compresses the distal thoracic cord. No evidence of significant foraminal stenosis is noted.

At the T11-12 level, central and left posterolateral disc herniation and spondylosis are present which efface and rotate the distal thoracic cord. No foraminal stenosis is noted.

Page #: 1 Of 2 (JOHN B LEOPARD)



**GREENVILLE  
RADIOLOGY**

1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

No intrinsic abnormality of the thoracic cord is noted. The visualized paravertebral soft tissues demonstrate no significant abnormality.

**IMPRESSION:**

1. MINOR THORACIC SCOLIOSIS. CONSIDERING PATIENT AGE, FINDINGS ARE PRESENT WHICH STRONGLY SUGGEST THE PRESENCE OF SCHEUERMANN'S DISEASE. NO ACUTE OSSEOUS ABNORMALITY IS NOTED.
2. A COMBINATION OF DISC HERNIATION AND SPONDYLOSIS PRODUCES CENTRAL CANAL STENOSIS AT THE T10-11 LEVEL AND MILDLY COMPRESSES THE THORACIC CORD. SIMILAR CHANGES TO A SOMEWHAT LESSER DEGREE ARE PRESENT AT T11-12 AND THIS EFFACES AND ROTATES THE THORACIC CORD WITHOUT OBVIOUS COMPRESSION. NO INTRINSIC ABNORMALITY OF THE THORACIC CORD IS NOTED.
3. NO EVIDENCE OF FORAMINAL STENOSIS IS VISUALIZED WITHIN THE THORACIC SPINE.

/tr

*L. Chase Allen Jr MD*

L CHASE ALLEN JR MD, MD

TRANSCRIBED: 03-13-2009 09:15:38 AM

DICTATED BY: L CHASE ALLEN JR MD 03-13-2009 09:15:38 AM

RELEASED BY: L CHASE ALLEN JR MD 03-13-2009 01:10:20 PM

LCA/TR

**Montgomery Center For Family Medicine**

155 Academy Avenue Greenwood, SC 29646

(864) 725-4865 Fax: (864) 725-4725 - DEC 10 2007

www.selfpatient.org

December 3, 2007

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Chart Document

**JOHN B LEOPORD**

Male DOB: 09/17/1970

006060094

Home (864) 227-8763

Ins: GREENWOOD (2)

10/31/2007 - Office Visit: workers comp

Provider: Dan Divilbiss, MD

Location of Care: Montgomery Center For Family Medicine

**Acute Visit****VITAL SIGNS**

Entered weight: 223 lb.

Calculated Weight: 223 lb

Pulse rate: 80

Pulse rhythm: regular

Respirations: 16

Vitals entered by: Debbie Edmunds, LPN

Blood Pressure: 140/84 mm Hg - taken by: Debbie Edmunds, LPN

**Patient Data:**

Patient Name: LEOPORD, JOHN B

Date of Birth: 09/17/1970

Social Security Number: 247-63-1193

Date of Injury: 10/30/2007

**Work Status:**

Out of Work from: 10/31/2007

Out of work to: 11/08/2007

List ANY restrictions/job limitations: out of work until next week

Next Follow up Appt: one week

Patient complains of 6 out of ten pain

Patient reports current tobacco use to nurse.

**Patient is a 37 Year Male.**

Chief Complaint: fall injury

**Problem**

The patient complains of pain in mid back. This has been present for 12-18 hours. This is located mid-inferior D-spine. Its quality is described as tight, sharp, pain. Its severity is described as severe. Each episode lasts all day long, worse with any movement. This generally improves when nothing has helped. The symptoms are generally exacerbated by moving. The symptoms seem to be associated with the patient fell when entering a burning home and landed awkwardly. He twisted his back during the fall. The patient also states that he fell forward and landed awkwardly. He was seen in the ED last night and told he might have a pinched nerve. Apparently, the patient has had a pinched nerve in his neck in the past..

**Past Medical History**

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**JOHN B LEOPORD**

Male DOB 09/17/1970

006060094

Home. (864)227-8763

Ins: GREENWOOD (2)

CONTUSION (ICD-924 9)  
\* PARASPINOUS SPASM OF BACK

### Medications

reviewed - no changes

FLEXERIL 10 MG TAB (CYCLOBENZAPRINE HCL) 1 tab po TID prn spasm  
LORTAB 5 5-500 MG TAB (ACETAMINOPHEN-HYDROCODONE) 1 tablet q 4-6 hours prn pain  
PREDNISONE 20 MG TAB (PREDNISONE) 2 tabs po daily x 3 days, then 1 tab po daily x 3 days

### Allergies

NKA NKA

### Review of Systems

#### General:

Complains of see HPI.

#### Musculoskeletal:

Complains of back pain, stiffness.

Denies joint pain, joint swelling, arthritis

#### Neurologic:

Denies transient paralysis, weakness, paresthesias.  
no bowel or bladder dysfunction

### General Medical Physical Exam:

#### General Appearance:

WD/WN male in mild distress/discomfort

#### Musculoskeletal:

Gait/station: normal gait, no ataxia

Digits/nails: no cyanosis, clubbing, or petechiae

Head/neck normal alignment and mobility

Trunk: Spasm over left latissimus, TTP over the lower thoracic vertebrae paraspinous

muscles, some TTP over the lower rhomboids bilaterally as well

RUE cuff intact bilaterally

RLE: pain in back with SLR

LUE: cuff intact bilaterally

LLE: pain in back with SLR

#### Neurological:

Cranial N: II - XII grossly intact

Reflexes: 2+ and symmetric with no pathological reflexes

Sensory: intact to touch in ble

REC'D CLAIMS

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10

2007

**JOHN B LEOPORD**

Male DOB:09/17/1970

006060094

Home: (864)227-8763

Ins: GREENWOOD (2)

**Problems:**

**Medical Problems Added:**

- 1) Dx of Contusion (ICD-924.9)
- 2) Dx of Paraspinous Spasm of Back ( )

**ASSESSMENT AND PLAN**

**Problem #1**

**Problem:** \* PARASPINOUS SPASM OF BACK

**Status of Problem:** New

**Medication Plan:** Add new medicine(s)

**Other Plan:** pt to fill rx from ED for flexeril, lortab and prednisone. This should help with inflammation and spasm. Advised to use lortab only if motrin does not help. Understanding voiced. Start PT asap. PT to be out of work for one week. Plan for recheck next week, midweek. Forms completed for work. Encouraged to follow through with PT as this may improve his symptoms much more quickly.

**Problem #2**

**Problem:** CONTUSION (ICD-924.9)

**Status of Problem:** New

**Medication Plan:** Add new medicine(s)

**Prescriptions:**

**LORTAB 5 5-500 MG TAB (ACETAMINOPHEN-HYDROCODONE)** 1 tablet q 4-6 hours prn pain #20 x 0

Entered and Authorized by Dan Divilbiss, MD

Signed by Dan Divilbiss, MD on 11/01/2007

Method used: Print then Give to Patient

**FLEXERIL 10 MG TAB (CYCLOBENZAPRINE HCL)** 1 tab po TID prn spasm #30 x 1

Entered and Authorized by Dan Divilbiss, MD

Signed by Dan Divilbiss, MD on 11/01/2007

Method used: Print then Give to Patient

Signed by Dan Divilbiss, MD on 11/01/2007 at 12:08 AM

Signed by Floyd Hatcher, MD on 11/01/2007 at 7:06 AM

REC'D CLAIMS

NOV 01 2007

58-2236502  
SELF REGIONAL  
HEALTHCARE

OPTIMUM LIFE CENTER

115 Academy Avenue  
Greenwood, South Carolina 29646  
Phone 864-227-4183 Fax 864-227-5757

Name Leopard, John Date 11/3/07

Diagnosis Back Strain

Surgery Procedure \_\_\_\_\_

- ☐ Aquatic Therapy ☐ Cardiac Rehab ☐ Industrial Rehab  
☐ Occupational Therapy ☒ Physical Therapy ☐ Pulmonary Rehab  
☐ Speech Therapy

☒ Evaluate and Treat

☐ Special Instructions

☐ As Needed ☒ Times Per Week 3 ☐ Daily

M.D. Signature: [Signature]

This prescription also serves as a letter of medical necessity.



REC'D CLAIMS

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DEC 10 2007

**JOHN B LEOPORD**

Male DOB 09/17/1970

006060094

Home: (864)227-8763

Ins: GREENWOOD (2)

11/06/2007 - Office Visit: Multiproblem Visit

Provider: Dan Divilbiss, MD

Location of Care: Montgomery Center For Family Medicine

**Acute Visit**

**VITAL SIGNS**

Entered weight: 224 lb

Calculated Weight: 224 lb.

Pulse rate: 84

Pulse rhythm: regular

Respirations: 16

Vitals entered by: Debbie Edmunds, LPN

Blood Pressure: 130/94 mm Hg - taken by: Debbie Edmunds, LPN

Patient complains of 6 out of ten pain

Patient denies tobacco use to nurse.

**Patient is a 37 Year Male.**

Chief Complaint: workers comp

**Review of Old Problems:**

Problem: \* PARASPINOUS SPASM OF BACK

Quality: Improving

Duration: weeks

Severity: Moderate

Comment: pt feels better Pain is more of a sharp, pointing pain The large "knot" is better. He has not been to PT as of yet Still unable to bend or lift with back

**Past Medical History**

CONTUSION (ICD-924.9)

\* PARASPINOUS SPASM OF BACK

**Medications**

reviewed - no changes

FLEXERIL 10 MG TAB (CYCLOBENZAPRINE HCL) 1 tab po TID prn spasm

LORTAB 5 5-500 MG TAB (ACETAMINOPHEN-HYDROCODONE) 1 tablet q 4-6 hours prn pain

PREDNISONE 20 MG TAB (PREDNISONE) 2 tabs po daily x 3 days, then 1 tab po daily x 3 days

**Allergies**

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**JOHN B LEOPORD**

Male DOB:09/17/1970

006060094

Home: (864)227-8763  
Ins GREENWOOD (2)

NKA NKA

**Patient Data:**

Patient Name: LEOPORD, JOHN B  
Date of Birth: 09/17/1970  
Social Security Number: 247-63-1193  
Date of Injury: 10/30/2007

**Work Status:**

Out of Work from: 10/30/2007  
Out of work to: 11/19/2007  
List ANY restrictions/job limitations: Cannot lift  
Next Follow up Appt: 2 weeks

**Review of Systems**

**General:**

Denies fatigue, malaise.

**Musculoskeletal:**

Complains of back pain, stiffness.  
Denies joint swelling, muscle cramps, muscle weakness

**General Medical Physical Exam:**

**Musculoskeletal:**

|               |                                      |
|---------------|--------------------------------------|
| Gait/station: | stiff when walking                   |
| Head/neck:    | normal alignment and mobility        |
| Trunk         | TTP around T10-12, no spasm palpable |
| RUE:          | normal range of motion and strength  |
| LUE:          | normal range of motion and strength  |

**Lymphatic:**

Neck no cervical adenopathy

**Neurological:**

|            |                                                |
|------------|------------------------------------------------|
| Cranial N: | II - XII grossly intact                        |
| Reflexes:  | 2+ and symmetric with no pathological reflexes |
| Other:     | neg slr bilaterally                            |

**ASSESSMENT AND PLAN**

**Problem #1**

Problem: \* PARASPINOUS SPASM OF BACK

REC'D CLAIMS

Montgomery Center For Family Medicine  
155 Academy Avenue Greenwood, SC 29646  
(864) 725-4865 Fax: (864) 725-4725  
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December 3, 2007

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DEC

10

2007

JOHN B LEOPORD

Male DOB 09/17/1970

006060094

Home (864) 227-8763

Ins. GREENWOOD (2)

Status of Problem: Improved

Other Plan: pt will start PT on Thursday. he is unable to bend and lift for work right now. We will have him work with PT and then slowly increase activity. Hope to have him f/u in 2 weeks, but if he's feeling better sooner, then he will call back and we will reassess his ability to return to work.

Signed by Dan Divilbiss, MD on 11/08/2007 at 10:39 PM

Signed by Mark Van Swol, MD on 11/13/2007 at 3:51 PM

Dr. Divilbiss

REC'D CLAIMS

Appt 11/06/2007 @ 3:15 PM

Montgomery Center NOV 08 2007

NOTICE TO PROVIDERS

580000223652-0001  
CONESP. FN

(To be presented to doctor, hospital, or clinic by injured when reporting for appointment)

John Benjamin Leopard has reported that he/she was injured in our employ on. Oct 30, 2007. His/her occupation is Volunteer Fireman.

The original of this report should be sent immediately to the claims office indicated below:

Companion Property & Casualty Insurance Company

Post Office Box 100159

Columbia, SC 29202

Phone: 1-800-845-2724 ext. 45046 • Fax: 1-800-290-1858

Forward medical reports and/or office notes immediately to the office listed above following each office visit.

(Employer) County of Greenwood

(Phone) 864-942-8503

Elease W. Robinson

November 6, 2007

Employer's Signature

Date

NOTE: This is not an acceptance of liability.

#### RETURN TO WORK

(To be completed by Doctor after injured's examine)

Medical Clinic or Office: MC FM

Phone: 725 48165

Date first treatment was rendered by you: 10/31/07

Description of injury in claimant's words: fell forward, twisting back  
while putting out fire

Diagnosis:

Paraspinal Strain

- Employee IS ABLE to return to regular duties at this time. \_\_\_\_\_
- Employee IS ABLE to return to work with the following restrictions: \_\_\_\_\_
- Employee is UNABLE to return to work until: 2 wks  
Due to: Above Cond.

Projected Dates of Return to: Regular Duties \_\_\_\_\_ Light Duties \_\_\_\_\_

Next Appointment Date: 2 wks Time: \_\_\_\_\_

Physician's Signature

Date

58-223052

REC'D CLAIMS

*Medical*  
December 3, 2007  
Page 1  
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Montgomery Center For Family Medicine  
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www.selfpatient.org

DEC 10 2007

JOHN B LEOPORD

Male DOB 09/17/1970

006060094

Home: (864) 227-8763

Ins: GREENWOOD (2)

11/20/2007 - Office Visit: workers comp  
Provider: Dan Divilbiss, MD  
Location of Care: Montgomery Center For Family Medicine

**Acute Visit**

**VITAL SIGNS**

Entered weight: 224 lb

Calculated Weight: 224 lb.

Pulse rate: 72

Pulse rhythm: regular

Respirations: 16

Vitals entered by: Debbie Edmunds, LPN

Blood Pressure: 122/84 mm Hg - taken by: Debbie Edmunds, LPN

Patient has no complaint of pain today

Patient reports current tobacco use to nurse

**Patient is a 37 Year Male.**

**Chief Complaint:** workers comp recheck

**Review of Old Problems:**

**Problem:** \* PARASPINOUS SPASM OF BACK

**Quality:** Improving

**Duration:** 3 weeks

**Severity:** Mild

**Comment:** much better today. Has been able to lift children who weigh about 30 pounds. Has been able to make it to PT several times and this is going very well. He will have several more sessions of therapy.

**Patient Data:**

**Patient Name:** LEOPORD, JOHN B

**Date of Birth:** 09/17/1970

**Social Security Number:** 247-63-1193

**Date of Injury:** 10/30/2007

**Work Status:**

**May Return to Normal Duty on:** 12/03/2007

**Modified Duty from:** 11/26/2007

**Modified duty to:** 11/30/2007

**Out of Work from:** 11/20/2007

**Out of work to:** 11/25/2007

**List ANY restrictions/job limitations:** Cannot lift over 50 lbs for one week and then may advance to full duty, must continue with rehab.

**Next Follow up Appt:** 5-6 wks

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(864) 725-4865 Fax: (864) 725-4725  
www.selfpatient.org

December 3, 2007

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Chart Document

JOHN B LEOPORD

Male DOB: 09/17/1970

006060094

Home: (864) 227-8763

Ins. GREENWOOD (2)

### Past Medical History

CONTUSION (ICD-924.9)

\* PARASPINOUS SPASM OF BACK

### Medications

reviewed - no changes

FLEXERIL 10 MG TAB (CYCLOBENZAPRINE HCL) 1 tab po TID prn spasm

### Allergies

NKA NKA

### Review of Systems

#### Musculoskeletal:

Complains of stiffness.

Denies back pain, joint pain, muscle weakness, arthritis

#### Neurologic:

Denies transient paralysis, weakness, paresthesias.

### General Medical Physical Exam:

#### General Appearance:

Well developed, well nourished, in no acute distress

#### Musculoskeletal:

|              |                                             |
|--------------|---------------------------------------------|
| Gait/station | normal gait; no ataxia                      |
| Digits/nails | no cyanosis, clubbing, or petechiae         |
| Head/neck:   | normal alignment and mobility               |
| Trunk:       | normal alignment and mobility; no deformity |
| RUE:         | normal range of motion and strength         |
| RLE:         | no pain or paresthesia with SLR             |
| LUE:         | normal range of motion and strength         |
| LLE:         | no pain or paresthesia with SLR             |

### ASSESSMENT AND PLAN

#### Problem #1

Problem: \* PARASPINOUS SPASM OF BACK

**Montgomery Center For Family Medicine**

155 Academy Avenue Greenwood, SC 29646  
(864) 725-4865 Fax: (864) 725-4725  
www.selfpatient.org

December 3, 2007

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Chart Document

**JOHN B LEOPORD**

Male DOB 09/17/1970

006060094

Home: (864)227-8763

Ins GREENWOO (2)

**Status of Problem:** Improved

**Medication Plan:** Continue Present medicine(s)

**Other Plan:** Much better. Finish PT. Return to work progressively over the next 2 weeks. Plan for f/u with me in 4-6 weeks when PT is done for final recheck.

**Problem #2**

**Problem:** CONTUSION (ICD-924.9)

**Other Plan:** resolved.

**Prescriptions:**

FLEXERIL 10 MG TAB (CYCLOBENZAPRINE HCL) 1 tab po TID prn spasm #15 x 0

Entered and Authorized by: Dan Divilbiss, MD

Signed by: Dan Divilbiss, MD on 11/20/2007

Method used: Print then Give to Patient

Signed by Dan Divilbiss, MD on 11/21/2007 at 10:35 AM

Signed by Floyd Hatcher, MD on 11/21/2007 at 10:50 AM

**Dr. Divilbiss**  
**Montgomery Center @ 3:15 PM**  
**November 20, 2007**

58-223652

### NOTICE TO PROVIDERS

(To be presented to doctor, hospital, or clinic by injured when reporting for appointment)

John Leopard has reported that he/she was injured in our employ on Oct 30, 2007. His/her occupation is Volunteer Fireman.

The original of this report should be sent immediately to the claims office indicated below:

Companion Property & Casualty Insurance Company  
 Post Office Box 100159  
 Columbia, SC 29202  
 Phone: 1-800-845-2724 ext. 45046 • Fax: 1-800-290-1858

Forward medical reports and/or office notes immediately to the office listed above following each office visit.

(Employer) County of Greenwood

(Phone) 864-942-8644

Elease Robinson  
 Employer's Signature

11/20/2007

Date

NOTE: This is not an acceptance of liability.

### RETURN TO WORK

(To be completed by Doctor after injured's examine)

Medical Clinic or Office: UCEM Phone: 725-4865

Date first treatment was rendered by you: 12/31/07

Description of injury in claimant's words: PT fell and twisted back  
when putting out fire

Diagnosis: Paraspinal Spasm

- Employee IS ABLE to return to regular duties at this time. \_\_\_\_\_
- Employee IS ABLE to return to work with the following restrictions: No lifting over 50 lbs x 1 week, chance to full activity
- Employee is UNABLE to return to work until: \_\_\_\_\_  
 Due to: \_\_\_\_\_

Projected Dates of Return to: Regular Duties 12/2/07 Light Duties 11/26/07

Next Appointment Date: 5 WKS Time: \_\_\_\_\_

David [Signature]  
 Physician's Signature Date 11/20/07



**Montgomery Center For Family Medicine**  
155 Academy Avenue Greenwood, SC 29846  
(864) 725-4865 Fax: (864) 725-4725  
www.selfpatient.org

December 14, 2007  
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Chart Document

12/06/2007 Office Visit: Multiproblem Visit  
Provider: Dan Divlbiss, MD  
Location of Care: Montgomery Center For Family Medicine

### Acute Visit

#### Vital Signs

Weight: 227.5 pounds Temperature: 98.6 degrees F (oral) Respirations: 16 Pulse  
rate: 80 /min Pulse rhythm: regular Pain Level: 6 Pain Loc: back Comments: workers  
comp re check  
Chief Complaint: workers comp re check

#### Blood Pressure

Blood Pressure: 140/80 mm Hg  
large cugg left arm  
Vitals Taken by: Debbie Edmunds LPN

### Patient is a 37 Year Male.

#### Chief Complaint: workers comp re check

Here for f/u of back injury. He had been doing well with PT, but has plateaued in relation to his mid back pain. This has not improved while everything else has gotten much better. It was quite a concern for his PT and she actually called me a few days ago requesting recheck in clinic. there was some concern for needing an MRI.

He does not complain of radicular symptoms - no weakness, numbness or tingling. He has no bowel or bladder dysfunction. He has been back to work with mostly light duty, getting assistance with any heavy lifting.

The pain is in the mid back. It is sharp and point specific. It does not radiate. Nothing helps it. It is worse with twisting or moving.

### Past History

#### Past Medical History

PAIN IN THORACIC SPINE (ICD-724.1)  
CONTUSION (ICD-924.8)  
\* PARASPINOUS SPASM OF BACK

#### Medications

reviewed - no changes

#### Allergies

NKA NKA

Social History: Volunteer firefighter.

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www.selfpatient.org

December 14, 2007  
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Chart Document

**Patient Data:**

Patient Name: LEOPARD, JOHN B  
Date of Birth: 09/17/1970  
Social Security Number: 247-83-1193  
Date of Injury: 10/30/2007

**Work Status:**

May Return to Normal Duty on: 12/06/2007  
Modified Duty from: 12/06/2007  
Modified duty to: 12/13/2007  
List ANY restrictions/job limitations: Cannot lift over 20 pounds  
Next Follow up Appt: 1 week

**Review of Systems****Musculoskeletal:****Complains of back pain.**

Denies joint pain, joint swelling, muscle weakness, stiffness, arthritis.

**Neurologic:**

Denies transient paralysis, weakness, paresthesias.

**General Medical Physical Exam:****General Appearance:**

Well developed, well nourished, in no acute distress

**Musculoskeletal:**

Gait/station: normal gait; no ataxia  
Digits/nails: no cyanosis, clubbing, or petechiae  
Head/neck: normal alignment and mobility  
Trunk: TTP over the mid thoracic region today, around t5-t8. This is over the spinous processes. There is mild TTP over the right paraspinous musculature as well.  
RUE: normal range of motion and strength  
RLE: no pain or paresthesia with SLR  
LUE: normal range of motion and strength  
LLE: no pain or paresthesia with SLR

**Neurological:**

Cranial N: II - XII grossly intact  
Reflexes: 2+ and symmetric with no pathological reflexes  
Sensory: intact to touch in ble  
Other: neg slr bilaterally

**Problems:**

DEC. 14. 2007 5:28PM

NO. 6394 P. 3/6

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December 14, 2007  
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Chart Document



**Medical Problems Added:**

- 1) Dx of Pain in Thoracic Spine (ICD-724.1)

**ASSESSMENT AND PLAN**

**Problem #1**

**Problem:** PAIN IN THORACIC SPINE (ICD-724.1)

**Status of Problem:** Unchanged

**Medication Plan:** Add new medicine(s)

**Other Plan:** This pain does not seem to be new or worse, but is persistent when the remainder of his pain is gone. With no radicular sx's, CT will be better at showing bony anatomy than MRI. It does not appear to be bulging disk. Plan for light duty and then f/u with me in one week or one-two days after the thoracic CT is done.

Signed by Dan DiVilbiss, MD on 12/07/2007 at 11:55 AM

Signed by Harvey F Hatcher, MD on 12/07/2007 at 4:01 PM

CONFIDENTIAL

Dr Divilbiss

Appt: Montgomery Center

December 6, 2007 @ 2:30 PM

**NOTICE TO PROVIDERS**

(To be presented to doctor, hospital, or clinic by injured when reporting for appointment)

John Benjamin Leopard has reported that he/she was injured in our employ on October 30, 2007.  
His/her occupation is Volunteer fireman.

The original of this report should be sent immediately to the claims office indicated below:

**Companion Property & Casualty Insurance Company**  
Post Office Box 100159  
Columbia, SC 29202  
Phone: 1-800-845-2724 ext. 45046 • Fax: 1-800-290-1858

Forward medical reports and/or office notes immediately to the office listed above following each office visit.

Employer: County of GreenwoodPhone: 864-942-8644

Elease M. Robinson  
Employer's Signature

12-06-2007  
Date

**NOTE: This is not an acceptance of liability.**

**RETURN TO WORK**

(To be completed by Doctor after injured's examine)

Medical Clinic or Office: WCPM

**RECEIVED**  
DEC 10/2007  
COMPANION TPA

Date first treatment was rendered by you: 10/30/07

Description of injury in claimant's words: pt fell from attic while  
fire fighting, onto back

Diagnosis:

Pain to palpating over thoracic spine

- EMPLOYEE IS ABLE to return to regular duties at this time. \_\_\_\_\_
- EMPLOYEE IS ABLE to return to work with the following restrictions: limit  
to 30 lbs lifting until CT report is available
- EMPLOYEE IS UNABLE to return to work until: \_\_\_\_\_

Due to: \_\_\_\_\_

Projected Dates of Return to: Regular Duties 1-2 wks Light Duties \_\_\_\_\_Next Appointment Date: 1 wk Time: \_\_\_\_\_

Shirley D.  
Physician's Signature

12/6/07  
Date

Appt: 12/14/2007 at 9:45 AM  
Montgomery Center

### NOTICE TO PROVIDERS

(To be presented to doctor, hospital, or clinic by injured when reporting for appointment)

John B. Leopard has reported that he/she was injured in our employ on, October 30, 2007. His/her occupation is Volunteer Fireman.

The original of this report should be sent immediately to the claims office indicated below:

Companion Property & Casualty Insurance Company  
Post Office Box 100159  
Columbia, SC 29202  
Phone: 1-800-845-2724 ext. 45046 • Fax: 1-800-290-1858

Forward medical reports and/or office notes immediately to the office listed above following each office visit.

Employer: County of Greenwood

Phone: 864-942-8644

Eleanor M. Robinson  
Employer's Signature

12-14-2007  
Date

NOTE: This is not an acceptance of liability.

### RETURN TO WORK

(To be completed by Doctor after injured's examline)

Medical Clinic or Office: WCFM Phone: 765 48655

Date first treatment was rendered by you: 10/30/07

Description of injury in claimant's words: At Fall & twisted his  
back during fighting

Diagnosis:

Back pain - poss herniated disc in thoracic spine

- EMPLOYEE IS ABLE to return to regular duties at this time. \_\_\_\_\_
- EMPLOYEE IS ABLE to return to work with the following restrictions: assist with heavy lifting
- EMPLOYEE IS UNABLE to return to work until: \_\_\_\_\_

Due to: \_\_\_\_\_

Projected Dates of Return to: Regular Duties \_\_\_\_\_ Light Duties <

Next Appointment Date: 1 wk or 2 wks Time: \_\_\_\_\_

David [Signature]  
Physician's Signature Date 12/14/07

Dr. Divilbiss

Appt: 12/21/2007 at 3:00 P.M.

Montgomery Center

**NOTICE TO PROVIDERS**

(To be presented to doctor, hospital, or clinic by injured when reporting for appointment)

John B. Leopard has reported that he/she was injured in our employ on, October 30, 2007.  
His/her occupation is Volunteer fireman.

The original of this report should be sent immediately to the claims office indicated below:

Companion Property &amp; Casualty Insurance Company

Post Office Box 100159

Columbia, SC 29202

Phone: 1-800-845-2724 ext. 45046 • Fax: 1-800-290-1858

Forward medical reports and/or office notes immediately to the office listed above following each office visit.

Employer: County of GreenwoodPhone: 864-942-8644Elaine M. Robinson  
Employer's Signature12-21-07  
Date

NOTE: This is not an acceptance of liability.

**RETURN TO WORK**

(To be completed by Doctor after injured's examine)

Medical Clinic or Office: MCFAPhone: 725 4805Date first treatment was rendered by you: 10/30/07Description of injury in claimant's words: fell while fighting fire  
and hit upper back twisting

Diagnosis:

vertebral disc protrusion

- EMPLOYEE IS ABLE to return to regular duties at this time. \_\_\_\_\_
- EMPLOYEE IS ABLE to return to work with the following restrictions: no  
lifting over 20 lbs
- EMPLOYEE IS UNABLE to return to work until: \_\_\_\_\_

Due to: \_\_\_\_\_

Projected Dates of Return to: Regular Duties ?Light Duties NoneNext Appointment Date: 3 wks + return to doctor

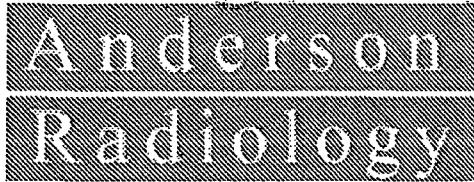
Time: \_\_\_\_\_

Physician's Signature

David D.

Date

12/21/07



2120 East Greenville Street  
Anderson, SC 29621  
Telephone (864) 225-6286  
Fax (864) 231-6738

PATIENT: Leopard, John  
DOB: 9/17/1970  
MRN: 538576  
PHYSICIAN: Dan Divilbiss, MD  
DATE: 12/11/2007

**EXAM: CT THORACIC SPINE WITH RECONSTRUCTIONS**

**HISTORY:** Mid back pain after a fall six weeks ago.

**TECHNIQUE:** Thin section helical CT exam was performed from lower C7 level through the L1 level with sagittal and coronal reconstructions performed. Source and reconstruction images are reviewed on both bone and soft tissue windows.

**FINDINGS:** There is mild dextroscoliosis with the apex near the T7-T8 level. There are no findings of anterior or posterior subluxation. In the upper thoracic spine, there is an area of sclerosis in the right T1 lamina, which is probably benign and related to a bone island or other sclerotic focus. There is no bone destruction. There is mild to moderate diffuse disc space narrowing in the upper thoracic discs from T1-T2 through T7-T8. No posterior disc protrusion or herniation or canal compromise is evident. There are multifocal chronic-appearing Schmorl's node endplate defects at T3, T5, T6 and T7. No acute fractures are indicated.

There is vacuum disc change in a moderately to markedly degenerated disc anteriorly at T8-T9 and T9-T10. There are moderate-sized chronic Schmorl's nodes and endplate defects inferiorly and superiorly at T8 and T9 and superiorly at T10. There is posterior chronic-appearing disc protrusion or bulging at T10-T11 in addition to marked disc narrowing. There is some overlying osteophytic spur. There is ventral thecal sac effacement and a mild degree of canal stenosis is induced. At T11-T12, moderate to diffuse posterior disc protrusion is evident with osteophytic spurs causing moderate canal narrowing and thecal sac effacement. I cannot include some degree of cord effacement. MRI evaluation is recommended. Additionally, there is an irregular curvilinear appearance to the superior and inferior T11 endplates consistent with Schmorl's nodes, but I cannot exclude a recent subacute fracture on the left side at T11. Chronic Schmorl's nodes are seen at T12 and L1 with chronic degenerative disc disease at the adjacent discs. No cord or canal compromise at these levels. The foramina appear to remain patent. There is no identified paraspinal mass. The imaged portions of the lung show chronic lung disease changes, but no findings of acute disease. No paraspinal mass or hematoma. No fractures involving the imaged portions of the posterior medial ribs. There are two small calcifications in the upper pole left kidney that could represent small renal calculi which are nonobstructing.

**IMPRESSION:**

1. Mild flattened configuration of the central and left sides of T11 vertebral body, which could be on the bases of advanced chronic degenerative disc disease, but I cannot exclude some subacute fracture on the left side of the T11 vertebral body. No posterior bony retropulsion if there is a fracture present.
2. Moderate degenerative disc disease and posterior disc protrusion and osteophytes at T10-T11 at T11-T12 appearing to cause ventral thecal sac effacement and possible cord effacement. This would be best assessed with MRI and MRI of the thoracic spine is recommended. The presence or absence of a fracture at T11 could also be assessed utilizing this technique. If this cannot be performed, then a bone scan might be considered to exclude a fracture at the T11 level. CT myelography would then be necessary to evaluate the degree of thecal sac compromise due to the disc disease changes if MRI cannot be performed.
3. Multilevel moderate degenerative disc disease in the upper, mid and lower thoracic spine with no other areas of apparent disc protrusion or canal stenosis of significance.

Patient: Leopard, John  
MRN: 538576  
Exam: CT THORACIC SPINE WITH RECONSTRUCTIONS

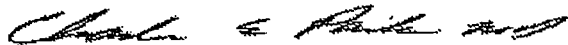
4. Vacuum disc degenerative changes at T8-T9 and T9-T10 anteriorly.

Thank you for this consultation.

Charles E. Parke, MD  
CP/lb

DD: 12/11/2007  
DT: 12/11/2007  
Job: 5295139

This document has been electronically reviewed and signed.





Optimum Life Center  
Of Self Regional Healthcare  
115 Academy Avenue  
Greenwood, SC 29646  
Phone (864) 725-4183  
Fax (864) 725-5757

PATIENT: LEOPARD, JOHN B  
THERAPIST: CAROLINE EVANS, PT.

ACCT: 0731100350  
DICTATED: 11/08/2007  
TRANS DT: 11/08/2007

PHYSICAL THERAPY  
INITIAL EVALUATION

AGE: 37  
SEX: M  
DOB: 09/17/1970

DATE OF INITIAL EVALUATION:  
November 7, 2007

PHYSICIAN:  
Daniel D Divilbiss, MD

MEDICAL DIAGNOSIS:  
Back strain

TREATMENT DIAGNOSIS: 724.5

MD APPT:  
1 Week

LENGTH OF REFERRAL:  
Not stated

SUBJECTIVE:

PATIENT COMMENTS:

Patient works as a volunteer fire fighter for Greenwood County. Patient states he was going into the eave of a roof to go into the attic to fight a fire. Patient states he fell into the attic on his hands, twisted, and then landed on his back. Patient states this happened on 10/30/2007. Following the accident, patient reports he was able to get up and walk back to the truck and walk into the fire department. Patient states he laid down for a while and when he went to get back up is when he had increased pain. Patient then went to the doctor on 10/31/07. Patient states it feels like there is a knot in his

Leopard, John  
07311-00350

No. 8329 P. 4

PATIENT: LEOPARD, JOHN B  
THERAPIST: CAROLINE EVANS, PT

ACCT: 0731100350

PAGE 2

back between his shoulder blades. Patient states he has difficulty sleeping and tends to constantly change positions. Patient states the pain is worse when he is sitting versus standing. Patient reports the pain is more in the center, mid-back (pointing to his mid-thoracic along his spine). Patient states he also has a pinched nerve in his neck, C6/7, but this is not related to his accident. Patient states following his accident and his doctor visit he had an x-ray that showed no fracture. Patient is right handed. Patient stated he was given pain killers and muscle relaxers and prednisone by his physician. Patient states the muscle relaxers seem to help a lot with his pain. Patient reports that muscle relaxers and warm showers help him to relax more, which allows him to decrease his pain. Patient also works maintenance for ATS. PAIN RATING: Patient reports a 5/10 pain in sitting. PAIN DESCRIPTION: Patient states pain is worse with increased sitting, feels like there is a huge knot between his shoulders right along his thoracic spine.

**OBJECTIVE & PHYSICAL FINDINGS:**

GAIT: COMMENTS (assistive device): Patient ambulates independently with no assistive device with no obvious gait deviations.

POSTURE/GENERAL APPEARANCE: Within functional limits.

STRENGTH/MUSCLE TONE: Manual muscle testing: Patient reports pain with resisted upper extremity flexion, in abduction and resisted scapular adduction. Lower extremity strength is within functional limits; however, pain reported with resisted hip flexion. Upper extremity strength is within functional limits with manual muscle testing.

**ROM:**

C/spine: Within functional limits, except for pain reported with full cervical flexion.

L/spine: Within functional limits, except for pain with lumbar flexion at 80 percent. Pain with rotation and sidebending.

UE: Within functional limits.

LE: Not tested.

**BALANCE:**

Sitting: Independent.

Standing (Static): Independent.

Dynamic: Independent.

Leopard, John  
07311-00350

PATIENT: LEOPARD, JOHN B  
THERAPIST: CAROLINE EVANS, PT

ACCT: 0731100350

PAGE 3

RADICULAR SYMPTOMS: Patient reports numbness and tingling in his right arm and hand secondary to pinched nerve in his cervical spine; however, not related to current injury.

SENSATION: Intact.

REFLEXES: Not tested.

ENDURANCE: Not tested.

EDEMA/WOUNDS: Patient has minimal edema along the thoracic paraspinals.

PALPATION: Patient reports increase pain with palpation over the thoracic spine between T5 and T11. Patient also reports pain with palpation over paraspinal muscle bellies in the same thoracic region.

SPECIAL TESTS: Patient has increase pain with thoracic PAS.

**ASSESSMENT:**

Patient is a 37 year old male that presents for physical therapy for evaluation and treatment of a thoracic back sprain. Patient presents today with primary symptoms of increased pain that is affecting his ADLs and work and painful range of motion and manual muscle testing with strengthening. Patient will benefit from physical therapy to decrease his pain so that he may return to full duty at work and ADLs, full pain free range of motion and strength. Patient has a good rehabilitation potential.

**SHORT TERM GOALS:**

To be set for 4 weeks.

1. Patient will subjectively report a decrease in pain to 0/10 at worst.
2. Patient will be able to report to full duty at work with a 0/10 pain.
3. Patient will be able to demonstrate pain free range of motion within normal limits for upper extremity, cervical and lumbar spine.
4. Patient will be able to demonstrate pain free manual muscle testing of the upper extremity and hip flexion.
5. Patient will be independent with a home exercise program to improve trunk range of motion and strength.

Leopard, John  
07311-00350

No. 8329 P. 6

170

Nov. 20. 2007 10:25AM

PATIENT: LEOPARD, JOHN B  
THERAPIST: CAROLINE EVANS, PT

ACCT: 0731100350

PAGE 4

LONG TERM GOALS:

None set at this time.

PATIENT'S GOAL: To decrease has pain.

PLAN:

TODAY'S TREATMENT: Evaluation. Manual therapy (4 minutes), moist hot pack times 20 minutes, interferential electrical stimulation times 15 minutes at 12 intensity (with moist hot back) over thoracic paraspinals while prone. Patient reported a decrease in pain after interferential and moist hot pack.

TREATMENT PLAN: Patient will benefit from Therex to improve range of motion and strength to upper extremity and trunk, modalities to include moist hot pack, cold pack, interferential, ultrasound, traction, iontophoresis etc., massage, manual therapy etc., and home exercise program.

TREATMENT FREQUENCY: 3 times a week times 4 weeks.

Caroline Evans, DPT

Caroline Evans, DPT

CE/kp

Job #: 2006370/303321991

PHYSICIAN SIGNATURE IS REQUIRED FOR ALL MEDICARE PATIENTS:

I certify that the above named patient is under my care and supervision and that the above described care is reasonable and necessary for this patient. I certify that I have reviewed and/or developed the above plan of care and that this plan of care is appropriate for this patient and will be reviewed every 30 days or more often if the condition warrants. I recommend that this patient receive treatment as described in the above plan of care and signature here will serve as written prescription for that care.

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Leopard, John  
07311-00350

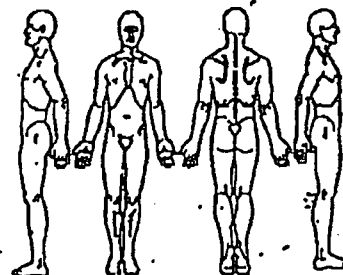
L 7 6288 0N

171

Nov. 20. 2007 10:26AM

- 58-223650 -

Fl Iso Only

|                                                                                                                 |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
|-----------------------------------------------------------------------------------------------------------------|----------------------|---------------------|--------------------|---------------------------|---|---|------------------|---|---|---------------|--------------------|-----------------------------------------|--------------------------|--------------------------------------------------|
| MD Appointment <u>not stated one week</u>                                                                       |                      | Dr. <u>Pivlbiss</u> |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Diagnosis <u>back strain</u>                                                                                    |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Length of Referral <u>not stated</u>                                                                            | Age <u>37</u>        | Sex <u>M</u>        | DOB <u>9/17/70</u> |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <b>SUBJECTIVE</b> <u>going into car at cost to general at the - fell into a tie on hands twisted &amp; then</u> |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Patient comments: <u>fell into back - works for volunteer fire department 10/30/07, feels like</u>              |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <u>a knot in back between shoulder blades, sleeps in 4 positions, sit &gt; stand, center mid back</u>           |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <u>has pinched nerve in neck (C-7) - had x-ray (no fr) (A) banded - parkiller/muscle relaxer/pain pills</u>     |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Pain:                                                                                                           | 1                    | 2                   | 3                  | 4                         | 5 | 6 | 7                | 8 | 9 | 10            | <u>now sitting</u> | <u>man shower - helps to relax more</u> |                          |                                                  |
| Description: <u>pain worse &amp; sitting - knot between shoulders</u>                                           |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <b>OBJECTIVE</b>                                                                                                |                      |                     |                    |                           |   |   |                  |   |   |               |                    | <u>maintenance - ATS</u>                |                          |                                                  |
| Gait:                                                                                                           | <u>No deviations</u> |                     |                    | <u>Antalgic</u>           |   |   | <u>PWB</u>       |   |   | <u>NWB</u>    |                    |                                         | <u>not sleeping well</u> |                                                  |
| Comments (Assistive device)                                                                                     |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Posture/General Appearance: <u>WFL</u>                                                                          |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Strength/Muscle Tone: <u>UE WFL - pain gain &amp; resistance</u>                                                |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <u>LE WFL - pain &amp; restricted hip</u>                                                                       |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
|                                                                                                                 |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| ROM:                                                                                                            | <u>C/spine WFL</u>   |                     |                    | <u>L/spine WFL</u>        |   |   | <u>UE WFL</u>    |   |   | <u>LE WFL</u> |                    |                                         | <u>NT</u>                |                                                  |
| <u>pain &amp; lumbar - 90%</u>                                                                                  |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <u>pain &amp; rotation, sb</u>                                                                                  |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Transfers: <u>I</u>                                                                                             |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Balance:                                                                                                        | <u>Sitting I</u>     |                     |                    | <u>Standing: Static I</u> |   |   | <u>Dynamic I</u> |   |   |               |                    |                                         |                          |                                                  |
| Radicular symptoms: <u>R arm/hand 2: pinched nerve</u>                                                          |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
|                                                                                                                 |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Sensation: <u>intact</u>                                                                                        |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Reflexes: <u>NT</u>                                                                                             |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Endurance: <u>NT</u>                                                                                            |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Edema / Wounds: <u>none - no edema thoracic paraspinal</u>                                                      |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| Palpation: <u>I pain &amp; palpating</u>                                                                        |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          | Special Tests: <u>I pain &amp; thoracic PAs,</u> |
| (Use body chart if needed)                                                                                      |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
|                             |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <b>RECEIVED</b>                                                                                                 |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| NOV 08 2007                                                                                                     |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |
| <b>COMPANION TPA</b>                                                                                            |                      |                     |                    |                           |   |   |                  |   |   |               |                    |                                         |                          |                                                  |

Addressograph

Leopard, John  
07311-00350

No. 7996 P. 3

PT Evaluation/Re-Evaluation  
Optimum Life Center  
Self Regional Healthcare

172



10LCEV

Form W67: 11/07/02 8. 2007/11/29

58-223652

Future Use Only

**ASSESSMENT:**

Contraindications: \_\_\_\_\_

Comments: \_\_\_\_\_

Assessment: 37 Y/O M - back strain - thoracic, ↑ pain & ROM strength - LADLs

STG: ① 0/10 pain ② Return to full duty at work 4/10 ③ Pain free ROM WNL  
④ Pain free UE strength SMT ⑤ ⑥ ⑦ HEP Time Limit: 4 weeks

LTG: none

Time Limit:

Patient's Goal: ↓ pain

**PLAN:**

Today's Rx: Eval, manual (4 minutes), MHP x 20 min, IFC x 15 min @ 12 in (2 MHP) <sup>probe</sup> <sub>deep</sub>  
- reported ↓ pain & IFC/MHP

Treatment Plan: Therex to ↑ ROM/strength, modalities (MHP, CP, IFC, ultrasound, traction, hot),  
massage, manual therapy, HEP

Treatment Frequency: 3 x week x 4 weeks

Caroline Grooms, DPT  
Physical Therapist

11/7/07  
Date

**RECEIVED**

NOV 08 2007

COMPANION TPA

Addressograph

PT Evaluation/Re-Evaluation  
Optimum Life Center  
Self Regional Healthcare

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Form# PRO-27/07-04/Duplex/Page 2 of 2

7 d 666 ON

173

NOV 08 2007 11:33AM

| PROGRESS NOTES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE           | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 11/12/07       | <p>S: "It feels a little better today" but reports it was sore when driving this past weekend.</p> <p>O: Pt. performed <del>off</del> NuStep x 11 min @ L2. Pt. performed mid thoracic stretch by sitting on his heels &amp; hands out front, to R side &amp; then (L) side. 2x each for 20H. Pt. <del>pt</del> received massage to thoracic paraspinals x 12 min while prone - noted muscle spasm tender to palpation on (R) thoracic musculature inferior to the scapula. Pt. received IFC @ L3 int x 15 min to (R) thoracic paraspinals while prone &amp; MHP to his back. Total treatment time 50 min.</p> <p>A: Pt. reports ↓'d pain &amp; treatment</p> <p>P: Reassess pain + cont = POC ————— <i>Caroline Evans, DPT</i></p> |
| 11/14/07       | <p>S: Pt. reports (P) in (R) thoracic paraspinals. Reports ↑'d (P) in sitting &amp; supine position.</p> <p>O: Pt. rec'd US/Estim combo to (R) thoracic paraspinals x 8 min. @ an intensity of 20. Pt. then rec'd STM to same area x 10 min in prone. Tx. ended early 2° to Dr.'s appt.</p> <p>A: Pt. @ slight ↑'d soreness &amp; treatment.</p> <p>P: Cont POC. ————— <i>Antsell, PT</i></p>                                                                                                                                                                                                                                                                                                                                       |
| 11/16/07       | <p>Pt. no show for appt. Called later today he mixed up appt. times &amp; Monday's appt. ————— <i>Caroline Evans, DPT</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11/19/07       | <p>S: Pt. reports he had a good weekend &amp; ↓'d pain.</p> <p>O: Pt. performed NuStep x 9 min @ L3. Pt. performed the rex to ↑ trunk ROM: SKTR, DRC, LTR, HSS, lying on heels (↑, ↓, ↗) x 20H 3 times each. Performed STM to (R) thoracic paraspinals while prone + side lying x 5 min total. Received IFC to (R) thoracic paraspinals</p>                                                                                                                                                                                                                                                                                                                                                                                         |

Addressograph

Leopard, John  
07311-00350

Progress Notes  
Self Regional Healthcare


1PPN680

Form# 4014/4-04/Single/Page 1 of 1/Date Order

E 'd 6ZE8'ON

174

Nov. 20. 2007 10:25AM

| PROGRESS NOTES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE           | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11/12/07       | <p>S: "It feels a little better today" but reports it was sore when driving this past weekend.</p> <p>O: Pt. performed <del>NA</del> NuStep = 11 min @ L2. Pt. performed mid thoracic stretch by sitting on his heels &amp; hands out front, to R side &amp; then (L) side. 2x each for 20H. Pt. <sup>on</sup> PC received massage to thoracic paraspinals x 12 min while prone - noted muscle spasm tender to palpation on (R) thoracic musculature inferior to the scapula.</p> <p>Pt. received IFC @ L3 int x 15 min to (R) thoracic paraspinals while prone &amp; MHP to his back. Total treatment time 50 min.</p> <p>A: Pt. reports 1'd pain p treatment</p> <p>P: Reassess pain + cont to POC —————</p> |
| 11/14/07       | <p>S: Pt. reports (P) in (R) thoracic paraspinals. Reports 1'd (P) in sitting &amp; supine position.</p> <p>O: Pt. rec'd US/Estim combo to (R) thoracic paraspinals x 8 min. @ an intensity of 20. Pt. then rec'd STM to same area x 10 min in prone. Tx ended early 2° to Dr's appt.</p> <p>A: Pt. @ slight 1'd soreness p treatment.</p> <p>P: Cont POC. —————</p>                                                                                                                                                                                                                                                                                                                                           |
| 11/16/07       | <p>Pt. no show for appt. Called later today he mixed up appt. times &amp; Monday's appt. —————</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11/19/07       | <p>S: Pt. reports he had a good weekend &amp; 1'd pain.</p> <p>O: Pt. performed NuStep = 9 min @ L3. Pt. performed thorax to T trunk ROM: SKTC, DRC, LTR, HSS. bring on heels (P, S, R) x 20H 3 times each. Performed STM to (R) thoracic paraspinals while prone &amp; sidelying x 5 min total. Received IFC to (R) thoracic paraspinals</p>                                                                                                                                                                                                                                                                                                                                                                  |

Addressograph

Leopard, John  
07311-00350

Progress Notes  
Self Regional Healthcare



1PPN680

Form# 4014/4-04/Single/Page 1 of 1/Date Order

2 12/18/07

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Dec. 6. 2007 1:21PM



| PROGRESS NOTES |                                                                                                                                                                                                                                                                                                                         |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE           | NOTES                                                                                                                                                                                                                                                                                                                   |
| 11/19/07       | while prone on mat x 15 min @ 16 int E. MHP over back.                                                                                                                                                                                                                                                                  |
| (cont.)        | Total treatment time 40 min.                                                                                                                                                                                                                                                                                            |
|                | A: Pt. is good progress in ↓ pain but still working towards goals.                                                                                                                                                                                                                                                      |
|                | P: cont POC ————— Caroline Evans, DPT                                                                                                                                                                                                                                                                                   |
| 11/21/07       | Pt. no show for appt. Called & no answer & no machine ————— Caroline Evans DPT                                                                                                                                                                                                                                          |
| 11/26/07       | S: "I have a spot that burns right in the middle of my back"                                                                                                                                                                                                                                                            |
|                | O: Manual massage to <u>paraspinals</u> (thoracic) x 15 min, manual prone UE flexion x 10 reps (2x), Cat-a-Camel x 10, Prayer stretch x 3 (L & R), "Superman" x 10 in prone — U.S. @ 1.4 W/cm <sup>2</sup> , 100%, 1 mhz x 8 min to <u>paraspinal</u> — Ice x 8 min — Review of posture, chin tucks, and lumbar support |
|                | A: pt had very limited extension to Cat-a-Camel                                                                                                                                                                                                                                                                         |
|                | P: Cont E POC ————— DPT                                                                                                                                                                                                                                                                                                 |
| 11-28-07       | S: Pt. reports P 4/10. Pt reports US estim helps the most, no s p IFC.                                                                                                                                                                                                                                                  |
|                | O: Pt. reviewed proper performance of ex's: SKC, DKT, POE, PDH, alt UE for multifidus. Pt. rec'd massage & MFR to back focusing on <u>mid back</u> all while prone (train) Attempted PA's but painful. Pt. rec'd US - estim combo @ 1.5 W/cm <sup>2</sup> @ int 8-12 x 8 min                                            |

Addressograph

Leopard, John  
07311-00350

Progress Notes  
Self Regional Healthcare



1PPN680

Form# 4014/4-04/Single/Page 1 of 1/Date Order

No. 8741 P. 3

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Dec. 6. 2007 1:21PM

58-223-652 John Leppard

For Use Only

| PROGRESS NOTES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE           | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11-28-07       | (Cont'd) Pt. encouraged to drink water to ↓ soreness<br>p deep tissue and to try Biofreeze. (45 mins tx)<br>Pt. educated on proper sleeping positioning<br>A: Pt. c tenderness to palpation, ↓ d p tx.<br>① musculature raised compared to ②<br>P. Cont per POC ———— 2 Out of PTA                                                                                                                                                                                                                                                                                                                                                                                                    |
| 11-30-07       | S: Pt. reports ↓ d ① today, ↓ d tenderness. Pt.<br>reports he had taken muscle relaxer (Flexeril)<br>on Tues pm Pt reports working on outlets but s c/o's.<br>O: Pt. rec'd MFR to full back & deep tissue on QL<br>area while prone x 25 mins. Pt. rec'd e-stim- US combo<br>(@ 1.5 W/cm <sup>2</sup> x 8 mins to ② mid back. Pt. performed<br>ther ex's per f/s for postural muscles and scapular<br>stabilization. Attempted scap depression on lat. pull down<br>but ↑ d discomfort (Tx time 55 mins)<br>A: Pt. c weakness on scap. area. No ↑ d discomfort c ex's &<br>x scap depression. Pt's ① ↓ d today and progressing to strengthening<br>P. Cont per POC ———— 2 Out of PTA |
| 12/3/07        | S: Pt. reports he has returned to light duty at work but still has<br>4-5/10 just sitting and s/o c some exercises and c palpation.<br>O: Pt. received MHP to back while prone x 15 min while discussing<br>work duties. Pt. instructed on body mechanics & body awareness<br>while at work. Pt. palpated p Moist heat and still s/o 10 pain over<br>thoracic spine (T7) and thoracic paraspinals (T6-T10). Total tx time 20 min. (no charge)<br>A: Feel further testing/imaging is necessary 2° pt. not made much progress<br>thus far c therapy P. Plan to put pt. on hold. To see MD next week. (Caroline S. OAT)                                                                 |

Addressograph

Progress Notes  
Self Regional Healthcare



1PPN680

Form# 4014/4-04/Single/Page 1 of 1/Date Order

No. 8741 P. 2

177

Dec. 6. 2007 1:21PM

**STAFF ALERTS:**

## HEALTHCARE

1325 Spring Street, Greenwood, S.C. 29646

CONSULTANTS: . . . . .

I, THE UNDERSIGNED ATTENDING PHYSICIAN, CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE DIAGNOSIS TREATMENT AND WRITTEN ORDERS OF THIS PATIENT HAVE BEEN COMPLETELY AND PROMPTLY RECORDED.

DISCHARGED ALIVE ☒ DIED: < 48 HRS. ☐ > 48 HRS. ☐  
AUTOPSY YES ☒ NO ☐

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Form: cmprc.dcl 845

PRINTED BY: E16055

DATE 12/28/2007

178

|                               |                                                                                      |                                                 |                        |                                      |                             |                                                          |  |
|-------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|------------------------|--------------------------------------|-----------------------------|----------------------------------------------------------|--|
| ACCOUNT NUMBER<br>07303-00555 |                                                                                      | PATIENT NAME<br>LEOPARD JOHN B                  |                        | ADMISSION DATE/TIME<br>10/30/07 2048 |                             | UNIT #/MPI #<br>000157622                                |  |
| GUARANTOR                     | GUARANTOR NAME & ADDRESS<br>LEOPARD JOHN B<br>712 STILLWELL RD<br>GREENWOOD SC 29646 |                                                 |                        | RELATIONSHIP<br>SELF                 |                             | GUARANTOR EMPLOYER NAME & ADDRESS<br>ATS<br>GREENWOOD SC |  |
|                               | SOCIAL SECURITY NUMBER<br>247-63-1193                                                |                                                 | PHONE<br>(864)227-8763 |                                      | WORK PHONE<br>(864)942-6415 |                                                          |  |
| RELATIVE                      | RELATIVE NAME & ADDRESS<br>LEOPARD, SHEILA<br>712 STILLWELL RD<br>GREENWOOD SC 29646 |                                                 |                        | RELATIVE WORKER'S ADDRESS            |                             |                                                          |  |
|                               | RELATIONSHIP<br>SPOUSE                                                               |                                                 | PHONE<br>(864)227-8763 |                                      | WORK PHONE<br>(864)330-7500 |                                                          |  |
| INSURANCE                     | 1                                                                                    | INSURANCE NAME<br>WORKERS COMP-GREENWOOD COUNTY |                        | COMPANY #                            |                             | GROUP NAME                                               |  |
|                               |                                                                                      | INSURED NAME<br>LEOPARD, JOHN B                 |                        |                                      |                             | POLICY NUMBER<br>247631193                               |  |
|                               | 2                                                                                    | INSURANCE NAME<br>WORKER'S COMP 1500            |                        | COMPANY #                            |                             | GROUP NAME                                               |  |
|                               |                                                                                      | INSURED NAME<br>LEOPARD, JOHN B                 |                        |                                      |                             | POLICY NUMBER<br>247631193                               |  |
|                               | 3                                                                                    | INSURANCE NAME                                  |                        | COMPANY #                            |                             | GROUP NAME                                               |  |
|                               |                                                                                      | INSURED NAME                                    |                        |                                      |                             | POLICY NUMBER                                            |  |
|                               |                                                                                      |                                                 |                        |                                      |                             | RELATIONSHIP                                             |  |

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PRINTED BY: E16055  
DATE 12/28/2007

**STAFF ALERTS:**

## HEALTHCARE 1325 Spring Street, Greenwood, S.C. 29646

CONSULTANTS:

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Form: subsec.dcl B89

**DOCS**

|                               |                                                                                         |                                 |                        |                                      |                             |                                                            |  |
|-------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|------------------------|--------------------------------------|-----------------------------|------------------------------------------------------------|--|
| ACCOUNT NUMBER<br>07303-00555 |                                                                                         | PATIENT NAME<br>LEOPARD, JOHN B |                        | ADMISSION DATE/TIME<br>10/30/07 2048 |                             | UNIT #/MPI #<br>J00157622                                  |  |
| GUARANTOR                     | GUARANTOR NAME AND ADDRESS<br>LEOPARD, JOHN B<br>712 STILLWELL RD<br>GREENWOOD SC 29646 |                                 |                        | RELATIONSHIP<br>SELF                 |                             | GUARANTOR EMPLOYER NAME AND ADDRESS<br>ATS<br>GREENWOOD SC |  |
|                               | SEC. ALTERNATE NUMBER<br>247-63-1193                                                    |                                 | PHONE<br>(864)227-8763 |                                      | WORK PHONE<br>(864)942-6415 |                                                            |  |
| RELATIVE                      | RELATIVE NAME AND ADDRESS<br>LEOPARD, SHEILA<br>712 STILLWELL RD<br>GREENWOOD SC 29646  |                                 |                        | RELATIVE EMPLOYER NAME AND ADDRESS   |                             |                                                            |  |
|                               | RELATIONSHIP<br>SPOUSE                                                                  |                                 | PHONE<br>(864)227-8763 |                                      | WORK PHONE<br>(864)330-7500 |                                                            |  |
| INSURANCE                     | 1                                                                                       | INSURANCE NAME                  |                        | COMPANY #                            |                             | GROUP NAME                                                 |  |
|                               |                                                                                         | INSURANCE NAME                  |                        | COMPANY #                            |                             | GROUP NAME                                                 |  |
|                               | 2                                                                                       | INSURANCE NAME                  |                        | COMPANY #                            |                             | GROUP NAME                                                 |  |
|                               |                                                                                         | INSURANCE NAME                  |                        | COMPANY #                            |                             | GROUP NAME                                                 |  |
|                               | 3                                                                                       | INSURANCE NAME                  |                        | COMPANY #                            |                             | GROUP NAME                                                 |  |
|                               |                                                                                         | INSURANCE NAME                  |                        | COMPANY #                            |                             | GROUP NAME                                                 |  |

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PRINTED BY: E16055  
DATE 12/28/2007



| ACCOUNT NUMBER | PATIENT NAME    | ADMISSION DATE/TIME | ADMITTING PHYSICIAN |
|----------------|-----------------|---------------------|---------------------|
| 07303-00555    | LEOPARD, JOHN B | 10/30/07 2046       | 000157622           |

MEDICARE PATIENTS: If Medicare, I request that payment of authorized Medicare benefits be made on my behalf. I certify that the information given by me in applying for payment under, TITLE XVII of the Social Security Act is correct and that information supplied is also correct. Has the patient been admitted to any hospital or nursing home within the past 60 Days? \_\_\_\_\_ If YES, provide the name of the hospital or nursing home. \_\_\_\_\_ Was the patient transferred from another acute-care Hospital? \_\_\_\_\_ Was the patient discharged from this hospital within the past 30 days? \_\_\_\_\_

**PERSONAL VALUABLES:** The Hospital is not responsible for personal property retained in the patient's room and will not be responsible for any personal property of the patient unless it is accepted for safekeeping by the Hospital and receipts are issued therefore.

10/30/07      P. Bandring      X Sheri Leonard      Eric

Date      Witness      Patient or Authorized Representative      Referral to Patient

|      |         |                                      |                     |
|------|---------|--------------------------------------|---------------------|
| Date | Witness | Patient or Authorized Representative | Relation to Patient |
|------|---------|--------------------------------------|---------------------|

**RELEASE FROM RESPONSIBILITY FOR DISCHARGE:** This certifies that I, \_\_\_\_\_, a patient of SELF REGIONAL HEALTHCARE, am leaving against the advice of the attending Physician and the Hospital administration. I acknowledge that I have been informed to the risk involved and hereby release the attending Physician and the Hospital from all responsibility for any ill effects which may result from such leaving.

Date \_\_\_\_\_ Witness \_\_\_\_\_ Patient or Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_ Patient or Authorized Representative \_\_\_\_\_

2 T X C 2 2



DATE: 10/24/00 TIME: 2:00 ROOM: 31 EMS Arrived  
HISTORIAN: patient spouse paramedics  
HX / EXAM LIMITED BY:

### HPI

|                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| chief complaint: Fall Injury to: <u>mid back</u>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                     |
| occurred:<br><u>just PTA</u><br>today<br>yesterday<br>_____ days PTA                                                                                                                                                                                                                                                                                                                                         | where:<br>home school<br>neighbor's city park<br>work street<br><u>home</u>                                                                                                         |
| context:<br>tripped / slipped / lost balance<br>became dizzy / fainted<br>fell from (standing position / from height)<br><u>alleged assault</u><br><u>bicycle (helmet Y N)</u><br><u>fell from (standing position / from height)</u><br><u>spoke through my seat belt first with a</u><br><u>with a seat belt from a parked car - fell forward on</u><br><u>hands - chest back twisted - mid back injury</u> |                                                                                                                                                                                     |
| location of pain/<br>injuries:<br>head face mouth<br>neck chest abdomen<br><u>back upper mid lower</u><br><u>radiating to R/L thigh/leg</u>                                                                                                                                                                                                                                                                  | -right-<br>shldr hip<br>arm thigh<br>elbow knee<br>f-arm leg<br>wrist ankle<br>hand foot<br>-left-<br>shldr hip<br>arm thigh<br>elbow knee<br>f-arm leg<br>wrist ankle<br>hand foot |
| severity of pain:<br>mild<br>moderate<br><u>severe</u><br><u>pain is severe</u>                                                                                                                                                                                                                                                                                                                              | associated symptoms:<br>lost consciousness / dazed<br>duration:<br>remembers:<br>impact coming to hospital<br>seizure<br><u>from Hill &amp; trading</u>                             |

|                                                                                                                                                                                          |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| ROS <input type="checkbox"/> all systems neg except as noted<br>loss feeling / power arms / legs<br>headache<br>double vision / hearing loss<br><u>no svr. to uv</u><br><u>no injury</u> | trouble breathing / chest pain<br>nausea / vomiting<br>loss of bladder function<br>skin laceration<br>recent fever / illness<br><u>no injury</u> |
| SOCIAL HX<br><u>recent ETOH</u><br><u>smoker</u><br><u>drug abuse</u>                                                                                                                    |                                                                                                                                                  |

|                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PAST HX<br>negative<br><u>GERD</u><br><u>diabetes</u><br>Meds: none / see nurses note<br>Allergies: NKDA / see nurses note<br>Addressograph<br><u>Levy</u> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

07303:00555  
LEOPARD, JOHN B.  
HISCELLANEOUS, HISC  
M 09/17/1970 000157622  
SURGERY

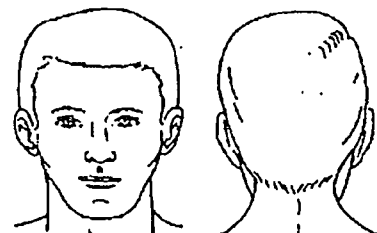
© 1996 - 2004 T-System, Inc.  
Circle or check affirmatives, backslash (N) negative.  
EMERGENCY PHYSICIAN RECORD  
Emergency Care Center  
SELE REGIONAL  
HEALTHCARE

19 Fall (5)

☐ Nursing Assessment Reviewed ☐ Vitals Reviewed ☐ Tetanus Immun. UTD

### PHYSICAL EXAM

|                                                                            |                                                                                                                                                                                                      |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Appearance<br><u>no acute distress</u><br><u>alert</u>             | <u>collar (PTA / In ED) / backboard</u><br><u>mild / moderate / severe distress</u><br><u>anxious / lethargic</u><br><u>IV / splint</u><br><u>see diagram</u><br><u>Battle's sign / Raccoon Eyes</u> |
| HEAD<br><u>no evidence of</u><br><u>trauma</u>                             | <u>see diagram</u>                                                                                                                                                                                   |
| NECK<br><u>non-tender</u><br><u>painless ROM</u><br><u>trachea midline</u> | <u>vertebral point-tenderness</u><br><u>muscle spasm / decreased ROM</u><br><u>pain on movement of neck</u>                                                                                          |



|                                                                                                                                                       |                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EYES<br><u>PERRL</u><br><u>BOM</u>                                                                                                                    | <u>unequal pupils R ___ mm L ___ mm</u><br><u>EOM entrapment / palsy</u><br><u>subconjunctival hemorrhage</u>                                                                                                                                 |
| ENT<br><u>nm external</u><br><u>inspection</u><br><u>no dental injury</u>                                                                             | <u>hemotympanum</u><br><u>TM obscured by wax</u><br><u>clotted nasal blood</u><br><u>dental injury / malocclusion</u>                                                                                                                         |
| RESP / CVS<br><u>chest non-tender</u><br><u>breath sounds nm</u><br><u>heart sounds nm</u>                                                            | <u>see diagram (on reverse)</u><br><u>decreased breath sounds</u><br><u>wheezing / rales</u><br><u>spitting / paradoxical movements</u>                                                                                                       |
| ABDOMEN<br><u>non-tender</u><br><u>no organomegaly</u>                                                                                                | <u>see diagram (on reverse)</u><br><u>tenderness / guarding / rebound</u><br><u>mass / organomegaly</u>                                                                                                                                       |
| GENITAL / RECTAL<br><u>nm genital exam</u><br><u>nm vaginal exam</u><br><u>nm rectal exam</u><br><u>heme negative stool</u>                           | <u>perineal hematoma</u><br><u>blood at urethral meatus</u><br><u>decreased rectal tone</u>                                                                                                                                                   |
| NEURO / PSYCH<br><u>oriented x3</u><br><u>mood &amp; affect nm</u><br><u>CN's nm</u><br><u>as tested</u><br><u>sensation &amp;</u><br><u>motor nm</u> | <u>confusion / disorientation</u><br><u>EOM palsy / anisocoria</u><br><u>facial symmetry</u><br><u>unsteady / ataxic gait</u><br><u>sensory / motor deficit</u><br><u>uncooperative</u><br><u>see diagram</u><br><u>creptus / diaphoresis</u> |



08-04 / 1-sheet / Page 1 of 2

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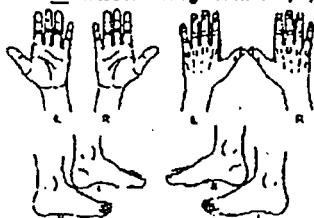
- ~~traumatic~~
- ~~pelvis stable~~
- ~~hips non-tender~~
- ~~no pedal edema~~
- ~~and ROM~~

- vertebral point tenderness
- CVA tenderness
- muscle spasm / limited ROM

- \_\_\_\_\_ bony point-tenderness \_\_\_\_\_
- \_\_\_\_\_ painful / unable to bear weight \_\_\_\_\_
- \_\_\_\_\_ pulse deficit \_\_\_\_\_

**Joint Exam:**

limited ROM / ligaments laxity / joint effusion



**Wound Description / Repair**

|                              |                                |               |                             |
|------------------------------|--------------------------------|---------------|-----------------------------|
| length                       | cm                             | location      |                             |
| superficial                  | 'subcut                        | muscle        | linear stellate irregular   |
| clean                        | contaminated                   | moderate      | 'heavy                      |
| distal NVT:                  | neuro & vascular status intact |               | no tendon injury            |
| anesthesia:                  | local                          | digital block | _____ mL                    |
| lidoc 1% 2%                  | epi/bicarb                     | marcaine      | 25% .5% LET                 |
| prep:                        |                                |               |                             |
| Hibiclens / Betadine / H2O2  |                                |               | debrided                    |
| irrigated / washed w/ saline |                                |               | minimal / 'mod / 'extensive |
| minimal / mod / 'extensive   |                                |               | undrained                   |
| foreign material removed     |                                |               | minimal / mod / 'extensive  |
| partially completely         |                                |               | 'wound margins revised      |
| minimal / mod / 'extensive   |                                |               | wound explored              |

repair: Wound closed with wound adhesive / stern-strips \_\_\_\_\_  
 SKIN- # \_\_\_\_\_-0 nylon / prolene / staples / ethilon \_\_\_\_\_  
 -SUBCUT.# \_\_\_\_\_-0 vicryl \_\_\_\_\_  
 \*may indicate intermediate repair \*may indicate complex repair

**XRAYS**    ☐ Interp. by me    ☐ Reviewed by me    ☐ Discd w/ radiologist

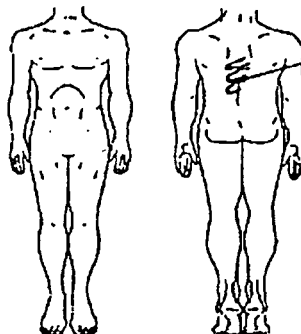
|                  |                |                                            |
|------------------|----------------|--------------------------------------------|
| <b>C-Spine</b>   | <b>D-Spine</b> | <b>LS-Spine</b>                            |
| rml / NAD        |                | reversal / straightening of cerv. lordosis |
| no fracture      |                | DJD / spondylosis / spurring.              |
| rml alignment    |                |                                            |
| soft tissues rml |                |                                            |

**CXR** \_\_\_\_\_ rib fracture \_\_\_\_\_  
 \_\_\_\_\_ nmI / NAD \_\_\_\_\_ infiltrate / atelectasis \_\_\_\_\_  
 \_\_\_\_\_ nmI infiltrates \_\_\_\_\_  
 \_\_\_\_\_ nmI heart size \_\_\_\_\_  
 \_\_\_\_\_ nmI mediastinum \_\_\_\_\_

**OTHER** ☐ See separate report

### Addressograph

07395-0055  
LEOPARD, JOHN B  
MISCELLANEOUS, MISC  
JUL 04 1970 000157622  
GERTY



T = Tenderness  
P/P = Pain Tenderness  
S = Swelling  
E = Erythema  
L = Lacerations  
A = Abrasions B = Burns  
(if wetness or acid  
medium/irritate  
removes)  
Tx = Tenderness on  
palpation (tender)

**PROGRESS:**

| Time | unchanged | improved | re-examined |
|------|-----------|----------|-------------|
| 1960 | 1         | 1        | 1           |
| 1961 | 1         | 1        | 1           |
| 1962 | 1         | 1        | 1           |
| 1963 | 1         | 1        | 1           |
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| 2019 | 1         | 1        | 1           |
| 2020 | 1         | 1        | 1           |
| 2021 | 1         | 1        | 1           |
| 2022 | 1         | 1        | 1           |
| 2023 | 1         | 1        | 1           |
| 2024 | 1         | 1        | 1           |
| 2025 | 1         | 1        | 1           |
| 2026 | 1         | 1        | 1           |
| 2027 | 1         | 1        | 1           |
| 2028 | 1         | 1        | 1           |
| 2029 | 1         | 1        | 1           |
| 2030 | 1         | 1        | 1           |
| 2031 | 1         | 1        | 1           |
| 2032 | 1         | 1        | 1           |
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| 2061 | 1         | 1        | 1           |
| 2062 | 1         | 1        | 1           |
| 2063 | 1         | 1        | 1           |
| 2064 | 1         | 1        | 1           |
| 2065 | 1         | 1        | 1           |
| 2066 |           |          |             |

[illegible]

|                                              |                                                          |
|----------------------------------------------|----------------------------------------------------------|
| Discussed with Dr. _____                     | Time _____                                               |
| will see patient in: office / ED / hospital  | CRIT CARE- 30-74 min                                     |
| Counseled patient / family regarding:        | 75-104 min _____ min                                     |
| lab results / diagnosis / need for follow-up | Prior records ordered                                    |
| Admit orders written                         | Additional history from:<br>family / caretaker / nursing |

**CLINICAL IMPRESSION:**

|                  |       |     |  |                           |
|------------------|-------|-----|--|---------------------------|
| <u>contusion</u> |       |     |  | <u>sprain / strain</u>    |
| head             | wrist | R/L |  | neck <u>thorax</u> lumbar |
| face             | hand  | R/L |  | sacral                    |
| chest            | hip   | R/L |  |                           |
| abdomen          | thigh | R/L |  | <u>contusion</u>          |
| back             | knee  | R/L |  | with LOC    w/o LOC       |
| shoulder R/L     | leg   | R/L |  |                           |
| arm R/L          | ankle | R/L |  | <u>laceration</u>         |
| elbow R/L        | foot  | R/L |  |                           |
| forearm R/L      |       |     |  |                           |

DISPOSITION: ☐ discharged ☐ admitted ☐ transferred \_\_\_\_\_  
TIME 2220  
CONDITION: ☐ unchanged ☒ improved ☐ stable \_\_\_\_\_

### Discharge Instructions:

back to school  
 we pick up daily a prescription  
 Follow up with Dr. H. H. Follow up date. Scheduled for the  
 Rx given. Elavil 150 mg + 70  
 include 7.5 H go for 1000 60 - 1000 x 100.  
 Return to work/school  
 Return to ECC ☐ immediately if worse

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Attorney

08-04 / 1-sheet / Page 2 of 2

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Today's Date: 11-1-07

Name of Patient: John B. Leopard

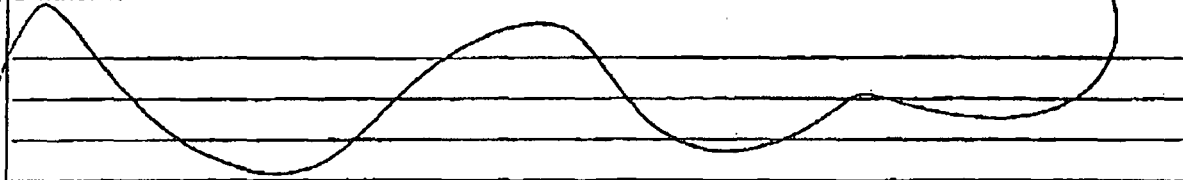
ECC#: 07303 00555

Date of Service: 10/30/07

Time of Discharge: \_\_\_\_\_

Return to Work/School on: 11/2/07

Limitations:



Dr. Ciummo/ECC

MD / PA / FNP

**PLEASE NOTE** that the Emergency Care Center (ECC) cannot provide a work/school release for missed days until you are seen in the ECC. Nor can we excuse absences beyond the above date unless you are seen again in the Emergency Care Center. You should follow up this visit with your family physician or the physician to whom you were referred. He/she can then plan your follow up care.

The ECC Physicians **CAN NOT** certify or fill out leave of absence, FMLA or short term disability forms. These forms must be filled out by your own physician or the physician to whom you were referred.

07303-00555

Addressograph

07303-00555  
Leopard, John

Verification of Illness or Injury- ECC  
Self Regional Healthcare

White: Chart Yellow: Patient  
Pink: Patient's Employer



1ECV1820

Form # N-443/9-03/ NCR/ Page 1 of 1

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186

Future Use Only

| Date: 10/20/09 | Time | Additional Orders                         | Physician Orders                                                   | Staff Initials/Time |
|----------------|------|-------------------------------------------|--------------------------------------------------------------------|---------------------|
| 2125           |      | Morphine 4mg IV q2h<br>for pain 30 mg PRN | <input type="checkbox"/> Old Records                               |                     |
|                |      | very repeat Morphine 4mg IV q2h PRN       | <input type="checkbox"/> FSBS                                      |                     |
|                |      |                                           | <input type="checkbox"/> CBC <input type="checkbox"/> Hemogram     |                     |
|                |      |                                           | <input type="checkbox"/> Basic Metabolic Profile                   |                     |
|                |      |                                           | <input type="checkbox"/> Comp Metabolic Profile                    |                     |
|                |      |                                           | <input type="checkbox"/> Liver Profile                             |                     |
|                |      |                                           | <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase   |                     |
| 2220           |      | Morphine 4mg IV q2h                       | <input type="checkbox"/> PT <input type="checkbox"/> PTT           |                     |
|                |      | Enteral Tol                               | <input type="checkbox"/> CKI <input type="checkbox"/> w/Troponin   |                     |
|                |      | prednisone 60mg po                        | <input type="checkbox"/> Cardiac Labs                              |                     |
|                |      | Flexid 10mg po                            | <input type="checkbox"/> Trauma Labs                               |                     |
|                |      |                                           | <input type="checkbox"/> Blood Culture x                           |                     |
|                |      |                                           | <input type="checkbox"/> Rapid Strep                               |                     |
|                |      |                                           | <input type="checkbox"/> Drug Levels                               |                     |
|                |      |                                           | <input type="checkbox"/> U/A void/cath                             |                     |
|                |      |                                           | <input type="checkbox"/> Urine Culture                             |                     |
|                |      |                                           | <input type="checkbox"/> UCG <input type="checkbox"/> hCG          |                     |
|                |      |                                           | <input type="checkbox"/> Quantitative HCG                          |                     |
|                |      |                                           | <input type="checkbox"/> Urine Drug Screen                         |                     |
|                |      |                                           | <input type="checkbox"/> GC/Chlamydia                              |                     |
|                |      |                                           | <input type="checkbox"/> Wet Prep                                  |                     |
|                |      |                                           | <input type="checkbox"/> CXR <input type="checkbox"/> Port         |                     |
|                |      |                                           | <input type="checkbox"/> C-Spine <input type="checkbox"/> Port     |                     |
|                |      |                                           | <input type="checkbox"/> Pelvis <input type="checkbox"/> Port      |                     |
|                |      |                                           | <input type="checkbox"/> Abd Series                                |                     |
|                |      |                                           | <input type="checkbox"/> IVP                                       |                     |
|                |      |                                           | <input type="checkbox"/> CT                                        |                     |
|                |      |                                           | <input type="checkbox"/> U/S                                       |                     |
|                |      |                                           | <input checked="" type="checkbox"/> Xrays: Dorsal Spine            |                     |
|                |      |                                           | <input type="checkbox"/> ECG                                       |                     |
|                |      |                                           | <input type="checkbox"/> ABG                                       |                     |
|                |      |                                           | <input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Ox |                     |
|                |      |                                           | <input checked="" type="checkbox"/> TV                             |                     |
|                |      |                                           | <input type="checkbox"/> O2 at Lpm via                             |                     |
|                |      |                                           | <input type="checkbox"/> Trauma Alert called at                    |                     |
|                |      |                                           | <input type="checkbox"/>                                           |                     |
|                |      |                                           | <input type="checkbox"/>                                           |                     |
|                |      |                                           | <input type="checkbox"/>                                           |                     |

Signature: [Signature]  
Signature: [Signature]

Addressograph

03-00555  
CEPARO, JOHN B.  
MISCELLANEOUS, NISC  
M 09/17/1970 00015762  
SURGERY DATE

Emergency Physician Orders  
Self Regional Healthcare



1EPO708

Form # N-859/ 4-06/Single/Paget of 1

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- On Inpatient Admission**  
MD to check applicable boxes,  
note any changes & sign below.

**Med Orders at Discharge**  
MD to check applicable box or insert replacement med/dose/route/freq. in "Replace with" box & sign below.

Information from:

Medication(s) Taken at Home \* = nurse unable to obtain complete info.

[illegible]

**Herbal Products - -----Herbals are not given in hospital**

**Discharge Medication Orders:**

☐ See page 2 for additional medications (Form # N-647B)

Section completed by (Nurse)

Date \_\_\_\_\_ Time \_\_\_\_\_

**Physician to complete at Admission/Presentation**

- ☐ Option 1--See orders above (sign below)
- ☐ Option 2--Reviewed by physician for information only.
- ☐ ~~See current orders.~~ (sign below)

**Physician's Signature:**

**Date:**      **Time:**      :

**Discharge Physician's Signature:**

Date: Time:

### Addressograph

07-30-80 - 00555  
07-30-80 - 00556

MISCELLANEOUS, HISC

09/17/1970 000157622

SURGEON

**Home Medication List &/Or**

## Orders Verification

## Physician Order Sheet

## Self Regional Healthcare

White: Chart

Yellow: Pharmacy at Admission



1HMLV

Form# N-647A /3-07/NCR-HTDuplex/Side 1 of 2

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188

**Patient Presentation (area where meds are administered)**

1. Nurse (IP, ECC, ACC, PACU) - Complete Home Medication List... sheet to 1<sup>st</sup> dotted line. Sign/date/time form.
2. Place and flag form in order section of chart. Inpatient Nurse to remind MD to address form.

**ECC nurse**

- a. If admit- Remind MD to address form.
- b. If discharge- MD and Nurse to address form as instructed below.

**ACC Nurse-**

- a. Recheck med info with patient on surgery day. Make sure form is flagged in Order section of chart for PACU/Post-op area.
- b. At discharge of patient, follow instructions below.

**PACU/Post-op Nurse**

- a. If admit (observation or inpatient) - Remind MD to address form.
- b. If discharge (outpatient) - MD and Nurse to address form as instructed below. If patient is returning to ACC, nurse instructions to be addressed there.

3. MD to choose option

**Option 1**

- Review the home meds and decide to give as is, give per written changes in MD changes column, or not to give. Check option 1 box, Sign, date & time below.

**Option 2**

- If orders have been written already, review home meds, check Option 2 Medications review box, sign, date and time. Checking this box acknowledges that you have seen the list and want to keep current orders as is.

4. Secretary/Transcriber

- Send yellow copy to Pharmacy no matter which option the MD chooses.
- Transcribe to CMAR using the "On Inpatient Admission" columns.
- If Give Med column checked, transcribe as written in the Home Med section.
- Note any changes to dose, route, or frequency to the meds to be given in the MD changes column.
- Order should be kept on top and never thinned.

**Discharge**

1. MD completes Med Orders at Discharge section
  - a. take at home as patient did previously at home.
  - b. replace with another med, change dose, route, or frequency
  - c. do not take at home
2. MD writes other med orders on blanks provided.
3. MD signs, dates and times this section and flags in chart. All other discharge orders are written on another order sheet.
4. Nurse transcribes orders from Home Med List and any other Discharge orders to Home Care Instructions or applicable discharge form, including education about new meds, and any medications being stopped or replaced.

0780300555

Addressograph

0780300555

Instructions for Home Medication  
List &/Or Orders Verification  
Physician Order Sheet N-647  
Self Regional Healthcare

**INTENTIONALLY LEFT BLANK**

Form# N-647/Instructions/ 3-07/NCR-IITDuplex/Side 2 of 2

0780300555

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SELF REGIONAL HEALTHCARE  
Greenwood, S.C.

## DEPARTMENT OF RADIOLOGY

Patient Name: LEOPARD, JOHN B  
Unit Number: A000157622Check-in Date: 10/30/07 2212  
Location: DIS - ED

Account # 0730300555

BD: 09/17/70 Age: 37Y

Sex: M

Ordering Physician CAIN, BIBB R

Admit Phys: CAIN, BIBB R

CAIN, BIBB R  
1325 SPRING STCAIN, BIBB R  
1325 SPRING ST,

GREENWOOD SC

19646

GREENWOOD

SC 19646

| Chk-in # | Order | Exam  |                                               |
|----------|-------|-------|-----------------------------------------------|
| 874812   | 0001  | 68847 | XR CHEST PA AND LAT<br>Ord Diag: BACK PAIN    |
| 874813   | 0001  | 68973 | XR DORSAL SPINE 2 VIEWS<br>Ord Diag: BACKPAIN |

PA AND LATERAL CHEST 10/30/07

INDICATION: Back pain.

FINDINGS: Cardiomedial silhouette is within normal limits.  
Pulmonary vascularity is normal. Lungs are clear.

IMPRESSION: Unremarkable chest radiograph.

DORSAL SPINE 10/30/07

INDICATION: Back pain.

FINDINGS: Frontal and lateral views are made. No fracture or subluxation is identified. Alignment and vertebral body heights are adequately maintained. There are mild degenerative changes at the lower thoracic disc spaces, with some disc space narrowing and end plate osteophyte formation. A swimmer's view also is included, demonstrating mild changes of osteoarthritis at the C6/7 level.

IMPRESSION:

54870  
FINAL  
10/30/07  
0001

Page 1

PRINTED BY: E16055  
DATE 12/28/2007

SELF REGIONAL HEALTHCARE  
Greenwood, S.C.

DEPARTMENT OF RADIOLOGY

Patient Name: LEOPARD, JOHN B Check-in Date: 10/30/07 2212  
Unit Number: A000157622 Location: DIS - ED

Account # 0730300555 BD: 09/17/70 Age: 37Y Sex: M

Ordering Physician CAIN, BIBB R Admit Phys: CAIN, BIBB R

CAIN, BIBB R  
1325 SPRING ST

CAIN, BIBB R  
1325 SPRING ST,

GREENWOOD SC

19646

GREENWOOD

SC 19646

Checkin-Exam Code Summary  
874812-68847, 874813-68973

Mild osteoarthritis affecting the lower cervical and lower thoracic  
levels. No acute skeletal abnormality.

Read By- JOHN W MCALHANY JR M.D.  
Released By- CHRISTOPHER KNOX M.D.  
Transcriptionist- ANN HOLLIDAY  
Released Date Time- 10/31/07 2324

---

94870

FINAL

2012 21

0031

PRINTED BY: E16055  
DATE 12/28/2007

Page 2



LEOPARD, JOHN B  
MISCELLANEOUS: H93C  
K 09/17/1970 000157622  
SURGERY: 11/17/70

### Initial History

#### Self Reported Healthcare

**White: Chart**

**Yellow: Pharmacy**



1HX4580

Form # N-83AFC/C/ 7-117/NCR/Page 1 of 1

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For Use Only

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RESPIRATORY:</b> <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Denies Complaint<br><b>EFFORT</b><br><input checked="" type="checkbox"/> Non-labored<br><input type="checkbox"/> SOB<br><input type="checkbox"/> Retractions<br><input type="checkbox"/> Stridor<br><b>Breath Sounds</b><br>Present <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L<br>Clear <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L<br>Wheezing/Rhonchi <input type="checkbox"/> <input type="checkbox"/><br>Diminished <input type="checkbox"/> <input type="checkbox"/><br>Crackles <input type="checkbox"/> <input type="checkbox"/><br><br><b>Chest Expansion:</b><br>Symmetric/Asymmetric <input checked="" type="checkbox"/> <input type="checkbox"/><br>Cough <input checked="" type="checkbox"/> <input type="checkbox"/><br>N/A <input checked="" type="checkbox"/><br>Productive/Nonproductive <input type="checkbox"/> <input type="checkbox"/> | <b>CARDIAC</b> <input checked="" type="checkbox"/> N/A<br><b>CARDIAC RHYTHM</b><br>Patient on Monitor <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>If Yes, alarm <input type="checkbox"/> On<br><b>Chest Pain</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Constant <input type="checkbox"/> Timorous<br><input type="checkbox"/> Intermittent <input type="checkbox"/> Sharp<br><input type="checkbox"/> Heaviness <input type="checkbox"/> N/V<br><input type="checkbox"/> Diaphoresis<br><br><b>CAPILLARY REFILL</b><br><input type="checkbox"/> Absent <input checked="" type="checkbox"/> less than 2<br><input type="checkbox"/> greater than 2<br><br><b>PULSE</b> Regular / Irregular<br>Radial R <input type="checkbox"/> L <input type="checkbox"/><br>Polar R <input type="checkbox"/> L <input type="checkbox"/> | <b>NEUROLOGY</b> <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Alert <input type="checkbox"/> Drowsy<br><input checked="" type="checkbox"/> Oriented x 3, 2, 1<br><input type="checkbox"/> Unresponsive<br><input type="checkbox"/> Comatose<br><input type="checkbox"/> Confused<br><input type="checkbox"/> Slurred Speech<br><input type="checkbox"/> Appropriate for Age<br><input type="checkbox"/> Verbal Stimuli<br><input type="checkbox"/> Combativeness<br><input type="checkbox"/> Painful Stimulation<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Anxious <input type="checkbox"/> Drowsy<br><input type="checkbox"/> Dizziness<br>Gait: Steady / Unsteady<br><input type="checkbox"/> Weakness<br>Hand Grips: Equal / Unequal<br><input type="checkbox"/> Decreased Sensation | <b>EYES / ENT</b> <input checked="" type="checkbox"/> N/A<br><b>Eyes</b><br><input checked="" type="checkbox"/> Denies Complaint<br><input type="checkbox"/> For. Body <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Burning <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Pain <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Redness <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Discharge <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Injury <input type="checkbox"/> R <input type="checkbox"/> L<br>Date <input type="text"/> Time <input type="text"/><br>Mechanism <input type="text"/><br><b>Ears</b><br><input checked="" type="checkbox"/> Denies Complaint<br><input type="checkbox"/> Drainage <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> CSF <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Pain <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Injury <input type="checkbox"/> R <input type="checkbox"/> L<br>Date <input type="text"/> Time <input type="text"/><br>Mechanism <input type="text"/><br><b>Nose</b><br><input checked="" type="checkbox"/> Denies Complaint<br><input type="checkbox"/> Epistaxis <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> For. Body <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Congestion <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Drainage <input type="checkbox"/> R <input type="checkbox"/> L<br><br><b>Oral</b><br><input checked="" type="checkbox"/> Denies Complaint<br><input type="checkbox"/> Sore Throat<br><input type="checkbox"/> Dysphagia<br><input type="checkbox"/> Drooling<br><input type="checkbox"/> Broken Teeth | <b>GI Abdomen</b> <input checked="" type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Rigid<br><input checked="" type="checkbox"/> Non-Tender <input type="checkbox"/> Tender <input type="checkbox"/> Drained<br><input type="checkbox"/> Guarding <input type="checkbox"/> Pain<br><input type="checkbox"/> N/V <input type="checkbox"/> Diarrhea<br><br><b>Bowel Sounds</b><br><input type="checkbox"/> Present x <input type="text"/> Quads<br><input type="checkbox"/> Absent<br><input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive<br>Last BM <input type="text"/><br>Color <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| <b>Skin/Circulation</b><br><input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry<br><input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool<br><input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic<br>Color <input type="checkbox"/> N/A<br><input type="checkbox"/> Pink <input type="checkbox"/> Pale<br><input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled<br><input type="checkbox"/> Jaundice <input type="checkbox"/> Flushed<br><input checked="" type="checkbox"/> Normal for patient<br>Edema <input type="checkbox"/> Absent <input type="checkbox"/> Present<br>Location <input type="text"/><br>Rash <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Present<br>Location <input type="text"/><br><input checked="" type="checkbox"/> Skin Intact, if not <input type="text"/><br><input type="checkbox"/> See Wound Status FS<br>(Form# N-417A)                                                                       | <b>OB/GYN</b> <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Denies Complaint<br><input type="checkbox"/> Pregnant: Y/N/Unknown<br><input type="checkbox"/> LMP <input type="text"/><br><input type="checkbox"/> FHT <input type="text"/> Site <input type="text"/><br><input type="checkbox"/> Gravida <input type="text"/><br><input type="checkbox"/> Para <input type="text"/><br><input type="checkbox"/> Ab <input type="text"/><br><input type="checkbox"/> Vaginal D/C Color <input type="text"/><br><input type="checkbox"/> Duration <input type="text"/><br><input type="checkbox"/> Vaginal Bleeding<br>Amount <input type="text"/><br>Duration <input type="text"/>                                                                                                                                                                                                   | <b>Pupil Size</b> <input type="checkbox"/> N/A<br>Size <input type="text"/> R <input type="text"/> L<br>React <input type="text"/> R <input type="text"/> L<br><br>Size: <input type="text"/> Reaction: <input type="text"/><br>I=Pinpoint B=Brisk<br>N=Normal S=Sluggish<br>D=Dilated N=Nonreactive<br>U=Unobtainable<br>See pupil scale below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>GU</b> <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Pink Pain <input type="checkbox"/> R <input type="checkbox"/> L<br><input type="checkbox"/> Incontinent <input type="checkbox"/> Pain<br><input type="checkbox"/> Hematuria <input type="checkbox"/> Urgency<br><input type="checkbox"/> Retention <input type="checkbox"/> Burning<br><input type="checkbox"/> Frequency <input type="checkbox"/> Pressure<br>Duration <input type="text"/><br>Urine Color <input type="text"/><br><input type="checkbox"/> Penile Discharge<br>Color <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Behavioral</b><br><input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Violent<br><input type="checkbox"/> Agitated <input type="checkbox"/> Restless<br><br><b>Mental Status</b><br><input type="checkbox"/> Oriented <input type="checkbox"/> Confused<br><input type="checkbox"/> Lethargic <input type="checkbox"/> Unconscious<br><input type="checkbox"/> Harmful to Self / Others<br><input type="checkbox"/> See Restraint Flowchart                                                                                                                                                                                                                                                                              |

FOR ECC ONLY

\* If marked: ☐ placed Full Risk sticker on chart

Completed By

*[Signature]*

RN

Date: 10/30

Time: 2045

RN

Date:

Time:

Belongings (ONLY IF ADMITTED)

Dentures/Partial Upper/Lower With Patient/ Family ☐ N/A

Jewelry ☐ With Patient/ Family ☐ N/A

Clothing: ☐ With Patient/ Family ☐ N/A

Money/Valuables ☐ N/A ☐ Locked up Env. #

Hearing Aid Right/Left

Contact Lens Right/Left

Glasses

Misc:

Home Meds: ☐ N/A ☐ Semi Home ☐ In Pharmacy ☐ With Patient

☐ With Family (Name: )

With Patient/ Family ☐ N/A

With Patient/ Family ☐ N/A

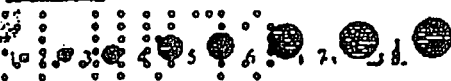
With Patient/ Family ☐ N/A

Belongings Completed By:

Date:

Time:

Pupil Scale



Address: 303-00555

LEONARD, JOHN B

MISCELLANEOUS, MISC

R 09/17/97 000157

SURGERY

Initial Systems Assessment  
Self Regional Healthcare



1CNP4660

Form # N-83B/3-06/HTD Duplex/Side 1 of 2

PRINTED E16055

193

Future Use Only

| IV SITE / FLUIDS <input type="checkbox"/> See Attached DC'D - Discontinued |      |                 |        |      |             |       |         |          |      |           |             |          |
|----------------------------------------------------------------------------|------|-----------------|--------|------|-------------|-------|---------|----------|------|-----------|-------------|----------|
| TIME                                                                       | IV # | IV-NOT ATTEMPTS | GAUGE  | SITE | FLUIDS/MED. | BAG # | AMT.    | RATE     | PUMP | TIME DC'D | AMT INFUSED | INITIALS |
| PTA                                                                        | 1    | WNS             | 18 ga. | LAC  | NS          | 1     | 1000 mL | 100 mL/h | Y/N  | 2345      | — mL        | JA       |
|                                                                            |      |                 | 18 ga. |      |             |       | mL      | mL/h     | Y/N  |           | mL          |          |
|                                                                            |      |                 | 18 ga. |      |             |       | mL      | mL/h     | Y/N  |           | mL          |          |
|                                                                            |      |                 | 18 ga. |      |             |       | mL      | mL/h     | Y/N  |           | mL          |          |
|                                                                            |      |                 | 18 ga. |      |             |       | mL      | mL/h     | Y/N  |           | mL          |          |
|                                                                            |      |                 | 18 ga. |      |             |       | mL      | mL/h     | Y/N  |           | mL          |          |

MEDICATIONS ☐ See Attached \* If pain present, use the most appropriate scale and enter the number that best rates the intensity. If not appropriate to rate by scale, use S&S key. Pain S&S key: FB = Facial & Body Behaviors VS = Visual Signs VC = Verbal Cues I = Increase D = Decrease NC = No Change

| TIME | MEDICATION       | DOSE   | ROUTE | SITE | RESPONSE | *PAIN RATING PRIOR | *PAIN RATING AFTER | INITIALS |
|------|------------------|--------|-------|------|----------|--------------------|--------------------|----------|
|      | q/Manuf. Lot #   | 0.5 mL | IM    |      |          |                    |                    |          |
| 2135 | Morphine         | 4mg    | IV    | CD   |          | 10/10              | 10/10              | JA       |
| 2135 | Toradol          | 50mg   | IV    | CD   |          |                    |                    | JA       |
| 2340 | Morphine         | 4mg    | IV    | CD   |          | 10/10              |                    | JA       |
| 2340 | Lorazepam THP x1 |        |       |      |          |                    |                    | JA       |
| 2340 | Prednisone       | 400mg  | PO    |      |          |                    |                    | JA       |
| 2340 | Fentanyl         | 10mg   | PO    |      |          |                    |                    | JA       |

| BLOOD PRODUCTS <input type="checkbox"/> See Attached |                |        |      |        |      |      |      |           |             |          |
|------------------------------------------------------|----------------|--------|------|--------|------|------|------|-----------|-------------|----------|
| TIME                                                 | BLOOD PRODUCTS | UNIT # | IV # | GAUGE  | SITE | RATE | PUMP | TIME DC'D | AMT INFUSED | INITIALS |
|                                                      |                |        |      | 18 ga. |      | mL/h | Y/N  |           |             |          |
|                                                      |                |        |      | 18 ga. |      | mL/h | Y/N  |           |             |          |
|                                                      |                |        |      | 18 ga. |      | mL/h | Y/N  |           |             |          |

| VITAL SIGNS <input type="checkbox"/> See Attached |        |    |    |   |                 |                                 |     |                  |          |
|---------------------------------------------------|--------|----|----|---|-----------------|---------------------------------|-----|------------------|----------|
| TIME                                              | BP     | P  | R  | T | C. MONITOR RHY. | PULSE OX.                       | GCS | COMMENTS         | INITIALS |
| 2340                                              | 104/84 | 81 | 10 | = | =               | 99% on L/Min O <sub>2</sub> via | 15  | family @ bedside | JA       |
|                                                   |        |    |    |   |                 | % on L/Min O <sub>2</sub> via   |     |                  |          |
|                                                   |        |    |    |   |                 | % on L/Min O <sub>2</sub> via   |     |                  |          |
|                                                   |        |    |    |   |                 | % on L/Min O <sub>2</sub> via   |     |                  |          |
|                                                   |        |    |    |   |                 | % on L/Min O <sub>2</sub> via   |     |                  |          |
|                                                   |        |    |    |   |                 | % on L/Min O <sub>2</sub> via   |     |                  |          |

GCS 15 1 hour on Head Injury Patients

Notes: (2014) Initial contact & pt. a/cet. rec'd pt from EMS. (2120) MD @ bedside for eval, pt removed from LSP/C-collar. (2140) Pt to XR. (2210) Pt returned from XR via stretcher. (2340) D/C inst w/ given to pt. / wife. verbalized understanding. & ? / concerns. RX / THP provided. pt amb @ unit.

ADMISSION/DISCHARGE ASSESSMENT: REVIEW ABOVE INFORMATION, ASSESS PATIENT, DOCUMENT CHANGES

| TRANSFER <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Transfer Protocol                                |  |  |  | Vital Signs <input type="checkbox"/> N/A BP <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> T |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Via: <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher |  |  |  | Pain rating is 10 using Numeric (0-10) FACES FLACC NRS                                                                       |  |  |  |
| <input type="checkbox"/> Ambulance <input type="checkbox"/> Carry                                                          |  |  |  | <input checked="" type="checkbox"/> Unchanged from Initial Assessment <input type="checkbox"/> Assessment Changes:           |  |  |  |
| Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Unchanged |  |  |  |                                                                                                                              |  |  |  |
| <input type="checkbox"/> LWT <input type="checkbox"/> LBTC <input type="checkbox"/> AMA <input type="checkbox"/> Morgue    |  |  |  |                                                                                                                              |  |  |  |
| Admission Information: Room #                                                                                              |  |  |  |                                                                                                                              |  |  |  |
| Admitting Physician:                                                                                                       |  |  |  |                                                                                                                              |  |  |  |
| Report To:                                                                                                                 |  |  |  |                                                                                                                              |  |  |  |
| Intake:                                                                                                                    |  |  |  |                                                                                                                              |  |  |  |
| Output:                                                                                                                    |  |  |  |                                                                                                                              |  |  |  |
| O <sub>2</sub> Y/N <input type="checkbox"/> L/Min via                                                                      |  |  |  | Initials: <input checked="" type="checkbox"/> Family verbalized understanding of Discharge instructions                      |  |  |  |
| Monitor Y/N <input type="checkbox"/> Rayburn                                                                               |  |  |  | Date: 10/30 Time: 2340                                                                                                       |  |  |  |
| <input type="checkbox"/> See Patient Progress Notes (N-8005)                                                               |  |  |  | Signature/Title: <input checked="" type="checkbox"/> Initials: <input checked="" type="checkbox"/>                           |  |  |  |
| <input type="checkbox"/> See Supplemental ECC Care Notes/ Procedures (N-805)                                               |  |  |  |                                                                                                                              |  |  |  |
| <input type="checkbox"/> See Trauma Flow Sheet (N-837FL)                                                                   |  |  |  |                                                                                                                              |  |  |  |
| <input type="checkbox"/> See Code Blue/99 sheet (N-787)                                                                    |  |  |  |                                                                                                                              |  |  |  |

Addressograph  
 001803-00553  
 LEOPARD, 90HH B  
 MISCELLANEOUS, HISC  
 H 08/17/1470 000157622  
 SERGER

ECC Care Notes/ Procedures  
 Self Regional Healthcare

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Form # N-83C/3-06/HT Duplex/Side 2 of 2

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[illegible]

Addressograph  
07303-00555  
LEOPARD, JOHN B  
MISCELLANEOUS, KISC  
N.09/17/970 000157622  
SORTERY 7775-

**Patient Progress Notes**  
**Self Regional Healthcare**



1FS5120

Form # N-4005/9-03/11TDuplex/Side 1 of 2/FS-DataOrd

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[illegible]

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## SELF REGIONAL HEALTHCARE

Prepared for: LEOPARD, JOHN 0730300555

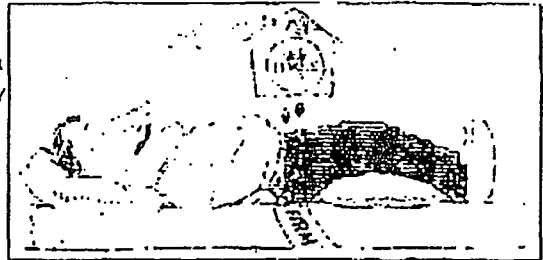
846-15

### Self-Care for Low Back Pain

Most people have low back pain now and then. In many cases, it isn't serious and self-care can help. Sometimes low back pain can be a sign of a bigger problem. Call your doctor if your pain returns often or gets worse over time. For the long-term cure of your back, get regular exercise, lose any excess weight and learn good posture.

#### Take a Short Rest

Rest your back for a day or two to begin healing. Use a firm mattress or the floor. Have your lower back firmly supported with a small pillow or towel. Keep your knees slightly bent, with another pillow under them. Every few hours, get up and walk as much as you can.



#### Reduce Pain and Swelling

Cold reduces swelling. Both cold and heat can reduce pain. Protect your skin by placing a towel between your body and the ice or heat source.

- For the first few days, apply an ice pack for 10–15 minutes every hour while you're awake.
- After the first few days, try heat to ease pain.
- Over-the-counter medications can help control pain and swelling. Try aspirin or an aspirin substitute, such as ibuprofen.

#### Exercise

Exercise can help your back heal. It also helps your back get stronger and more flexible, preventing any reinjury. Ask your doctor about specific exercises for your back.



#### Use Good Posture to Avoid Reinjury

- When moving, bend at the hips and knees. Don't bend at the waist or twist around.
- When lifting, keep the object close to your body. Don't try to lift more than you can handle.
- When sitting, keep your lower back supported. Use a rolled-up towel as needed.

#### Call Your Doctor If:

- You're unable to stand or walk.
- You have a temperature over 101.0°F.
- You have frequent, painful, or bloody urination.
- You have severe abdominal pain.
- You have a sharp, stabbing pain.

<http://www.kramesondemand.com/PrintController.aspx?>

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10/30/2007

- Your pain is constant.
- You have pain or numbness in your leg.
- You feel pain in a new area of your back.
- You notice that the pain isn't decreasing after more than a week.

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Notes: BACK STRAINS. OVER THE COUNTER PRILOSEC DAILY WITH PREDISONE.  
FOLLOW UP WITH DR HILL, SCHEDULE APPOINTMENT FOR NEXT WEEK. TAKE MEDS  
AS PRESCRIBED BY PHYSICIAN. RETURN TO ECC IMMEDIATELY IF WORSE.

X *Steen W. Leopold*

0730300555  
10/30/2007

0730300555

<http://www.krafesondemand.com/PrintController.aspx?>

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10/30/2007

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REPORT NO. 0354072337

## PATIENT CARE FORM

Trip No. 00003338

| PATIENT IDENTIFICATION |            |    |                |           |       |          |
|------------------------|------------|----|----------------|-----------|-------|----------|
| LAST NAME              | FIRST NAME | MI | STREET         | CITY      | STATE | ZIP CODE |
| Leopard                | John       | B  | 712 Stowell Rd | Greenwood | SC    | 29646    |

|          |            |                 |             |                  |
|----------|------------|-----------------|-------------|------------------|
| SEX Male | RACE White | DOB: 09/17/1970 | AGE 37 YRS. | SSN: 247-63-1183 |
|----------|------------|-----------------|-------------|------------------|

37 Yr. old White Male. Patient complains of pain, moderate in quality, to back. Patient presents without signs to lower back, midline. PT complains of to lower back, midline. PT complains of pain, moderate pain localized. Spinal immobilization via Cervical Collar, Headblocks, Long Spine Board & Straps. 20:13 - EKG monitored, showing Sinus Tach. 20:16 - PT Assessment #1: PT alert, Airway is patent. PT breathing unlabored. Lung Sounds present and clear bilaterally. Oxygen administered via nasal cannula of a flow rate of 4 lpm. Initial O2 sat. 96%. Pulse - strong. BP present. No JVD noted. Skin warm/dry. 20:31 - I.V. #1 access established left antecubital, with 18 gauge jelco. Normal Saline running at a KVO rate. 250 ml infused. 20:32 - Transport initiated to Self Regional HealthCare. 20:38 - BGL = 81 mg/dl. 20:37 - PT administered Morphine Sulfate - 2mg, IV Bolus (Push) moderate relief. 20:40 - PT Assessment #2 PT alert. Airway remains stable. PT breathing unlabored. Follow up O2 sat. 98%. Pulse - strong. BP present. Skin warm/dry. 20:43 - PT administered Morphine Sulfate - 2mg, IV Bolus (Push) moderate relief. Patient with previous medical history of: Musculoskeletal Problems. Patient without prescribed medications. Patient without known drug allergies. No Delays. \*\*\* ADDITIONAL COMMENTS: on arrival fd above pt alert with patent airway pt had fell through a roof approx 5 ft and twisted his back he had some pain in his thoracic region of his back pt rem alert pt stated the pain was a 8 on scale, pt lg sds were clear and equal bilat abdomen tender with no pain noted sensations present all extremities pt rem alert i called for morphine orders and Dr Givens gave me orders for 2 mg and repeat at 2 mg for comfort rep called to m in 31

0730300555

|                           |  |                                           |       |        |
|---------------------------|--|-------------------------------------------|-------|--------|
| Patient Care Form Left to |  | ICU                                       | OTHER | Page 2 |
| RUN DATE 10/30/2007       |  | DHEC PERMIT NO. 03508                     |       |        |
| Call Received: 20:09      |  | RECEIVING AGENCY 2016                     |       |        |
| Call Dispatched: 20:09    |  | SENDING AGENCY                            |       |        |
| Departed Base: 20:10      |  | PROVIDER TIME                             |       |        |
| Arrive Scene: 20:13       |  | MCS 1050 (07/19/08)                       |       |        |
| Depart Scene: 20:32       |  | ATTENDANT'S SIGNATURE & CERTIFICATION NO. |       |        |
| Arrive Destination: 20:45 |  | Ricketts, L.H. 83543                      |       |        |
| CAUSE OF DELAY No Delays  |  | Primary Attendant Parnish, J. 83644       |       |        |
|                           |  | 2nd Attendant/Driver 00000                |       |        |
|                           |  | 3rd Attendant/Driver                      |       |        |
|                           |  | Jodee Rn                                  |       |        |
|                           |  | Receiving Nurse or Physician              |       |        |

PRINTED BY: F16055

REPORT NO. 0354072337

58.223652  
Medical

PATIENT CARE FORM

Trip No. 00003338

| LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | FIRST NAME                                 |  | MI                                     | STREET           |                                                                         | CITY      | STATE            | ZIP CODE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|----------------------------------------|------------------|-------------------------------------------------------------------------|-----------|------------------|----------|
| Leopard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | John                                       |  | B                                      | 712 Stillwell Rd |                                                                         | Greenwood | SC               | 29646    |
| SEX: Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | RACE: White                                |  | DOB: 09/17/1970                        |                  | AGE: 37 YRS.                                                            |           | SSN: 247-63-1193 |          |
| TYPE OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | DISPOSITION                                |  | PATIENT STATUS                         |                  | INCIDENT LOCATION                                                       |           |                  |          |
| TRAUMA MEDICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 01 TREAT / NO TRANS                        |  | 10                                     |                  | Street or Highway ; Name or Number                                      |           |                  |          |
| 1 MVA 1 ENVIRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 02 DOA AT SCENE                            |  | TO SCENE ON SCENE FROM SCENE           |                  | Hwy 34 Fire Dept                                                        |           |                  |          |
| 2 MC 2 BEHAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 03 X HOSPITAL ER                           |  | X Emergent X Urgent X Urgent           |                  | City State County                                                       |           |                  |          |
| 3 BIKES 3 OB/GYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 04 HOSP. DIR. ADMIT.                       |  | Nonemergent Non Urgent Non Urgent      |                  | Greenwood SC 24                                                         |           |                  |          |
| 4 PED 4 RESP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 06 PATIENT'S HOME                          |  | Code: 3 Code: 1                        |                  | Location Zip Code 29646 (Rural)                                         |           |                  |          |
| 5 ASSAULT 5 CARDIAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 07 NURSING HOME                            |  | Greenwood County EMS<br>1-864-942-8533 |                  | SAFETY EQP SITE OF INCIDENT                                             |           |                  |          |
| 6 FALL 6 INTERFAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 08 DR.'S OFFICE                            |  |                                        |                  | Seatbelt Childseat Farm Public                                          |           |                  |          |
| 7 FIRE 7 X OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 09 OUTPATIENT                              |  |                                        |                  | Helmet None Home Res/Sp                                                 |           |                  |          |
| 8 INTERFAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 10 PT. REFUSED TREAT.                      |  |                                        |                  | Airtags Unknown Industrial Resident a                                   |           |                  |          |
| 9 OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 11 EMS TRANSFER                            |  |                                        |                  | Street/Hwy                                                              |           |                  |          |
| PRELIMINARY IMPRESSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | PRIMARY                                    |  | IMPRESSION                             |                  | TREATMENT PROCEDURES                                                    |           |                  |          |
| 003 Seizure 024 Multitrauma/Shock 074 Respiratory Distress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                            |  | 106                                    |                  | 01 Dressing Applied 07 X Oxygen Given 13 Cardiac Massage                |           |                  |          |
| 004 Diabetic 030 Head Injury 080 Coronary Problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                            |  |                                        |                  | 02 Limb Splinted 08 Suction Used 14 Bleeding Controlled                 |           |                  |          |
| 011 Abrasion/Contusions 032 Spinal Injury 083 Cardiac Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                            |  |                                        |                  | 03 X Spine Immobilized 09 Antishock Trousers 15 Cold Application        |           |                  |          |
| 013 Laceration 084 Stroke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                            |  |                                        |                  | 04 X Neck Immobilized 10 Airway Maintained 16 Patient Restrained        |           |                  |          |
| 023 Fracture 051 GI Problems 106 OTHER OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                            |  |                                        |                  | 05 OB Assistance 11 Antishock Treatment 17 Other                        |           |                  |          |
| ICD9 CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | ADVANCED PROCEDURES                        |  |                                        |                  | 06 Oral Airway Used 12 Artificial Resp. 18 Ventilator                   |           |                  |          |
| 724.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 1 X EKG Monitored Rhythm S-Tach Time 20:13 |  |                                        |                  | DRUGS USED                                                              |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2 First Defib Attempted Watt Sec. Time     |  |                                        |                  | DRUGS DOSE TIME                                                         |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Post Defib Rhythm                          |  |                                        |                  | 22 2mg 20:37                                                            |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3 Second Defib Attempted Watt Sec. Time    |  |                                        |                  | 22 2mg 20:43                                                            |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Post Defib Rhythm                          |  |                                        |                  |                                                                         |           |                  |          |
| SITE OF TRAUMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 4 Third Defib Attempted Watt Sec. Time     |  |                                        |                  | REVISED TRAUMA SCORE                                                    |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Post Defib Rhythm                          |  |                                        |                  | GCS: Eyes 4 SBP 180 RTS 12                                              |           |                  |          |
| 1 Head                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Inubated 5 Size                            |  |                                        |                  | Verbal 5 RR 18                                                          |           |                  |          |
| 2 Face                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 6 External Pacing RSI 16 LMA 17 Cric       |  |                                        |                  | Motor 6                                                                 |           |                  |          |
| 3 Neck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 7 Blood Drawn Dextrose BGL 081             |  |                                        |                  | Glasgow 15 Anatomical Inj. 1 Yes 2 X No                                 |           |                  |          |
| 4 Chest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 8 X IV Started/Gauge 18 Solution IVS       |  |                                        |                  | VITAL SIGNS                                                             |           |                  |          |
| 5 Abdomen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Rate KVO IV Time 20:31 IV Volume 250 ml    |  |                                        |                  | BP Pulse Respirations Pupils Level of Conc. Time                        |           |                  |          |
| 6 Hip/Pelvis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9 IV Started/Gauge Solution                |  |                                        |                  | 160/90 102 Irreg. 18 Irreg. D - Not Done E - Normal A 20:15             |           |                  |          |
| 7 Upper Extr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Rate IV Time IV Volume                     |  |                                        |                  | 154/P 96 Irreg. 18 Irreg. N - Normal C - Confused B - Combative A 20:40 |           |                  |          |
| 8 Lower Extr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 14 X IV Attempted Total # 1                |  |                                        |                  | Reg. Reg. L - Dilated E - Unresponsive                                  |           |                  |          |
| 9 X Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 10 Pleural Decompression Time              |  |                                        |                  | Irreg. Irreg. R - Non-react I - Hallucination                           |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 11 Intravenous In                          |  |                                        |                  | Reg. Reg. S - Blind J - Seizures                                        |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 12 Automatic Defib.                        |  |                                        |                  | Irreg. Irreg. T - Tremors                                               |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 13 Patient Assisted Meds                   |  |                                        |                  |                                                                         |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2                                          |  |                                        |                  |                                                                         |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Ordering Physician                         |  |                                        |                  |                                                                         |           |                  |          |
| EXPOSURE TO PT'S BODY FLUIDS? 1. YES 2. X NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                            |  |                                        |                  |                                                                         |           |                  |          |
| 1ST Responder 1. YES Name 2. X NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                            |  |                                        |                  |                                                                         |           |                  |          |
| COMMENTS (CHIEF COMPLAINTS, OBSERVATIONS, RESPONSE OF STIMULI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                            |  |                                        |                  |                                                                         |           |                  |          |
| 37 Yr. old White Male. Patient complains of pain, moderate in quality, to back. Patient presents without signs to lower back, midline. PT complains of to lower back, midline. PT complains of pain, moderate pain localized. Spinal Immobilization via Cervical Collar, Headblocks, Long Spine Board & Straps. 20:13 - EKG monitored, showing Sinus Tach. 20:16 - PT Assessment #1: PT alert. Airway is patent. PT breathing unlabored. Lung Sounds present and clear bilaterally. Oxygen administered via nasal cannula at a flow rate of 4 lpm. Initial O2 sat. 98%. Pulse - strong. BP present. No JVD noted. Skin warm/dry. 20:31 - I.V. #1 access established left antecubital, with 18 gauge jelco. Normal Saline running at a KVO rate. 250 ml infused. 20:32 - Transport Initiated to Self Regional HealthCare. 20:36 - BGL = 81 mg/dl. 20:37 - PT administered Morphine Sulfate - 2mg, IV Bolus (Push) moderate relief. 20:40 - PT Assessment #2: PT alert. Airway remains stable. PT breathing unlabored. Follow up O2 sat. 98%. Pulse - strong. BP present. Skin warm/dry. 20:43 - PT administered Morphine Sulfate - 2mg, IV Bolus (Push) moderate relief. Patient with previous medical history of: Musculoskeletal Problems. Patient without prescribed medications. Patient without known drug allergies. No Delays. *** ADDITIONAL COMMENTS: on arrival id above pt alert with patent airway pt had fell through a roof approx 5 ft and twisted his back he had some pain in his thoracic region of his back pt rem alert pt stated the pain was a 8 on scale pt lg sds were clear and equal bilat abdomen tender with no pain noted sensations present all extremities pt rem alert i called for morphine orders and Dr Givens gave me orders for 2 mg and repeat at 2 mg for comfort rep called to m in 31 |  |                                            |  |                                        |                  |                                                                         |           |                  |          |
| Patient Care Form Left In: X ED ICU OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                            |  |                                        |                  |                                                                         |           |                  |          |
| Page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                            |  |                                        |                  |                                                                         |           |                  |          |
| RUN DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | TIME RECORD                                |  | DHEC PERMIT NO.                        |                  | ATTENDANT'S SIGNATURE & CERTIFICATION NO.                               |           |                  |          |
| 10/30/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 10/30/2007                                 |  | 0398                                   |                  | Ricketts, L H 83543                                                     |           |                  |          |
| Call Received: 20:09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                            |  | RECEIVING AGENCY                       |                  | Primary Attendant                                                       |           |                  |          |
| Call Dispatched: 20:09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                            |  | 2016                                   |                  | Parish, J 93844                                                         |           |                  |          |
| Departed Base: 20:10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                            |  | SENDING AGENCY                         |                  | 2nd Attendant/Driver                                                    |           |                  |          |
| Arrive Scene: 20:13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                            |  |                                        |                  | 00000                                                                   |           |                  |          |
| Depart Scene: 20:32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                            |  | PROVIDER TIME                          |                  | 3rd Attendant/Driver                                                    |           |                  |          |
| Arrive Destination: 20:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                            |  |                                        |                  | Jodee Rn                                                                |           |                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | MICS 1050 (07/1998)                    |                  | Receiving Nurse or Physician                                            |           |                  |          |
| CAUSE OF DELAY No Delays                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                            |  |                                        |                  |                                                                         |           |                  |          |



November 14, 2007

Bengy Hill, M.D.  
Family Physicians of Greenwood

RE: John B. Leopard  
ID: 247-63-1193

Dear Dr. Hill,

Thank you for requesting consultation on Mr. Leopard.

**REASON FOR CONSULTATION:** He is a very pleasant 37-year-old male with a five month history of neck pain with radiation to the right shoulder, upper arm and hand, which had increased until approximately a month ago when he began a leave of absence from work secondary to a low back injury. Patient states that his pain now has stabilized and improved slightly. Patient denies associated symptoms such as headaches, fatigue or clumsiness, or problems with sleep secondary to pain. He states that he does have paresthesias in his right hand, shoulder and upper arm, as well as weakness in his right hand at times. Patient's pain is palliated by manipulation and is exacerbated by exercise. Patient's pain is qualified as a throb ache and is quantified as a 2/10 at this time and intermittent in frequency. Patient has sought no treatment to date.

**PAST SURGICAL HISTORY:** Inguinal hernia repair, knee scope.

**PAST MEDICAL HISTORY:** Arthritis, hypercholesterolemia, stomach disorders.

**MEDICATIONS:** Vytarin, Aciphex, Lexapro, Lortab, Flexeril.

**ALLERGIES:** Neosporin.

**SOCIAL/FAMILY HISTORY:** Smokes but does not state how much and drinks alcohol on occasion. Family history is positive for diabetes and cancer.

**PHYSICAL EXAMINATION:** No upper motor neuron signs. Deep tendon reflexes are intact bilaterally in his upper extremities. Strength and sensation are intact bilaterally in his upper extremities. Patient has no pain with full range of motion in his shoulder bilaterally.

**RADIOGRAPHIC EVALUATION:** Demonstrates disc herniation at C6/7 to the right with some foraminal stenosis bilaterally.

BB

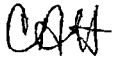
† Diplomate of the American Board of Neurological Surgery (Board Certified)

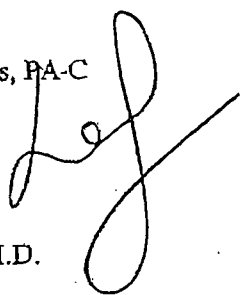
\* Fellow of the Royal College of Surgeons of Canada (Board Certified)

RE: John B. Leopard  
ID: 247-63-1193  
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PLAN: Consideration for possible ACDF. Risks were detailed at length. He is going to decide if that is something he would like to do or not. If you have any concerns, please do not hesitate to give us a call.

Thank you,

  
Carrie Hawkins, PA-C  
CH/dkh

  
Sumeer Lal, M.D.  
SL/dkh

January 10, 2008

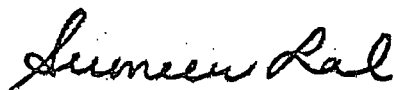
Bengy Hill, M.D.  
Family Physicians of Greenwood

RE: John B. Leopard  
ID: 247-63-1193

Dear Dr. Hill,

Mr. Leopard had a recent fall and has thoracic pain. The imaging shows degenerative changes but really no acute findings in the thoracic spine and I agree with the report describing the levels of where there are some disc bulges, but there is no cord compression. His neck pain is still there and he has still periodic pain in his arm. He has decided he would like to proceed with an anterior cervical discectomy decompression and fusion. Risks were detailed at length. If you have any concerns, please do not hesitate to give us a call.

Thank you,



Sumeer Lal, M.D.

SL/dkh

BB

† Diplomate of the American Board of Neurological Surgery (Board Certified)

\* Fellow of the Royal College of Surgeons of Canada (Board Certified)

303-C West Alexander Avenue • Greenwood, SC 29646 • Phone: (864) 943-1267 • (800) 611-0823 • Fax: (864) 943-1860  
205

February 14, 2008

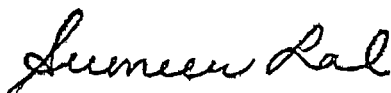
Bengy Hill, M.D.  
Family Physicians of Greenwood

RE: John B. Leopard  
ID: 247-63-1193

Dear Dr. Hill,

Mr. Leopard is really doing well after his surgery. He is very pleased with his surgical outcome. Follow-up appointment in our office at a later date. If you have any concerns, please do not hesitate to give us a call.

Thank you,



Sumeer Lal, M.D.

SL/dkh

<sup>†</sup> Diplomate of the American Board of Neurological Surgery (Board Certified)

<sup>\*</sup> Fellow of the Royal College of Surgeons of Canada (Board Certified)

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PAGE 49/99

FAMILY PHYS OF GMD

01/18/2011 11:20 2271924

March 13, 2008

Bengy Hill, M.D.  
Family Physicians of Greenwood

RE: John B. Leopard  
ID: 247-63-1193

Dear Dr. Hill,

**Interim History:** Mr. Leopard was seen in office follow-up today after last being seen by Dr. Lal on 02-14-08. At this time he is now two months post C6/7 ACDF and continues to do well postoperatively.

**Presentation Today:** Patient presents today regarding return to work.

**PE/Radiographic:** Patient has no notable weakness in his upper extremities and little to no pain with range of motion in his neck.

**Treatment/Plan:** Patient is scheduled to return to work on 04-18-08 and will follow-up with Dr. Lal before this date.

If you have any concerns, please do not hesitate to give us a call.

Thank you,

  
Carrie Hawkins, PA-C  
CH/dkh

  
Sumeer Lal, M.D.  
SL/dkh

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<sup>\*</sup> Fellow of the Royal College of Surgeons of Canada (Board Certified)

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April 15, 2008

Bengy Hill, M.D.  
Family Physicians of Greenwood

RE: John B. Leopard  
ID: 247-63-1193

Dear Dr. Hill,

I saw Mr. Leopard today in our office on 04-15-08.

**Interim History:** Last seen on 03-13-08, 02-14-08 and he had an operation done, a single anterior cervical discectomy and fusion on 01-16-087.

**Presentation Today:** Feeling well. Ready to go back to work.

**PE/Radiographic:** Incision well healed. No neuro deficit.

**Treatment/Plan:** Back to work. Follow-up in three months with x-rays.

Thank you,

*Sumeer Lal*

Sumeer Lal, M.D.

SL/dkh

B/A

† Diplomate of the American Board of Neurological Surgery (Board Certified)

\*Fellow of the Royal College of Surgeons of Canada (Board Certified)

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July 15, 2008

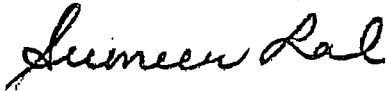
Bengy Hill, M.D.  
Family Physicians of Greenwood

RE: John Leopard  
ID: 247-63-1193

Dear Bengy,

I am releasing Mr. Leopard from our service today. He is post anterior cervical discectomy and fusion doing well.

Thank you,



Sumeer Lal, M.D.

SL/dkh



<sup>†</sup>Diplomate of the American Board of Neurological Surgery (Board Certified)    <sup>\*</sup>Fellow of the Royal College of Surgeons of Canada (Board Certified)

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Self Regional Healthcare  
1325 Spring Street  
Greenwood, SC 29646  
Phone (864) 725-4111  
Fax (864) 725-4810

PATIENT: LEOPARD, JOHN B  
PHYSICIAN: SURESH C SONI, MD  
ADMITTED: 10/04/2007  
DISCHARGED:

ACCT: 0727700018  
ROOM:  
DICTATED: 10/04/2007  
TRANS DT: 10/04/2007

cc: Suresh C Soni, MD  
Sleep Lab

#### PROCEDURE NOTE

DATE OF PROCEDURE: October 4, 2007

NAME OF PROCEDURE:

CASE PHYSICIAN:  
Dr. Benjamin Hill

Mr. Leopard is a 37-year-old industrial maintenance man, has noted pain and paresthesias of his right upper arm and hand for the past 6-8 weeks. When inquiring about the neck pain, he admits to having the symptom in between his scapulae. There is no history of diabetes mellitus. A cervical radiculopathy is clinically suspected.

Motor nerve conduction study of the right median nerve shows a distal terminal latency of 3.3 msec with an M response of 16.6 mV and a nerve conduction velocity of 51 m/s. On antidromic stimulation of the same nerve, peak sensory terminal latency was 3.2 msec with an amplitude of 35 microvolts and a sensory nerve conduction velocity of 55 m/s.

Electromyography of the right upper extremity and corresponding paraspinal muscles was performed. Muscles tested were deltoid, biceps, triceps, brachioradialis, first dorsal interosseous, and pronator teres. Increased insertional activity was noted in the lower cervical paraspinals, as well as pronator teres and triceps muscles. Only occasional positive sharp waves were identified in pronator teres muscle. The recruitment patterns at all sites were normal.

210

*Called  
Hill  
10/11/07*

*MRI  
10/23/07  
@ 8:00  
20*

*ACR Rev  
Ch MPT  
S. Hill  
BH*

PATIENT: LEOPARD, JOHN B  
PHYSICIAN: SURESH C SONI, MD

ACCT: 0727700018  
ROOM:

PAGE 2

CONCLUSION:

Electromyography and nerve conduction study show evidence of denervation compatible with a subacute right C7 and possibly C8 radiculopathy.

SCS/pk

Job #: 2001298/299292943

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fax (864) 223-0539

Lakelands  
**Orthopaedic**  
Clinic, PA

Physician's Office Building 1  
Abbeville, SC 29620  
(864) 459-5345

404 Batesburg Highway  
Saluda, SC 29138  
(864) 445-3378

Acct.: 16408 Pat.: JL -LEOPARD, JOHN B. PData: V-Date: 04/06/99  
TS-Id: 79062 TS-Dt: 04/07/99 S/R: M/W Age: 28  
Doc.: 6 -JOHN R SCOTT, MD RDoc:

Mr. Leopard returns today continuing to have trouble with his right knee. He says it is a little better after I saw him last fall and it wasn't bothering him much, but about three weeks ago he started having increasing episodes of the knee giving way. He describes it as just tending to buckle when he puts his weight on it. There is some pain associated with this but it doesn't lock. It has not swelled. His examination today is really not remarkable. He has good stability of all of his ligaments. He does complain of some pain laterally in doing the McMurray's maneuver. I think we need to go ahead and do a MRI on this man and in the meantime he will do quadriceps exercises. We will check him back after he has his MRI.

John R. Scott, M.D.  
JRS/el

John R. Scott, M.D. • John A. King, M.D. • Richard M. Christian, Jr., M.D. • Charles D. Gray, M.D.  
Steven T. Carawan, M.D. • John H. Cathcart, III, M.D. • Emily E. Heid, M.D. • Anthony R. Timms, M.D.

211 q

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404 Baresburg Highway  
Saluda, SC 29138  
(864) 445-3378

|              |                            |          |                  |
|--------------|----------------------------|----------|------------------|
| Acct.: 16408 | Pat.: JL -LEOPARD, JOHN R. | PData:   | V-Date: 04/19/99 |
| TS-Id: 79933 | TS-Dt: 04/20/99            | S/R: M/W | Age: 28          |
| Doc.: 6      | -JOHN R SCOTT, MD          | RDac:    |                  |

Mr. Leopard still complains of pain in his knee; however, his MRI is negative. Further examination reveals no instability that I can find. No effusion is present. I don't know how to explain this man's arthralgia other than just being on his feet a lot and have put him on ibuprofen 800 mg. three times a day for a couple of months and will check him back at the end of that time.

John R. Scott, M.D.

JRS/el

No Show

5/18/99

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Steven T. Carawan, M.D. • John H. Carheart, III, M.D. • Emily E. Heid, M.D. • Anthony R. Timms, M.D.

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Clinic, PA

901 8-B West Greenwood Street  
Abbeville, SC 29620  
(864) 459-8332

Acct.: 16408 Pat.: JL -LEOPARD, JOHN B. PData.: 24 S/R: M/W  
SSN.: 247-63-1193 Doc.: 4 -JOHN H. CATHCART, III, PDoc#: 4 Age: 31  
TS-Id: 159749-DB RDoc: V-Date: 11/30/01 Fri  
TS-Dt: 12/05/01 Desc: HFU V-Time: -

I saw Mr. Leopard in the hospital for prepatellar septic bursitis. He comes in today for post hospital check.

PHYSICAL EXAMINATION: He is still walking with a limp; however, erythema is markedly improved. There is no question that he is improving. ROM is grossly intact.

IMPRESSION:

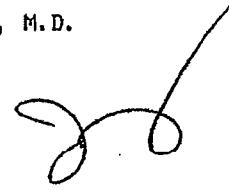
1. Prepatellar bursitis, septic; improving.

PLAN:

1. Continue po antibiotics.
2. Return to see me in 2 weeks at which time I expect this to be completely resolved.

John H. Cathcart, III, M.D.  
JHC, III/db

cc: Dr. Mark Robirds



John A. King, M.D. • Richard M. Christian, Jr., M.D. • Charles D. Gray, M.D. • John H. Cathcart, III, M.D.  
Emily E. Heid, M.D. • Anthony R. Timms, M.D. • Douglas F. Powell, M.D. • Blythe J. Watson, P.A.-C

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(864) 459-8332

|                   |                                 |                      |          |
|-------------------|---------------------------------|----------------------|----------|
| Acct.: 16408      | Pat.: JL -LEOPARD, JOHN B.      | PData.: 24           | S/R: M/W |
| SSN.: 247-63-1193 | Doc.: 4 -JOHN H. CATHCART, III, | PDoc#: 4             | Age: 31  |
| TS-Id: 160665-DB  | RDoc:                           | U-Date: 12/11/01 Tue |          |
| TS-Dt: 12/14/01   | Desc: RECHECK                   | U-Time: -            |          |

He returns and is now over a month after initial prepatellar septic bursitis. He still complains of kneeling pain.

PHYSICAL EXAMINATION: Erythema is completely gone. He has full ROM. He has minimal pain to palpation. He has quads measuring equally at 49 cms. I see no ligamentous instability.

## IMPRESSION:

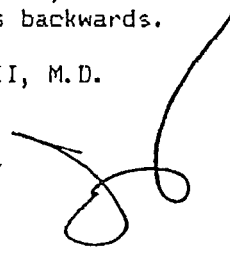
1. Septic prepatellar bursitis, resolving.

## PLAN:

1. I have explained to John I see no reason why he cannot continue to work. I explained he will have some discomfort and I recommend good knee pads for his job.
2. With this in mind, he is to be discharged from the clinic and plans to return to see his family doctor. He is to return to see me p.r.n. as needed or sooner if he goes backwards.

John H. Cathcart, III, M.D.  
JHC, III/db

cc: Dr. Mark Robirds



John A. King, M.D. • Richard M. Christian, Jr., M.D. • Charles D. Gray, M.D. • John H. Cathcart, III, M.D.  
Emily E. Heid, M.D. • Anthony R. Timms, M.D. • Douglas F. Powell, M.D. • Blythe J. Watson, P.A.-C



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Clinic, PA

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Abbeville, SC 29620  
(864) 459-8332  
fax (864) 459-0635

|                   |                                 |                  |          |
|-------------------|---------------------------------|------------------|----------|
| Acct.: 16408      | Pat.: JL -LEOPARD, JOHN B.      | PData.: 24       | S/R: M/W |
| SSN.: 247-63-1193 | Doc.: 4 -JOHN H. CATHCART, III, | PDoc#: 4         | Age: 31  |
| TS-Id: 163987-DB  | RDoc:                           | V-Date: 01/23/02 | Wed      |
| TS-Dt: 01/24/02   | Desc: NEW PROBLEM               | V-Time: -        |          |

WHAT: Right knee.  
WHEN: Two weeks ago.  
HOW: Crawling.  
WHERE: Greenwood.

HISTORY OF PRESENT ILLNESS: 31 year old male, well known to me, who had septic bursitis along his left prepatellar bursa on left knee. He now has developed pain along his right knee. He says he has been using knee pads.

PHYSICAL EXAMINATION: Exam reveals some fullness on his left knee which is markedly improved. His right does show some fullness along right knee. Palpation reveals tenderness along inferior pole of patella with obvious boggiess. He has no erythema. He does not appear to be infected. He shows motion. I can flex him to 100 degrees. He has good extension. I see no evidence of instability. He has no joint line tenderness.

X-RAYS: Four views of his knee are basically benign.

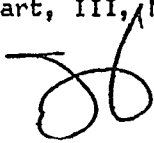
IMPRESSION:

1. Physical exam and history consistent with prepatellar bursitis on the right knee.
2. Past history of septic bursitis, left knee.

PLAN:

1. I have explained to John I see no evidence of infection today. We have placed him on a Sterapred Dosepak for 6 days.
2. Continue to wear knee pads at work and I have explained how important this is. If he sleeps on his stomach he needs to make sure to place pillow between his knees.
3. He is to return to see me if this doesn't improve, at which time he will be re-evaluated.

John H. Cathcart, III, M.D.  
JHC, III/db



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Acct.: 16408 Pat.: JL -LEOPARD, JOHN B. PData.: 24 S/R: M/W  
SSN.: 247-63-1193 Doc#: 4 -JOHN W. CATHCART, III, PDoc#: 4 Age: 31  
TS-Id: 166754-DB RDoc: V-Date: 02/22/02 Fri  
TS-Dv: 02/25/02 Desc: RECHECK V-Time: -

He returns and has had MRI of both knees. I have not ordered these. He apparently had Dr. Hill order these for him. He continues to complain of pain - mainly patellofemoral area, right greater than left. Seems to be worse with kneeling and getting up to standing position. He doesn't really point to any joint line type symptoms.

PHYSICAL EXAMINATION: ROM of his knee - completely intact bilaterally. Palpation reveals no tenderness along medial or lateral joint line, right or left knee. He has marked discomfort along inferior pole of patella, bilateral knees, right greater than left. He has some tenderness along medial facets and evidence of a plica. His prepatellar bursa is markedly improved.

MRI - T1 and T2 weighted images reviewed of both knees. On the right they have marked what appears to be possible cleavage tear along anterior horn of lateral meniscus. When looking at this myself I feel this is actually transverse meniscal ligament. I do not think he has a tear of his meniscus.

Left knee MRI is completely within normal limits.

IMPRESSION:

1. Physical exam and history consistent with inferior pole patella tendinitis, jumper's type knee with irritated medial plica.
2. Septic bursitis, left knee, and prepatellar bursitis right knee.

PLAN:

1. I explained to John that his patella tendinitis will improve if he works on stretching of his knees. Plan to get him set up with Physical Therapy three times a week for four weeks.
2. If this doesn't improve, he may be a candidate for knee scope with inferior pole debridement.

John H. Cathcart, III, M.D.  
JHC, III/db

No Show  
3/21/02

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Emily E. Heid, M.D. • Anthony R. Timms, M.D. • Douglas J. Howell, M.D. • John R. Scott, M.D. • Blythe J. Watson, P.A.-C

- ☐ John A. King, M.D.  
☐ Richard M. Christian, Jr., M.D.  
☐ Charles D. Gray, M.D.  
☒ John H. Cathcart, III, M.D.

# Lakelands Orthopaedic Clinic, PA

- ☐ Emily H. Heid, M.D.  
☐ Anthony R. Timms, M.D.  
☐ Douglas B. Powell, M.D.  
☐ Blythe Watson, P.A.C.

## PATIENT WORK STATUS REPORT

Patient Name: John Leonard Account No. 16408  
 Today's Date: 11/30/07 Date of Injury/Illness: \_\_\_\_\_  
 This Injury/Illness is: \_\_\_\_\_ Work Related ☒ Personal \_\_\_\_\_  
 Diagnosis ( 726.105 ) : 719.410  
 Follow-Up Appointment (date): Dec-11 (time): 2:15

### PHYSICIAN COMMENTS:

### WORK STATUS

Patient may return to work with NO RESTRICTIONS on (date): \_\_\_\_\_  
☒ Patient is OFF WORK until (date): \_\_\_\_\_  
☒ Patient may return to ALTERNATE WORK on (date): 12/3/07 Restrictions are as follows:

#### RESTRICTIONS

- ☐ Restricted lifting  
☐ No lifting above 20 pounds  
☐ No lifting above 10 pounds  
☒ Sit down work only  
☐ One-handed duty only. No use of the LEFT/RIGHT arm.  
☐ Avoid constant repetitive use of hands.  
☐ No twisting  
☐ No bending  
☐ No pulling  
☐ No pushing  
☐ No climbing  
☐ Do not drive or operate heavy/hazardous equipment  
☐ Other (please be specific): \_\_\_\_\_

#### DURATION OF RESTRICTIONS

Until next appointment 10 days  
 Until (date): \_\_\_\_\_

### TREATMENT

Prescription medications: \_\_\_\_\_  
 Referred to (PT, OT, etc.): \_\_\_\_\_

Physician Signature: [Signature] Date: 11/30/07

White — Physician

Yellow 217 Employee

Pink — Insurance/Employer

- ☐ John A. King, M.D.  
☐ Richard M. Christian, Jr., M.D.  
☐ Charles D. Gray, M.D.  
☒ John H. Cathcart, III, M.D.

# Lakelands Orthopaedic Clinic, PA

- ☐ Emily H. Heid, M.D.  
☐ Anthony R. Timms, M.D.  
☐ Douglas F. Powell, M.D.  
☐ Blythe Watson, P.A.C.

## PATIENT WORK STATUS REPORT

Patient Name: John Keoperal Account No. 16408  
 Today's Date: 12-11-01 Date of Injury/Illness: \_\_\_\_\_  
 This Injury/Illness is: \_\_\_\_\_ Work Related X Personal \_\_\_\_\_  
 Diagnosis ( 726.65 ): Bursitis Prepatellar  
 Follow-Up Appointment (date): PBN (time): \_\_\_\_\_

### PHYSICIAN COMMENTS:

### WORK STATUS

X Patient may return to work with NO RESTRICTIONS on (date): 12/12/01  
 \_\_\_\_\_ Patient is OFF WORK until (date): \_\_\_\_\_  
 \_\_\_\_\_ Patient may return to ALTERNATE WORK on (date): \_\_\_\_\_ Restrictions are as follows:

#### RESTRICTIONS

- \_\_\_\_\_ Restricted lifting  
     \_\_\_\_\_ No lifting above 20 pounds  
     \_\_\_\_\_ No lifting above 10 pounds  
 \_\_\_\_\_ Sit down work only  
 \_\_\_\_\_ One-handed duty only. No use of the LEFT/RIGHT arm.  
 \_\_\_\_\_ Avoid constant repetitive use of hands  
 \_\_\_\_\_ No twisting  
 \_\_\_\_\_ No bending  
 \_\_\_\_\_ No pulling  
 \_\_\_\_\_ No pushing  
 \_\_\_\_\_ No climbing  
 \_\_\_\_\_ Do not drive or operate heavy/hazardous equipment  
 \_\_\_\_\_ Other (please be specific): \_\_\_\_\_

#### DURATION OF RESTRICTIONS

- \_\_\_\_\_ Until next appointment  
 \_\_\_\_\_ Until (date): \_\_\_\_\_

### TREATMENT

\_\_\_\_\_ Prescription medications: \_\_\_\_\_  
 \_\_\_\_\_ Referred to (PT, OT, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature: [Signature] Date: 12/11/01

White — Physician

Yellow <sup>218</sup> Employee

Pink — Insurance/Employer

- ☐ John A. King, M.D.  
☐ Richard M. Christian, Jr., M.D.  
☐ Charles D. Gray, M.D.  
☐ John H. Cathcart, III, M.D.

# Lakelands Orthopaedic Clinic, PA

- ☐ Emily E. Heid, M.D.  
☐ Anthony R. Timms, M.D.  
☐ Douglas F. Powell, M.D.  
☐ John R. Scott, M.D.  
☐ Blythe Watson, P.A.C.

## PATIENT WORK STATUS REPORT

Patient Name: John Leopard Account No. 16408  
 Today's Date 2-22-02 Date of Injury/Illness: \_\_\_\_\_  
 This Injury/Illness is: \_\_\_\_\_ Work Related ☒ Personal ☐  
 Diagnosis ( \_\_\_\_\_ ): patella tendonitis  
 Follow-Up Appointment (date): \_\_\_\_\_ (time): \_\_\_\_\_

### PHYSICIAN COMMENTS:

Patella tendonitis

### WORK STATUS

☒ Patient may return to work with NO RESTRICTIONS on (date): \_\_\_\_\_  
 \_\_\_\_\_ Patient is OFF WORK until (date): \_\_\_\_\_  
 \_\_\_\_\_ Patient may return to ALTERNATE WORK on (date): \_\_\_\_\_ Restrictions are as follows:

### RESTRICTIONS

- ☐ Restricted lifting  
     ☐ No lifting above 20 pounds  
     ☐ No lifting above 10 pounds  
☐ Sit down work only  
☐ One-handed duty only. No use of the LEFT/RIGHT arm.  
☐ Avoid constant repetitive use of hands  
☐ No twisting  
☐ No bending  
☐ No pulling  
☐ No pushing  
☐ No climbing  
☐ Do not drive or operate heavy/hazardous equipment  
☐ Other (please be specific): \_\_\_\_\_

### DURATION OF RESTRICTIONS

- ☐ Until next appointment  
☐ Until (date): \_\_\_\_\_

### TREATMENT

\_\_\_\_\_ Prescription medications: \_\_\_\_\_  
 \_\_\_\_\_ Referred to (PT, OT, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature: [Signature] Date: 2-22-02

White — Physician

Yellow — Employee

Pink — Insurance/Employer



# CAROLINA BONE AND JOINT CLINIC, PA

STEVEN T. CARAWAN, MD  
BOARD CERTIFIED IN ORTHOPAEDIC SURGERY

REPLY TO:  
POST OFFICE BOX 567  
901-8A WEST GREENWOOD STREET  
ABBEVILLE, SC 29620  
(864) 366-6920

410 EPTING AVENUE  
GREENWOOD, SC 29646  
(864) 227-9899

\* REPRINT \*

|                   |                                |                  |          |
|-------------------|--------------------------------|------------------|----------|
| Acct.: 3444       | Pat.: JL -LEOPARD, JOHN B.     | PData.:          | S/R: M/W |
| SSN.: 247-63-1193 | Doc.: 1 -STEVEN T. CARAWAN, MD | PDoc#: 1         | Age: 34  |
| TS-Id: 7736-EL    | RDoc: HILL, JOSEPH B.          | V-Date: 08/24/05 | Wed      |
| TS-Dt: 08/31/05   | Desc: NEW PATIENT              | V-Time: -        |          |

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: Mr. Leopard is a 34 year old male who presents with bilateral knee pain, right worse than left. He has had pain off and on for several years and was evaluated at Lakelands Orthopaedic Clinic a few years ago and had MRI scan done of the right knee which revealed a horizontal cleavage tear of the lateral meniscus. He never had any surgery to treat this. He has some lesser pains in the left knee, but most of the pain is centered around the right knee. He has occasional crepitus and activity related pain and swelling.

PAST MEDICAL HISTORY: His past medical history is significant for high cholesterol and gastroesophageal reflux. He takes Nexium and Vytorin. He has had prior inguinal hernia repair. He is allergic to Neosporin. He smokes one pack a day. He also drinks alcohol socially. His review of systems is non contributory.

PHYSICAL EXAMINATION: Examination of his right knee reveals full range of motion. He is tender along the anterolateral joint line as well as along the medial joint line. He has no ligamentous instability and a trace effusion. He has pain with a McMurray's maneuver laterally and medially.

MRI report from 2002 of the right knee reveals a lateral meniscal tear.

ASSESSMENT: Bilateral knee pain, right worse than left. I have explained to him that usually a lateral meniscal tear doesn't heal. Given that his MRI is three years old I think it would be appropriate to repeat the scan and see if he does indeed have an unstable meniscal tear that can benefit from arthroscopic treatment. He will return to see me after that scan has been done.

Steven T. Carawan, MD  
STC/el

CC: Dr. Benjy Hill

BH



# CAROLINA BONE AND JOINT CLINIC, PA

STEVEN T. CARAWAN, MD

BOARD CERTIFIED IN ORTHOPAEDIC SURGERY

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(864) 366-6920

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GREENWOOD, SC 29646  
(864) 227-9899

\* REPRINT \*

Acct.: 3444 Pat.: JL ~~LEOPARD, JOHN B.~~ PData.: S/R: M/W  
SSN.: 247-63-1193 Doc.: 1 -STEVEN T. CARAWAN, MD PDoc#: 1 Age: 35  
TS-Id: 7988-EL RDoc: HILL, JOSEPH B. V-Date: 09/16/05 Fri  
TS-Dt: 09/20/05 Desc: RECHECK V-Time: -

John Leopard comes in today for follow up of his bilateral knee pain, right worse than left. MRI has been done and shows the same small anterior horn tear of the lateral meniscus that was described three years ago on the previous MRI. I have reviewed the MRI myself and I'm not very impressed by the tear. Given it has been picked up by two separate radiologists I think it may be the cause of his pain. He has no effusion today and full range of motion. He is very point tender over the anterolateral joint line. Given the longevity of his symptoms I think it is reasonable to do a diagnostic arthroscopy and meniscectomy if indicated. He understands the risks and benefits of knee arthroscopy. We will schedule this at his convenience and he will return to see me as needed. I did give him a prescription for Ultracet as needed for pain.

Steven T. Carawan, MD  
STC/el

CC: Dr. Benjy Hill

BA



# CAROLINA BONE AND JOINT CLINIC, PA

STEVEN T. CARAWAN, MD

BOARD CERTIFIED IN ORTHOPAEDIC SURGERY

REPLY TO:  
POST OFFICE BOX 567  
901-8A WEST GREENWOOD STREET  
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(864) 366-6920

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\* REPRINT \*

|                   |                                |                  |          |
|-------------------|--------------------------------|------------------|----------|
| Acct.: 3444       | Pat.: JL -LEOPARD, JOHN B.     | PData.:          | S/R: M/W |
| SSN.: 247-63-1193 | Doc.: 1 -STEVEN T. CARAWAN, MD | PDoc#: 1         | Age: 35  |
| TS-Id: 8558-EL    | RDoc: HILL, JOSEPH B.          | V-Date: 10/19/05 | Wed      |
| TS-Dt: 10/24/05   | Desc: RECHECK                  | V-Time: -        |          |

John Leopard returns today for his history and physical prior to his right knee arthroscopy and lateral meniscectomy scheduled for tomorrow. He states he continues to have significant pain in his right knee and is eager to have this corrected. He continues to be very point tender along the anterolateral joint line. He understands the risks and benefits of the surgery and agrees to proceed. His history and physical is done and is in the chart.

Corinne L. Wilson, PA-C  
CLW/el

*CLW*

Steven T. Carawan, MD

CC: Dr. Benjy Hill

*BF*





# CAROLINA BONE AND JOINT CLINIC, PA

STEVEN T. CARAWAN, MD

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|                   |                                |                      |          |
|-------------------|--------------------------------|----------------------|----------|
| Acct.: 3444       | Pat.: JL -LEOPARD, JOHN B.     | PData.:              | S/R: M/W |
| SSN.: 247-63-1193 | Doc.: 1 -STEVEN T. CARAWAN, MD | PDoc#: 1             | Age: 35  |
| TS-Id: 8719-EL    | RDoc: HILL, JOSEPH B.          | V-Date: 11/02/05 Wed |          |
| TS-Dt: 11/04/05   | Desc: RECHECK                  | V-Time: -            |          |

John Leopard returns for follow up of his knee arthroscopy and debridement of chondromalacia on the lateral tibial plateau. He had no lateral or medial meniscal tears. He has been on crutches since the surgery and at this time I think he can start weaning off his crutches. We did a chondroplasty and abrasion of this defect which is about the size of a fingernail on the posterior third of the lateral tibial plateau. He needs to understand this may progress to more degenerative change, but hopefully given this was a small lesion he will do well. He is on Glucosamine. He is to be out of work for at least another three weeks. I'll see him again in two weeks to check his progress. I instructed him in quad strengthening exercises.

Steven T. Carawan, MD  
STC/el

CC: Dr. Benjy Hill

BB



# CAROLINA BONE AND JOINT CLINIC, PA

STEVEN T. CARAWAN, MD

BOARD CERTIFIED IN ORTHOPAEDIC SURGERY

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901-8A WEST GREENWOOD STREET  
ABBEVILLE, SC 29620  
(864) 366-6920

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GREENWOOD, SC 29646  
(864) 227-9899

\* REPRINT \*

|                   |                                |                  |          |
|-------------------|--------------------------------|------------------|----------|
| Acct.: 3444       | Pat.: JL -LEOPARD, JOHN B.     | PData.:          | S/R: M/W |
| SSN.: 247-63-1193 | Doc.: 1 -STEVEN T. CARAWAN, MD | PDoc#: 1         | Age: 35  |
| TS-Id: 8964-EL    | RDoc: HILL, JOSEPH B.          | V-Date: 11/16/05 | Wed      |
| TS-Dt: 11/21/05   | Desc: RECHECK                  | V-Time: -        |          |

John Leopard returns for follow up of his knee arthroscopy and debridement of chondromalacia from the lateral tibial plateau. His only complaint is occasional crepitus in the lateral part of his knee when he flexes and extends his knee especially. This is to be expected with the area of chondromalacia that he had. He has very little pain now and is ready to return to work.

On exam he has no effusion, full range of motion and no instability. At this point and time he is to increase his activities and return to work without restriction on Monday, November 21st.

Steven T. Carawan, MD  
STC/el

CC: Dr. Benjy Hill

Handwritten signature or initials.

FEB.22'2002 07:37 864-2274509

SSELF -RADIOLOGY

#1341 P.091/002

SELF MEMORIAL HOSPITAL  
Greenwood, S.C.

## DEPARTMENT OF RADIOLOGY

Patient Name: LEOPARD, JOHN  
Unit Number: A000157622Check-in Date: 02/15/02 0748  
Location: \*CP

Account # 0204600039

BD: 09/17/70 Age: 31Y

Sex: M

Ordering Physician HILL, JOSEPH B

Admit Phys: HILL, JOSEPH B

HILL, JOSEPH B  
1506 SPRING STREETHILL, JOSEPH B  
1506 SPRING STREET

GREENWOOD SC

29646-0000

GREENWOOD

SC

29646

| Chk-in # | Order | Exam  |                               |
|----------|-------|-------|-------------------------------|
| 209205   | 0001  | 69824 | MRI LOW EXT JT LT WO CONTRAST |
|          |       |       | Ord Diag: LT.KNEE PAIN        |
| 209205   | 0001  | 69825 | MRI LOW EXT JT RT WO CONTRAST |
|          |       |       | Ord Diag: RT.KNEE PAIN        |

MRI OF THE RIGHT KNEE 2/15/02

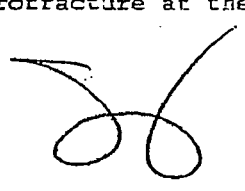
Indication: Right knee pain and swelling. Pain when bending.

Technique: Sagittal T1, PD, T2, coronal PD, T2, axial T2-weighted gradient echo, and thin section oblique sagittal FSE T2 images angled with the ACL are obtained.

Findings: There is Grade III horizontal cleavage tear of the anterior horn of the lateral meniscus. Posterior horn and body are intact, as is the medial meniscus. Anterior cruciate ligament, posterior cruciate ligament, medial and lateral collateral ligaments are normal in appearance. There is increased marrow signal intensity at the head of the fibula, consistent with bone contusion with microfracture. There are no displaced fractures. Marrow signal elsewhere is normal. There is only a trace of fluid in the knee joint. Patellar articular cartilage is normally maintained.

## IMPRESSION:

1. Grade III horizontal cleavage tear of the anterior horn of the lateral meniscus.
2. Bone contusion with microfracture at the head of the fibula.



FINAL DUPLICATE

Page 1

SELF MEMORIAL HOSPITAL  
Greenwood, S.C.

## DEPARTMENT OF RADIOLOGY

Patient Name: LEOPARD, JOHN  
Unit Number: A000157622Check-in Date: 02/15/02 0748  
Location: \*CP

Account # 0204600039

BD: 09/17/70 Age: 31Y

Sex: M

Ordering Physician HILL, JOSEPH B

Admit Phys: HILL, JOSEPH B

HILL, JOSEPH B  
1506 SPRING STREETHILL, JOSEPH B  
1506 SPRING STREET

GREENWOOD SC

29646-0000

GREENWOOD

SC 29646

Checkin-Exam Code Summary  
209205-69824, 209205-69825

## MRI OF THE LEFT KNEE 2/15/02

Indication: Knee pain, pain when bending the knee.

Technique: Sagittal T1, PD, T2, coronal PD, T2, axial T2-weighted gradient echo, and thin section oblique sagittal FSE T2 images angled with the ACL are obtained.

Findings: Anterior cruciate ligament, posterior cruciate ligament, medial and lateral collateral ligaments are normal in orientation and signal intensity. The medial and lateral meniscus are normal in appearance without evidence for meniscal tear. Anterior horn of the lateral meniscus is small, but otherwise normal. Marrow signal is normal with no evidence for fracture or bone contusion. There is no significant fluid in the knee joint. Patellar articular cartilage is normally maintained. Incidental note is made of a small bone island at the lateral femoral condyle.

## IMPRESSION:

Unremarkable MRI of the left knee.

Read By: JOHN W MCALHANY JR M.D.  
Released By: CHARLES F COLBY M.D.02/15/02 1207  
AH

FINAL DUPLICATE

Page 2



# Greenwood Sports & Industrial Rehab

Physical Therapy Services

Do  
9/2/10  
MSL

**Patient Name:** John Leopard  
**Date:** 09/02/10  
**Physician:** Dr. Sida  
**Diagnosis:** Low back pain  
**Frequency:** 2-3 x week x 4 weeks  
**Next MD Appointment:** 09/29/10

## SUBJECTIVE:

**Current History/Mechanism:** The patient reports that in 2007, he was injured when he was performing an interior attack on a house fire and fell 6 feet head first. The patient reported he landed on his back and has had pain since that time which had decreased significantly to minimal or none until approximately 3 weeks ago. The patient reports cutting his grass, and the following day, pain in the lower back increased to a 10/10. Today, the patient rates the pain at a 5-6/10 on medication.

**Previous Medical History:** Significant for high cholesterol. The patient reports cervical surgery, a fusion of C6 and C7, in 2008. The patient reports arthroscopic knee surgery in 2005. The patient is a smoker.

**Major Complaints:** Low back pain with right lower extremity numbness and tingling. He reports the right leg feels heavy and numb. He also has pain into the mid thoracic area with certain activities.

**Medications:** The patient reports he will bring a medication list on his next visit.

**Assistive Device:** None noted.

**Occupation:** The patient is a volunteer firefighter. He is employed with Advanced Technology in maintenance. The patient is currently working as tolerated.

**Diagnostic Testing:** The patient reports that he did have an MRI. The results are unavailable at the present time for the therapist. The patient did report bulging disks, herniated disks, and a compression fracture from 2007 which has healed in the thoracic area.

## OBJECTIVE:

**Posture & Gait:** The patient is a 39 y/o white male referred for outpatient physical therapy with back pain. The patient was ambulating in for outpatient physical therapy without current distress. I did note the patient to have increased lumbar lordosis and palpated tightness of bilateral paraspinal musculature from thoracic into the lumbar spine area.

### ROM (Lumbar):

|                      |            |             |
|----------------------|------------|-------------|
| Flexion              | 60°        |             |
| Extension            | 13°        |             |
| Side bending         | Left - 10° | Right - 16° |
| Bilateral hamstrings | 65°        |             |

Lower Pointe Medical Center

105 Vine Creek Court, Suite 100, Greenwood, South Carolina 29646 Telephone (803) 791-2900



# Greenwood Sports & Industrial Rehab

## Physical Therapy Services

John Leopard  
Page 2 (09/02/10)

### Strength:

Bilateral upper extremity 5/5

I noted the patient to have poor core strength grossly 4-/5 with difficulty forming bridging activities and increased pain with bridging and leg raise activities.

Bilateral hips 4/5 grossly assessed

**Neurological:** The patient does have right lower extremity numbness and tingling with a heavy feeling at times. The patient does report occasional numbness and tingling in the left lower extremity.

**Palpation:** The patient is tender along the bilateral thoracic and lumbar paraspinal musculature. There was also notable tightness.

**Edema/Atrophy:** None noted today.

**REHABILITATION POTENTIAL:** Good to guarded depending on his compliance to the program.

**TREATMENT:** Consisted of an evaluation. The patient was instructed in and performed therapeutic exercises per handout. A handout was issued for exercises to continue at home as the patient tolerates. The patient then received intermittent pelvic traction and moist heat with an 80 pound pull x 20 minutes. The patient did have to be removed 2 minutes early secondary to reporting mid back pain from lying in the supine position. The patient did report pelvic traction relieved his right lower extremity radicular symptoms while on traction. The patient does report he has a home TENS unit. The patient was instructed to continue using the home TENS unit for decreasing discomfort or pain at home.

**ASSESSMENT:** The patient tolerated the evaluation well. Goals and treatment were explained to the patient. The patient is having a nerve study done on 09/09/10.

### GOALS (4 weeks):

1. Patient to subjectively decrease back pain to 0-2/10 with ADLs.
2. Patient to subjectively decrease bilateral lower extremity numbness and tingling and radicular symptoms to minimal or none.
3. Patient to increase core strength to 4+ to 5/5.
4. Patient to increase trunk and lower extremity ROM to WNL.
5. Patient to be independent with a home exercise program.

**PLAN:** Patient to continue outpatient physical therapy 2-3 x/week x 4 weeks for therapeutic exercises, increasing functional activity as tolerated, modalities as needed for pain, manual therapy as needed, intermittent pelvic traction as tolerated, and education.

Tower Point Medical Center

105 West Crest Court, Suite 100, 3 Greenwood 28844, Raleigh, NC 27603 Telephone: 866-41-29-44



# Greenwood Sports & Industrial Rehab

Physical Therapy Services

John Leopard  
Page 3 (09/02/10)

Thank you for your referral of this patient. If you have any further questions, please feel free to contact me.

Sincerely,

Jamie Griffith, MHS/RPT, License #2680

Lowell Pointe Medical Center

405 Vine Crest Court, Suite 400, Greenwood, South Carolina 29646-3111 Phone: (803) 299-9100



# Greenwood Sports & Industrial Rehab

Physical Therapy Services

## Physician Follow-Up / Re-Evaluation / Discharge

Date: 10-27-10 Physician: Dr. Sida  
Patient Name/ DOB: John Leopold / 9-17-70 Initial Eval. Date: 9-2-10  
Diagnosis: LBP Number of Visits: 12

### Patient's treatment has consisted of:

Ther exercises for back rehab, pelvic traction, moist heat,  
elect. Stim, manual stretching.

### Objective Measurements/Progress:

At last visit: back pain 5/10, Distal (R) LE pain:  
Strength abs (3/5), back (3/5), Lumbar Abom: flex (78°), ext (20°),  
⊙ SB (26°), ⊙ SB (27°), ⊙ Hamstring Abom (supine) = 65°

### Assessment/Progress:

Back pain + (R) LE pain tends to vary in intensity & frequency.  
Had p.d. lumbar Abom. Hamstring remained tight. Core remained weak.  
Goals not met.

### Plan/Goals/Reason for DC:

Will be PT - no further PT ordered.

**Thank you very much for this referral. Please feel free to contact our clinic if you have questions or concerns regarding this patient's treatment.**

**New MD orders or written comments: Frequency & Duration:**

Therapist Signature: [Signature] Physician Signature: [Signature]  
NOV 03 2010  
FAXED  
10  
Tower Point Medical Center  
105 Vine Crest Court, Suite 400 • Greenwood, South Carolina 29646 • Phone: 864-229-9800 • Fax: 864-229-5111 • HUMANITY-USA



## Corporate Services

Check the office location or physician you prefer

☐ Ninety Six Office  
103 Little Mountain Rd.  
Ninety Six, SC 29666  
Phone (864) 543-3515  
Fax (864) 543-2973

☐ North Greenwood Office  
3410 Cokesbury Road  
Hodges, SC 29653  
Phone (864) 227-2099  
Fax (864) 227-1779

☒ Neurology Division  
105 Vine Crest Ct, Suite 1000  
Greenwood, SC 29646  
Phone (864) 227-5240  
Fax (864) 227-5239

Previous MD:  
☐ Professional Park Office  
105 Vine Crest Ct, Suite 600  
Greenwood, SC 29646  
Phone (864) 227-2900  
Fax (864) 227-6487

☐ Westside Office  
1228 Highway 72 West  
Greenwood, SC 29649  
Phone (864) 943-0549  
Fax (864) 227-2067

☐ Dr. Michael Bryant  
☐ Dr. Dan Robinson

☐ Dr. Ed Fowler  
☐ Dr. Dave Riley  
☐ Dr. Robin Stone

☐ Dr. Wayne Sida  
☐ Dr. Bret Warner

☐ Dr. Todd Gallman  
☐ Dr. Dennis Murphy  
☐ Dr. Oliver Willard

☐ Dr. Bryan Ellenberg  
☐ Dr. John Ergle  
☐ Dr. Cara Friez

### Patient Information:

SSN: 247 - 63 - 1193

Name: Last Leopard First John MI B

Home Address Street: 712 Stillwell Rd

Zip: 29646 City: Greenwood County: \_\_\_\_\_ State: SC

Phones Home: (864) 227-8763 Cell: (864) 992-7037 DOB: 9 / 17 / 70

E-mail address: \_\_\_\_\_

May e-mail be used to communicate confidential information (e.g. laboratory results)? ☐ Yes ☐ No

Sex: ☒ M ☐ F Race: ☒ White ☐ Black ☐ Hispanic ☐ Other Marital Status: ☐ S ☒ M ☐ W ☐ D ☐ Other

Emergency Contact: Sheila Leopard Relationship: Spouse Phone: (864) 227-8763

Primary Physician: Dr. B. Hill Phone: ( )

### Employment Information:

Employer: ATS Work Phone: (864) 942-6415

Address: \_\_\_\_\_ City: Greenwood State: SC Zip: 29646

### Insurance Information:

Primary Insurance Company Name: BCBS of TN

Name of Insured: Last Leopard First John MI B DOB: 9 / 17 / 70

Insured SSN: 247 - 63 - 1193 Relationship to Patient: Self

Place of Emp. Of Insured: ATS

Policy Number: APP847548952 Group Number: P30092

List all individuals covered by this policy: \_\_\_\_\_

Secondary Insurance Company Name: \_\_\_\_\_

Name of Insured: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insured SSN: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Place of Emp. Of Insured: N/A

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

List all individuals covered by this policy: \_\_\_\_\_

I authorize the release of any medical or financial information necessary to process insurance claims and permit a copy of this authorization to be used in place of the original. This authorization may be revoked by the primary insurance company at any time in writing.

John M. Leopard Date: 8-15-10

I authorize payment of the above insurance claim to the doctor and/or hospital. I understand that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is NOT a substitute for payment.

\_\_\_\_\_  
Date: \_\_\_\_\_

PLEASE READ: All payments are due the time of service. The patient is responsible for furnishing insurance information and notifying us of any change. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is NOT a substitute for payment.

Neurology

Welcome to PIEDMONT HEALTH GROUP, LLC, NEUROLOGY DIVISION. Please take a few moments to complete the following medical information as completely as possible.

Today's Date 8-13-10

Full Name John B. Leopard SS# 247-63-1193 Age 39

What doctor referred you for today's visit? Dr. Bartz

Pharmacy name and location most frequently used Walgreens - South main

Neurological History

Chief Complaint (Why do you need to see a neurologist today)? Lower back pain, numbness + pain both legs more in right, Problems in using Bathroom

Past Medical History

1. What medical problems do you have?

- ☐ High Blood Pressure  
☐ Stroke  
☐ Diabetes

- ☐ Heart Attack  
☐ Heart Rhythm Problem  
☐ Cancer

- ☐ Epilepsy (seizures)  
☐ Heart Failure  
☐ Other \_\_\_\_\_

2. Have you ever been hospitalized or had any surgeries? (Please list) \_\_\_\_\_

Neck Fusion, Rt knee scope, Hernia Repair

Family History

|            | Heart Disease                       | Stroke                   | High Blood Pressure                 | Seizures                 | Cancer                              | Diabetes                            |
|------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Father     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Mother     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Brother(s) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sister(s)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

Does anyone in your family have an illness like yours? \_\_\_\_\_

Social History

1. What is the last level of education you completed? College
2. Do you work? ☒ Yes ☐ No Type of Work? Driver
3. Marital status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed
4. Have you ever smoked cigarettes? ☒ Yes ☐ No If yes, how many per day? 1 pack per day

Patient's Name John B. Leopard DOB 9-17-90

5. Do you drink alcohol (whiskey, wine, beer, etc)? ☐ Yes ☒ No How much per week? \_\_\_\_\_

6. Are you ☐ Left Handed ☒ Right Handed

7. Do you have any medication allergies? ☐ Yes ☐ No If yes, list medications \_\_\_\_\_  
Acosporin, clemast

Review of System Do you currently have or have you ever had?

|                |                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                            |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>General</u> | <input type="checkbox"/> Weight Loss<br><input checked="" type="checkbox"/> Fever, Chills, Night Sweats                                                                                                         | <u>Resp.</u>         | <input type="checkbox"/> Shortness of Breath<br><input type="checkbox"/> Wheezing/ Asthma<br><input type="checkbox"/> Chronic Cough                                                                        |
| <u>Integ.</u>  | <input type="checkbox"/> Skin Rash<br><input type="checkbox"/> Birthmarks                                                                                                                                       | <u>GI</u>            | <input checked="" type="checkbox"/> Indigestion/ Reflux<br><input type="checkbox"/> Ulcers<br><input type="checkbox"/> Blood in Stool<br><input type="checkbox"/> Hepatitis                                |
| <u>Eyes</u>    | <input type="checkbox"/> Double Vision<br><input type="checkbox"/> Loss of Vision in One Eye<br><input type="checkbox"/> Glaucoma<br><input type="checkbox"/> Cataracts                                         | <u>GU</u>            | <input type="checkbox"/> Urinary Frequency<br><input type="checkbox"/> Loss of Urine Unexpectedly<br><input checked="" type="checkbox"/> Difficulty Urinating                                              |
| <u>Ears</u>    | <input type="checkbox"/> Ringing in the Ears<br><input type="checkbox"/> Hearing Loss<br><input type="checkbox"/> Dizziness/ Vertigo<br><input type="checkbox"/> Balance Difficulty                             | <u>Heme.</u>         | <input type="checkbox"/> Free Bleeder<br><input type="checkbox"/> Blood Clots<br><input type="checkbox"/> Easy Bruising                                                                                    |
| <u>Nose</u>    | <input checked="" type="checkbox"/> Nosebleeds<br><input checked="" type="checkbox"/> Sinus Infections<br><input type="checkbox"/> Loss of Smell                                                                | <u>Endo.</u>         | <input type="checkbox"/> Heat/Cold Intolerance<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Thyroid Disease<br><input type="checkbox"/> Menopause<br><input type="checkbox"/> Pregnant |
| <u>Throat</u>  | <input type="checkbox"/> Hoarseness<br><input type="checkbox"/> Change in Voice<br><input type="checkbox"/> Trouble Swallowing                                                                                  | <u>Aller/ Immun.</u> | <input type="checkbox"/> Medications that suppresses immune system<br><input type="checkbox"/> HIV/ AIDS<br><input type="checkbox"/> Allergies                                                             |
| <u>Heart</u>   | <input type="checkbox"/> Chest Pain<br><input type="checkbox"/> Irregular Heartbeat<br><input type="checkbox"/> History of Heart Attack<br><input checked="" type="checkbox"/> Swelling in the Legs/Feet        |                      |                                                                                                                                                                                                            |
| <u>Musc.</u>   | <input checked="" type="checkbox"/> Joint Pain<br><input checked="" type="checkbox"/> Swelling Joints<br><input checked="" type="checkbox"/> Muscle Aches<br><input checked="" type="checkbox"/> Fatigue Easily |                      |                                                                                                                                                                                                            |

Patient's Name John B. Leopard DOB 9-17-70

Neuro.

- ☐ Seizures/ Epilepsy
- ☐ Paralysis
- ☐ Numbness/ Tingling
- ☐ Stroke
- ☐ Headaches
- ☐ Meningitis/ Encephalitis

Psych

- ☐ Depression
- ☐ Hallucinations
- ☐ Anxiety
- ☐ Mood Swings

Comments about the above: \_\_\_\_\_

## HISTORY

**PATIENT:** John Leopard

**August 13, 2010**

**SS:** 247631193

**REFERRED BY:**

### HISTORY:

John is a 39-year-old white male referred here today for emergent consultation regarding potential spinal cord compression. He awoke this morning and developed a severe shooting pain in his back that caused him to fall to his knees. He has had trouble initiating urination. However, no frank incontinence. He has episodic numbness and pain in the right lower extremity. Of note, in October, 2007, while working as a fireman, he fell in a house fire and injured his back suffering wedge compression fractures at T10, T11, L1. He cut grass yesterday. He has been managed by the pain clinic in Greenville. He has since begun work in maintenance at Eaton electrical. He was seen by a neurosurgeon in the past. Thoracic neuroimaging in May of this year was performed for sudden onset of the midthoracic back pain. No compression. No acute findings. However images are of low resolution.

### PAST MEDICAL HISTORY/FAMILY HISTORY/SOCIAL HISTORY/REVIEW OF SYSTEMS:

Past medical history, family history, social history, and review of systems are documented in the chart and reviewed with the patient today.

### PHYSICAL EXAMINATION:

BP: 120/72. Height 177 cm. Weight 226 pounds. Respirations 18. Pulse 78. It appears to be in significant pain. Antalgic gait. General: Well developed well nourished individual. Integument: there is no skin rash. No evidence of lesions around the eyes or mouth. Extremities: pulses are symmetrical. No edema is noted. Heart is regular.

### NEUROLOGICAL EXAMINATION:

Mental Status: patient is alert and oriented to person, place, time, and situation. There is normal language and attention. No extinction or neglect. No apraxia. Memory is normal. Visuospatial testing is normal. Fund of knowledge is normal.

Cranial Nerves: pupils are equal, round, and reactive to light. Visual fields are full to confrontation. Extraocular movements are intact without nystagmus. Disks are sharp bilaterally with normal retinal vasculature. Face moves symmetrically and there's normal sensation. Hearing is normal to voice and 512 Hertz tuning fork. Palate elevates symmetrically. Shoulder shrug and head turning maneuvers are normal. Tongue protrudes midline.

Motor strength is 5/5 throughout with normal bulk and tone. There is no drift in the upper extremities. No extraneous movements are noted.

Sensory: intact to light touch, pinprick, vibration, proprioception, and cold.

DTRs: 1+ uppers; 3+ at knees 2- right ankle and 2 + left ankle. Toes are downgoing bilaterally. No clonus.

Coordination: normal for finger to nose, heel to shin, and rapid alternating movements.

Gait: Antalgic. Tender percussion in lower thoracic/upper lumbar region.

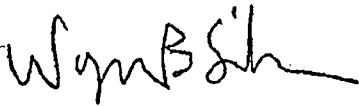
**IMPRESSION:**

No evidence of acute compression fracture. His main complaint is severe pain. He has a history of paroxysmal right lower extremity numbness and pain. This would be unexpected given the localization of his lower thoracic/upper lumbar spinal disease and prior compression fractures unless there is cauda equina compression. There is narrowing of the spinal canal around the conus medullaris and cauda equina. His reflexes remain brisk and this is suggestive of myelopathy. This could be pre-existing due to prior spinal contusion from his trauma. However, cannot exclude compression in the cervicothoracic cord. He is not experiencing significant pain in his neck or mid thoracic region presently. This leads me to believe most of his reflex changes are pre-existing although I have no comparison point.

**PLAN:**

1. Decadron taper. Avinza and valium.
2. Proceed with SSEP studies looking for residual of prior contusion or ongoing conus medullaris compression. At this point, based upon imaging alone, unless something changes on his neurological examination, I would like to pursue a more conservative approach without surgical intervention. I would like to take a look a little higher in his cervicothoracic cord because of his persistent brisk knee jerk reflexes. I will see him back shortly for an EMG and to review his response to our medications.

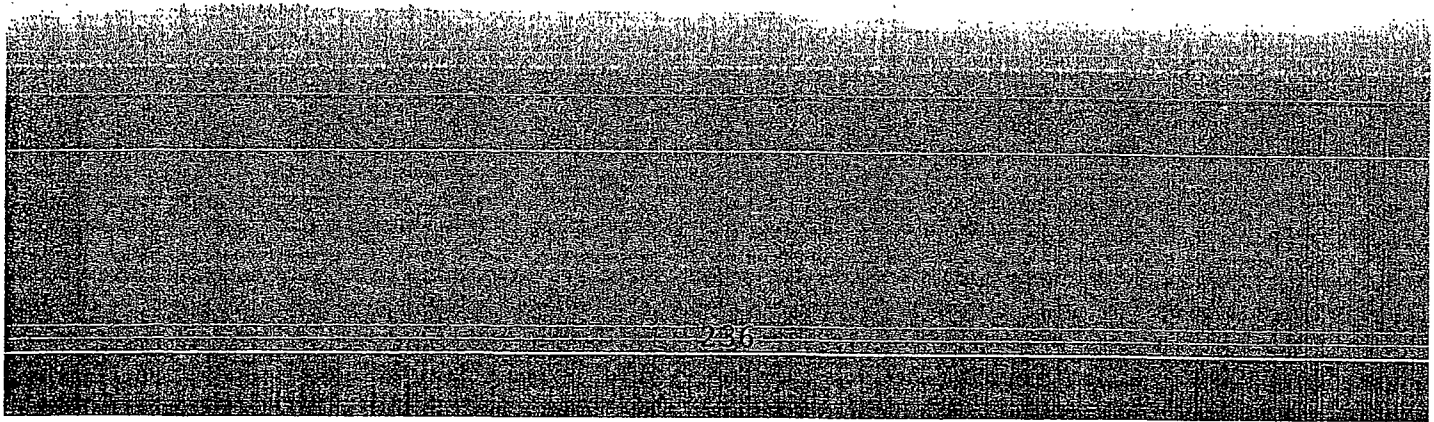
I would like to thank Dr. Bartz for for allowing me to take care of this very pleasant gentleman.



**Wayne Sida, MD**

**Piedmont Health Group - Neurology**

**WBS/ 08/13/2010**







Accredited Voluntary Assisted Living

Piedmont Health Group L.L.C.  
Diagnostic and Imaging Center  
105 Vine Crest Court  
Greenwood, SC 29646  
Ph: (864)943-4800 Fax: (864)943-0939

Patient Name: Leopard, John B  
Patient Acct #: 235030  
Physician: Sida, Wayne

Date of Exam: 08/17/2010  
Patient DOB: 09/17/1970

Exam: MRI T-Spine Without Contrast

CLINICAL: 39-year-old male with acute onset back pain, urinary difficulty, lower extremity pain and leg weakness.

TECHNIQUE: Sagittal T1, T2, STIR, and selective axial T1 and T2 images of the thoracic spine were acquired in multiple planes without contrast. He has a history of thoracic compression fractures on a traumatic basis several years ago.

FINDINGS: Images were adequate for diagnostic purposes. Patient appears to be status post anterior cervical discectomy with fusion at C6-7. Multiple Schmorl's nodes are noted. Loss of ventral vertebral body height at T10 and T11 consistent with chronic compression fractures. Modest loss of some ventral vertebral body height at T8. Spinal cord appears to terminate normally at L1. Multilevel intervertebral disc desiccation noted. STIR images show no acute fracture lines. Type II endplate changes noted along the inferior endplate of T8 ventrally. Thoracic epidural fat planes and neural foramina are patent. No significant subluxations or listhesis noted. Spinal cord caliber and signal is normal. T10-11 broad-based disc bulge and endplate hypertrophy produces ventral impression upon the distal cord. Posterior element hypertrophy contributes to produce moderate spinal canal stenosis. Neural foramina are patent. T11-12 broad-based disc bulge and endplate hypertrophy with focal herniation to the left of midline producing anterolateral impression upon the distal cord without cord signal change. Posterior element hypertrophy present. Neural foramina are patent. Small focal, central disc protrusion at T4-5 producing deflection of the thecal sac.

**IMPRESSION:**

1. Multilevel Schmorl's nodes with chronic compression fractures noted at T10, T11, and possibly T8 of the anterior wedge type.
2. T10-11 broad-based disc bulge and endplate hypertrophy with ventral impression upon the distal cord. Posterior element hypertrophy contributes to produce moderate spinal canal stenosis.
3. T11-12 broad-based disc bulge and endplate hypertrophy with focal herniation to the left of midline producing anterolateral impression upon the distal cord without cord signal change.
4. Incidental note is made of previous anterior cervical discectomy with fusion at C6-7. This would be better investigated by dedicated images of the cervical spine. Small T4-5 central disc protrusion with ventral impression upon the thecal sac and cord.

Wayne B. Sida, MD

Certified in MRI & CT, American Society of Neuroimaging  
Diplomate, American Board of Psychiatry & Neurology

Signed 08/17/2010 15:48:00 1893000000



Accredited Magnetic Resonance Imaging

Piedmont Health Group L.L.C.  
Diagnostic and Imaging Center  
105 Vine Crest Court  
Greenwood, SC 29646  
Ph: (864)943-4800 Fax: (864)943-0939

Patient Name: Leopard, John B  
Patient Acct #: 235030  
Physician: Sida, Wayne

Date of Exam: 08/17/2010  
Patient DOB: 09/17/1970

Exam: MRI C-Spine Without Contrast

**CLINICAL:** 39-year-old male with bladder difficulty and leg weakness. Clinical concern for cervical myelopathy. Pathologically brisk reflexes. History of traumatic spinal injury.

**TECHNIQUE:** Sagittal T1, T2, and selective axial T1, fast spin echo T2, and 3-D T2 images of the cervical spine were obtained in multiple planes without contrast.

**FINDINGS:** Images are adequate for diagnostic purposes. Patient is status post anterior cervical discectomy with instrumented fusion at C6-7. Visualized portions of the posterior fossa are unremarkable. Spinal cord caliber and signal is normal in appearance. Schmorl's node along the inferior endplate of T3. Multilevel intervertebral disc desiccation with preservation of intervertebral disc space height. Vertebral body height and signal is normal. Instrumentation hardware appears stable. Vertebral artery flow voids are patent. Vertebral artery flow voids are patent. C3-4 uncinate hypertrophy with mild right and moderate bilateral neural foramina stenosis. C5-6 mild broad based disc bulge eccentric to the right. C6-7 moderate bilateral neural foramina stenosis. Ferromagnetic artifact. STIR images show no fracture lines or bone edema. Visualized portions of the upper thoracic spine are unremarkable. Thoracic epidural fat planes and neural foramina are patent.

**IMPRESSION:**

1. Patient is status post anterior cervical discectomy and fusion at C6-7.
2. Multilevel cervical disc degenerative disease and spondylosis with varying degrees of neural foramina stenosis as described above. No significant cord signal compromise or extrinsic cord compression noted.

Wayne B. Sida, M. D.

*Certified in MRI & CT, American Society of Neuroimaging  
Diplomate, American Board of Psychiatry & Neurology*

Signed: 2010-08-17 09:57:37 777000000

DD: 08/17/2010/DP: 08/17/2010

238





# Neurology

105 VINE CREST CT. SUITE 1000 ♦ GREENWOOD, SC 29646 ♦ PH: 864-227-5240 ♦ FAX: 864-227-5239

WAYNE B. SIDA, M.D.

BRET J. WARNER, M.D.

## EMG NOTE

**PATIENT:** John Leopard

**August 23, 2010**

**SS:** 247631193

**REFERRED BY:**

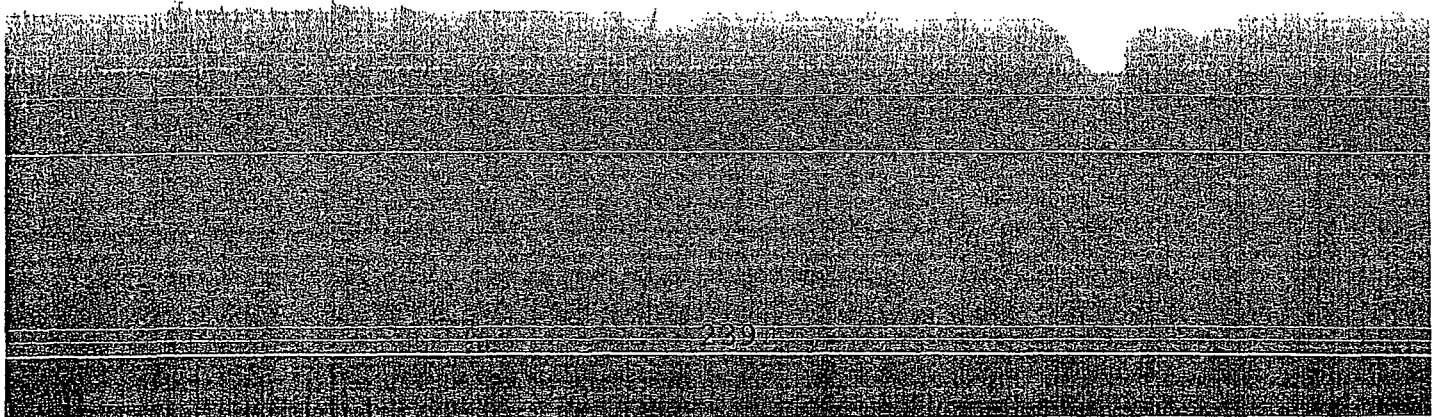
### NOTE:

John comes in for an EMG today. His pain level has diminished significantly and is near baseline. He remains ambulatory. Status post previous C6-7 ACDF. No evidence of upper cervicothoracic cord compression. However, T10-11 broad-based disk bulge with ventral impression upon the distal cord. T11-12 broad-based disk bulge and endplate hypertrophy with focal herniation to left midline producing anterolateral impression of the distal cord without cord signal change. SSEP studies are pending. I am going to send him to physical therapy. He continues to see Dr. Shallcross at pain medicine. As long as his pain remains under reasonable control, will continue conservative management. He does report some episodic tingling paresthesias in his toes on the right. Most of his problem seems to be at the level where his previous compression fractures located. However, no fragmentation or intrusion upon the canal by bone fragments or subluxation. Most of his distal cord/spinal canal abnormalities are related to disk disease.

Wayne Sida, MD

Piedmont Health Group - Neurology

WBS/ 08/23/2010





# Neurodiagnostics

EEG/EMG/SSEP/Autonomic Testing

105 VINE CREST CT., SUITE 1000 ♦ GREENWOOD, SC 29646 ♦ PHONE: 864-227-5240 ♦ FAX: 864-227-5239

WAYNE SIDA, M.D.

MEDICAL DIRECTORS

BRET WARNER, M.D.

Test Date: 8/23/2010

|                 |                 |                |           |                    |                     |
|-----------------|-----------------|----------------|-----------|--------------------|---------------------|
| <b>Patient:</b> | Johnnie Leopard | <b>DOB:</b>    | 9/17/1970 | <b>Physician:</b>  | Wayne B. Sida, M.D. |
| <b>Sex:</b>     | Male            | <b>Height:</b> | 177 cm    | <b>Ref Phys:</b>   | Bartz, Mark         |
| <b>ID#:</b>     | 235030          | <b>Weight:</b> | 225 lbs.  | <b>Technician:</b> | Sida                |

### Patient Chief Complaint, History, Exam:

Patient is a 39 year-old male who presents with hx of fall injury and multiple compression fractures/spinal. Had acute onset of pain especially in right lower back and leg recently that occurred spontaneously. No diabetes. Pain caused him to fall to ground.

### Impression:

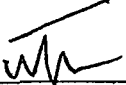
Normal electrodiagnostic study the right lower extremity. There is no electrodiagnostic evidence of nerve entrapment, generalized peripheral neuropathy, or lumbar radiculopathy.

### EMG & NCV Findings:

All nerve conduction studies (as indicated in the following tables) were within normal limits.

H-reflex studies indicate that the Left Tibial H-Reflex has prolonged latency (36.03 ms). The Right Tibial H-Reflex has prolonged latency (35.21 ms). All H Reflex left vs. right side latency differences were within normal limits.

All examined muscles (as indicated in the following table) showed normal insertional activity and recruitment.

  
Wayne B. Sida, M.D.

Faxed 9/8/10  
BO 8/24/10

### Nerve Conduction Studies

#### Anti Sensory Summary Table

| Site                                       | NR | Peak (ms) | Norm Peak (ms) | P-T Amp (µV) | Norm P-T Amp | Site1 | Site2    | Delta-P (ms) | Dist (cm) |
|--------------------------------------------|----|-----------|----------------|--------------|--------------|-------|----------|--------------|-----------|
| <b>Right Sural Anti Sensory (Lat Mall)</b> |    |           |                |              |              |       |          |              |           |
| Calf                                       |    | 4.4       | <4.8           | 8.8          | >5.0         | Calf  | Lat Mall | 4.4          | 14.0      |

#### Motor Summary Table

| Site                                       | NR | Onset (ms) | Norm Onset (ms) | O-P Amp (mV) | Norm O-P Amp | Site1 | Site2 | Delta-0 (ms) | Dist (cm) | Vel (m/s) | Norm Vel (m/s) |
|--------------------------------------------|----|------------|-----------------|--------------|--------------|-------|-------|--------------|-----------|-----------|----------------|
| <b>Right Peroneal Motor (Ext Dig Brev)</b> |    |            |                 |              |              |       |       |              |           |           |                |
| Ankle                                      |    | 5.3        | <6.6            | 5.5          | >2           | B Fib | Ankle | 5.6          | 26.5      | 47.3      | >42            |
| B Fib                                      |    | 10.9       |                 | 5.4          |              |       |       |              |           |           |                |
| <b>Right Tibial Motor (Abd Hall Brev)</b>  |    |            |                 |              |              |       |       |              |           |           |                |
| Ankle                                      |    | 5.9        | <6.6            | 5.7          | >2           | Knee  | Ankle | 10.1         | 43.0      | 42.6      | >42            |
| Knee                                       |    | 16.0       |                 | 5.3          | >2           |       |       |              |           |           |                |

#### H Reflex Studies

| NR                            | H-Lat (ms) | Lat Norm (ms) | L-R H-Lat (ms) | L-R Lat Norm | Leg Length (cm) |
|-------------------------------|------------|---------------|----------------|--------------|-----------------|
| <b>Left Tibial (Gastroc)</b>  |            |               |                |              |                 |
|                               | 36.03      | <0.0          | 0.82           | <2.0         | 0.00            |
| <b>Right Tibial (Gastroc)</b> |            |               |                |              |                 |
|                               | 35.21      | <0.0          | 0.82           | <2.0         | 0.00            |

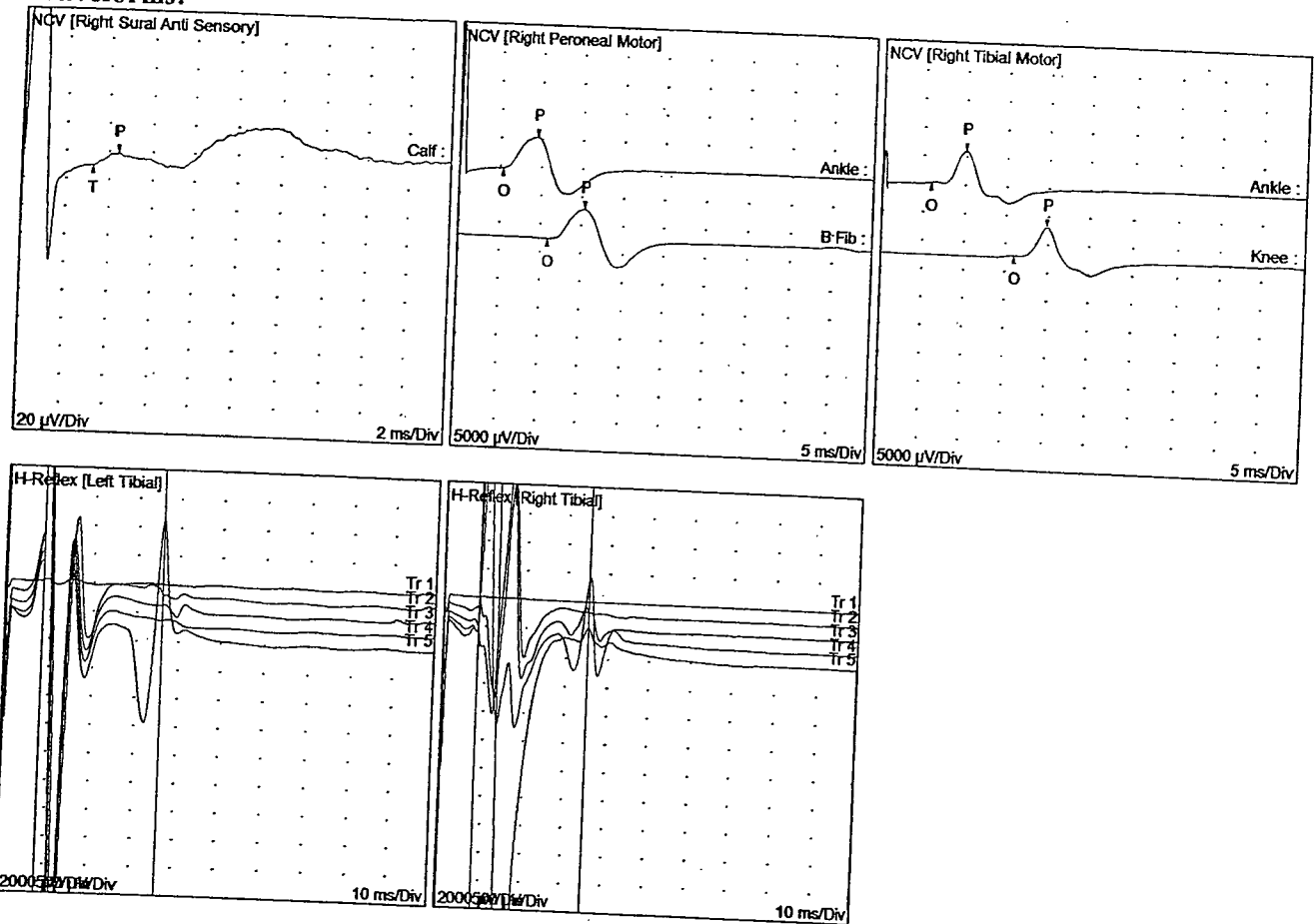
#### EMG

| Side  | Muscle        | Nerve        | Root  | Ins Act | Fibs | Psw | Fascics | CRD    | Amp | Dur | Poly | Recrt | FF  | Int Pat | Comm |
|-------|---------------|--------------|-------|---------|------|-----|---------|--------|-----|-----|------|-------|-----|---------|------|
| Right | Peroneus Long | Sup Br Peron | L5-S1 | Nml     | 0    | 0   | 0       | Absent | Nml | Nml | 0    | Nml   | Nml | Nml     |      |
| Right | MedGastroc    | Tibial       | S1-2  | Nml     | 0    | 0   | 0       | Absent | Nml | Nml | 0    | Nml   | Nml | Nml     |      |
| Right | AntTibialis   | Dp Br Peron  | L4-5  | Nml     | 0    | 0   | 0       | Absent | Nml | Nml | 0    | Nml   | Nml | Nml     |      |
| Right | VastusLat     | Femoral      | L2-4  | Nml     | 0    | 0   | 0       | Absent | Nml | Nml | 0    | Nml   | Nml | Nml     |      |

#### Paraspinal EMG

| Side  | Muscle             | Nerve | Root  | Ins Act | Fibs | Psw | CRD    | Comments |
|-------|--------------------|-------|-------|---------|------|-----|--------|----------|
| Right | Lumbar paraspinals | Rami  | L1-S1 | Nml     | Nml  | Nml | Absent |          |

Waveforms:





# Neurodiagnostics

EEG/EMG/SSEP/Autonomic Testing

105 VINE CREST CT., SUITE 1000 ♦ GREENWOOD, SC 29646 ♦ PHONE: 864-227-5240 ♦ FAX: 864-227-5239

WAYNE SIDA, M.D.

MEDICAL DIRECTORS

BRET WARNER, M.D.

Test Date: 9/9/2010

|                 |               |                |           |                    |                     |
|-----------------|---------------|----------------|-----------|--------------------|---------------------|
| <b>Patient:</b> | John Leopard. | <b>DOB:</b>    | 9/17/1970 | <b>Physician:</b>  | Wayne B. Sida, M.D. |
| <b>Sex:</b>     | Male          | <b>Height:</b> | cm        | <b>Ref Phys:</b>   |                     |
| <b>ID#:</b>     | 235030        | <b>Weight:</b> | lbs.      | <b>Technician:</b> | J Szortyka          |

### Patient Chief Complaint, History, Exam:

39 year old male with T10-11 broad based disc bulge with ventral impression on the cord. T11-12 broad-based disc bulge endplate hypertrophy with focal herniation to the left midline producing anterolateral compression of the distal cord without cord signal change.

### Introduction:

This is a posterior tibial nerve somatosensory evoked potential performed for the evaluation of cervical myelopathy. Unilateral limb stimulation was used. Patient cooperation was good. Sedation was used. Stimulus rate was 5.3 Hz. Craniospinal deformities were not noted.

### Summary of Findings:

The obligate waveforms are present with normal latencies. The interpeak latencies are normal bilaterally.

### Impression:

1. This is a normal bilateral tibial SSEP study.

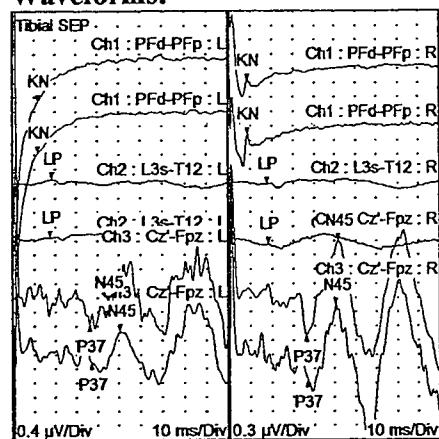
Electronically Signed By Wayne B. Sida, M.D. on October 2, 2010 at 1:11:43 PM

Wayne B. Sida, M.D.

## Tibial SEP

| Trial      | P37 (ms) | LP (ms) | KN (ms) | P37-LP (ms) | LP-KN (ms) | P37-N45 ( $\mu$ V) |
|------------|----------|---------|---------|-------------|------------|--------------------|
| Norm       | <41.7    | <22.1   |         | <20.5       |            |                    |
| Trial1 - R | 36.1     | 18.0    | 8.9     | 18.1        | 9.1        | 1.98               |
| Trial2 - R | 36.6     | 18.3    | 8.9     | 18.3        | 9.4        | 1.58               |
| Trial3 - L | 36.3     | 18.6    | 12.0    | 17.7        | 6.6        | 0.60               |
| Trial4 - L | 37.2     | 18.0    | 12.0    | 19.2        | 6.0        | 0.88               |

## Waveforms:







## Neurodiagnostics

EEG/EMG/SSEP/Autonomic Testing

105 VINE CREST CT., SUITE 1000 ♦ GREENWOOD, SC 29646 ♦ PHONE: 864-227-5240 ♦ FAX: 864-227-5239

WAYNE SIDA, M.D.

MEDICAL DIRECTORS

BRET WARNER, M.D.

Test Date: 9/9/2010

|                 |              |                |           |                    |                     |
|-----------------|--------------|----------------|-----------|--------------------|---------------------|
| <b>Patient:</b> | John Leopard | <b>DOB:</b>    | 9/17/1970 | <b>Physician:</b>  | Wayne B. Sida, M.D. |
| <b>Sex:</b>     | Male         | <b>Height:</b> | cm        | <b>Ref Phys:</b>   |                     |
| <b>ID#:</b>     | 235030       | <b>Weight:</b> | lbs.      | <b>Technician:</b> | J Szortyka          |

### Patient Chief Complaint, History, Exam:

39 year old male with T10-11 broad based disc bulge with ventral impression on the cord. T11-12 broad-based disc bulge endplate hypertrophy with focal herniation to the left midline producing anterolateral compression of the distal cord without cord signal change.

### Introduction:

This is a ulnar nerve somatosensory evoked potential (SSEP) performed for the evaluation of myelopathy. Unilateral limb stimulation was used. Patient cooperation was good. The patient was sedated prior to the test. Stimulus rate was 5.3 Hz.

### Summary of Findings:

The obligate waveforms are present with normal latencies. The interpeak latencies are normal bilaterally.

### Impression:

1. This is a normal bilateral ulnar SSEP study.

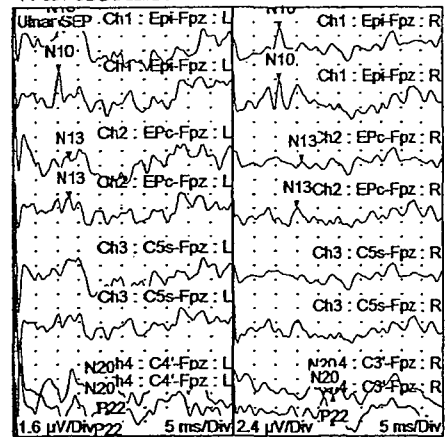
Electronically Signed By Wayne B. Sida, M.D. on October 2, 2010 at 1:10:31 PM

Wayne B. Sida, M.D.

## Ulnar SEP

| Trial      | N20 (ms) | N13 (ms) | N10 (ms) | N20-N13 (ms) | N20-N10 (ms) | N13-N10 (ms) | N20-P22 ( $\mu$ V) |
|------------|----------|----------|----------|--------------|--------------|--------------|--------------------|
| Norm       | <22.1    | <16.3    | <12.0    | <6.8         | <10.9        | <5.2         |                    |
| Trial1 - R | 20.8     | 16.1     | 11.0     | 4.7          | 9.8          | 5.1          | 1.51               |
| Trial2 - R | 21.3     | 15.0     | 10.9     | 6.3          | 10.4         | 4.1          | 3.57               |
| Trial3 - L | 19.5     | 12.7     | 10.6     | 6.8          | 8.9          | 2.1          | 0.20               |
| Trial4 - L | 19.6     | 12.9     | 10.3     | 6.7          | 9.3          | 2.6          | 0.17               |

## Waveforms:





**PROGRESS NOTE**

**PATIENT:** John Leopard

**October 15, 2010**

**SS:** 247-63-1193

**REFERRED BY:** Benjy Hill, MD

**SUBJECTIVE:**

John has been going to physical therapy. Pain varies. He has tried multiple modalities including physical therapy, TENS unit, lidoderm patches, and oral pain medications. Lidoderm patch caused a skin rash. He is seeing pain management in Greenville. He has been scheduled for a functional capacity evaluation. His employer is concerned about taking pain medications and working. I told him that this would have to be a defer to Dr. Shallcross with pain management and the results of his functional capacity evaluation. However, if he is on a stable dosage of pain medication without side effects, this should be no reason to restrict him. Clearly, if adjustments to his medication are made, he may need to be given a period of time to see if he develops any particular side effects. However, I do understand his employers concerns. His SSEP studies were stable with no evidence of cord conduction delay. We did discuss the findings on neuroimaging and both agreed not to pursue neurosurgical interventions at this point. I told him to call me if anything changes with his neurological symptoms. We talked about the future prognosis as well including the possibility of relapses.

**OBJECTIVE:**

Vital signs are stable and documented in the chart. Patient is alert and oriented. Language is normal. Eye movements are full. Pupils are equal. Face is symmetrical. There is no drift. No extinction. Visual fields are full to confrontation. Reflexes are symmetrical. There is no ataxia. Gait is normal. Slightly more brisk at the knees. 2 - right ankle and 2 + left ankle.

**IMPRESSION:**

T10-11 broad-based disk bulge with employs hypertrophy and ventral impression upon the distal cord. Posterior element hypertrophy contributes to produce moderate spinal canal stenosis.

T11-12 broad-based disk bulge and employed hypertrophy with focal herniation to the left of midline producing anterolateral impression upon the distal cord without cord signal change.

Previous anterior cervical discectomy and fusion at C6-7.

Small T4-5 central disk protrusion with ventral impression upon the thecal sac and cord.

**PLAN:**

I did offer him neurosurgical assessment but he is not interested at this point. See comments above. Send me a copy of the functional capacity evaluation. Follow up shortly.

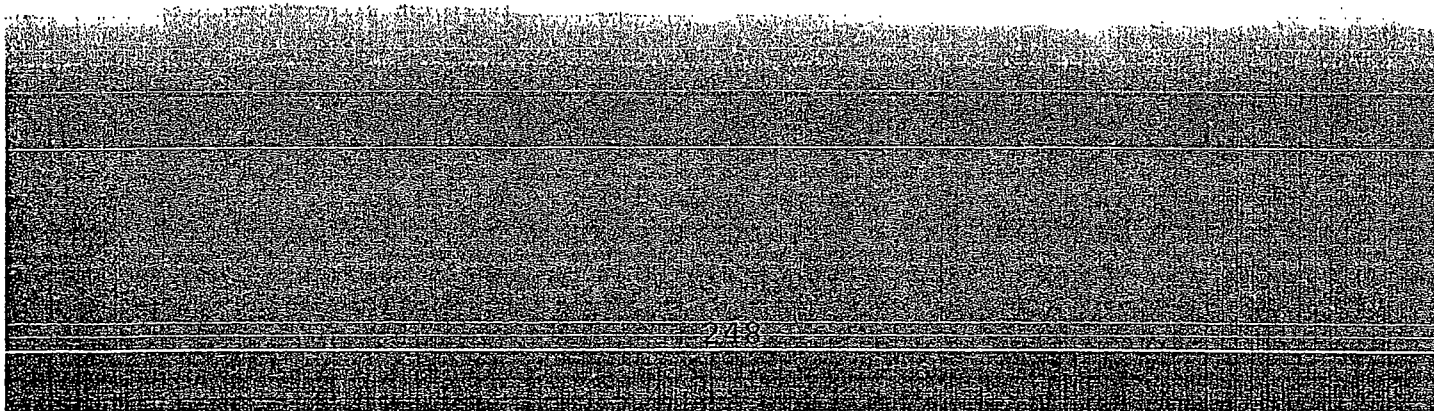
PATIENT: John Leopard  
PAGE 2

October 15, 2010

*Wayne Sida MD*

Wayne Sida, MD  
Piedmont Health Group - Neurology

WBS/ 10/15/2010



FAMILY PHYSICIANS OF GREENWOOD  
1506 SPRING ST. GREENWOOD, SC 29646

DATE: 11-17-98 CIRCLE PHYSICIAN PREFERENCE: BRIDGES HILL FRIEZ RHODES  
PATIENT LAST NAME Leopard FIRST John MI B.  
HOME ADDRESS 3808 Rockhouse R.D. CITY Bradley STATE S.C. ZIP 29819  
MAILING ADDRESS 3808 Rockhouse R.D. CITY Bradley STATE S.C. ZIP 29819  
HOME PHONE: (864) 746-6342 DATE OF BIRTH 9-17-70 AGE 28  
SOCIAL SECURITY # 247-63-1193 SEX: MALE FEMALE  
MARITAL STATUS: S M (D) W EMPLOYMENT STATUS: EMPLOYED RETIRED STUDENT N/A  
EMPLOYER INFORMATION: NAME OF EMPLOYER DeFrance Metal Products  
EMPLOYER'S ADDRESS 161 Rockchurch R.D. Greenwood S.C. 29649  
WORK PHONE #: (1) 223-5519 TYPE OF WORK YOU DO: Maintenance

**MEDICAL AND/OR HOSPITAL INSURANCE (INCLUDING MEDICARE AND MEDICAID):  
PLEASE PRESENT ALL INSURANCE CARDS TO RECEPTIONIST FOR COPYING**

PRIMARY INSURANCE \_\_\_\_\_ INSURED'S NAME John B. Leopard  
INSURED'S DATE OF BIRTH: 9-17-70 ID# \_\_\_\_\_ GROUP # \_\_\_\_\_  
EMPLOYER DeFrance Metal COPAY (IF APPLICABLE) \_\_\_\_\_ DEDUCTIBLE \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ INSURED'S NAME \_\_\_\_\_  
INSURED'S DATE OF BIRTH: \_\_\_\_\_ ID# \_\_\_\_\_ GROUP # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ COPAY (IF APPLICABLE) \_\_\_\_\_ DEDUCTIBLE \_\_\_\_\_

IF MINOR (UNDER AGE 18): FATHER'S NAME \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

IF MARRIED: SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S SS#: \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_ SPOUSE'S EMPLOYER: \_\_\_\_\_

MOST RECENT PHYSICIAN: \_\_\_\_\_ CURRENT MEDICATIONS: \_\_\_\_\_

EMERGENCY CONTACT: Tommie Leopard RELATIONSHIP: Father PHONE 746-6029

**AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS**

I hereby authorize Family Physicians of Greenwood, PA to furnish information to my insurance carriers concerning my illness and/or treatment and I hereby assign to Family Physicians of Greenwood, PA all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amounts not covered/paid by my insurance carrier. I authorize use of a photostatic copy of this assignment in lieu of the original when necessary. This serves as a lifetime authorization unless revoked by me in writing.

SIGNATURE: John B. Leopard DATE: 11-17-98

22673

Family Physicians of Greenwood, PA  
1506 Spring Street Greenwood, SC 29645  
(864) 227-3117

Update: \_\_\_\_\_

PERSONAL INFORMATION:

Patient's Last Name: Leopard First Name: John MI B  
Home Address: 3506 Rockhouse Rd. City Bradley State SC Zip 29519  
Mailing Address: 3506 Rockhouse Rd. City Bradley State S.C. Zip 29519  
Home Phone: ( ) 864-746-6342 Date of Birth: 9-17-70  
SS#: 24 7-63-1193 Marital status: S M/DW

EMPLOYMENT INFORMATION:

Employment Status: Employed Retired Student N/A  
Employer: Defiance Metal Products Emp. Phone: 223-5519  
Emp Address: 161 Rockchurch Rd. City: Greenwood State S.C.  
Type of work: Maintenance

Medical and/or Hospital Insurance (Including Medicare and Medicaid): Please present all cards for coverage

Primary Insurance: Employer's Plan Inc. Insured's name: John B. Leopard

Insured's Date of Birth: 9-17-70 ID#: 9303 Group #: \_\_\_\_\_

Employer: Defiance Metal Products CoPay (if applicable) \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Insured's name: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Employer: \_\_\_\_\_ CoPay (if applicable) \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

If Minor (under 18): Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

If married: Spouse's name: \_\_\_\_\_ Spouse's SS#: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

EMERGENCY CONTACT: Tommye Leopard SR Relationship: Father Phone: 864-746-5001

Authorization to Release Information and Assignment of Benefits

I hereby accept responsibility for the full amount of the charges incurred for my treatment. I authorize Family Physicians of Greenwood, PA to furnish information to my insurance carriers concerning my illness and/or treatment and I hereby assign to Family Physicians of Greenwood, PA all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered/paid by my insurance carrier. I authorize use of a photostatic copy of this assignment in lieu of the original when necessary. This serves as a lifetime authorization unless revoked by me in writing.

SIGNATURE: John B. Leopard

DATE: 5-2-00

Family Physicians of Greenwood, P.A.

1506 Spring Street

Greenwood, S.C. 29646

864-227-3117

PERSONAL INFORMATION

Patients Last Name: Leopard First Name: John MI: B  
Home Address: 712 Stillwell RD City: Greenwood State: SC Zip: 29646  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (864) 227-8763 Date of Birth: 9-17-70 Age: 31  
SS# 247-631123 Sex: (M) F Marital Status: S (M) D W

Please list all current medications on the reverse side.

EMPLOYMENT INFORMATION

Employed Retired Student N/A Type of work Maintenance  
Employer: ATS Employer Phone # 942-6415  
Employer Address: \_\_\_\_\_ City: Greenwood State: S.C.

INSURANCE INFORMATION

Primary Insurance: HCH Administration  
Insured's Name John B. Leopard Insured's Relationship to Patient Self  
Insured's Date of Birth 9-17-70 ID# 247631193 Group # ATS  
Employer \_\_\_\_\_ CoPay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Please present cards for copying

Secondary Insurance:

Insured's Name \_\_\_\_\_ Insured's Relationship to Patient \_\_\_\_\_  
Insured's Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
Employer \_\_\_\_\_ CoPay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
Effective Date \_\_\_\_\_ Please present cards for copying

If a Minor (under 18): Father's Name \_\_\_\_\_ Work Phone# \_\_\_\_\_  
Father's Place of Employment \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Mother's Place of Employment \_\_\_\_\_

If Married: Spouse's Name Shirila Leopard Spouse's SS# 249-6174-00  
Spouse's Date of Birth 12-8-71 Spouse's Employer American General  
Emergency Contact Tommy Leopard SR Relationship Father Phone 716-6024

(OVER)

Hill  
7-15-04

PATIENT INFORMATION

Last Name Leopard First Name John MI P Sex: (M) F  
Home Address 712 Stillwell R.D. City Greenwood State SC Zip Code 29646  
Mailing Address Same City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (864) 227-8763 Date of Birth 9-17-70  
SS#: 247-63-1193 Martial Status S (M) D W

Please list all current medications on the reverse side.

GUARANTOR INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SS# \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMPLOYMENT INFORMATION Employed Retired Student N/A

Employer Advanced Tech. Services Employer Phone# 864-992-6415  
Employer Address  Hwy 72/221 East Hammett City Greenwood State SC

IF A MINOR (under 18): Father's Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

IF MARRIED: Spouse's Name Sheila Leopard

Spouse's Employer Outpatient Surgery Center

INSURANCE INFORMATION

Please present cards for copying

Primary Insurance

Secondary Insurance

Insurance Company: Health Alliance

Insurance Company: \_\_\_\_\_

Insured's Name: John B. Leopard

Insured's Name: \_\_\_\_\_

Insured's Relationship to Patient: \_\_\_\_\_

Insured's Relationship to Patient: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

ID#: 24763/153-01 Group #: 500083

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Employer: Advanced Tech. Services

Employer: \_\_\_\_\_

Co-Pay Amount: \_\_\_\_\_ Deductible Amount: \_\_\_\_\_

Co-Pay Amount: \_\_\_\_\_ Deductible Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

EMERGENCY CONTACT Tommie Leopard Relationship Father Phone# 864-946-6029  
(over)

**FAMILY PHYSICIANS OF GREENWOOD, P.A.**

1506 Spring Street Greenwood, S.C. 29646

Hill  
53106

**Patient Information**

*Please print clearly.*

Last Name Leopard First Name John MI B Sex: M F  
 Home Address 712 Stillwell R.D. City Greenwood State S.C. Zip Code 29646  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone(864) 227-8763 Cell Phone(864) 992-3628  
 SS#: 247-63-1193 Date of Birth 9-17-70 Marital Status S M D W

**Employment Information**

Employed Retired Student N/A

Employer Advanced Technology Services Employer Phone# 864-992-6415  
 Employer Address Hwy 72/221 East City Greenwood State S.C.

**If a Minor (under 18)**

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

**If Married**

Spouse's Name Sheila Leopard Spouse's Employer Outpatient Surgery Center

**Insurance Information**

*Please present cards for copying.*

Primary Insurance

Secondary Insurance

Insurance Company BlueCross BlueShield  
 Subscriber's Name John B. Leopard  
 Subscriber's Relationship to Patient \_\_\_\_\_  
 Subscriber's Date of Birth 9-17-70  
 Subscriber's SS# 247-63-1193  
 ID# X0F847548952 Group# P30092  
 Co-Pay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
 Effective Date 1-1-5

Insurance Company \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_  
 Subscriber's Relationship to Patient \_\_\_\_\_  
 Subscriber's Date of Birth \_\_\_\_\_  
 Subscriber's SS# \_\_\_\_\_  
 ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 Co-Pay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
 Effective Date \_\_\_\_\_

(over)

6/2/06 flr

# FAMILY PHYSICIANS OF GREENWOOD, P.A.

1506 Spring Street Greenwood, S.C. 29646

## Patient Information

Please print clearly.

Last Name Leopard First Name John MI B Sex (M) F  
 Home Address 712 Stillwell RD City Greenwood State SC Zip Code 29646  
 Mailing Address Same City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone (864) 227-8763 Cell Phone (864) 554-245  
 SS# 247-63-1193 Date of Birth 9-17-70 Marital Status S (M) D W

## Employment Information

Employed

Retired

Student

N/A

Employer ATS Employer Phone# 942-6319  
 Employer Address Hwy 72/221 east City Greenwood State SC

## If a Minor (under 18)

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

## If Married

Spouse's Name Shizila Leopard Spouse's Employer \_\_\_\_\_

## Insurance Information

Please present cards for copying.

### Primary Insurance

Insurance Company Blue Cross Blue Shield  
 Subscriber's Name John B. Leopard  
 Subscriber's Relationship to Patient ME  
 Subscriber's Date of Birth 9-17-70  
 Subscriber's SS# 247-63-1193  
 ID# X0F847545952 Group# P30092  
 Co-Pay Amount 25.00 Deductible Amount \_\_\_\_\_  
 Effective Date 1-1-2001

### Secondary Insurance

Insurance Company \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_  
 Subscriber's Relationship to Patient \_\_\_\_\_  
 Subscriber's Date of Birth \_\_\_\_\_  
 Subscriber's SS# \_\_\_\_\_  
 ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 Co-Pay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
 Effective Date \_\_\_\_\_

(over)



# FAMILY PHYSICIANS OF GREENWOOD, P.A.

1506 Spring Street Greenwood, S.C. 29646

## Patient Information

Please print clearly.

Last Name Leopard First Name John MI B Sex: ☒ M ☐ F  
 Home Address 712 Stillwell RD City Greenwood State SC Zip Code 29646  
 Mailing Address San 2 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone( 864 ) 227-8763 Cell Phone( 645 ) 554-6069  
 SS#: 247-63-1193 Date of Birth 9-17-70 Marital Status S ☒ M ☐ D ☐ W

## Employment Information

☒ Employed ☐ Retired ☐ Student ☐ N/A

Employer Advanced Tech. Services Employer Phone# 864-942-6319  
 Employer Address  Hwy 72/221 Eaton Electric City Greenwood State SC

## If a Minor (under 18)

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

## If Married

Spouse's Name Shzila Leopard Spouse's Employer Redmont Plastic Surgery

## Insurance Information

Please present cards for copying.

### Primary Insurance

Insurance Company \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_  
 Subscriber's Relationship to Patient \_\_\_\_\_  
 Subscriber's Date of Birth \_\_\_\_\_  
 Subscriber's SS# \_\_\_\_\_  
 ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 Co-Pay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
 Effective Date \_\_\_\_\_

### Secondary Insurance

Insurance Company \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_  
 Subscriber's Relationship to Patient \_\_\_\_\_  
 Subscriber's Date of Birth \_\_\_\_\_  
 Subscriber's SS# \_\_\_\_\_  
 ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 Co-Pay Amount \_\_\_\_\_ Deductible Amount \_\_\_\_\_  
 Effective Date \_\_\_\_\_

ENTERED JUL 13 2009 (over)

JOHN LEOPARD

9-17-70

11/17/98

S: Is being seen as a regular patient now after his workman's comp case has been resolved. He is being seen for other medical problems now, namely premature ejaculation for which I gave him Prozac 20. He will recheck with me in a month.

DSB:taw

DEC 15 1998 - recheck

wt 172 150/80

10440

12/11/98

JOHN LEOPARD

12/15/98

S: 28 YO WM has been taking Prozac 20mg qd for a month for premature ejaculation. He is doing somewhat better, though not completely better. Will double the dose and he will call back and let me know which dosage works better for him.

DSB:taw

John Leopard

MAR 26 1999

Hand ling ago playing  
football 1/2 ago; no injury  
few d - this time 1 1/2 - in back

lock  
some instability  
at times

ortho referral

Gray

Lodine

@ 21 - 174

B/p 140/70

saw  
ortho  
once

ASA mini  
relief

cc: (R+) Knee pain

JOHN LEOPARD

03/26/99

- S: 28 YO M complaining of right knee pain. Injured his knee a couple of times in the past. Once jumping from a boat and when in high school, playing football. Bothers him off and on. Usually for a day or two at a time. Now it's been a week and 1/2 and worsening. It's mostly on the back of his knee. Does not lock on him, but does feel unstable at times. He saw orthopedics once in the past. Would like to be referred back to them. ASA gives minimal relief.
- O: A&O. NAD. Pulses full. Reflexes 2+. Minimal to no swelling noted. Negative anterior drawer. Negative Lachman's. No medial or lateral laxity as compared to the left knee. Pain w/ palpation over posterior knee and lateral joint line.
- A: 1. Knee pain.
- P: Put on Lodine. Orthopedics referral. Return if worsening.
- CAF:cdm

CF

MAY 02 2000

- ABD pain

blood x1 Friday.

3:00

170

140/80

DS 1/2

JOHN LEOPARD

05/02/00

- S: ABD pain off and on for several months. He's been under undo stress. Has pain at the subxiphoid area and overlying his stomach to a lesser degree; not underneath the right rib cage where the gallbladder and liver are and not below the umbilicus. He complains of some bright rectal bleeding. Hasn't had any diarrhea. I've advised him that if he continues to have this, we'll need to investigate it further, but one episode of bright blood could be from a tear irritation in the anal area and would not subject him to a colonoscopy at his age unless we continue to see difficulty there. I will give him Prilosec 20 mg a day for 2 months. Samples given for the entire course.

DSB:cdm

Family Physicians of Greenwood  
1506 Spring Street Greenwood, SC 29646  
Phone: (864)227-3117  
Fax: (864)227-1924

ACCT#: WC 25519

ID#57-0863807

Mark A. Bartz, MD

David S. Bridges, MD

J. Benjamin Hill, MD

Cara A. Friez, MD

C. Ellen Rhodes, FNP

Employee John Shepard Employer Defiance Metal Products  
Address 3808 Ralston Dr 29819 Address PO Box 1208 Hwy 5C 29648  
Telephone 864-346-0342 Telephone 253-5519  
Sex: M SSN: 247-63-1193 DOB: 9-17-70 Authorized by: Jodie  
Work in Weld Accident information: Back Date: \_\_\_\_\_  
D/S Yes DOA 11-8-99 Date: \_\_\_\_\_ Carrier: \_\_\_\_\_

This consent in lieu of written company treatment authorization from the employer named above, specifically authorizes medical service to the above named employee. It is confirmed that this is a work-related injury and that all charges incurred as a result of today's examination and treatment will be the responsibility of the employer. Service at the companies expense beyond that required by subject's present emergency is not permitted by this authorization.

I consent to treatment for a reported workman's compensation injury. If it should be determined that this treatment will not be covered and paid in full by my employer or my employer's workman's compensation carrier, I will be fully responsible for payment. I am aware that this does not constitute acceptance as a private patient of Family Physicians of Greenwood, PA.

\* Patient's signature [Signature] Date 11-9-99

#### Summary Report

Diagnosis: Muscle Strain @ Low Back

Treatment rendered: WOMX, NERVE, ICE, HEAT

|         | PROCEDURE REQUESTED:<br>RESULTS: | DATE ORDERED: | DATE OF APPT: | CURRENT MEDICATIONS |
|---------|----------------------------------|---------------|---------------|---------------------|
| XRAY    | _____                            | _____         | _____         | _____               |
| MRI     | _____                            | _____         | _____         | _____               |
| EMG/EEG | _____                            | _____         | _____         | _____               |
| PT/OT   | _____                            | _____         | _____         | _____               |
| OTHER   | _____                            | _____         | _____         | _____               |

REFERRAL TO OTHER FACILITIES/DRS. OFFICES:  
DATE SCHEDULED: \_\_\_\_\_  
DATE OF APPT: \_\_\_\_\_

| DATE OF SERVICE: | WORK STATUS: | RESTRICTIONS: |
|------------------|--------------|---------------|
| _____            | _____        | _____         |
| _____            | _____        | _____         |
| _____            | _____        | _____         |
| _____            | _____        | _____         |

COMMENTS: NO lifting over 30 lbs

DATE/TIME OF RETURN APPT: 11/16/99

PHYSICIANS SIGNATURE Benny Hill MD DATE 11/9/99

Family Physicians of Greenwood  
150 Spring Street Greenwood, SC 29646  
Phone: (864)227-3117  
Fax: (864)227-1924

WC 28136  
ACCT#:

ID#57-0863807

Mark A. Bartz, MD

David S. Bridges, MD

J. Benjamin Hill, MD

Cara A. Friez, MD

C. Ellen Rhodes, FNP

Employee John Leopard

Employer Defiance Metal

Address 3808 Rockhewer RD Bradley, SC

Address P.O. Box 1208 / 29649

Telephone 746-6024

Telephone 223-5519

Sex: M SSN: 242-43-1153 DOB: 9-12-70

Authorized by: Tim McKinney

Work in Accident Information:

hurt hand Date: 12-13-00

D/S yes DOA 12-13-00 Date: 12-13-00 Carrier:

This consent, in lieu of written company treatment authorization from the employer named above, specifically authorizes medical service to the above named employee. It is confirmed that this is a work-related injury and that all charges incurred as a result of today's examination and treatment will be the responsibility of the employer. Service at the companies expense beyond that required by subject's present emergency is not permitted by this authorization.

I consent to treatment for a reported workman's compensation injury. If it should be determined that this treatment will not be covered and paid in full by my employer or my employer's workman's compensation carrier, I will be fully responsible for payment. I am aware that this does not constitute acceptance as a private patient of Family Physicians of Greenwood, PA.

Patient's

signature John B. Leopard Date 12-13-00

### Summary Report

Diagnosis: R Hand Sprain/Contusion

Treatment rendered: Wrist Splint, ICE, VIOXX, ULTRAM

| PROCEDURE REQUESTED:<br>RESULTS: | DATE ORDERED:   | DATE OF APPT: | CURRENT MEDICATIONS |
|----------------------------------|-----------------|---------------|---------------------|
| XRAY                             | <u>12/13/00</u> |               |                     |
| MRI                              |                 |               |                     |
| EMG/EEG                          |                 |               |                     |
| PT/OT                            |                 |               |                     |
| OTHER                            |                 |               |                     |

REFERRAL TO OTHER FACILITIES/DRS. OFFICES:

DATE SCHEDULED:

DATE OF APPT:

DATE OF SERVICE:

WORK STATUS:

RESTRICTIONS:

COMMENTS:

NO lifting over 30 lb - R Hand R/L

DATE/TIME OF RETURN APPT: 12/20/00

PHYSICIANS SIGNATURE [Signature]

DATE 12/13/00

259

John Leopard

DEC 13 2000 Hurt at hand

12-18-00

Hand Sprain/Contusion  
- 1st/2nd  
- 3rd/4th  
- 5th  
- 6th  
- 7th  
- 8th  
- 9th  
- 10th  
✓hw

JOHN LEOPARD

12/13/00

- S: Patient works at Defiance Metal and states he hurt his hand on 12/11/00. Says a piece of metal hit the back of his hand and now it's tender, sore and swollen.
- O: Right hand, dorsal aspect; mild edema w/ some tenderness to palpation over the 2<sup>nd</sup> and 3<sup>rd</sup> metacarpal bones. No laceration noted. Full ROM in hand. Good grip strength. No paresthesias. Pulses palpable throughout.
- A/P: 1. Right hand sprain/contusion. X-ray negative for fracture. Will treat w/ cock-up wrist splint, ice, moist heat, Vioxx. Avoid any activities that may worsen symptoms. Return for recheck in 1 wk. Sooner if needed.

JBH:cdm

DEC 20 2000

recheck hand better

120/80

12/21/00

JOHN LEOPARD

12/20/00

- S: Patient who works at Defiance Metal presents for a recheck of a right hand sprain w/ contusion and says he's doing much better. He's working full duty w/o any restrictions and things are going well and he's been using his cock-up wrist splint.
- O: Right hand, dorsal aspect, only slight edema. No tenderness noted. No bony defects. No lacerations. Full ROM. Good grip strength. No paresthesias. Pulses palpable throughout.
- A/P: 1. Right hand sprain w/ contusion. Appears to be healing quite well. Recommend continuing the cock-up wrist splint, ice and moist heat. Refill of Vioxx provided. Try to avoid any activities that worsen symptoms. He is released to full duty w/o restrictions and should return should any other symptoms occur.

JBH:cdm

John Leopard

APR 13 2001

30yr

CC) Wt 176 lbs. Bp 110/78

Exposed to HPV infection

227-8763 HOME#

genital warts  
exposed  
✓ HPV  
04/14

JOHN LEOPARD

04/13/01

- S: 30 YO M states that his partner has been diagnosed w/ HPV. He says they've been together for the last 8 months. Patient's denies any obvious lesions or discharge or LA. No dysuria. He is concerned that he might have also been exposed to HIV and would like to be "tested."
- O: GU; grossly normal, circumcised. Testes descended. No masses or LA. No hernias noted. No obvious lesions present. HEENT unremarkable. Lungs CTA bilaterally. RR&R.
- A/P: 1. Genital warts. No active lesions are noted now. It does appear, according to patient's hx, that he has been exposed to genital warts/HPV. In light of his hx and concerns, will also check for HIV. Partner should be examined at the county Health Dept. Avoid any activities that would spread of cause further exposures. Return for recheck as scheduled. Contact us should any active lesions occur. Will consider dermatologic referral for indicated biopsies if needed. Will await results and manage as indicated.

JBH:cdm

OCT 26 2001 - refill Piles or change  
knot behind left ear  
120/70

corn on toe  
w/ wart  
GERD Nexium  
Samples

JOHN LEOPARD

10/26/01

- S: 31 YO M complains of a wart on his left 4<sup>th</sup> toe. Also having some reflux symptoms.
- O: Lateral aspect of left 4<sup>th</sup> toe reveals a 7 mm x 6 mm warty lesion. Area was cleaned in usual sterile fashion. Cryo w/ freeze and thaw x 3. Patient tolerated well. No complications.
- A/P: 1. Wart left 4<sup>th</sup> toe. Procedure as noted above. Patient tolerated well. Keep area clean. Use antibiotic ointment.  
2. GERD. Samples of Nexium provided. Avoid spicy or caffeinated products. Return as scheduled for recheck. Sooner if needed.

JBH:cdm

John B. Leopard  
DEC 31 2001

CC: Hosp. Follow up

wt. 190

Bp. 130/80

JOHN LEOPARD  
12/31/01

- S: 31 YO M complains of left knee pain. In addition, is having a lot of stress and anxiety at work and home and also states he's been gaining wt. He actually cut his left knee a few weeks back and he gets on his knees a lot w/ the work he does and he developed an infection of his left knee and was seen at the hospital and stayed there for a couple of days. Says his knees feeling better. He's still got a little stiffness, but no more redness or swelling.
- O: Left knee; some mild tenderness to palpation along the infrapatella tendon at its insertion on the tibia. Collateral ligaments intact. Negative Drawer signs. No edema. Negative McMurrays. HEENT unremarkable. Neck supple. No LA. Lungs CTA bilaterally. RR&R. Neuro nonfocal.
- A/P: 1. Left knee strain. It appears there's no signs of infection present today. Will treat w/ Celebrex, ice, moist heat. Elastic knee sleeve. Avoid activities that would worsen symptoms.  
2. Anxiety. Numerous life stressors. Will treat w/ Welbutrin 150 mg XR bid. Avoid caffeinated products Decrease life stressors.  
3. Wt gain. Patient did weigh 176. He now weighs 190. He thinks it's good to "poor eating and stress." Well balanced nutritional diet, exercise. Will recheck in 1 month. Sooner if needed.

JBH:cdm

JAN 30 2002 recheck 1 month

130/80

11/31

Dr. H. / Dr. H.  
Pred. / Well

JOHN LEOPARD  
01/30/02

- S: 31 YO M complains of some right knee pain. States he was seen by Dr. Cathcart and was given a steroid taper. It didn't seem to help to much and he's still complaining of some right knee discomfort and he refuses injections. In addition, says he's been feeling much better. Less irritable. Decreased mood swings. Sleeping better since starting Welbutrin. Denies any headaches or visual changes. No chest pain, SOB or orthostasis.
- O: HEENT unremarkable. Lungs CTA bilaterally. RR&R. Extremities full ROM. Pulses palpable throughout. Right knee some mild joint line tenderness medially and laterally w/ a weakly positive McMurrays. Collateral ligaments intact. Negative drawer signs. DTRs 1+. Slight edema is noted at the patella bursa.
- A/P: 1. Right knee pain. Appears that patient does have some patella bursitis. Will treat w/ Prednisone 10 mg bid for the next week and have patient return. Informed patient that he would get best relief w/ an injection into the patella bursa. He would still like to hold off on that. Recommend elastic knee sleeve. Avoid activities that would worsen symptoms. Recommend elevation, ice, moist heat.  
2. Anxiety. Responding well to Welbutrin XR 150 mg bid. Refills provided. Decrease life stressors. Exercise daily. F/u as scheduled. Sooner if needed.

JBH:cdm



John B. Leopard

FEB 07 2002

LL: Bilateral knee pain, swollen

Wt 198

BP 140/80

(MAY)

Knee pain  
Ht 5' 10"

JOHN LEOPARD  
02/07/02

- S: 31 YO M presents for recheck of some right knee pain. Patient now complains that he's having pain in his right knee and his left knee. They're swelling. He's seen Dr. Cathcart. Has actually had a hospitalization due to infection in his left knee. He and his wife are very concerned and his symptoms seem to be getting worse and he declines injections and states "no medicines are helping yet."
- O: HEENT unremarkable. Lungs CTA bilaterally. RR&R. ABD benign. Extremities; knees some diffuse edema is noted in both knees. Some mild tenderness at the medial joint line regions bilaterally. Collateral ligaments and cruciate ligaments appear intact. Negative Drawer signs. Mild tenderness noted over the superior and inferior aspect of the patella bilaterally. No erythema. No red streaking. Non hot to touch and NT. Weakly positive McMurrays bilaterally. Pulses palpable. Cap refill less than 2 seconds. No paresthesias noted.
- A/P: 1. Bilateral knee pain w/ swelling. In light of patient's persistent symptoms, recent infection and hospitalization. Evaluation by orthopedist and unresponsiveness to conservative meds. Will need to be more aggressive at this time and proceed w/ bilateral MRIs of each knee to rule out any anatomically abnormality, which may be exacerbating and prolonging patient's symptoms and discomfort. Samples of Arthrotec provided to help w/ inflammation. Recommend elastic knee sleeve, ice. Avoid activities that would worsen symptoms. Recommend some elevation.  
2. Anxiety. Continue w/ Welbutrin XR 150 mg bid. Increase caffeinated products. Return as scheduled for a recheck. Sooner if needed.

JBH;cdm

JUL 18 2002

LL: Blisters on mouth  
BP 124/72

- WART -  
Henderson  
NKA

JOHN LEOPARD  
07/18/02

- S: 31 YO M complains of blisters on his mouth.
- O: Patient has warty lesion on the corner of his right mouth. No other oral lesions are present. Nose clear. Eyes clear Neck supple. No LA. Lungs CTA bilaterally. RR&R.
- A/P: 1. Wart on lip. It appears that patient has warty lesions, consistent w/ possible HPV virus on the corner of his right mouth region. Will refer to dermatologist for further evaluation and management. Instructed patient that he is contagious. He should avoid irritating this region. Return for recheck if needed. Patient will be sent to Dr. Henderson for further evaluation.

JBH;cdm

John B. Leopard

B/P 134/80

SEP 23 2002

WT - 202 lbs

Lft testicle problems

(10/2/02)

④ inguinal

hernia / hydrocele

Dr. Rapp 10-10-02

JOHN LEOPARD

09/23/02

- S: 32 YO M complains of pain in his left testicle. Says it started after he did some heavy lifting on Friday.
- O: GU: circumcised, testes descended bilaterally. No discharge. No pain or nodules noted. No LA present. Patient does have a small, direct inguinal hernia that's palpable on the left. No induration. No strangulation.
- A/P: 1. Left inguinal hernia. This is a mild, early inguinal hernia, which is causing discomfort radiating into his left testicle. Will refer patient to Dr. Rapp for further evaluation and management. Will treat w/ Darvocet, Motrin and herniated jock strap if warranted. F/u w/ Dr. Rapp as scheduled. Sooner if needed.

JBH:cdm

AUG 25 2003

324p

WT 202 lbs

Ht 5'10"

B/P 134/74

S.T. Cough

SU  
AMZ/PC (PAB)

Amoxicillin  
7/10/03

(10/2/02)

JOHN LEOPARD

08/25/03

- S: 32 YO M presents today complaining of a sinus infection.
- O: Tender maxillary sinuses. Yellowish nasal discharge. Watery eyes. TAs clear and intact. Oropharynx moist mucous membranes without lesions. Neck supple. No LA. Lungs CTA bilaterally. RR&R. Extremities full ROM. Pulses palpable throughout.
- A/P: 1. Sinusitis. Augmentin. Duratuss G. Pancof. Nasal saline spray. Return if symptoms worsen.

JBH:cdm

#-22-04

Nexium 40mg #90

Dr. Buel

(10/2/02)

John B. Leopard

FEB 13 2004

wt-207 lbs BIP 112/74 Discuss Lab

ATON

12/14

DAD - HTN, 4 CAD, CAD  
BRO x2 / Mom - HTN / 4 CAD  
4 CAD / 1 TC / CERO / 1 CAD  
TRICOR 160 y Nums

John Leopard #22673

2/13/04

S: 33-yr-old male presents today to discuss recent lab work. He currently denies any headaches or visual changes. No chest pain or SOB or orthostasis. Does report a family hx of hypertension and heart disease with his father. His brothers and mom have high blood pressures and high cholesterol. Patient is a smoker.

O: HEENT: Unremarkable. NECK: Supple, no LA. LUNGS: CTA bilaterally. HEART: RR&R. EXTREMITIES: Full ROM, pulses palpable throughout. NEURO: Nonfocal. SKIN: No rashes.

A/P: 1. **Hypercholesterolemia.** Total cholesterol 257. HDL 24, ratio 10.7. Alarming. Strict compliance with low cholesterol diet, exercise. Hand out is provided. Most likely will need statin therapy on return visit.

2. **Hypertriglyceridemia.** Total triglycerides 611. Horrendous. Will immediately start Tricor 160 mg at night, Omega III fatty acids, low fat diet. As the triglycerides improve, cholesterol numbers should also normalize. Will recheck fasting lipid on return visit and manage as warranted.

3. **GERD.** Samples of Nexium provided. Avoid spicy or caffeinated products.

4. **Elevated CRP.** CRP cardiac is 6.59, normal is less than 3. With patient's family history, will need to treat aggressively. He declines any smoking cessation therapy at this time. He is to return as instructed for recheck, sooner if any other sx arise.

JBH/gwr

JUN 14 2004

MVA 6/13/04 bad pain, sore

207 136/80

06/16

Driver 050605, 30 mph minivan/focus

mom/pat/fu/chr

11/2/04

John Leopard #22673

6/14/04

S: 33-yr-old male presents today c/o a sore back and neck that started on 6/13/04 following an MVA. He was a restrained driver and he was rear-ended approximately 30 MPH. Patient had no LOC, no lacerations. His mini-van was rear ended by a Ford Focus. Patient was not seen in the ER. Currently just taking OTC Tylenol.

O: HEENT: Normocephalic, atraumatic. PERLA EOMI. TM's clear, nose clear. Oropharynx moist mucous membranes w/o lesions. NECK: Some mild paracervical muscular discomfort posteriorly w/o radiculopathy. BACK: Paraspinal tenderness in the lower lumbar region w/o radiation. SLR negative bilaterally. DTR's are 1+ bilaterally. LUNGS: CTA bilaterally. HEART: RR&R. ABD: Soft, NT, ND, positive bowel sounds. NEURO: Nonfocal. SKIN: No rashes.

A/P: 1. **MVA.** Details of accident above.

2. **Neck strain.** Ice, moist heat. Zanaflex, Skelaxin. It appears to be some mild whiplash following this moderate impact MVA.

3. **Low back strain.** The muscle relaxants should help. Will provide a Decadron injection, Steripred taper, stretching exercises. He's OOW for the next few days.

4. **Low back pain.** Obviously due to the muscle strain. Recommend some ES Tylenol and will recheck patient in 3 weeks. He should return sooner if sx worsen or not improve.

JBH/gwr

265

John B. Leopard

JUL 15 2004

recheck mva

RTIP

Back Strain / Pain / MVA  
2hr / 8hr  
V 3hr

John Leopard #22673

7/15/04

S: 33-yr-old male presents today for recheck of muscle strain in his back and neck area that happened following a MVA on 6/13/04. He says he has improved, he's not back to normal yet. He request a RF of Zanaflex and Skelaxin. He is working on a regular basis, but he has some days where he is real sore and knows there is some "muscle tightness going on."

O: HEENT: Essentially unremarkable. NECK: Supple. Some mild paracervical muscular discomfort w/o radiation. LUNGS: CTA bilaterally. BACK: Reveals some mild paraspinal tenderness in the lower lumbar region w/o radiation. SLR negative bilaterally. DTR's are 1+ bilaterally. NEURO: Nonfocal. Cranial nerves 2-12 grossly intact. Romberg absent.

A/P: 1. Low back strain. Appears to be improving with muscle relaxants and exercises. A RF of Zanaflex and Skelaxin provided. Continue with ice and heat and avoid activities that may reproduce symptoms.

2. Low back pain. Improved. Takes occasional ES Tylenol. The muscle relaxants have helped. Will need to have patient return in 3 weeks for recheck. Most likely will be able to release patient for full duty w/o restrictions following the next visit.

3. MVA. Details noted on 6/14/04. OV.

JBH/gwr R

AUG 05 2004 recheck

130/80

08/17

Back Strain / Pain / MVA  
Resalt + Return

John Leopard #22673

8/5/04

S: 33-yr-old male presents today for recheck of a low back strain with pain that started after MVA on 6/13/04. Patient reports that all of his pain and discomfort have resolved. He only takes a mild muscle relaxant on an as needed basis. He has now returned to work full duty. He is back to his old self and has no complaints at this time. He is relieved that his symptoms have resolved.

O: HEENT: Unremarkable. NECK: Supple, no LA. LUNGS: CTA bilaterally. HEART: RR&R. EXTREMITIES: Full ROM, pulses palpable throughout. No paresthesias noted. BACK: No paraspinal tenderness noted in the neck, upper or lower back areas. There is no radiculopathy. SLR is negative bilaterally. NEURO: Nonfocal.

A/P: 1. Back strain with pain. As noted, patient has had some back discomfort following an MVA back in June and he's been taking meds, doing stretching exercises and light duty. His symptoms have completely resolved. He has achieved maximum medical improvement. Commend him on his efforts. He is released now to return to work full duty w/o restrictions. He may take Zanaflex or Skelaxin on an as needed basis. Continue with back exercises and try to avoid any activities that may reproduce symptoms.

2. MVA. Details are noted on office visit of 6/14/04. Patient is to return should any other sx arise.

JBH/gwr R

Family Physicians of Greenwood  
1500 Spring Street Greenwood, SC 29646  
Phone: (864)227-3117  
Fax: (864)227-1924

ACCT#: WC 32398 ID#57-0863807

Mark A. Bartz, MD

J. Benjamin Hill, MD

Employee John B. Leopard Employer Advanced Tech. Services  
Address 712 Stillwell R.D. Greenwood Address ~~1600 1st St~~  
Telephone 222-8763 Telephone 542-6415 Bryan Callahan  
Sex: M SSN: 242-631193 DOB: 7-12-70 Authorized by: \_\_\_\_\_  
Work in XRT Accident information: Sutures Removed Date: 10-4-04  
D/S NO DOA \_\_\_\_\_ Date: \_\_\_\_\_ Carrier: \_\_\_\_\_

This consent, in lieu of written company treatment authorization from the employer named above, specifically authorizes medical service to the above named employee. It is confirmed that this is a work-related injury and that all charges incurred as a result of today's examination and treatment will be the responsibility of the employer. Service at the companies expense beyond that required by subject's present emergency is not permitted by this authorization.

I consent to treatment for a reported workman's compensation injury. If it should be determined that this treatment will not be covered and paid in full by my employer or my employer's workman's compensation carrier, I will be fully responsible for payment. I am aware that this does not constitute acceptance as a private patient of Family Physicians of Greenwood, PA.

Patient's signature John B. Leopard Date 10-4-4

### Summary Report

Diagnosis: \_\_\_\_\_

Treatment rendered: \_\_\_\_\_

|         | PROCEDURE REQUESTED:<br>RESULTS: | DATE ORDERED: | DATE OF APPT: | CURRENT MEDICATIONS |
|---------|----------------------------------|---------------|---------------|---------------------|
| XRAY    | _____                            | _____         | _____         | _____               |
| MRI     | _____                            | _____         | _____         | _____               |
| EMG/EEG | _____                            | _____         | _____         | _____               |
| PT/OT   | _____                            | _____         | _____         | _____               |
| OTHER   | _____                            | _____         | _____         | _____               |

REFERRAL TO OTHER FACILITIES/DRS. OFFICES:  
DATE SCHEDULED: \_\_\_\_\_  
DATE OF APPT: \_\_\_\_\_

| DATE OF SERVICE: | WORK STATUS: | RESTRICTIONS: |
|------------------|--------------|---------------|
| _____            | _____        | _____         |
| _____            | _____        | _____         |
| _____            | _____        | _____         |
| _____            | _____        | _____         |
| _____            | _____        | _____         |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

DATE/TIME OF RETURN APPT: \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_ 267 DATE \_\_\_\_\_

John B. Leopard  
OCT 04 2004  
S.R.

10/4/04  
R 10/2  
NEXIA

JOHN LEOPARD Worker's Compensation - Advance Technology  
10-04-04

- S: 34 year old male presents today for suture removal status post-laceration to his left knee on 9-27-04. He says his stitches were placed in his left knee in the ER. He also has a history of reflux. He is a regular patient and requests a refill of Nexium.
- O: Left knee -- 3 cm laceration with 4 sutures in place. An additional suture has popped out. There is no induration or discharge. No erythema. Good range of motion of the knee. Pulses palpable. Capillary refill is less than 2 seconds. HEENT is within normal limits: Neck supple, no LA. Lungs CTA bilaterally. Heart RR&R. Abdomen soft and nontender, nondistended. Positive bowel sounds. No rebound tenderness or guarding, negative Psoas. No organomegaly.
- A/P: 1. Laceration left knee. It is not time yet for the sutures to come out. There is still some healing taking place. Antibiotic ointment and sterile dressing was applied. The patient should avoid activities that would pop out more sutures. He is to return on 10-07-04 for suture removal, sooner if any signs of infection occur.
2. GERD. Refill of Nexium. Avoid spicy and caffeinated products. JBH/cm

10-7-04 SR

10/7/04

S.R.  
Killer

JOHN LEOPARD Worker's Compensation - Advanced Technologies  
10-07-04

- S: 34 year old male presents today for suture removal following a laceration that occurred to his left knee while working on 9-27-04.
- O: Left knee -- healed laceration with 4 sutures in place. Slight edema. No erythema. The patient has good ROM of his knee. Area cleaned in usual sterile fashion. Sutures removed without difficulty. The patient tolerated well. No complications.
- A/P: 1. Suture removal status post-laceration. As noted, the patient had a work-related injury to his left knee. He appears to have healed well. No signs of infection are noted. He should complete Keflex as directed. May continue to use antibiotic ointment and bandage as needed. Return for recheck should symptoms worsen or not improve. JBH/cm

John Leopard

100704

1/26/05

SR - 2 wks ago

thump  
thump

6 Lth

2/1/05

Sch  
Audi atk

JOHN LEOPARD

#22673

01-26-05

- S: 34 year old male presents today complaining of sinus infection. Needs some sutures removed from his right thumb following an injury at home a few weeks ago.
- O: HEENT tender maxillary sinuses. Yellowish nasal discharge. Watery eyes. TMs clear & intact. Oropharynx moist mucous membranes without lesions. Neck supple, no LA. Lungs CTA bilaterally. Heart RR&R. Extremities full ROM, pulses palpable throughout. Right thumb - 6 sutures removed without difficulty. No signs of infection. Well-healed.
- A/P: 1. Sinusitis. Augmentin, Atuss-HC, nasal Saline spray.  
2. Suture removal status post-laceration. Appears to have healed quite well. Has good ROM with the thumb. No signs of infection. Return for recheck as directed, sooner if needed. JBH/cm B

AUG 11 2005

knives hunting 122/74

2/1/12

01-26-05 / 9/2/04 / 9/2/04  
VH/MB w/2

JOHN LEOPARD

#22673

08-11-05

- S: 34 YOM present with his wife today complaining that his right knee still hurts. Had abnormal MRI of his knee a few years ago. Was seen by orthopedist and he decided not to have surgery.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Right knee lateral joint line discomfort noted with mild edema. Weakly positive McMurray's. DTRs 1+. Negative drawer's signs.
- A/P: 1. Right lateral meniscal tear. MRI of right knee on 02-15-02 revealed a grade III tear of the right lateral meniscus. Refer to Dr. Carawan, orthopedist for further evaluation and management.  
2. Hypercholesterolemia. Long history of severe high cholesterol and non-compliance. Will initiate Vytorin 10/20 and recheck fasting lipid panel and ALT on return visit.  
3. Hypertriglyceridemia. Low-fat diet, exercise, Omega-3 fatty acids. Recheck on follow-up visit. Return sooner if needed.

JBH/rmb B

John leopard

101205 212 122/70 chol-ALT

Name:  
Cholestech LDX 10-12-2005 9:59a.m.  
TRG=219 TC=147 HDL=23  
LDL=80 VLDL=44 TC/HDL=6.4

\*\*\*\* Cholestech LDX \*\*\*\*  
12 Oct 2005 9:24 A.M.  
SAMPLE=Whole B.

Name/ID

ALT=30 U/L  
AST=28 U/L  
AST/ALT=0.9

(11/14)

chol / TC / HDL

VYTORIN 10/20 st

D Carawan D/M

Pratt Bely

JOHN BENNY LEOPARD  
10-12-05

#22673

S: 35 YOM presents today for recheck of cholesterol. Reports numerous life stressors. Recently had a premature baby- he is doing better now, but still in ICU. He has surgery scheduled for right knee with Dr. Carawan.  
O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Neurologic exam nonfocal.  
A/P: 1. **Hypercholesterolemia**. Total cholesterol 147. HDL 23. Ratio 6.4. Alarming. HDL way too low. Immediately start Vytorin 10/20 qd. Low-cholesterol diet and exercise. ALT normal at 30.  
2. **Hypertriglyceridemia**. Total triglycerides 219. Omega-3 fatty acids. Low-fat diet. Recheck on return visit.  
3. **Anxiety**. Obviously due to numerous life stressors. PRN Ativan for nerves and stress at this time. Consider SSRI in future if warranted. Follow-up as directed, sooner if needed.

JBH/mb

00 2-20-06



John B. Leopard

FEB 20 2006

NS

MAY 15 2006

NS

RV

LTP (D)

053106 chol-ALT

120/80 206

Name:

Cholestech LDK 5-31-2006 10:19a.m.  
TRG=231 TC=139 HDL=19  
LDL=73 ULD=46 TC/HDL=7.2

Name:

AST=43

U/L

AST=35

U/L

AST/ALT=0.8

\*\*\* Cholestech LDK \*\*\*  
31 May 2006 8:02 A.M.  
SAMPLE=053106

CHOL / GERD / epididymitis  
PP ALMAGEN Cpr / MAP

NEX

05/11

JOHN LEOPARD

#22673

05-31-06

- S: 35 YOM presents today for check of cholesterol and refill of Nexium. Complains of pain in his left testicle.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Abdomen soft, nontender, nondistended, positive bowel sounds. No rebound tenderness or guarding. Negative psoas. GU testes descended bilaterally. Pain and inflammation at the left epididymis. Otherwise, no LA. No discharge.
- A/P: 1. **Hypercholesterolemia.** Total cholesterol 139. HDL 19. Ratio 7.2. LDL 73. All his numbers have improved, but HDL has gone way too low. It is usually in mid-20's. Add niacin 500 mg qhs tapering to niacin 1000 mg qhs over the next 3-4 wks and recheck fasting lipid panel on return visit. Continue with Vytorin 10 / 20. ALT 43. May consider 1/2 pill if warranted in the future. No myalgias.
2. **GERD.** Stable with Nexium 40 mg qd. Avoid spicy and caffeinated products. Refills given.
3. **Epididymitis.** Classic presentation. Cipro, Naproxen, loose briefs and return here as directed for recheck, sooner if needed.

JBH/mb

271

PAGE 98/99

FAMILY PHYS OF GMD

2271924

01/18/2011 11:20

John Leopard

AUG 30 2006 RIS

NOV 01 2006 chol - ALT - refill med

298 140/80

(D11/2)

Chol / Am / Ants  
RR Cal Lex

455.0  
Am HCL

=====

|                   |            |
|-------------------|------------|
| Cholestech L.D.X. |            |
| 11- 1-2006        | 12:29 P.M. |

Name/ID

|            |       |
|------------|-------|
| TRG=209    | mg/dL |
| TC =158    | mg/dL |
| HDL= 28    | mg/dL |
| LDL= 89    | mg/dL |
| VLD= 42    | mg/dL |
| TC/HDL=5.7 |       |

|             |     |
|-------------|-----|
| ALT=23      | U/L |
| AST=23      | U/L |
| AST/ALT=1.0 |     |

JOHN LEOPARD

#22673

11-01-06

- S: 36 YOM presents with his wife today for recheck of cholesterol and states he has had a lot of blood in his stool recently. He has a cousin with colon cancer, brother with Crohn's disease and he is concerned. In addition, he has been moody and irritable and thinks he might needs something for stress.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full ROM. Pulses palpable throughout. Neuro exam nonfocal. Skin no rashes.
- A/P: 1. **Hypercholesterolemia.** Total cholesterol 150, HDL 28, ratio 5.7. Abnormal but improving. Currently on Vytorin 10/20. ALT normal at 23. Continue low-cholesterol diet and exercise. Continue fresh fruits and Niacin.
2. **Heme positive stool.** In light of pt's history proceed with colonoscopy to further evaluate. He declines rectal exam. Anusol HC suppositories b.i.d., empiric treatment for internal hemorrhoid. Avoid heavy lifting. Recommend Sitz baths.
3. **Anxiety.** As noted, numerous life stressors. Initiate Lexapro 10 mg starter pack. Decrease life stressors. Avoid caffeinated products. Return for recheck, sooner if any other symptoms arise.

JBH/rmb

B

John Leopard  
NOV 29 2006 R/S

DEC 06 2006 NS

DEC 14 2006 recheck

01/27/07  
JH/mb  
Cedapheyn 10x10  
1/2m  
R/S + L/S

JOHN LEOPARD

#22673

12-14-06

- S: 36 YOM presents today c/o hemorrhoid problem. Says he has headache, he has been stressed out. Needs refill of Lexapro. He says that has helped a lot over the past six weeks.
- O: HEENT unremarkable. Neck supple. No LA. Lungs CTA bilaterally. Heart RRR. Neurologic exam nonfocal. Romberg absent. CN II-XII grossly intact. Rectal exam with hemorrhoid noted at 9 o'clock. No other lesions or masses noted. Heme negative.
- A/P: 1. **Internal hemorrhoids.** Anusol HC suppositories, sitz baths. Avoid constipation and heavy lifting. Recommend stool softener.
2. **Headache.** Neurologic exam nonfocal. Appears to be tension type headache. Sample of Cedapheyn.
3. **Anxiety.** Improving with Lexapro 10 mg. Refills given. Decrease life stressors. Avoid caffeinated products. Practice proper sleep hygiene. Return in two months to review pt's labwork from his job site and his cholesterol. Return sooner if needed.

JBH/rmb

JAN 25 2007

Wt: 216 BP: 138/108

cc: trouble swallowing while eating/drinking

01/27/07  
JH/mb  
Cedapheyn 10x10  
1/2m  
R/S + L/S

Chantix?

JOHN LEOPARD

#22673

01-25-07

- S: 36 YOM presents today c/o reflux type symptoms interfering with his eating, drinking and swallowing. In addition, BP has been up some. He is concerned about possible allergies.
- O: HEENT unremarkable. Mild nasal congestion. Eyes clear. Oropharynx moist mucous membranes without lesions. Neck supple. No LA. Lungs CTA bilaterally. Heart RRR. Abdomen soft, nontender, nondistended, positive bowel sounds. No rebound tenderness or guarding. Negative psoas. No organomegaly. Neurologic exam nonfocal.
- A/P: 1. **GERD.** Appears to be reflux type symptoms causing some discomfort into his esophagus and tracheal region. Treat with AcipHex, Gaviscon, and Zantac. Avoid spicy and caffeinated products. Recheck in 1 wk.
2. **Elevated BP.** BP 138/108. BP diary, exercise, low salt diet.
3. **Allergies.** No acute allergy symptoms at this time. History of smoking. May consider Chantix in the future. Discuss on return visit. Avoid environmental irritants. Return sooner if needed.

JBH/rmb

273

John Leopard

FEB 01 2007

VOID

FEB 07 2007

wt 218/bs B/P 144/80 wt 219/bs Beck

(2/9)

CRN / 9 AM / 10 AM  
Apl 20 4/6/20  
V/L

Chantix  
SLT

JOHN B LEOPARD

#22673

02-07-07

- S: 36 YOM presents today for recheck of some reflux symptoms. Says he feels much better with AcipHex and would like a refill. In addition, he would like to stop smoking and try Chantix and his stress has improved with Lexapro, but he would like to increase to 20 mg dose.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full ROM. Pulses palpable throughout. Neuro exam nonfocal.
- A/P: 1. GERD. Much improved with AcipHex 20 mg. Refills given. Avoid spicy and caffeinated products.  
2. Elevated BP. BP 144/80. Will monitor. Recommend low-salt diet, exercise. Avoid caffeine.  
3. Anxiety. Improving. Will increase to Lexapro 20 mg q.d. Decrease life stressors.  
4. Health maintenance. Will initiate a Chantix starter pack and re-evaluate in one month. Wish him well and return sooner if needed.

JBH/rmb R

FEB 14 2007

R/S Dr. Will not

John Leopard

MAR 14 2007 NS-cancel

AUG 15 2007 refill meds 217 - 130/80

PRG Dept Bow N/07

Chantix Post

(N/07) GERD/Chantix/Anxi  
PRG

PR/4th Vitorin 10/20

JOHN LEOPARD

#2267

08-15-07

- S: 36 YOM presents today for refill of his medications. Says he would like to try Chantix to help him stop smoking. Works at the fire department. He is scheduled to have complete labs 11-2007.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full ROM. Pulses palpable throughout. Neurologic exam nonfocal.
- A/P:
1. GERD. Currently stable with AcipHex.
  2. Hypercholesterolemia. Vitorin 10/20 samples given. Low-cholesterol diet and exercise. Re-evaluate.
  3. Anxiety. Currently stable with Lexapro 20 mg. Continue to decrease life stressors. Avoid caffeinated products.
  4. Health maintenance. As noted, Chantix starter pack will be initiated. Re-evaluate in 4 wks. Wish him well with his smoking cessation pursuits. Return sooner if needed.

JBH/rmb

SEP 10 2007

NS ReV-LTP

John Leopard

OCT 01 2007 follow up - 227 - 150/80

Cx  
① An Rad / MS RSM (Good)  
NUS                      ② Up                      24/4/81  
N3-1

JOHN LEOPARD #22673 10-01-07  
S: 37 YOM presents today c/o right arm pain, numbness. Denies trauma. Says he has a muscle strain in his upper back that is aggravating. History of high cholesterol. Denies chest pain or shortness of breath.  
O: HEENT unremarkable. Neck supple. Mild paracervical muscular discomfort on the right with subjective radiculopathy into the arm. Good ROM. No impingement sign. Negative Tinel's and Phalen's. Back mild discomfort in the right upper rhomboid muscle region without radiculopathy. Abdomen soft, NT, nondistended, positive bowel sounds. Skin no rashes. Neurologic exam nonfocal otherwise.  
A/P: 1. Right cervical radiculopathy. Will proceed with NCS to further evaluate. Avoid activities that worsen symptoms.  
2. Muscle strain (right upper back). Zanaflex, Sterapred DS, ice, moist heat, stretching exercises. Avoid activities that worsen symptoms.  
3. Hypercholesterolemia. No myalgias since starting Vytorin. Return as scheduled for fasting lipid panel, ALT. Will review NCS and manage as indicated. Return sooner if needed.  
JBH/rmb

OCT 22 2007 Cancel  
NOV 02 2007 Wt: 226 Bp: 138/88  
cc: Hurt back (b/t shoulder blades)  
pinched nerve (neck)  
LEXAPRO 20 (Preferred list)?  
C. R. / MS RSM / C. R. M.  
BR W C 10/30/07  
Full Head Paul/Lotter  
Mungton, Ct  
011/12

JOHN LEOPARD #22673 11-1-07  
S: 37 YOM presents today for recheck of right cervical radiculopathy. Recent MRI of his cervical spine revealing stenosis at C6/7, worse on the right. Patient has been referred to Dr. Lal. However, reports he had a work-related injury on 10-30-07. He is a fireman. States he had to climb head-first through a gable vent and fell 5-6 feet onto his head and shoulders. Seen in the ER. No x-rays done. Given prednisone and Lortab 7.5. He has been followed up with WC at the Montgomery Center and continues to have some mid back pain and discomfort.  
O: HEENT unremarkable. Continues to have mild paracervical muscular discomfort worse on the right with radiculopathy into the right arm and paraspinal muscle discomfort in the neck. Lungs CTA bilaterally. Heart RRR. Otherwise, neurological exam nonfocal.  
A/P: 1. Cervical radiculopathy. As noted, MRI showed significant foraminal stenosis. Follow-up with Dr. Lal on 11-14-07 as directed. Continue meds as scheduled. Work as tolerated.  
2. Neck strain. Continue with Zanaflex, ice, moist heat. May consider soft cervical collar.  
3. GERD. AcipHex 20 mg, refill given along with samples. Avoid spicy and caffeinated products.  
4. Health maintenance. Continue with Lexapro 20 mg. Samples and refill given. Review patient's preferred medication list and manage as indicated. Incidental note: patient has some paraspinal muscle discomfort in lumbar region. He is to follow with his WC doctor as directed. Follow instructions and advice. Return as directed for recheck, sooner if needed.  
JBH/rmb

John Leopard

AUG 20 2008 - chol, ALT

222 120/60

TRG=262  
TC=185  
HDL=20  
LDL=112  
VLD=52  
TC/HDL=9.1

mg/dL  
mg/dL  
mg/dL  
mg/dL  
mg/dL  
ALT=24  
AST=31  
AST/ALT=1.3

U/L  
U/L

8/20/08

Δ SIMCOR 500/20

9/8/08

Chol/TC/ALT

1/2mg  
Lex 10

JOHN LEOPARD

#22673

08-20-08

- S: 37 YOM presents today for check of his cholesterol and says he has lost a few pounds. He is trying to diet and exercise. Reports that his stress has recurred. He would like to restart Lexapro.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full ROM. Pulses palpable throughout. Neurologic exam nonfocal. Skin no rashes.
- A/P: 1. **Hypercholesterolemia.** Total cholesterol 185, HDL 20. That is awful. Immediately start Simcor 500 / 20. Samples given. Low-cholesterol diet handouts provided. Exercise. ALT normal at 24. Return for fasting lipid panel as directed.  
2. **Hypertriglyceridemia.** Total triglycerides 262. Recommend low-fat diet. Omega-3 fatty acids. Recheck on follow-up visit.  
3. **Anxiety.** Restart Lexapro 10 mg. Samples provided. Other meds include Aciphex 20 mg.

JBH/rmb

OCT 23 2008 chol, ALT

216 120/80

TRG=393  
TC=215  
HDL=15  
LDL=N/A  
VLD=78  
TC/HDL=N/A

mg/dL  
mg/dL  
mg/dL  
mg/dL  
mg/dL  
ALT=21  
AST=25  
AST/ALT=1.2

U/L  
U/L

9/25/08

OMEPRAZOLE 20mg

Chol/TC/CGM

Simcor 500/20

repeat  
TRG=368  
TC=207  
HDL=17  
LDL=117  
VLD=74  
TC/HDL=12.4

mg/dL  
mg/dL  
mg/dL  
mg/dL  
mg/dL

DAD - CAD "Stents"

1/6th

JOHN LEOPARD

#22673

10-23-08

- S: 38 YOM presents today for check of triglycerides and cholesterol. Needs a refill of his reflux medication, something cheaper. No myalgias with Simcor.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full ROM. Pulses palpable throughout. Neurologic exam nonfocal.
- A/P: 1. **Hypercholesterolemia.** Total cholesterol 207, HDL 17, ratio 12.4. LDL 117. Awful! HDL only improved slightly since starting Simcor 500 / 20. Says he has not taken it every day. Samples are provided. Take OTC niacin. Exercise. MVI. Very concerned because his dad has CAD and required stents.  
2. **Hypertriglyceridemia.** Total triglycerides 368. He has eaten pork the last two days. Recommend low fat diet, Omega-3 fatty acids. Will obviously need Tricor or Lovaza. Recheck in six weeks.  
3. **GERD.** Omeprazole 20 mg. Avoid spicy and caffeinated products. Return sooner if needed.

JBH/rmb

277

John Leopard

NOV 17 2008 22/12/60 cough congestion

(11/20) Rm / Ch / CFM  
Rel AUC PAC V2k ? ELO?

JOHN LEOPARD

#22673

11-17-08

S: 38 YOM presents today complaining of productive cough, yellowish sputum, reflux type symptoms over the past week.  
O: HEENT nasal congestion. Moist mucous membranes, otherwise unremarkable. NECK supple, no LA. Lungs central rhonchi noted bilaterally. Good periphery. Heart RRR. Abdomen soft, NT, nondistended, positive bowel sounds. No rebound tenderness or guarding. Negative psoas. No organomegaly.  
A/P: 1. **Bronchitis.** Augmentin. Increase hydration. Decadron IM.  
2. **Cough.** Polytussin AC.  
3. **GERD.** Omeprazole 20 mg. Avoid spicy and caffeinated products. Return in two weeks for recheck. May consider EGD if warranted.

JBH/mb

DEC 01 2008

~~DEC 11 2008~~

DEC 19 2008

NS LTP @



John Leopard

N 08 2009 - chol, AST

222 130/80

TRG=304 ALT=25  
TC=166 AST=29  
HDL<15 AST/ALT=1.2  
LDL=N/A  
VLD=61  
TC/HDL=N/A

DAD CAD stent (58%)

Simcor 500/20

Lexa 20

(01/00) CHOL/TG/GERD  
EGD

JOHN BENNY LEOPARD #22673 01-08-09

- S: 38 YOM presents today for check of his cholesterol. Continues to have reflux type symptoms where he has difficulty swallowing some foods and then has battery-acid taste in his mouth.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Abdomen soft, nondistended, mild discomfort in the mid epigastric region. No rebound tenderness or guarding. Negative psoas. No organomegaly. Back no CVA tenderness.
- A/P: 1. **Hypercholesterolemia.** Total cholesterol 166. Improved. It was 215. Very concerned about a low HDL. Patient's father had CAD and stents placed at age 58. Strict compliance with Simcor 500/20. Samples given along with prescription. Low-cholesterol diet and exercise. Recheck lipid panel on return visit.
2. **Hypertriglyceridemia.** Total triglycerides were 393; they are down to 304. Continue with ~~Lovaza~~, low-fat diet. Will recheck.
3. **GERD.** Unresponsive to omeprazole 20 mg. Continue to Avoid spicy and caffeinated products. Proceed with EGD.
4. **Health maintenance.** Refill Lexapro 20 mg. Continue to decrease life stressors. Avoid caffeine. Follow-up sooner if needed.

JBH/mb  
B

JAN 27<sup>CP</sup> 2009 cancel

John Leopard

JL 06 2009

HT 5'9" 69" WT 229.0

R7 Meds  
BMI 33.8 B/P 128/70

(17/8) CLAY/CORAL/MB  
✓ RRR

OMEPRAZOLE 20mg  
DEX 20 Simcor 500/20  
& Lovaza pt stopped

JOHN LEOPARD #22673 07/06/09

- S: 38 YOM presents today for a refill of his Lexapro and Simcor and his omeprazole. He did not get his cholesterol checked and he is not fasting.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full range of motion. Pulses palpable throughout. Neurologic exam nonfocal.
- A/P: 1. **Hypercholesterolemia.** Will continue with Simcor 500/20. Samples given. Check lipid, ALT. Adjust dose if needed. Patient stopped Lovaza. That was an AMA decision. Will review his triglycerides.  
2. **GERD.** Omeprazole 20 mg. Refills given. Avoid spicy and caffeinated products.  
3. **Anxiety.** Stable with Lexapro 20 mg. Continue to decrease life stressors. Avoid caffeinated products. Return for recheck, sooner, if any other symptoms arise.

JBH/rmb  
B

AUG 10 2009 recheck 233.2 134/80

(18/12)

TRILIPIX 135  
TC/CORAL (ptu)  
✓ 8uh

JOHN LEOPARD #22673 08/10/09

- S: 38 YOM presents today for review of recent lipid panel. Says his reflux symptoms are stable. Patient stopped taking Lovaza.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full range of motion. Pulses palpable throughout. Neurologic exam nonfocal.
- A/P: 1. **Hypertriglyceridemia.** Total triglycerides 433. Actually improved. Immediately proceed with Trilipix 135 mg, low-fat diet, Omega-3 fatty acids.  
2. **Hypercholesterolemia.** Total cholesterol 197, HDL 20. Actually improving with Simcor 500/20. ALT normal at 37. Continue with low-cholesterol diet and exercise, MVI. Will monitor.  
3. **GERD.** Currently stable with omeprazole 20 mg. Avoid spicy and caffeinated products. Return as directed, sooner if needed.

JBH/rmb  
B

John Leopard

OCT 01 2009 5'9 232.2 34.3 122/82

3  
6/3

cc. ST/cough v temp 98.0

Aug 875  
accs.  
Dallergy  
July 4c - pri

JOHN LEOPARD 10/01/09 #22673 DOB: 9/17/1970  
Sore throat, cough. Temp okay. Physical exam shows sinus with posterior drainage. Normal ears. Normal neck. No nodes present. No thyromegaly. Chest clear. CV no MG. Sinusitis with pharyngeal redness and drainage. Augmentin 875 b.i.d. Decadron 5 IM. Dallergy b.i.d. for drainage and congestion. Polytussin AC q4h p.r.n. cough. MB  
MAB/rmb

OCT 07 2009 congestion 13% still on meds from 10-1-09

(D/10/10)

Ru - Ru / SA  
S Cign / PAc / Medrol N 10/15

JOHN LEOPARD #22673 10/07/09  
S: 39 YOM presents today complaining of productive cough, yellowish sputum. Symptoms no better after a round of Augmentin.  
O: HEENT nasal congestion. Moist mucous membranes, otherwise unremarkable. Neck supple. No LA. Lungs with rhonchi bilaterally. Slight expiratory wheeze. Heart RRR.  
A/P: 1. Bronchitis. Increase hydration.  
2. Bronchospasm. Medrol Dosepak.  
3. Cough. Polytussin AC. Return for recheck on 10/09/09, sooner if needed.  
JBH/rmb

Certified to Return To Work/School

Name: John Leonard  
has been under my care from 10-1-09 to 10-2-09  
and will be able to return to work/school on 10-5-09

Limitations/Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Bart MD/RS Phone 227-3112  
Address \_\_\_\_\_ Date \_\_\_\_\_

FAMILY PHYSICIANS OF GREENWOOD  
1506 Spring Street  
Greenwood, SC 29646

John Leopard

10-9-09 a: re -

O<sub>2</sub> sat - 98  
P - 84

(10/10)

500/Rlt  
R 10/10/09

CXR @ Allt HFA

JOHN LEOPARD #22673 10/09/09

S: 39 YOM presents today for recheck of bronchitis with bronchospasm. Has had shortness of breath. No chest pain.  
O: HEENT nasal congestion. Moist mucous membranes, otherwise unremarkable. Neck supple. No LA. Lungs with rhonchi bilaterally. Slight expiratory wheeze noted. Heart RRR. Overall good air movement.  
A/P: 1. Shortness of breath. CXR negative. O<sub>2</sub> sat 98%. Treat with Decadron 10 mg IM. Sterapred DS 6 day taper. Albuterol HFA inhaler.  
2. Bronchitis. Continue with Cipro as instructed. Out of work today. Return for recheck, sooner if symptoms worsen or not improved.

JBH/rmb

OCT 22 2009 229.8

cholesterol  
ALT  
R 3m  
A/Tob

TRG=197  
TC=251  
HDL=15  
LDL=196  
VLD=39  
TC/HDL=16.4

ALT=23  
AST=23  
AST/ALT=1.0

Teflon Cough  
B.W. PPD Sin XRAY  
B. Lute Kipides R/Lch

TRIPLEX 13  
Sinus Scope

JOHN BENNY LEOPARD #22673 10/22/09

S: 39 YOM presents today for check of cholesterol. Continues to have cough in spite of several treatments, normal CXR, etc.  
O: HEENT unremarkable. Lungs CTA bilaterally. Good air movement. Heart RRR. Neurologic exam nonfocal. Skin no rashes.  
A/P: 1. Hypercholesterolemia. Total cholesterol 251, HDL 15, ratio 16.4, LDL 196. Awful! Patient has been noncompliant with meds. Restart Simcor 500/20. Recheck lipid panel in 3 months. ALT normal at 23. Low-cholesterol diet and exercise.  
2. Hypertriglyceridemia. Total triglycerides 197. Much improved with Trilipix 135 mg. Refills given. Continue low-fat diet, Omega-3 fatty acids.  
3. Cough. Patient is a smoker. Declines smoking cessation therapy. Will place PPD. Check for pertussis along with CBC and ESR. Proceed with sinus film x-rays. Samples of Kapidex for possibly reflux induced for cough/bronchitis. Re-evaluate in 2 weeks. Afebrile at this time. Return as directed, sooner if needed.

JBH/rmb

10-28-09. PPD Done/mo (B) forearm will return monday for results

John Leopard  
OCT 26 2009 PPP My

x Walgreen's All: Meprob-  
Sinus dmf- ST

Zithren 500, 1d  
#5 dent  
N in BY  
On m hnd 4:11:46  
mo/

NOV 05 2009

recheck -  
Pain My CPM  
STAMADOL  
ZANAFLEX

BACK → 418 lb on 1 yr  
T.I.P. b GA  
Lex 20's RE  
PPD ⊕

⊕ Hem DVT  
↓  
Hem S, '04  
HFA & good 3 PPT's  
@ mnt

Cyl/GFam/ally  
T.I.P. Pain Sall  
Regiter  
Xyzal

JOHN LEOPARD

#22673

11/05/09

S: 39 YOM presents today for recheck of cough.

O: Workup has been unremarkable thus far, including a negative PPD, negative pertussis, normal CXR and sinus films. Has spirometry scheduled at his worksite; he is a firefighter.

A/P: 1. GERD. Improved with Kapidex. Patient has gained 18 pounds over the past year due to back pain. He is followed by Pain Management in Greenville. Takes tramadol and Zanaflex. Recommend weight loss. Exercise as tolerated. Proceed with barium swallow for possible esophageal lower sphincter.

2. Allergies. Samples of Xyzal 5 mg. Avoid environmental irritants.

3. Health maintenance. Refill Lexapro 20 mg. Currently stable. He said HFA albuterol inhaler was of no benefit. Return as instructed, sooner if needed.

JBH/mb

284

# DEWFP Consent & Test Appointment Form

This form UST be faxed to HSNA at 1 08-782-7794.

Employee/Applicant: Please review the Drug/Alcohol Testing Procedures on the reverse side.

Company Name: DEFIANCE METAL PRODUCTS OF SC Location: \_\_\_\_\_

Print Employee/Applicant's Name: John Leonard

Date: 11/09/99 Social Security Number: 847-603-1193

Home Phone Number: (804) 746-6342 Gender: ☒ M ☐ F

Type of Test Scheduled: ☐ Pre-Employment ☒ Post-Accident ☐ Random  
(check one) ☐ Reasonable Cause ☐ Return-to-Duty ☐ Post-Rehabilitation/  
☐ Other Follow-Up

(check one) ☐ DOT ☒ Non-DOT

Type of Test(s) ☒ Drug Test ☐ Blood Alcohol Test (Non-DOT only)

Required: ☐ Saliva Alcohol Test (QED) ☐ Breath Alcohol Test (EBT)

Clinic Name: PIEDMONT HEALTH GROUP Family Physician: AL Clinic Phone Number: (864) 227-2900  
Clinic Address: 110 LITNER DRIVE City, State & Zip: GREENWOOD, SC 29646  
Test Appointment Date: 11/09/99 Time: 3:30 a.m./p.m.

## Pre-Employment Tests Only:

*Applicants, please read and sign below.*

### Pre-Employment/Pre-Placement Consent

I understand, as required by the company policy, all prospective employees must submit to a drug and/or alcohol test. A urine specimen will be collected at a site selected by the company and tested for drugs at a DHHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the company. If the drug test result is negative, the MRO will report the test result to the company. I will be given an opportunity to discuss a positive laboratory test result with the MRO before the drug test is reported to the company as a verified positive. Test results may be released within the company on a need-to-know basis and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as outlined in the company policy and supportive material.

I hereby agree to voluntarily submit to a drug and/or alcohol test and further understand that if said test(s) is verified/confirmed as a positive drug and/or alcohol test and/or if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens), I will be considered unqualified for employment by the company.

Employment is conditioned on a negative test result and hiring will not become final unless the individual passes the required drug test.

*If you have any questions, please discuss them with the company before signing.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Required if applicant is less than 18 years of age:*

I am the parent/guardian of \_\_\_\_\_. I hereby consent to his/her participation in a pre-employment drug and/or alcohol test as detailed above. I understand that test results will only be disclosed to the applicant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MF101 (4/99)

Health Services of North America, Inc.

John Leopard

NOV 18 2009 recheck

11/20

MOLD

CP / Sars / all  
Sts Test xym  
Sufu  
✓ 3h

JOHN LEOPARD

#22673

11/18/09

- S: 39 YOM presents today for recheck of coughing and reflux type symptoms. He had a barium swallow revealing some mild esophageal dysmotility along with reflux. He states his biggest concern now is he is short of breath, especially when he climbs a flight of stairs, usually on exertion, improves at rest. Also reports he has discovered mold in his house.
- O: HEENT nasal congestion, watery eyes, oropharynx moist mucous membranes without lesions. Neck supple. No LA. Lungs CTA bilaterally. No wheezing, good air movement. Heart RRR without MRG. Abdomen soft, NT, nondistended, positive bowel sounds. Neurologic exam nonfocal.
- A/P: 1. Chest pain. Patient has numerous risk factors, including family history and considerable dyslipidemia. In light of his current symptoms will need to proceed with Cardiolite stress test to further evaluate.  
2. Shortness of breath. PFTs at the Fire Dept. were normal. Appears he has DOE, which warrants further cardiac workup. Await results of stress test and manage as indicated. Avoid activities that would worsen symptoms.  
3. Allergies. Mold at home may be a chronic contributor to his cough. Continue with Kapidex for reflux. Provide samples of Xyzal and Singulair and re-evaluate in 2-3 weeks. Avoid environmental irritants. He is working on mold abatement. Return as scheduled, sooner if needed.

JBH/rmb

B

DEC 03 2009

DP 138/80

3 wks -

John's Cell

#864-554-6069

Ally

CP / Sars / all  
✓ 2m  
m Sts Test

JOHN LEOPARD

#26673

12/03/09

- S: 39 YOM presents today for recheck of cough. He says he thinks it was all due to mold. He feels much better after mold abatement in his home. Almost completely finished with that job. He is pleased. Recent stress test because of intermittent chest pain and shortness of breath.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. No wheezing, good air movement. Neurologic exam nonfocal.
- A/P: 1. Cough. Essentially resolved. Cardiolite stress test normal.  
2. Hypercholesterolemia. Continue with current meds. Low-cholesterol diet and exercise. Will recheck fasting lipid panel and ALT on return visit. No myalgias. Follow-up sooner if needed.

JBH/rmb

B



John Leopard  
JAN 21 2010 Cancel

FEB 03 2010

226.8

120/80

ALT  
chol

TRG=189  
TC=125 ALT=28  
HDL=15 AST=22  
LDL=72 AST/ALT=0.8  
VLD=38  
TC/HDL=8.2

KAPIDEX 60mg

45mg 750/20

02/4

1/4

JOHN LEOPARD

#22673

02/03/10

- S: 39 YOM presents today for check of cholesterol. Needs refill of Kapidex. Denies headache or visual changes. No chest pain, shortness of breath or orthostasis. No myalgias.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Extremities full range of motion. Pulses palpable throughout. Neurologic exam nonfocal.
- A/P: 1. **Hypercholesterolemia.** Total cholesterol 125, HDL 15, ratio 8.2, LDL 72. Remains in a very disturbing level. However, his ratio was 16.4. No side effects from current Simcor. Increase to Simcor 750/20 and recheck lipid ALT on return visit.
2. **Hypertriglyceridemia.** Total triglycerides 189. Improved with Trilipix 135 mg, refills given. Low-fat diet, omega-3 fatty acids. Will monitor.
3. **GERD.** Stable with Kapidex 60 mg. Refills given. Continue to avoid spicy and caffeinated products. Return as scheduled, sooner if needed.

JBH/rmb

JUN 03 2010 NS

AUG 04 2010

231.6

122/80

refill meds

Dr. Shalleross Pass Mary

Deviant 60y  
Lipitor 20y  
Simcor 750/20y  
Trilipix 135y

Dr. Hill

W.C. Fine Rosal Sprin  
Chapman Disc

over 10 days

05/8

2anaplet 4mg  
Hydrocodone APAP 10-500pp  
Pramadol Hcl 50 x QID  
Neurontin 300 mg QID  
gummies 287

CPT - Fina Rpt

LEV 10, 5ml  
Chato fruit  
Rt to call

John Leopard  
Aug. 4, 2010 doctor's notes on previous page.

JOHN "BEANIE" LEOPARD

#22673

08/04/10

- S: 39 YOM presents today for refill of his medications. He says his stress seems to be well controlled with Lexapro. History of high cholesterol. He is planning to have a CPX with his fire dept with complete labs in the next few weeks. Denies chest pain or shortness of breath. No n/v. No fever, chills.
- O: HEENT unremarkable. Lungs CTA bilaterally. Heart RRR. Back chronic pain at baseline. Otherwise, neurologic exam nonfocal. Skin no rashes.
- A/P: 1. **Hypercholesterolemia.** Continue with Simcor 750/20 q.d. Check fasting lipid panel, ALT when he has his CPX with the fire department.  
2. **Hypertriglyceridemia.** Low-fat diet, Omega-3 fatty acids. Trilipix 135 mg. Refills given.  
3. **Anxiety.** Stable with Lexapro 20 mg. Decrease life stressors. Avoid caffeinated products. Practice proper sleep hygiene.  
4. **Health maintenance.** Patient has chronic back pain following a worker's comp claim where he fell through a roof while working at the fire dept and had compression fractures in his dorsal spine. He is followed by Dr. Shallcross. He takes Zanaflex 4 mg q.i.d., Lorab 10 mg p.r.n., tramadol 50 mg q.i.d., Neurontin 300 mg t.i.d. generic. In addition, patient would like to stop smoking. Consider a trial of Chantix in the future. Wish him well and return as instructed, sooner if needed.

JBH/rmb

QR

John Leopard

AUG 13 2010 229 1401100

2

Severe back pain

neck fusion (lat) 2 years ago  
titanium

Name -  
BLD - neg  
BIL + 9 umol/L  
URD +- norm  
KET - neg  
PRO - neg  
NIT - neg  
GLU - neg  
p.H 6.0  
S.G 1.020  
LEU - neg  
COL LT Yellow  
CLA Clear

T12  
L1  
hyperreflexic  
& UA  
since 8/13

JOHN LEOPARD

08/13/10

#22673

Patient was at home, going to get up and upon getting up had sudden severe pain into his mid to low back and dropped to the floor. Since that time, besides persistent pain, he has noticed burning and tingling into both legs. Feels he is not urinating quite as much since that occurred. That was earlier this morning. Historically he has had cervical spine fusion several years ago. In 2007 he suffered a traumatic vertebral compression fracture according to patient was thoracic spine. He is in distress today. Walks in of his own free will. Abdomen soft, no masses. No signs of enlarged bladder at this point. No rebound tenderness. No numbness. Cervical area with no point tenderness. No numbness to arms or hands. Motor skills to arms and hands are normal. Speech and balance normal. When you walk down his spine, T12-L3 has areas of point tenderness over spinous processes. He is extremely hyperreflexic and checking reflexes brought on extreme pain. SLR did not aggravate pain. Low back is in spasm as well. He is followed by pain therapy because of compression fracture in thoracic area. He is 40 years old. Concerned about compression fracture in low back or cord compression going on with hyperreflexia. Did not have a fall. No trauma. Was on a riding lawnmower yesterday but does not claim any sudden jolt or anything where he jarred his back. He did some fishing several days ago. Again, did not hit a hard wave or anything that would make one think about compression fracture to back. UA clear. Discussed case with radiology and will work in for urgent MRI from T10-lumbosacral area to make sure we are not dealing with acute disc symptoms or compression fracture. Stable to walk at this point. This was a very complicated case and we will follow him closely and hopefully get call reports in the very near future to assess further. MAB/rmb

|                                                                                                                                                                                                                                           |                             |                             |                           |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|---------------|
| SPECIMEN<br>294-536-5025-0                                                                                                                                                                                                                | TYPE<br>S                   | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE | Page #: 1     |
| <b>ADDITIONAL INFORMATION</b><br>BARTZ M      Fasting: Y<br>PHONE: 864-227-8763    DOB: 9/17/1970                                                                                                                                         |                             |                             |                           |               |
| PATIENT NAME<br><b>LEOPARD, JOHN B</b>                                                                                                                                                                                                    |                             | SEX<br>M                    | AGE(YR./MOS.)<br>40 / 1   |               |
| PT. ADD.: 712 STILLWELL RD<br>GREENWOOD      SC      29646-0000                                                                                                                                                                           |                             |                             |                           |               |
| DATE OF COLLECTION TIME<br>10/21/2010      8:24                                                                                                                                                                                           | DATE RECEIVED<br>10/21/2010 | DATE REPORTED<br>10/22/2010 | TIME<br>5:38              | 1344          |
| <b>CLINICAL INFORMATION</b><br>CD-20072912271<br>PHYSICIAN ID.    NPI    PATIENT ID.<br>BARTZ      1447300173<br>ACCOUNT: Family Physicians of Greenwood<br>1506 Spring St<br>Greenwood      SC    29646-0000<br>ACCOUNT NUMBER: 39093093 |                             |                             |                           |               |
| <b>TEST</b>                                                                                                                                                                                                                               |                             | <b>RESULT</b>               |                           | <b>LIMITS</b> |
| <b>LAB</b>                                                                                                                                                                                                                                |                             |                             |                           |               |

|                                                                                                                                                                                                                                                                    |       |             |             |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------|----|
| CMP12+LP+6AC+CBC/D/Plt                                                                                                                                                                                                                                             |       |             |             |    |
| Chemistries                                                                                                                                                                                                                                                        |       |             |             |    |
| Glucose, Serum                                                                                                                                                                                                                                                     | 93    | mg/dL       | 65 - 99     | 01 |
| Uric Acid, Serum                                                                                                                                                                                                                                                   | 4.7   | mg/dL       | 2.4 - 8.2   | 01 |
| BUN                                                                                                                                                                                                                                                                | 11    | mg/dL       | 5 - 26      | 01 |
| > Creatinine, Serum                                                                                                                                                                                                                                                | 1.32H | mg/dL       | 0.76 - 1.27 | 01 |
| eGFR                                                                                                                                                                                                                                                               | >59   | mL/min/1.73 | >59         |    |
| eGFR AfricanAmerican                                                                                                                                                                                                                                               | >59   | mL/min/1.73 | >59         |    |
| Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org. |       |             |             |    |
| BUN/Creatinine Ratio                                                                                                                                                                                                                                               | 8     |             | 8 - 27      |    |
| Sodium, Serum                                                                                                                                                                                                                                                      | 143   | mmol/L      | 135 - 145   | 01 |
| Potassium, Serum                                                                                                                                                                                                                                                   | 4.3   | mmol/L      | 3.5 - 5.2   | 01 |
| Chloride, Serum                                                                                                                                                                                                                                                    | 106   | mmol/L      | 97 - 108    | 01 |
| Calcium, Serum                                                                                                                                                                                                                                                     | 9.1   | mg/dL       | 8.7 - 10.2  | 01 |
| Phosphorus, Serum                                                                                                                                                                                                                                                  | 2.6   | mg/dL       | 2.5 - 4.5   | 01 |
| Protein, Total, Serum                                                                                                                                                                                                                                              | 6.6   | g/dL        | 6.0 - 8.5   | 01 |
| Albumin, Serum                                                                                                                                                                                                                                                     | 4.2   | g/dL        | 3.5 - 5.5   | 01 |
| Globulin, Total                                                                                                                                                                                                                                                    | 2.4   | g/dL        | 1.5 - 4.5   |    |
| A/G Ratio                                                                                                                                                                                                                                                          | 1.8   |             | 1.1 - 2.5   |    |
| Bilirubin, Total                                                                                                                                                                                                                                                   | 0.3   | mg/dL       | 0.0 - 1.2   | 01 |
| Alkaline Phosphatase, S                                                                                                                                                                                                                                            | 74    | IU/L        | 25 - 150    | 01 |
| LDH                                                                                                                                                                                                                                                                | 179   | IU/L        | 100 - 250   | 01 |
| AST (SGOT)                                                                                                                                                                                                                                                         | 22    | IU/L        | 0 - 40      | 01 |
| ALT (SGPT)                                                                                                                                                                                                                                                         | 27    | IU/L        | 0 - 55      | 01 |
| GGT                                                                                                                                                                                                                                                                | 20    | IU/L        | 0 - 65      | 01 |
| Iron, Serum                                                                                                                                                                                                                                                        | 59    | ug/dL       | 40 - 155    | 01 |
| Lipids                                                                                                                                                                                                                                                             |       |             |             |    |
| > Cholesterol, Total                                                                                                                                                                                                                                               | 240 H | mg/dL       | 100 - 199   | 01 |
| > Triglycerides                                                                                                                                                                                                                                                    | 297 H | mg/dL       | 0 - 149     | 01 |
| > HDL Cholesterol                                                                                                                                                                                                                                                  | 19 L  | mg/dL       | >39         | 01 |
| Comment                                                                                                                                                                                                                                                            |       |             |             |    |
| According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.                                                                                                                                                                     |       |             |             |    |
| > VLDL Cholesterol Cal                                                                                                                                                                                                                                             | 59 H  | mg/dL       | 5 - 40      | 01 |
| > LDL Cholesterol Calc                                                                                                                                                                                                                                             | 162 H | mg/dL       | 0 - 99      | 01 |
| > T. Chol/HDL Ratio                                                                                                                                                                                                                                                | 12.6H | ratio units | 0.0 - 5.0   | 01 |

|                           |         |                        |             |
|---------------------------|---------|------------------------|-------------|
| Pat Name: LEOPARD, JOHN B | Pat ID: | Spec #: 294-536-5025-0 | Seq #: 1344 |
|---------------------------|---------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.25.00



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Phone: 800-762-4344

|                                                          |                             |                             |                           |           |
|----------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|-----------|
| SPECIMEN<br>294-536-5025-0                               | TYPE<br>S                   | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE | Page #: 2 |
| ADDITIONAL INFORMATION                                   |                             |                             |                           |           |
| BARTZ M FASTING: Y<br>PHONE: 864-227-8763 DOB: 9/17/1970 |                             |                             |                           |           |
| PATIENT NAME<br>LEOPARD, JOHN B                          |                             | SEX<br>M                    | AGE(YR./MOS.)<br>40 / 1   |           |
| PT. ADD.: 712 STILLWELL RD<br>GREENWOOD SC 29646-0000    |                             |                             |                           |           |
| DATE OF COLLECTION TIME<br>10/21/2010 8:24               | DATE RECEIVED<br>10/21/2010 | DATE REPORTED<br>10/22/2010 | TIME<br>5:38              | 1344      |
| TEST                                                     |                             | RESULT                      |                           |           |

|                                                                                                                  |                   |             |
|------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
| CLINICAL INFORMATION<br>CD- 20072912271                                                                          |                   |             |
| PHYSICIAN ID.<br>BARTZ                                                                                           | NPI<br>1447300173 | PATIENT ID. |
| ACCOUNT: Family Physicians of Greenwood<br>1506 Spring St<br>Greenwood SC 29646-0000<br>ACCOUNT NUMBER: 39093093 |                   |             |

| TEST                 | RESULT            | LIMITS    | LAB |
|----------------------|-------------------|-----------|-----|
| > Estimated CHD Risk | 2.2H times avg.   | 0.0 - 1.0 |     |
|                      | T. Chol/HDL Ratio |           |     |
|                      |                   | Men Women |     |
|                      | 1/2 Avg. Risk     | 3.4 3.3   |     |
|                      | Avg. Risk         | 5.0 4.4   |     |
|                      | 2X Avg. Risk      | 9.6 7.1   |     |
|                      | 3X Avg. Risk      | 23.4 11.0 |     |

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

|                             |      |          |             |    |
|-----------------------------|------|----------|-------------|----|
| CBC, Platelet Ct, and Diff  |      |          |             | 01 |
| WBC                         | 7.3  | x10E3/uL | 4.0 - 10.5  | 01 |
| RBC                         | 5.06 | x10E6/uL | 4.10 - 5.60 | 01 |
| Hemoglobin                  | 15.3 | g/dL     | 12.5 - 17.0 | 01 |
| Hematocrit                  | 46.5 | %        | 36.0 - 50.0 | 01 |
| MCV                         | 92   | fL       | 80 - 98     | 01 |
| MCH                         | 30.2 | pg       | 27.0 - 34.0 | 01 |
| MCHC                        | 32.9 | g/dL     | 32.0 - 36.0 | 01 |
| RDW                         | 13.6 | %        | 11.7 - 15.0 | 01 |
| Platelets                   | 253  | x10E3/uL | 140 - 415   | 01 |
| Neutrophils                 | 56   | %        | 40 - 74     | 01 |
| Lymphs                      | 27   | %        | 14 - 46     | 01 |
| Monocytes                   | 11   | %        | 4 - 13      | 01 |
| Eos                         | 5    | %        | 0 - 7       | 01 |
| Basos                       | 1    | %        | 0 - 3       | 01 |
| Neutrophils (Absolute)      | 3.9  | x10E3/uL | 1.8 - 7.8   | 01 |
| Lymphs (Absolute)           | 2.0  | x10E3/uL | 0.7 - 4.5   | 01 |
| Monocytes (Absolute)        | 0.8  | x10E3/uL | 0.1 - 1.0   | 01 |
| Eos (Absolute)              | 0.4  | x10E3/uL | 0.0 - 0.4   | 01 |
| Baso (Absolute)             | 0.1  | x10E3/uL | 0.0 - 0.2   | 01 |
| Immature Granulocytes       | 0    | %        | 0 - 1       | 01 |
| Immature Grans (Abs)        | 0.0  | x10E3/uL | 0.0 - 0.1   | 01 |
| Prostate-Specific Ag, Serum |      |          |             |    |
| Prostate Specific Ag, Serum | 0.9  | ng/mL    | 0.0 - 4.0   | 01 |
| Roche ECLIA methodology.    |      |          |             |    |

According to the American Urological Association, Serum PSA should

|                           |         |                        |             |
|---------------------------|---------|------------------------|-------------|
| Pat Name: LEOPARD, JOHN B | Pat ID: | Spec #: 294-536-5025-0 | Seq #: 1344 |
|---------------------------|---------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

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LCM Version: 03.25.00

John Leopard 9-17-70

|             |            |          |                    |
|-------------|------------|----------|--------------------|
| acid reflux | Dexilant   | 60mg     | 1 per day          |
| Back        | Zanaflex   | 4mg      | 3 per day          |
| Chol.       | Triplex    | 135mg    | 1 per day          |
| Crazy       | Lexapro    | 20mg     | 1 per day          |
| Back        | Lortab     | 10-500mg | 1 as needed        |
| Back        | Tramadol   | 50mg     | 1-4 times a day as |
| Back        | Gabapentin | 300mg    | 1-3 times a day    |

|                                                                                                                                                                                                                                       |                             |                             |                           |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|---------------|
| SPECIMEN<br>295-536-5070-0                                                                                                                                                                                                            | TYPE<br>S                   | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE | Page #: 1     |
| <b>ADDITIONAL INFORMATION</b><br>HILL J      FASTING: N<br>PHONE: 864-227-8763    DOB: 9/17/1970                                                                                                                                      |                             |                             |                           |               |
| PATIENT NAME<br><b>LEOPARD, JOHN B</b>                                                                                                                                                                                                |                             | SEX<br>M                    | AGE(YR./MOS.)<br>39 / 1   |               |
| PT. ADD.: 712 STILLWELL RD<br>GREENWOOD                                                                                                                                                                                               |                             | SC                          | 29646-0000                |               |
| DATE OF COLLECTION TIME<br>10/22/2009 10:02                                                                                                                                                                                           | DATE RECEIVED<br>10/23/2009 | DATE REPORTED<br>10/27/2009 | TIME<br>5:37              | 9496          |
| <b>CLINICAL INFORMATION</b><br>CD- 20072905645<br>PHYSICIAN ID.    NPI    PATIENT ID.<br>HILL    1427108158<br>ACCOUNT: Family Physicians of Greenwood<br>1506 Spring St<br>Greenwood    SC    29646-0000<br>ACCOUNT NUMBER: 39093093 |                             |                             |                           |               |
| <b>TEST</b>                                                                                                                                                                                                                           |                             | <b>RESULT</b>               |                           | <b>LIMITS</b> |
|                                                                                                                                                                                                                                       |                             |                             |                           | <b>LAB</b>    |

**CBC With Differential/Platelet**

|                        |      |          |             |    |
|------------------------|------|----------|-------------|----|
| WBC                    | 9.7  | x10E3/uL | 4.0 - 10.5  | 01 |
| RBC                    | 4.45 | x10E6/uL | 4.10 - 5.60 | 01 |
| Hemoglobin             | 14.0 | g/dL     | 12.5 - 17.0 | 01 |
| Hematocrit             | 40.7 | %        | 36.0 - 50.0 | 01 |
| MCV                    | 91   | fL       | 80 - 98     | 01 |
| MCH                    | 31.5 | pg       | 27.0 - 34.0 | 01 |
| MCHC                   | 34.5 | g/dL     | 32.0 - 36.0 | 01 |
| RDW                    | 13.0 | %        | 11.7 - 15.0 | 01 |
| Platelets              | 232  | x10E3/uL | 140 - 415   | 01 |
| Neutrophils            | 62   | %        | 40 - 74     | 01 |
| Lymphs                 | 27   | %        | 14 - 46     | 01 |
| Monocytes              | 9    | %        | 4 - 13      | 01 |
| Eos                    | 2    | %        | 0 - 7       | 01 |
| Basos                  | 0    | %        | 0 - 3       | 01 |
| Neutrophils (Absolute) | 6.0  | x10E3/uL | 1.8 - 7.8   | 01 |
| Lymphs (Absolute)      | 2.6  | x10E3/uL | 0.7 - 4.5   | 01 |
| Monocytes (Absolute)   | 0.9  | x10E3/uL | 0.1 - 1.0   | 01 |
| Eos (Absolute)         | 0.2  | x10E3/uL | 0.0 - 0.4   | 01 |
| Baso (Absolute)        | 0.0  | x10E3/uL | 0.0 - 0.2   | 01 |

**B pertussis IgG/M/A Ab**

B pertussis IgG Ab, Quant    6    PanBio Units    0 - 8    01

Due to unavailability of reagents, B. Pertussis IgG was performed using a different vendor's assay.

The reference interval for this patient's result is:

|               |              |
|---------------|--------------|
| Negative      | <10 U/mL     |
| Positive      | 10 - 49 U/mL |
| High positive | >49 U/mL     |
| Equivocal     | 9 - 11       |
| Positive      | > 11         |

**\*\*Effective October 26, 2009, the reference interval\*\***  
 will be changing to:

|               |              |
|---------------|--------------|
| Negative      | <10 U/mL     |
| Positive      | 10 - 49 U/mL |
| High positive | >49 U/mL     |

B pertussis IgM Ab, Quant    Negative    PanBio Units    0 - 8    01

Due to unavailability of reagents, B. Pertussis IgM was performed using a different vendor's assay.

The reference interval for this patient's result is:

|            |                 |
|------------|-----------------|
| Negative   | <1.0 index      |
| Borderline | 1.0 - 1.1 index |

|                           |         |                        |             |
|---------------------------|---------|------------------------|-------------|
| Pat Name: LEOPARD, JOHN B | Pat ID: | Spec #: 295-536-5070-0 | Seq #: 9496 |
|---------------------------|---------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

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LCM Version: 03.23.00



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|                                                         |                             |                             |                           |           |
|---------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|-----------|
| SPECIMEN<br>295-536-5070-0                              | TYPE<br>S                   | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE | Page #: 2 |
| ADDITIONAL INFORMATION                                  |                             |                             |                           |           |
| HILL J PASTING: N<br>PHONE: 864-227-8763 DOB: 9/17/1970 |                             |                             |                           |           |
| PATIENT NAME<br>LEOPARD, JOHN B                         |                             | SEX<br>M                    | AGE(YR./MOS.)<br>39 / 1   |           |
| PT. ADD.: 712 STILLWELL RD<br>GREENWOOD SC 29646-0000   |                             |                             |                           |           |
| DATE OF COLLECTION TIME<br>10/22/2009 10:02             | DATE RECEIVED<br>10/22/2009 | DATE REPORTED<br>10/27/2009 | TIME<br>5:37              | 9496      |
| TEST                                                    | RESULT                      |                             | LIMITS                    | LAB       |

|                                                                                                                  |                   |             |
|------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
| CLINICAL INFORMATION<br>CD- 20072905645                                                                          |                   |             |
| PHYSICIAN ID.<br>HILL                                                                                            | NPI<br>1427108158 | PATIENT ID. |
| ACCOUNT: Family Physicians of Greenwood<br>1506 Spring St<br>Greenwood SC 29646-0000<br>ACCOUNT NUMBER: 39093093 |                   |             |

Positive >1.1 index  
Equivocal 9 - 11  
Positive > 11

**\*\*Effective October 26, 2009, the reference interval\*\***  
will be changing to:

Negative <1.0 index  
Borderline 1.0 - 1.1 index  
Positive >1.1 index

B pertussis IgA Ab, Quant Negative PanBio Units 0 - 8 01

Due to unavailability of reagents, B. Pertussis IgA was performed using a different vendor's assay.  
The reference interval for this patient's result is:

Negative <1.0 index  
Borderline 1.0 - 1.1 index  
Positive >1.1 index  
Equivocal 9 - 11  
Positive > 11

**\*\*Effective October 26, 2009, the reference interval\*\***  
will be changing to:

Negative <1.0 index  
Borderline 1.0 - 1.1 index  
Positive >1.1 index

> Sedimentation Rate-Westergren 23 H mm/hr 0 - 15 01

|                                            |                                |
|--------------------------------------------|--------------------------------|
| LAB: 01 BN LabCorp Burlington              | DIRECTOR: William F Hancock MD |
| 1447 York Court, Burlington, NC 27215-3361 |                                |

|                           |         |                        |             |
|---------------------------|---------|------------------------|-------------|
| Pat Name: LEOPARD, JOHN B | Pat ID: | Spec #: 295-536-5070-0 | Seq #: 9496 |
|---------------------------|---------|------------------------|-------------|

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LCM Version: 03.23.00





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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

|                                                                                                                  |                            |                            |                           |            |
|------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------------|------------|
| SPECIMEN<br>196-536-4040-0                                                                                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 1  |
| ADDITIONAL INFORMATION                                                                                           |                            |                            |                           |            |
| HILL J FASTING: Y<br>PHONE: 864-227-8763 DOB: 9/17/1970                                                          |                            |                            |                           |            |
| PATIENT NAME<br>LEOPARD, JOHN B                                                                                  |                            | SEX<br>M                   | AGE(YR./MOS.)<br>38 / 9   |            |
| PT. ADDR: 712 STILLWELL RD<br>GREENWOOD SC 29646-0000                                                            |                            |                            |                           |            |
| DATE OF COLLECTION TIME<br>7/15/2009 8:58                                                                        | DATE RECEIVED<br>7/15/2009 | DATE REPORTED<br>7/16/2009 | TIME<br>5:38              | 9075       |
| CLINICAL INFORMATION<br>CD- 20072904024                                                                          |                            |                            |                           |            |
| PHYSICIAN ID.<br>HILL                                                                                            |                            | NPI<br>1427108158          | PATIENT ID.               |            |
| ACCOUNT: Family Physicians of Greenwood<br>1506 Spring St<br>Greenwood SC 29646-0000<br>ACCOUNT NUMBER: 39093093 |                            |                            |                           |            |
| TEST                                                                                                             |                            | RESULT                     |                           | LIMITS LAB |

Lipid Panel

|   |                    |       |       |           |    |
|---|--------------------|-------|-------|-----------|----|
|   | Cholesterol, Total | 197   | mg/dL | 100 - 199 | 01 |
| > | Triglycerides      | 433 H | mg/dL | 0 - 149   | 01 |
| > | HDL Cholesterol    | 20 L  | mg/dL | >39       | 01 |
|   | Comment            |       |       |           | 01 |

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal mg/dL 5 - 40

The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.

LDL Cholesterol Calc mg/dL 0 - 99

Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.

|            |    |      |        |    |
|------------|----|------|--------|----|
| ALT (SGPT) | 37 | IU/L | 0 - 55 | 01 |
|------------|----|------|--------|----|

|                                            |                    |                                |
|--------------------------------------------|--------------------|--------------------------------|
| LAB: 01 BN                                 | LabCorp Burlington | DIRECTOR: William F Hancock MD |
| 1447 York Court, Burlington, NC 27215-3361 |                    |                                |

7-24-09  
He will  
call back  
soon.  
7-28-09  
Lmonk to  
15  
a & b  
15

|                           |         |                        |             |
|---------------------------|---------|------------------------|-------------|
| Pat Name: LEOPARD, JOHN B | Pat ID: | Spec #: 196-536-4040-0 | Seq #: 9075 |
|---------------------------|---------|------------------------|-------------|

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LCM Version: 03.23.00



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| SPECIMEN               | TYPE | PRIMARY LAB | REPORT STATUS | Page #           |
|------------------------|------|-------------|---------------|------------------|
| 349-497-0720-0         | S    | BN          | COMPLETE      | 1                |
| ADDITIONAL INFORMATION |      |             |               | SS#: 247-63-1932 |

| PATIENT INFORMATION             |      |               |               |      | CLINICAL INFORMATION                                                                                            |                          |
|---------------------------------|------|---------------|---------------|------|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| FASTING: Y<br>DOB: 9/17/1970    |      |               |               |      | PHYSICIAN ID.                                                                                                   | PATIENT ID.<br>247631193 |
| PATIENT NAME<br>LEOPARD, JOHN B |      |               |               |      | ACCOUNT: North Greenville Fitness<br>North Greenville Medical Ctr<br>PO Box 606<br>Travelers Rest SC 29690-0606 |                          |
| PT. ADDR:                       |      |               |               |      | ACCOUNT NUMBER: 39104960                                                                                        |                          |
| DATE OF SPECIMEN                | TIME | DATE RECEIVED | DATE REPORTED | TIME |                                                                                                                 |                          |
| 12/14/2004                      | 7:50 | 12/14/2004    | 12/16/2004    | 5:46 | 3651                                                                                                            |                          |

| TEST                          | RESULT      | LIMITS     | LAB |
|-------------------------------|-------------|------------|-----|
| CMP12+LP+TP+TSH+6AC+CBC/D/Plt |             |            |     |
| Chemistries                   |             |            |     |
| Glucose, Serum                | 97 mg/dL    | 65 - 99    | BN  |
| Uric Acid, Serum              | 7.0 mg/dL   | 2.4 - 8.2  | BN  |
| BUN                           | 9 mg/dL     | 5 - 26     | BN  |
| Creatinine, Serum             | 1.3 mg/dL   | 0.5 - 1.5  | BN  |
| > BUN/Creatinine Ratio        | 7 L         | 8 - 27     |     |
| Sodium, Serum                 | 144 mmol/L  | 135 - 148  | BN  |
| Potassium, Serum              | 4.4 mmol/L  | 3.5 - 5.5  | BN  |
| Chloride, Serum               | 105 mmol/L  | 96 - 109   | BN  |
| Calcium, Serum                | 9.7 mg/dL   | 8.5 - 10.6 | BN  |
| Phosphorus, Serum             | 3.2 mg/dL   | 2.5 - 4.5  | BN  |
| Protein, Total, Serum         | 7.3 g/dL    | 6.0 - 8.5  | BN  |
| Albumin, Serum                | 4.5 g/dL    | 3.5 - 5.5  | BN  |
| Globulin, Total               | 2.8 g/dL    | 1.5 - 4.5  |     |
| A/G Ratio                     | 1.6         | 1.1 - 2.5  |     |
| Bilirubin, Total              | 0.5 mg/dL   | 0.1 - 1.2  | BN  |
| Alkaline Phosphatase, Serum   | 103 IU/L    | 25 - 150   | BN  |
| LDH                           | 198 IU/L    | 100 - 250  | BN  |
| AST (SGOT)                    | 24 IU/L     | 0 - 40     | BN  |
| ALT (SGPT)                    | 28 IU/L     | 0 - 40     | BN  |
| GGT                           | 28 IU/L     | 0 - 65     | BN  |
| Iron, Serum                   | 69 ug/dL    | 40 - 155   | BN  |
| Lipids                        |             |            |     |
| > Cholesterol, Total          | 267 H mg/dL | 100 - 199  | BN  |
| > Triglycerides               | 373 H mg/dL | 0 - 149    | BN  |
| > HDL Cholesterol             | 26 L mg/dL  | 40 - 59    | BN  |
| > VLDL Cholesterol Calc       | 75 H mg/dL  | 5 - 40     |     |
| > LDL Cholesterol Calc        | 166 H mg/dL | 0 - 99     |     |

Comment

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

| Risk Category | LDL Goal | LDL Level (mg/dL)                                              | LDL Level (mg/dL)                       |
|---------------|----------|----------------------------------------------------------------|-----------------------------------------|
|               |          | mg/dL at which to initiate Therapeutic Lifestyle Changes (TLC) | mg/dL at which to consider Drug Therapy |

CHD <100 >100 >or=130

Pat Name: LEOPARD, JOHN B

Pat ID: 247631193

Spec #: 349-497-0720-0

Seq #: 3651

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

| SPECIMEN       | TYPE | PRIMARY LAB | REPORT STATUS | Page #: |
|----------------|------|-------------|---------------|---------|
| 349-497-0720-0 | S    | BN          | COMPLETE      | 2       |

ADDITIONAL INFORMATION SS#: 247-63-1932

FASTING: Y  
DOB: 9/17/1970

| PATIENT NAME    | SEX | AGE(YR./MOS.) |
|-----------------|-----|---------------|
| LEOPARD, JOHN B | M   | 34 / 2        |

PT. ADD.:

| DATE OF SPECIMEN | TIME | DATE RECEIVED | DATE REPORTED | TIME      |
|------------------|------|---------------|---------------|-----------|
| 12/14/2004       | 7:50 | 12/14/2004    | 12/16/2004    | 5:46 3651 |

CLINICAL INFORMATION

| PHYSICIAN ID.                                                                                                   | PATIENT ID. |
|-----------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                 | 247631193   |
| ACCOUNT: North Greenville Fitness<br>North Greenville Medical Ctr<br>PO Box 606<br>Travelers Rest SC 29690-0606 |             |
| ACCOUNT NUMBER: 39104960                                                                                        |             |

| TEST                  | RESULT            | LIMITS    | LAB |
|-----------------------|-------------------|-----------|-----|
| 2+ Risk Factors <130  | >or=130           | >or=130   |     |
| 0-1 Risk Factors <160 | >or=160           | >or=190   |     |
| > T. Chol/HDL Ratio   | 10.3H ratio units | 0.0 - 5.0 |     |
| > Estimated CHD Risk  | 1.9H times avg.   | 0.0 - 1.0 |     |

T. Chol/HDL Ratio

|               | Men  | Women |
|---------------|------|-------|
| 1/2 Avg. Risk | 3.4  | 3.3   |
| Avg. Risk     | 5.0  | 4.4   |
| 2X Avg. Risk  | 9.6  | 7.1   |
| 3X Avg. Risk  | 23.4 | 11.0  |

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

|                              |       |          |               |    |
|------------------------------|-------|----------|---------------|----|
| Thyroid                      |       |          |               | BN |
| TSH                          | 2.424 | uIU/mL   | 0.350 - 5.500 | BN |
| Thyroxine (T4)               | 5.3   | ug/dL    | 4.5 - 12.0    | BN |
| T3 Uptake                    | 34    | %        | 24 - 39       | BN |
| Free Thyroxine Index         | 1.8   |          | 1.2 - 4.9     | BN |
| CBC, Platelet Ct, and Diff   |       |          |               | BN |
| White Blood Cell (WBC) Count | 8.2   | x10E3/uL | 4.0 - 10.5    | BN |
| Red Blood Cell (RBC) Count   | 5.34  | x10E6/uL | 4.10 - 5.60   | BN |
| Hemoglobin                   | 16.0  | g/dL     | 12.5 - 17.0   | BN |
| Hematocrit                   | 47.3  | %        | 36.0 - 50.0   | BN |
| MCV                          | 89    | fL       | 80 - 98       | BN |
| MCH                          | 30.1  | pg       | 27.0 - 34.0   | BN |
| MCHC                         | 33.9  | g/dL     | 32.0 - 36.0   | BN |
| RDW                          | 13.3  | %        | 11.7 - 15.0   | BN |
| Platelets                    | 231   | x10E3/uL | 140 - 415     | BN |
| Neutrophils                  | 54    | %        | 40 - 74       | BN |
| Lymphs                       | 33    | %        | 14 - 46       | BN |
| Monocytes                    | 9     | %        | 4 - 13        | BN |
| Eos                          | 4     | %        | 0 - 7         | BN |
| Basos                        | 0     | %        | 0 - 3         | BN |
| Neutrophils (Absolute)       | 4.4   | x10E3/uL | 1.8 - 7.8     | BN |
| Lymphs (Absolute)            | 2.7   | x10E3/uL | 0.7 - 4.5     | BN |
| Monocytes (Absolute)         | 0.7   | x10E3/uL | 0.1 - 1.0     | BN |

Pat Name: LEOPARD, JOHN B Pat ID: 247631193 Spec #: 349-497-0720-0 Seq #: 3651

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page



LabCorp Burlington  
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

| SPECIMEN               | TYPE | PRIMARY LAB | REPORT STATUS | Page #           |
|------------------------|------|-------------|---------------|------------------|
| 349-497-0720-0         | S    | BN          | COMPLETE      | 3                |
| ADDITIONAL INFORMATION |      |             |               | SS#: 247-63-1932 |

| PATIENT INFORMATION          |  |                                 |  | CLINICAL INFORMATION                                                                                            |                          |
|------------------------------|--|---------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| FASTING: Y<br>DOB: 9/17/1970 |  | PATIENT NAME<br>LEOPARD, JOHN B |  | PHYSICIAN ID.                                                                                                   | PATIENT ID.<br>247631193 |
| SEX<br>M                     |  | AGE(YR/MOS.)<br>34 / 2          |  | ACCOUNT: North Greenville Fitness<br>North Greenville Medical Ctr<br>PO Box 606<br>Travelers Rest SC 29690-0606 |                          |
| PT. ADDR:                    |  | DATE OF SPECIMEN<br>12/14/2004  |  | ACCOUNT NUMBER: 39104960                                                                                        |                          |
| TIME<br>7:50                 |  | DATE RECEIVED<br>12/14/2004     |  |                                                                                                                 |                          |
|                              |  | DATE REPORTED<br>12/16/2004     |  |                                                                                                                 |                          |
|                              |  | TIME<br>5:46                    |  |                                                                                                                 |                          |
|                              |  | TIME<br>3651                    |  |                                                                                                                 |                          |

| TEST                                                                                                                                                                                                                                                | RESULT       | LIMITS      | LAB |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|-----|
| Eos (Absolute)                                                                                                                                                                                                                                      | 0.3 x10E3/uL | 0.0 - 0.4   | BN  |
| Baso (Absolute)                                                                                                                                                                                                                                     | 0.0 x10E3/uL | 0.0 - 0.2   | BN  |
| Prostate-Specific Ag, Serum                                                                                                                                                                                                                         |              |             |     |
| Prostate-Specific Ag, Serum                                                                                                                                                                                                                         | 1.0 ng/mL    | 0.0 - 4.0   | BN  |
| Beckman (formerly Hybritech) ICMA methodology.<br>Values obtained with different assay methods or kits cannot<br>be used interchangeably. Results cannot be interpreted as<br>absolute evidence of the presence or absence of malignant<br>disease. |              |             |     |
| C-Reactive Protein, Cardiac                                                                                                                                                                                                                         |              |             |     |
| > C-Reactive Protein, Cardiac                                                                                                                                                                                                                       | 5.68H mg/L   | 0.00 - 3.00 | BN  |
| Relative Risk for Future Cardiovascular Event                                                                                                                                                                                                       |              |             |     |
| Low <1.00                                                                                                                                                                                                                                           |              |             |     |
| Average 1.00 - 3.00                                                                                                                                                                                                                                 |              |             |     |
| High >3.00                                                                                                                                                                                                                                          |              |             |     |
| > Hep B Surface Ab                                                                                                                                                                                                                                  | >2000 mIU/mL | 0.0 - 8.9   | BN  |
| Status of Immunity Anti-HBs Level                                                                                                                                                                                                                   |              |             |     |
| Inconsistent with Immunity < 9.0                                                                                                                                                                                                                    |              |             |     |
| Indeterminate 9.0 - 10.9                                                                                                                                                                                                                            |              |             |     |
| Consistent with Immunity >10.9                                                                                                                                                                                                                      |              |             |     |

\*\*Please note Reference Interval Change\*\*

LAB: BN LabCorp Burlington  
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

|                           |                   |                        |             |
|---------------------------|-------------------|------------------------|-------------|
| Pat Name: LEOPARD, JOHN B | Pat ID: 247631193 | Spec #: 349-497-0720-0 | Seq #: 3651 |
|---------------------------|-------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

# Laboratory Corporation of America

|                                         |              |                             |                             |                   |
|-----------------------------------------|--------------|-----------------------------|-----------------------------|-------------------|
| SPECIMEN<br>350-497-2449-0              | TYPE<br>S    | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE   | Page #: 1         |
| ADDITIONAL INFORMATION SS#: 247-63-1193 |              |                             |                             |                   |
| HWY 34 FASTING: Y<br>DOB: 9/17/1970     |              |                             |                             |                   |
| PATIENT NAME<br>LEOPARD, JOHN B         |              | SEX<br>M                    | AGE(YR./MOS.)<br>33 / 2     |                   |
| PT. ADD.:                               |              |                             |                             |                   |
| DATE OF SPECIMEN<br>12/16/2003          | TIME<br>6:30 | DATE RECEIVED<br>12/16/2003 | DATE REPORTED<br>12/18/2003 | TIME<br>5:45 8053 |
| TEST                                    |              | RESULT                      |                             | LIMITS            |

|                                                                                                                 |                          |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| CLINICAL INFORMATION                                                                                            |                          |
| PHYSICIAN ID.<br>HWY 34                                                                                         | PATIENT ID.<br>247631193 |
| ACCOUNT: NORTH GREENVILLE FITNESS<br>NORTH GREENVILLE MEDICAL CTR<br>PO BOX 606<br>TRAVELERS REST SC 29690-0606 |                          |
| ACCOUNT NUMBER: 39104960                                                                                        |                          |

|                                |     |       |           |    |
|--------------------------------|-----|-------|-----------|----|
| CMP12+LP+TP+TSH+6AC+PSA+CBC... |     |       |           |    |
| Prostate-Specific Ag, Serum    | 1.3 | ng/mL | 0.0 - 4.0 | BN |

As of 7/14/03 Abbott MEIA methodology was replaced by Beckman Coulter Hybritech.

|                                                                                                                                                                |    |       |          |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|----------|----|
| Chemistries                                                                                                                                                    |    |       |          | BN |
| Glucose, Serum                                                                                                                                                 | 81 | mg/dL | 65 - 109 | BN |
| LabCorp will be changing the out-point to detect Impaired Fasting Glucose from 110 to 100 mg/dL to comply with the November 2003 recommendations from the ADA. |    |       |          |    |

\*\*\*EFFECTIVE JANUARY 26, 2004 the reference intervals will\*\*\*  
be changing to: 65 - 99 mg/dL

|                             |     |        |            |    |
|-----------------------------|-----|--------|------------|----|
| Uric Acid, Serum            | 6.3 | mg/dL  | 2.4 - 8.2  | BN |
| BUN                         | 13  | mg/dL  | 5 - 26     | BN |
| Creatinine, Serum           | 1.1 | mg/dL  | 0.5 - 1.5  | BN |
| BUN/Creatinine Ratio        | 11  |        | 8 - 27     |    |
| Sodium, Serum               | 142 | mmol/L | 135 - 148  | BN |
| Potassium, Serum            | 3.5 | mmol/L | 3.5 - 5.5  | BN |
| Chloride, Serum             | 104 | mmol/L | 96 - 109   | BN |
| Calcium, Serum              | 9.5 | mg/dL  | 8.5 - 10.6 | BN |
| Phosphorus, Serum           | 3.9 | mg/dL  | 2.5 - 4.5  | BN |
| Protein, Total, Serum       | 7.3 | g/dL   | 6.0 - 8.5  | BN |
| Albumin, Serum              | 4.4 | g/dL   | 3.5 - 5.5  | BN |
| Globulin, Total             | 2.9 | g/dL   | 1.5 - 4.5  |    |
| A/G Ratio                   | 1.5 |        | 1.1 - 2.5  |    |
| Bilirubin, Total            | 0.3 | mg/dL  | 0.1 - 1.2  | BN |
| Alkaline Phosphatase, Serum | 105 | IU/L   | 25 - 150   | BN |
| LDH                         | 211 | IU/L   | 100 - 250  | BN |
| AST (SGOT)                  | 24  | IU/L   | 0 - 40     | BN |
| ALT (SGPT)                  | 27  | IU/L   | 0 - 40     | BN |
| GGT                         | 26  | IU/L   | 0 - 65     | BN |
| Iron, Serum                 | 60  | ug/dL  | 40 - 155   | BN |

|                      |       |       |           |    |
|----------------------|-------|-------|-----------|----|
| Lipids               |       |       |           | BN |
| > Cholesterol, Total | 257 H | mg/dL | 100 - 199 | BN |
| > Triglycerides      | 611 H | mg/dL | 0 - 149   | BN |
| > HDL Cholesterol    | 24 L  | mg/dL | 40 - 59   | BN |

Results are Flagged in Accordance with Age Dependent Reference Ranges

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# Laboratory Corporation of America

|                                         |              |                             |                             |              |
|-----------------------------------------|--------------|-----------------------------|-----------------------------|--------------|
| SPECIMEN<br>350-497-2449-0              | TYPE<br>S    | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE   | Page #: 2    |
| ADDITIONAL INFORMATION SS#: 247-63-1193 |              |                             |                             |              |
| HWY 34 FASTING: Y<br>DOB: 9/17/1970     |              |                             |                             |              |
| PATIENT NAME<br>LEOPARD, JOHN B         |              | SEX<br>M                    | AGE(YR./MOS.)<br>33 / 2     |              |
| PT. ADD.:                               |              |                             |                             |              |
| DATE OF SPECIMEN<br>12/16/2003          | TIME<br>6:30 | DATE RECEIVED<br>12/16/2003 | DATE REPORTED<br>12/18/2003 | TIME<br>5:45 |
| 8053                                    |              |                             |                             |              |
| TEST                                    |              | RESULT                      |                             |              |

|                                                                                                                 |                          |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| CLINICAL INFORMATION                                                                                            |                          |
| PHYSICIAN ID.<br>HWY 34                                                                                         | PATIENT ID.<br>247631193 |
| ACCOUNT: NORTH GREENVILLE FITNESS<br>NORTH GREENVILLE MEDICAL CTR<br>PO BOX 606<br>TRAVELERS REST SC 29690-0606 |                          |
| ACCOUNT NUMBER: 39104960                                                                                        |                          |

| TEST                                                                                                                                                                          | RESULT                     | LIMITS        | LAB |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|-----|
| VLDL Cholesterol Cal                                                                                                                                                          | mg/dL                      | 5 - 40        |     |
| The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.                                                                                  |                            |               |     |
| LDL Cholesterol Calc                                                                                                                                                          | mg/dL                      | 0 - 99        |     |
| Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.                                                                                         |                            |               |     |
| > T. Chol/HDL Ratio                                                                                                                                                           | 10.7H ratio units          | 0.0 - 5.0     |     |
| > Estimated CHD Risk                                                                                                                                                          | 2.0H times avg.            | 0.0 - 1.0     |     |
| (The CHD Risk is based on the T. Chol/HDL Ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.) |                            |               |     |
|                                                                                                                                                                               | T. Chol/HDL Ratio          | Men Women     |     |
|                                                                                                                                                                               | 1/2 Avg. Risk              | 3.4 3.3       |     |
|                                                                                                                                                                               | Avg. Risk                  | 5.0 4.4       |     |
|                                                                                                                                                                               | 2X Avg. Risk               | 9.6 7.1       |     |
|                                                                                                                                                                               | 3X Avg. Risk               | 23.4 11.0     |     |
| Thyroid                                                                                                                                                                       |                            |               | BN  |
| TSH                                                                                                                                                                           | 2.828 uIU/mL               | 0.350 - 5.500 | BN  |
| Thyroxine (T4)                                                                                                                                                                | 6.4 ug/dL                  | 4.5 - 12.0    | BN  |
| T3 Uptake                                                                                                                                                                     | 34 %                       | 24 - 39       | BN  |
| Free Thyroxine Index                                                                                                                                                          | 2.1                        | 1.2 - 4.9     | BN  |
| CBC, Platelet Ct, and Diff                                                                                                                                                    |                            |               | BN  |
| White Blood Cell (WBC) Count                                                                                                                                                  | 7.4 X 10 <sup>3</sup> /uL  | 4.0 - 10.5    | BN  |
| Red Blood Cell (RBC) Count                                                                                                                                                    | 5.40 X 10 <sup>6</sup> /uL | 4.10 - 5.60   | BN  |
| Hemoglobin                                                                                                                                                                    | 15.7 g/dL                  | 12.5 - 17.0   | BN  |
| Hematocrit                                                                                                                                                                    | 47.7 %                     | 36.0 - 50.0   | BN  |
| MCV                                                                                                                                                                           | 88 fL                      | 80 - 98       | BN  |
| MCH                                                                                                                                                                           | 29.1 pg                    | 27.0 - 34.0   | BN  |
| MCHC                                                                                                                                                                          | 33.0 g/dL                  | 32.0 - 36.0   | BN  |
| RDW                                                                                                                                                                           | 12.3 %                     | 11.7 - 15.0   | BN  |
| Platelets                                                                                                                                                                     | 205 X 10 <sup>3</sup> /uL  | 140 - 415     | BN  |
| > Polys                                                                                                                                                                       | 28 L %                     | 40 - 74       | BN  |
| > Lymphs                                                                                                                                                                      | 40 %                       | 14 - 46       | BN  |
| > Monocytes                                                                                                                                                                   | 28 H %                     | 4 - 13        | BN  |
| Eos                                                                                                                                                                           | 3 %                        | 0 - 7         | BN  |

Results are Flagged in Accordance with Age Dependent Reference Ranges  
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# Laboratory Corporation of America

|                                         |              |                              |                             |              |
|-----------------------------------------|--------------|------------------------------|-----------------------------|--------------|
| SPECIMEN<br>350-497-2449-0              | TYPE<br>S    | PRIMARY LAB<br>BN            | REPORT STATUS<br>COMPLETE   | Page #: 3    |
| ADDITIONAL INFORMATION SS#: 247-63-1193 |              |                              |                             |              |
| HWY 34                                  |              | FASTING: Y<br>DOB: 9/17/1970 |                             |              |
| PATIENT NAME<br>LEOPARD, JOHN B         |              | SEX<br>M                     | AGE(YR./MOS.)<br>33 / 2     |              |
| PT. ADD.:                               |              |                              |                             |              |
| DATE OF SPECIMEN<br>12/16/2003          | TIME<br>6:30 | DATE RECEIVED<br>12/16/2003  | DATE REPORTED<br>12/18/2003 | TIME<br>5:45 |
| 8053                                    |              |                              |                             |              |

|                                                                                                                 |                          |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| CLINICAL INFORMATION                                                                                            |                          |
| PHYSICIAN ID.<br>HWY 34                                                                                         | PATIENT ID.<br>247631193 |
| ACCOUNT: NORTH GREENVILLE FITNESS<br>NORTH GREENVILLE MEDICAL CTR<br>PO BOX 606<br>TRAVELERS REST SC 29690-0606 |                          |
| ACCOUNT NUMBER: 39104960                                                                                        |                          |

| TEST                                                 | RESULT                      | LIMITS      | LAB |
|------------------------------------------------------|-----------------------------|-------------|-----|
| Basos                                                | 1 %                         | 0 - 3       | BN  |
| Polys (Absolute)                                     | 2.1 X 10 <sup>-3</sup> /uL  | 1.8 - 7.8   | BN  |
| Lymphs (Absolute)                                    | 3.0 X 10 <sup>-3</sup> /uL  | 0.7 - 4.5   | BN  |
| > Monocytes (Absolute)                               | 2.1H X 10 <sup>-3</sup> /uL | 0.1 - 1.0   | BN  |
| Eos (Absolute Value)                                 | 0.2 X 10 <sup>-3</sup> /uL  | 0.0 - 0.4   | BN  |
| Baso (Absolute)                                      | 0.1 X 10 <sup>-3</sup> /uL  | 0.0 - 0.2   | BN  |
| Hematology Comments:                                 |                             |             | BN  |
| Differential verified by<br>microscopic examination. |                             |             |     |
| C-Reactive Protein, Cardiac                          |                             |             |     |
| > C-Reactive Protein, Cardiac                        | 6.59H mg/L                  | 0.00 - 3.00 | BN  |
| Relative Risk for Future Cardiovascular Event        |                             |             |     |
| Low                                                  |                             | <1.00       |     |
| Average                                              |                             | 1.00-3.00   |     |
| High                                                 |                             | >3.00       |     |

LAB: BN LABCORP BURLINGTON  
1447 YORK COURT, BURLINGTON, NC 27215-2230

DIRECTOR: FRANK HANCOCK MD

Results are Flagged in Accordance with Age Dependent Reference Ranges

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Self Regional Healthcare Radiology Dept  
1325 Spring Street  
Greenwood, SC 29646  
Phone: (854) 725-4190 Fax: (854) 725-4009

125  
5211  
Writing

225 4778

Patient Name: LEOPARD, JOHN B

Order Date/Time: 8-13-10 12:02

MRN#: 000157622

Location: OPV

Account#: 1022500297

DOB: 9-17-70 Age: 39 Yr Sex: M

Ord. Phys: BARTZ, MARK A

Adm. Phys: BARTZ, MARK A

Chk-in# Exam # Exam  
1263253 69827 MRI LUMBAR WO CONTRAST  
Ord Diag: BACK PAIN

# VERIFIED

Findings: Multiple T1 and T2-weighted MR images of the lumbar spine were obtained without contrast in axial and sagittal planes. Axial images were acquired from the level of T8 through the level of the S1. Vertebral body bone marrow signal demonstrates no acute abnormality. Numerous Schmorl's nodes are seen throughout the endplates of the lower thoracic spine and the lumbar spine along with a few anterior compression deformities of vertebral bodies, particularly at the T10, T11, and L1 vertebral bodies. The overall appearance is most compatible with that of Scheuermann's disease. At the T10/T11 level, posteriorly directed broad-based disc bulging and mild degree is present resulting in anterior thecal sac effacement, without resultant spinal canal or neural foraminal stenosis. At the T11/T12 level, a leftwardly prominent broad-based disc bulging of moderate degree is present resulting in anterior thecal sac effacement without frank spinal canal or neural foraminal stenosis. All other vertebral body levels have a fairly normal appearance. No level of frank disc protrusion or herniation is identified. No level of significant spinal canal or neural foraminal stenosis is appreciated. No soft tissue mass is identified.

Impression: Numerous Schmorl's nodes seen throughout the endplates of the lower thoracic and upper lumbar spine along with a few anterior compression deformities of the vertebral bodies which have a chronic appearance at the T10, T11, and L1 vertebral bodies. No overall appearance is most compatible with Sherman's disease. Broad-based disc bulging at the T10/T11 and T11/T12 levels does result in anterior thecal sac effacement but there is no evidence of spinal canal or neural foraminal stenosis at these or at any other levels in the

Dr. Sida  
Will see  
today  
8-13-10

Page 1

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Self Regional Healthcare Radiology Dept.

JOHN B LEOPARD

MRN#: 000157622 ACCT#: 1022500297

lumbar spine. No level of frank disc protrusion or herniation is appreciated.

Read By- Christopher Knox MD  
Released By- Christopher Knox MD  
Transcriptionist- Christopher Knox MD  
Released Date Time- 08/13/2010 13:20  
RID- 265763

Page 2

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PAGE 31/99

FAMILY PHYS OF GMD

01/18/2011 11:20 2271924



Claimant's Name: John B. Leopard SSN: 247-63-1193 Employer's Name: Greenwood County (Fireman)  
Address: 712 Stillwell Rd Address: 600 Monument Street, P-103  
City: Greenwood State: SC Zip: 29646 City: Greenwood State: SC Zip: 29646  
Home Phone: ( 864 ) 227-8763 Work Phone: ( ) - Insurance Carrier: SC Assoc of Counties SIF Companion TPA  
Preparer's Name: Lena Y. Meredith Law Firm: Nicholson & Anderson Preparer's Phone #: ( 864 ) 229 -- 7241

### REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of injury: 10/30/2007 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

#### Whether the Commissioner erred:

- 1. In finding the Claimant did not prove by the greater weight of the evidence that he suffered a change of condition for the worse since the last payment of compensation on February 18, 2010, Finding of Fact 18, p. 16, Conclusion of Law 4, p. 17;**
- 2. In finding that Dr. Poletti could not give a credible and reliable opinion that the Claimant's fracture worsened after February 18, 2010;**
- 3. In giving little weight to the opinion of Dr. Sybil Reddick because she did not evaluate the Claimant prior to February 18, 2011.**

SCWCC

NOV 07 2011

JUDICIAL

See attached Exhibit A for additional grounds for appeal

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Richard B. Kale, Jr., Esquire, Willson Jones  
Carter & Baxley, P.A., 872 S Pleasantburg Dr., Greenville, SC 29607

on the 3rd day of November, 2011 by ☒ first class mail ☐ personal service ☐ certified mail

Preparer's Signature

*Lena Y. Meredith*

Attorney

Title

November 3, 2011

Date

Check this box if you are not represented by an attorney.

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

Exhibit A  
Additional Grounds for Appeal  
Leopard v. Greenwood County  
WCC File No.: 0724852

**4. In giving greater weight to the opinion of Dr. David L. Shallcross that Claimant did not suffer a change of condition for the worse when he would not review the Claimant's diagnostic films taken after February 18, 2010.**

---

**5. In finding that Claimant did not suffer a change of condition for the worse in spite of the fact that Dr. Shallcross's office notes reflect that Claimant's condition, in fact, worsened after February 18, 2010.**

---

---

STATE OF SOUTH CAROLINA  
In The Court of Appeals

---

APPEAL FROM THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Panel

---

W.C.C. File No.: 0919426

---

JOHN B. LEOPARD

CLAIMANT/APPELLANT,

v.

GREENWOOD COUNTY,

EMPLOYER,

and

S.C. ASSOCIATION OF COUNTIES SIF,

CARRIER,  
DEFENDANTS/RESPONDENTS.

---

NOTICE OF APPEAL

---

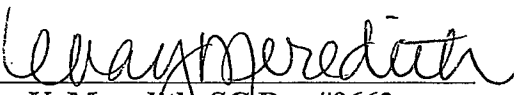
John B. Leopard appeals the decision of the Appellate Panel filed May 8, 2012. Appellant received a copy of this decision on May 8, 2012.

Pursuant to S.C. Ann. §42-17-60, the Appellant would state the following grounds for appeal:

1. The Appellate Panel's finding of fact and conclusion of law that the Appellant did not suffer a change of condition for the worse is not supported by substantial evidence.
2. The Appellate Panel's finding of fact and conclusion of law that the opinion of Dr. Shallcross is entitled to greater weight is not supported by substantial evidence and is an abuse of discretion.

3. The Appellate Panel's finding of fact and conclusion of law that the opinions of Dr. Poletti and Dr. Reddick are not credible and are entitled to very little weight are not supported by substantial evidence and constitute an abuse of discretion.

June 4, 2012

  
**Lena Y. Meredith, SC Bar #9663**  
109 West Court Avenue  
P O Box 457  
Greenwood, SC 29648  
Telephone: (864) 229-7241  
Facsimile: (864) 229-2739  
Email: lym@nmalawyers.com  
Attorney for Appellant

Other Counsel of Record:

Richard B. Kale, Jr., Esquire  
Willson Jones Carter & Baxley, PA  
872 S Pleasantburg Dr  
Greenville, SC 29607

STATE OF SOUTH CAROLINA  
BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION FULL COMMISSION  
WCC No. 0724852

John B. Leopard, )  
 )  
Claimant, )  
 )  
v. )  
 )  
Greenwood County Firemen, )  
 )  
Employer, )  
 )  
and )  
 )  
Association of Counties, )  
 )  
Carrier. )  
----- )

(COPY)

**FULL COMMISSION HEARING**

\*\*\*\*\*

**Wednesday, February 22, 2012**  
10:29 a.m. - 10:56 a.m.

The Full Commission Hearing before Commissioner G. Bryan Lyndon, Chair; Commissioner Susan S. Barden; and Commissioner Derrick Williams, was taken at 1333 Main Street, Suite 500, Columbia, South Carolina on the 22nd day of February, 2012 before Cassandra E. Vance, Court Reporter and Notary Public in and for the State of South Carolina.

**APPEARANCES:**

Lena Y. Meredith, Esquire  
 Nicholson, Meredith & Anderson, LLC  
 109 West Court Avenue  
 Greenwood, South Carolina 29646  
 Attorney for the Appellant/Claimant

Richard B. Kale, Jr., Esquire  
 Willson, Jones, Carter & Baxley, P.A.  
 872 South Pleasantburg Drive  
 Greenville, South Carolina 29607  
 Attorney for the Respondent/Defendant

Also Present:  
 John Leopard, Claimant  
 Sheila Leopard

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Ms. Meredith . . . . . 3

## ORAL ARGUMENT BY:

Mr. Kale . . . . . 12

## REPLY ARGUMENT BY:

Ms. Meredith . . . . . 20

Certificate . . . . . 24

1     **THE COURT REPORTER:** Today is Wednesday, February  
2             22nd, 2012. This is South Carolina Workers'  
3             Compensation Case Number 0724852. This is the  
4             case of John Leopard, Claimant, versus  
5             Greenwood County Firemen, Employer, and  
6             Association of Counties, Carrier.

7             The Appellant is the Claimant, represented by  
8             Lena Meredith. The Respondent is represented  
9             by Richard Kale.

10            Each side is allowed ten minutes for oral  
11            argument and the Appellant three minutes in  
12            reply. You are requested to argue the grounds  
13            of exception and stay within the record.

14     **COMMISSIONER LYNDON:** Okay. Ms. -- I want to say  
15             Younts -- Ms. Meredith. I remember you.

16     **ARGUMENT BY MS. MEREDITH:**

17     **MS. MEREDITH:** May it please the Panel.

18             This is an appeal from a denial of a change of  
19             condition. The Form 19 was signed 2/18/11.  
20             And in keeping with *Robbins versus Walgreen*, as  
21             this case progressed, what I tried to do was to  
22             show physical evidence as opposed to just an  
23             increase in some pain level that would warrant  
24             a change of condition.

25             John, or "Benny" as I call him, was a



1 41-year-old volunteer firefighter. He was  
2 injured when he went in through a gable vent  
3 and fell head first and sustained thoracic  
4 compression fractures in his mid back. He was  
5 treated. There was no surgery, no surgery  
6 could be performed, and he wound up receiving  
7 a 25 percent impairment from a Dr. Shallcross,  
8 who then followed him under Dodge for his pain  
9 management.

10 He was released by the surgeon, Dr. Hodge,  
11 initially in 2008. He came back in 2009 for  
12 additional pain. New MRI studies were done.  
13 In 2009, Dr. Hodge found that based on the  
14 MRI -- and I'll tell you why this is critical  
15 in just a minute -- that there did not appear  
16 to be any change that would warrant an increase  
17 in his permanent impairment at that time.

18 So in February --

19 **COMMISSIONER WILLIAMS:** Has MRI in 2009?

20 **MS. MEREDITH:** In 2009.

21 So in 2009, they compared the studies from 2007  
22 and found that there is no increase in  
23 impairment then. So in February 2010, he has  
24 his informal conference. He's pro se at the  
25 time. He's given a 40 percent to his back and

1 at that point in time, he is released with no  
2 restrictions. He goes for pain management,  
3 medication management, on a quarterly basis,  
4 every three or four months. He has a day job  
5 working as an industrial maintenance engineer.  
6 He's working for the fire department, wearing  
7 heavy gear, fighting fires.

8 In April of 2010, Shallcross, who is the  
9 authorized treating physician, and April Smith,  
10 who's the PA, begins seeing him for shooting  
11 pains, leg pain, foot pain. Additional  
12 medication are prescribed.

13 He also sees his family doctor in Greenwood,  
14 who sends him for urgent MRI studies the same  
15 day. They work him in at the hospital and it's  
16 done immediately. He has no less than five  
17 additional radiologic studies after the date of  
18 his 40 percent in February is paid.

19 Shallcross never reviews any of those studies.  
20 He continues to prescribe medication. He notes  
21 that additional medications are needed. He  
22 notes that he needs FMLA paperwork filled out  
23 because he's missing work. He is asked to  
24 respond to questionnaires from his day job from  
25 the industrial maintenance employer as to

1           whether he can work on the level of medication  
2           that he's been increased to.

3           He's given additional restrictions -- and this  
4           is also critical, because I'm not going to  
5           argue this at this point because it's not  
6           raised in my questions presented, but I  
7           anticipate it being raised later.

8           The Carrier was asked to approve an FCE in  
9           September of 2010, that was not completed or  
10          reviewed by the authorized treating physician  
11          until January of 2011, January 27th of 2011,  
12          which is three weeks from the date that he has  
13          to file his change of condition application.

14          He said that he can no longer lift what he's  
15          required to lift to keep his day job. He has  
16          been laid off from the day job. He's still on  
17          increased medications. He's still having  
18          increased pain.

19          But when we take Dr. Shallcross's deposition,  
20          he says he's not competent to testify as to  
21          whether or not there has been a change on his  
22          radiologic imaging studies. He's not competent  
23          to say if there is an additional loss of  
24          vertebral height in the areas of the  
25          compression fractures.

1 COMMISSIONER LYNDON: Is that why nothing was  
2 attached to the 51 when the change of condition  
3 was filed?

4 MS. MEREDITH: Yes, sir. I mean, he said in his  
5 notes that he had suffered an aggravation of  
6 his condition.

7 COMMISSIONER LYNDON: But to prove a change of  
8 condition, it needs to be a physical change of  
9 condition, right --

10 MS. MEREDITH: Correct.

11 COMMISSIONER LYNDON: -- rather than symptomatic?

12 MS. MEREDITH: Yes, sir.

13 COMMISSIONER LYNDON: And that wasn't available to  
14 you, but your time has run out; is that right?

15 MS. MEREDITH: Yes, sir.

16 COMMISSIONER LYNDON: So you filed it and it was --  
17 the hearing was set, but it did not have the  
18 requisite backup paperwork; is that right?

19 MS. MEREDITH: Yes, sir. Under 67-602(D), as I  
20 understood it at the time, there were -- and I  
21 have the regulation. (Tendering.)  
22 (D) says that the requested documents are to be  
23 filed with the Commission before the date of  
24 the hearing. And I supplemented everything  
25 that I was able to compile.

1 Shallcross would never say he had a change of  
2 condition. He would never look at the  
3 radiological studies. We had to go to another  
4 surgeon and another pain management doctor to  
5 get somebody to look at him.

6 The Carrier wouldn't authorize the FCE, so  
7 Shallcross could look at it until three weeks  
8 before my time ran to file anything.

9 **COMMISSIONER LYNDON:** But after it was denied --  
10 because I want to make sure we get all --  
11 there's several issues there --

12 **MS. MEREDITH:** Yes, sir.

13 **COMMISSIONER LYNDON:** -- that I think are under the  
14 Statute of Limitations. After it was denied,  
15 then, it looks likes to me you pulled your 50;  
16 is that right?

17 **MS. MEREDITH:** I withdrew my hearing request.

18 **COMMISSIONER LYNDON:** Uh-huh (affirmatively responds).

19 **MS. MEREDITH:** I have the e-mail to Barbara that  
20 says, "We are withdrawing our hearing request,"  
21 and we filed an amended 50 in June.

22 **COMMISSIONER LYNDON:** And that was outside of the  
23 year, right?

24 **MS. MEREDITH:** Outside of the year, yes, sir.

25 **COMMISSIONER LYNDON:** Part of the reason why we're

1 here.

2 **MS. MEREDITH:** Well, actually, that's not been  
3 raised on appeal.

4 **COMMISSIONER LYNDON:** I thought it ... Go ahead.

5 **MS. MEREDITH:** The Respondent hasn't filed any  
6 issues for appeal.

7 **COMMISSIONER LYNDON:** That's right. You're right.

8 **MS. MEREDITH:** And I understand the case law --

9 **COMMISSIONER LYNDON:** It's in the order.

10 **MS. MEREDITH:** -- the case law would leave me to  
11 believe that -- and just to clarify. I'll be  
12 happy to argue this now, if I need to.

13 We discussed *Allen versus Benson Outdoor*. And  
14 as I understood it, this Panel or other members  
15 of this Panel had previously ruled that when an  
16 applicant withdraws their hearing request but  
17 does not withdraw their claim, that the Statute  
18 of Limitations is preserved.

19 **COMMISSIONER LYNDON:** If that were the case, you  
20 could withdraw a 50 and really refile it a year  
21 later and still would have gotten not one, not  
22 two, but maybe three years on a change of  
23 condition.

24 **MS. MEREDITH:** Well, and I think there would still  
25 be arguments of laches, waiver. I mean, there

1 would be other issues that you could raise.  
2 But as I understood it and I had -- it's not  
3 obviously a published opinion, but the  
4 Appellant Panel decision that I had, *Cooper*  
5 *versus Georgetown County* from 2008, is a  
6 previous decision of this Panel which allowed  
7 a claimant's attorney to do just the same  
8 thing.

9 **COMMISSIONER LYNDON:** To withdraw their 50 and  
10 refile it for a change of condition well  
11 outside the year and the statute did not -- was  
12 not considered to have run?

13 **MS. MEREDITH:** Yes, sir. And *Allen versus Benson* is  
14 cited. "The claim was timely filed not barred  
15 by the Statute of Limitations. The  
16 Claimant ..."

17 **COMMISSIONER LYNDON:** Could you -- let me just ask  
18 you a hypothetical. Could you file within a  
19 year a change of condition, pull your 50 and  
20 then refile it when you chose to? You see what  
21 I'm (inaudible).

22 **MS. MEREDITH:** The Claimant is allowed to withdraw  
23 their 50 one time --

24 **COMMISSIONER LYNDON:** Right.

25 **MS. MEREDITH:** -- as a matter of right at any time.

1 COMMISSIONER LYNDON: Uh-huh (affirmatively responds).

2 MS. MEREDITH: If this is the case, then anytime you  
3 file a claim and don't request a hearing, I get  
4 that time regardless. I requested a hearing on  
5 my 50. Had I not requested a hearing, we  
6 wouldn't be having this argument.

7 COMMISSIONER LYNDON: But had there been no  
8 paperwork attached -- and I'm not trying to be  
9 argumentative --

10 MS. MEREDITH: Yes, sir.

11 COMMISSIONER LYNDON: -- we wouldn't be here. I  
12 mean, if the paperwork supported what you  
13 assert, right? But it wasn't and --

14 MS. MEREDITH: If the report was attached ...

15 COMMISSIONER LYNDON: Yes, ma'am, because otherwise  
16 you would have gone to a hearing asserting a  
17 change of condition for the worse and the other  
18 side would have had -- would not have had the  
19 paperwork to defend it, if I understand what  
20 you're saying.

21 Go ahead.

22 MS. MEREDITH: But my understanding is that the  
23 application must be filed within 12 months.  
24 The hearing doesn't have to be held. My  
25 understanding of 67-602(D) is that the



1 documentation requested in (A), (B), (C) must  
2 be filed with the Commission on or before the  
3 date of the hearing.

4 **COMMISSIONER LYNDON:** Okay.

5 **MS. MEREDITH:** Which is contradictory to (C), I  
6 understand. But I don't think it's clear and  
7 I think it has been the case in other appeals.

8 **COMMISSIONER LYNDON:** This is not the first this has  
9 come up. It's interesting, you know, you've  
10 got -- you've cited a case and your time has  
11 run, but if you want to complete the circle, if  
12 there's anything else you wanted to add, I  
13 think --

14 **MS. MEREDITH:** Well, I had a lot of different things  
15 that I wanted to point out about my case in  
16 chief and I'm arguing something that's not been  
17 raised on appeal to fill up my time, basically.  
18 I understand that Mr. Kale has briefed an issue  
19 that he's not appealed.

20 **COMMISSIONER LYNDON:** Okay. And we will -- you've  
21 got three minutes to do that. I'm going to go  
22 ahead and recognize Mr. Kale.  
23 Thank you, ma'am.

24 **ARGUMENT BY MR. KALE:**

25 **MR. KALE:** May it please the Panel.

1 Ms. Meredith has raised a lot of red herrings,  
2 I think, in her argument.

3 First of all, when she's talking about  
4 Dr. Shallcross not reviewing MRI's, this was at  
5 his deposition and that deposition was done on  
6 June 13th, 2011, well after the change of  
7 condition period.

8 And what she wanted him to do was to take  
9 radiology reports from three different MRI's  
10 and compare them and determine whether there  
11 had been any progression in his thoracic  
12 compression fracture.

13 **COMMISSIONER LYNDON:** What date was that?

14 **MR. KALE:** June 13th, 2011.

15 **COMMISSIONER LYNDON:** All right.

16 **MR. KALE:** Okay. The change of condition period  
17 passed in February.

18 What he told her was this -- and it's what  
19 every doctor I've ever heard says -- "I can't  
20 compare MRI reports from three different  
21 radiologists for MRI's done at two different  
22 facilities, because all radiologists review  
23 these things differently, use different  
24 terminology. They look at them differently."  
25 He said, "What you have to do is, you have to

1 get the MRI films, place them one, two, three,  
2 beside each other, and then compare them,"  
3 which she didn't have the MRI films there for  
4 him to compare.

5 So that's what he told her. He said, "Ideally,  
6 it probably should be done by a radiologist or  
7 an imaging specialist to make that  
8 determination based upon the MRI's  
9 whether -- so that's a red herring that she's  
10 raised on that.

11 Increased medications. He testified to this at  
12 his deposition. He says, "Yes, we did increase  
13 it, but then we -- later on we would lower  
14 them. We tried patches. Patches didn't work,  
15 so went back to the original medications that  
16 he had."

17 So this is medication management. It doesn't  
18 indicate that he's had a physical change of  
19 condition for the worse.

20 So going back to the beginning of my argument,  
21 let me point out that Dr. Hodge had said that  
22 the Claimant was not a surgical candidate and,  
23 therefore, he recommended pain management.

24 And the Claimant was seen by Dr. Shallcross  
25 from June 4th of 2009 until October 8th of

1       2009, at which time he placed him at maximum  
2       medical improvement, gave him a 25 percent  
3       impairment rating because of the compression  
4       fracture, and then indicated that he would need  
5       to come back every three or four months for  
6       pain -- for medication management.

7       The informal conference was held. He got  
8       40 percent on his 16A. He continued to follow  
9       up with Dr. Shallcross.

10      Dr. Shallcross in his office note of September  
11      21 of 2010, says, "Clinically, I cannot see any  
12      true worsening of a condition, but he's  
13      complaining of more pain." He later confirmed  
14      this when Ms. Meredith took his deposition and  
15      on a number of occasions asked him about that.  
16      He was still of the opinion that there had been  
17      no clinical change in his condition.

18      Now, Ms. Meredith filed a Form 50 on  
19      February 18th -- excuse me, February 8th of  
20      2011.

21      **COMMISSIONER LYNDON:** Uh-huh (affirmatively responds).

22      **MR. KALE:** No medical report was attached to that.

23      A hearing was set on March 21 of 2011 -- excuse  
24      me, April 13th of 2011. But on March 21st of  
25      2011, she withdrew the Form 50. And then later

1 filed it again with a medical report from Sybil  
2 Reddick, who is a physical medicine and rehab  
3 specialist, and that was refiled on June 3 of  
4 2011.

5 Dr. Reddick had not evaluated the Claimant  
6 prior to February 18th of 2010, which is the  
7 last -- the date of the last payment of  
8 compensation. She had never seen him before.  
9 And, in fact, she never had seen him during the  
10 change of condition period that ran from  
11 February of 2010 to February of 2011. She saw  
12 him a month and a half after that.

13 And the most interesting thing about  
14 Dr. Reddick's report is, she never says in  
15 there that he's suffered a change of condition  
16 for the worse.

17 Ms. Meredith also sent him -- sent the Claimant  
18 to Dr. Poletti, who's an orthopaedic surgeon in  
19 Charleston.

20 Dr. Poletti had never seen Mr. Leopard before  
21 the last payment of compensation, February  
22 18th, 2010. Never seen him before that, so all  
23 his review was after that.

24 Dr. Poletti was asked by Ms. Meredith to review  
25 two medical -- two MRI's and two CT's, both the

1 MRI and CT was in 2007 and another MRI and CT  
2 in 2010.

3 He says that he felt there was a progression of  
4 a thoracic compression fracture during that  
5 period of time.

6 He didn't say it occurred after February 18th  
7 of 2010. He just said from 2007 to 2010, I see  
8 a change. Interestingly, the 2009 MRI, which  
9 she mentioned, he never saw.

10 So, basically what could he say? He could say  
11 there had been a change sometime between 2007  
12 and 2010. It could be 2007, it could be 2008,  
13 could be 2009, anytime before February 18th of  
14 2010. He has no way of determining that,  
15 because he doesn't have but those endpoint  
16 MRI's and he never saw the Claimant before  
17 February 18th of 2010.

18 Ms. Meredith mentions Dr. Hodge. I assume what  
19 she's going to do on her reply is try to argue  
20 that Dr. Hodge didn't find any change, so  
21 therefore there must be a change.

22 So she's going to take this part from Dr. Hodge  
23 and this part from Dr. Poletti and try to  
24 bootstrap it together to get the opinion that  
25 she really needs. That, again, is a red

1 herring in this case.

2 Hearing Commissioner basically looked at all  
3 the medical reports. There was one doctor who  
4 saw the Claimant both before and after February  
5 18th of 2010 and that was Dr. Shallcross. And  
6 you can look at the deposition to see how long  
7 the deposition went and how long Ms. Meredith  
8 cross-examined him. And during the entire  
9 period, Dr. Shallcross maintained that he did  
10 not see a change of condition for the worse.  
11 Now, as far as the issue about jurisdiction,  
12 the law is clear that subject matter  
13 jurisdiction can be raised at any time by  
14 anybody, this Panel, any party. It is never  
15 waived. You cannot waive subject matter  
16 jurisdiction. You cannot agree to waive  
17 subject matter jurisdiction. It can come up  
18 anytime.

19 We raised it before the Single Commissioner.  
20 He didn't rule on it. Again, it's something  
21 that can be brought up at any time. We could  
22 wait, never bring it up and bring it up at the  
23 Supreme Court. And it's an issue they have to  
24 determine whether there's subject matter  
25 jurisdiction.

1 Now, the statute says that you must request or  
2 file an application for review of an award  
3 within 12 months from the last payment of  
4 compensation.

5 Now, that must mean something. It means that  
6 you must request a hearing, a "review" as they  
7 call it, within 12 months. She did that  
8 initially, did not comply with the Commission's  
9 regulation that requires a medical report to be  
10 attached. There had been 12 months that she  
11 could have gotten some type of report to  
12 submit, but did not.

13 In fact, it looks like the first time she had  
14 somebody look at it was March 18th when  
15 Dr. Reddick -- because that's the one she  
16 submitted with her Form 50.

17 She had sent him to Dr. Poletti, who had seen  
18 him in November, but all Dr. Poletti did at  
19 that point in time was just say that he had  
20 gave him an impairment rating. So she had 12  
21 months to, you know, get the documents that she  
22 needed.

23 The question is: What is the application? The  
24 application is the Form 50. If you withdraw  
25 that, are you not withdrawing your application?



1 And if so, does that mean that if you then file  
2 it again later, it's too late. It's outside  
3 the 12-month period, because you're refiling  
4 the application for a review after the 12-month  
5 period.

6 We would take the position that this Panel  
7 should either affirm the Single Commissioner's  
8 finding there's no change of condition or  
9 alternatively find they have no subject matter  
10 jurisdiction.

11 **COMMISSIONER LYNDON:** All right. Thank you, sir.

12 Ms. Meredith.

13 **REPLY ARGUMENT BY MS. MEREDITH:**

14 **MS. MEREDITH:** Yes, sir.

15 I'd point the Panel to *Jones versus Anderson*  
16 *Cotton Mills*. And I can provide the cites:  
17 31 S.E.2d 447 and 427 S.E.2d 685.

18 Due process, which is afforded by both of our  
19 federal and state constitutions, requires that  
20 if someone is going to have to defend any type  
21 of issue on appeal, that it be raised on  
22 appeal. And that is what has been held  
23 consistently by our Supreme Court in the State  
24 of South Carolina in a workers' compensation  
25 case, that if it's not raised on appeal that it

1 is waived and that my client should be afforded  
2 those constitutional protections, that if  
3 Mr. Kale isn't worried about that argument at  
4 the time that the order is signed by the  
5 Commissioner and does not appeal it, that I'm  
6 not here arguing that instead of the greater  
7 weight of the evidence, which I think is  
8 sufficient.

9 Now, granted, they haven't made it easy on me  
10 to prove what I think we've proven. But I  
11 think the greater weight of the evidence goes  
12 back to Dr. Shallcross's own notes. He states  
13 in his own notes that the man has suffered a  
14 change of condition. "It appears that he is  
15 worse." He uses the clarifying term  
16 "temporary." And when he finds out that  
17 Mr. Leopard is no longer pro se and has an  
18 attorney, there's a specific note in his record  
19 that says that it appears he now has an  
20 attorney helping him with issues of disability.  
21 And at that point -- from that point forward,  
22 I've had difficulty. I was shut down at every  
23 possible juncture.

24 This is the only authorized physician that he's  
25 allowed to see. He goes to his family doctor

1           who orders MRI's. He goes to a neurologist,  
2           Dr. Sida in Greenwood, who does his own MRI.  
3           He is the radiologist. He reads it himself.

4           And all of those studies indicate that there  
5           has been a loss of vertebral height, that there  
6           is an additional thoracic level and a lumbar  
7           level that are now involved, and that the man  
8           has had additional symptoms, leg and foot,  
9           which are not previously involved. He's got  
10          wrist reflexes.

11          When he sees Dr. Sida in Greenwood, he's  
12          hyperreflexic. When I ask Dr. Shallcross what  
13          that means, "What are you testing for when you  
14          test someone's reflexes?" "Well, that can be  
15          evidence of myelopathy."

16          When I'm asking him about evidence in his  
17          clinical exam, he kept saying, "My clinical  
18          exam does not show that this man has a true  
19          change of condition." I said, "Well, what are  
20          you looking for? If you're not looking at  
21          MRI's, like every other doctor that he's seen,  
22          in addition to a physical examination, than  
23          what are you looking for?"

24       **COMMISSIONER LYNDON:** Your three minutes has run,  
25       but go ahead and finish your thought.

1 **MS. MEREDITH:** "I'm watching him walk across the  
2 room. I want to see his gait. I want to see  
3 his posture. I want to see if he grimaces when  
4 I touch him."

5 He watched the man walk across the room and  
6 said, "Because I think he's up to something, he  
7 wants a change of condition, I'm not going to  
8 send him to a surgeon. I don't think he's had  
9 a change of condition." And it was on  
10 Mr. Leopard --

11 **COMMISSIONER LYNDON:** And your time has run. I was  
12 hoping you could finish your ...

13 **MS. MEREDITH:** Yes, sir.

14 **COMMISSIONER LYNDON:** If there's nothing else, that  
15 would conclude this proceeding. Thank you very  
16 much.

17 **MR. KALE:** Thank you.

18 **COMMISSIONER LYNDON:** Good to see you-all.

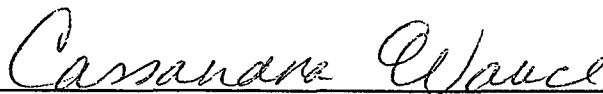
19 (The hearing concluded at 10:56 a.m.)  
20  
21  
22  
23  
24  
25

**CERTIFICATE**

This is to certify that the within hearing consisting of Twenty-Three (23) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenotype with Backup.

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

IN WITNESS WHEREOF I have hereunto set my hand and seal on June 19, 2012.



Cassandra E. Vance  
Court Reporter

Notary Public for South Carolina  
My Commission Expires: February 26, 2018

## SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #0724852

|                         |   |                                     |
|-------------------------|---|-------------------------------------|
| JOHN B. LEOPARD         | ) |                                     |
|                         | ) |                                     |
| CLAIMANT,               | ) | SC WORKERS' COMPENSATION COMMISSION |
| VS.                     | ) |                                     |
|                         | ) | HEARING OF                          |
| GREENWOOD CTY FIREMAN   | ) |                                     |
|                         | ) | JOHN B. LEOPARD                     |
| EMPLOYER,               | ) |                                     |
| AND                     | ) | VS                                  |
|                         | ) |                                     |
| ASSOCIATION OF COUNTIES | ) | GREENWOOD COUNTY FIREMAN            |
|                         | ) |                                     |
| <u>CARRIER.</u>         | ) |                                     |

This is the Transcript of the South Carolina Workers' Compensation Hearing of John B. Leopard versus Greenwood County Fireman, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 2:03 P.M., Wednesday, August 24th, 2011, at Clinton City Hall-Public Safety, 404 North Broad Street, Clinton, south Carolina.

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## ALSO PRESENT:

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

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STIPULATIONS

Commissioner Wilkerson: Today's date is the 24th day of August, 2011. We're here in reference to Workers' Comp File Number 0724852. The Claimant, John D. Leopard, is represented by Lena Y.

Meredith. Greenwood County Fire -- Volunteer Fire Department or Volunteer Fireman and Association of Counties is represented by Richard B. Kale, Junior. We've had about a fifty (50) minute pre-hearing discussion in reference to this case. The date of accident is 10/30/2007. We're here to determine the issues that were set forth on the Form 50 and 51. And this is a change of condition case, which both sides have sent -- I don't know how many pieces of paper but it's -- it's quite healthy.

Mr. Kale: It -- it's somewhat duplicative.

Commissioner Wilkerson: Yes. Oh, is it? Okay, that's fine. And -- and what I have decided to do in reference to this case, since it is medically driven to the change of conditions, I'm going to take all the medical information, put it together and make my decision based on what the doctors say in reference to the change of condition.

Mr. Kale: The only other thing I would ask, Your



1 Honor, is -- is that agreeable with Ms. Meredith,  
2 and it is agreeable with me.

3 Ms. Meredith: It's agreeable with me. I'd like  
4 to make sure my client knows that I'm doing it  
5 before I --

6 Commissioner Wilkerson: Okay.

7 Ms. Meredith: -- bind him to it.

8 Commissioner Wilkerson: No, that's fine. Okay.

9 Ms. Meredith: So, if you don't mind me just --

10 Commissioner Wilkerson: That's fine. Yes.

11 That's fine.

12 Ms. Meredith: -- I'm just going to run out and  
13 ask him.

14 Commissioner Wilkerson: That's fine.

15 Ms. Meredith: There was some --

16 Commissioner Wilkerson: We will go off the record  
17 for a minute.

18 Ms. Meredith: -- there was some discussion that  
19 he had with me about whether or not Ms. Moore met  
20 with Dr. Shallcross in private.

21 Commissioner Wilkerson: Oh, okay.

22 Ms. Meredith: That would be the only thing that,  
23 you know --

24 Commissioner Wilkerson: But that's not --

25 Ms. Meredith: -- which you've already said isn't

1 going to make or break me.

2 Commissioner Wilkerson: -- no. If -- If it's --  
3 if it's -- okay. We're off the record.

4 (Off The Record)

5 Commissioner Wilkerson: All right. We're back on  
6 the record. I think there was a question that Ms.  
7 Meredith wanted to ask her client in reference is  
8 it okay to review everything on the record but  
9 also that there was one (1) situation about a  
10 Nurse Case Manager, and I believe you said your  
11 client was fine with that, Ms. Meredith?

12 Ms. Meredith: He agrees to you reviewing the case  
13 based on the medical evidence and the deposition  
14 that has been submitted --

15 Commissioner Wilkerson: Okay. That -- that's  
16 what I was going to do. Okay.

17 Ms. Meredith: -- and waves -- waves any live  
18 testimony --

19 Commissioner Wilkerson: Okay. Thank you.

20 Ms. Meredith: -- from either party.

21 Commissioner Wilkerson: Okay. Thank you. And  
22 Mr. Kale has already done that as well. This  
23 concludes the hearing. Thank you all. I  
24 appreciate it. Thanks.

25 (THERE BEING NO FURTHER DISCUSSION, THE HEARING CONCLUDED)

AT 2:08 P.M.).

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STATE OF SOUTH CAROLINA )  
COUNTY OF LAURENS )

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of John B. Leopard, vs. Greenwood County Fireman;

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

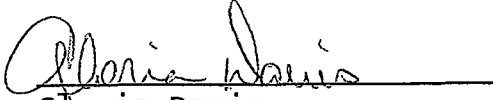
That by virtue thereof I was duly authorized to administer an oath;

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

The foregoing transcript of 6 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

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

Witness my hand and seal this 21st Day of November, 2011.

  
Gloria Davis  
Notary Public for South Carolina  
My Commission Expires 1/22/12

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South Carolina Workers' Compensation Commission  
W.C.C. File No. 0724852

**COPY**

|                        |   |                           |
|------------------------|---|---------------------------|
| John B. Leopard,       | ) |                           |
|                        | ) |                           |
| Employee/Claimant,     | ) |                           |
| vs.                    | ) | Deposition                |
|                        | ) |                           |
| Greenwood County       | ) | of                        |
| (Fireman),             | ) |                           |
|                        | ) | David L. Shallcross, M.D. |
| Employer,              | ) |                           |
|                        | ) |                           |
| and                    | ) |                           |
|                        | ) |                           |
| SC Association of      | ) |                           |
| Counties SIF Companion | ) |                           |
| TPA,                   | ) |                           |
|                        | ) |                           |
| Carrier/Defendants.    | ) |                           |

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Deposition of David L. Shallcross, M.D., taken  
before Andrea S. Shorb, a notary public in and for the  
State of South Carolina, commencing at the hour of 4:10  
p.m., Monday, June 13, 2011, at the offices of Upstate  
Medical Rehabilitation, 111 Doctors Drive, Greenville,  
South Carolina.

Reported by  
Andrea Shorb

---

**SHORB COURT REPORTING**

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1 pregnant, so you may not recognize me. I've had  
2 four children over the last five years, but --

3 A. Congratulations.

4 Q. -- I represent John Benny Leopard in a change of  
5 condition claim that's been brought with regard to  
6 his October 30th, '07, workers' comp claim. And  
7 I'm just going to ask you briefly some questions  
8 today about your care of him and the prognosis for  
9 the future and so forth. Can I briefly review  
10 your medical background? Where did you graduate  
11 from undergraduate school?

12 A. Yes. I went to Cornell University 1968 to 1972,  
13 with a degree in government. I spent three years  
14 in the military as a special forces medic, 1972 to  
15 1975. I went through physician-assistant training  
16 at Emory University '76 to '77. I worked as a  
17 P.A. for five years, and then went to medical  
18 school at West Virginia University, 1982 to 1986.  
19 I did an internship in internal medicine, 1987,  
20 and then I did three years training in physical  
21 medicine and rehabilitation at Thomas Jefferson  
22 University Hospital in Philadelphia, finishing up  
23 in 1990. And I did my board certification in 1990  
24 and 1991 in the field of physical medicine and  
25 rehabilitation, and I am certified to this date.

1 I'm been practicing with a license in South  
2 Carolina since 1990, and I'm also certified as an  
3 independent medical examiner.

4 Q. Okay. Are you published in any discipline?

5 A. No, I don't think I have any publications.

6 Q. Okay. Do you teach in any discipline?

7 A. Sometimes I do. I teach lectures; I give lectures  
8 in the same field.

9 Q. Okay. When would you say the last time you've  
10 given any lectures in physical medicine and  
11 rehabilitation would have been?

12 A. I periodically go over and teach the internal  
13 medicine residents. This was -- would have been  
14 within the past year in PM and R, as well as in  
15 pain management.

16 Q. Okay.

17 A. I have an upcoming lecture in the next couple of  
18 months.

19 Q. All right. Licensed in any other states?

20 A. No.

21 Q. Okay. And qualified as an expert in South  
22 Carolina in pain management or internal medicine?

23 A. Yeah. I have been -- my qualifications have been  
24 stipulated in numerous acquisitions, if that's  
25 what you mean.

1 Q. Okay. Never had to testify in court?

2 A. I have on several occasions testified in court.

3 Q. Okay. As an expert?

4 A. Yes.

5 Q. Okay.

6 MS. MEREDITH: (To Mr. Kale) So it's been  
7 stipulated in the past. Do you have any  
8 objection to his --

9 MR. KALE: No objection to his qualifications  
10 as a physical medicine and rehabilitation  
11 expert.

12 MS. MEREDITH: Okay, great.

13 EXAMINATION BY MS. MEREDITH RESUMES:

14 Q. Dr. Shallcross, you were originally referred Benny  
15 -- and I'm going to refer to him by his first  
16 name, if that's okay with you.

17 A. All right.

18 Q. -- Mr. Leopard on -- in June of '09. And that  
19 referral came from Dr. Hodge, I believe. Is that  
20 correct?

21 A. I'm not sure. I believe he came through workers'  
22 comp. And, I believe, Dr. Hodge had seen him  
23 prior to my seeing him, yes.

24 Q. Okay. All right. And in his initial evaluation,  
25 you noted that he had a compression fracture at T-

1 11?

2 A. Correct.

3 Q. And had been on Naprosyn and Flexeril, was working  
4 as a volunteer fire fighter, can wear his gear,  
5 and had a prior herniated disk that's unrelated to  
6 this injury at the cervical level where he's had  
7 his operation; correct?

8 A. Correct.

9 Q. Did well with the cervical decompression; is that  
10 your understanding?

11 A. Yes.

12 Q. And symptomatology that he had that were related  
13 to his cervical from the history that he gave you,  
14 to the best of your knowledge, would that have  
15 been in his arms and hands?

16 MR. KALE: Object to the leading.

17 THE DEPONENT:

18 A. Let me review the chart, if I can.

19 EXAMINATION BY MS. MEREDITH RESUMES:

20 Q. Sure.

21 A. According to my note, he had had surgery at the  
22 cervical level, was doing well at that point, at  
23 the point that he had his next injury. And even  
24 at the time he came to see me, he was doing fine,  
25 as well as his hands, neck, and arms.

1 Q. Okay. As part of your physical at the time of  
2 your initial examination, did you review any of  
3 the results of his MRI?

4 A. I do not recall which I actually saw and what  
5 simply came to me as records. And, unfortunately,  
6 because we've switched to an electronic-medical-  
7 record system, I can't review what I had prior to  
8 that time.

9 Q. Okay. I've pre-marked two -- actually, three  
10 MRI's. I have one that is from Greenville  
11 Radiology, dated December of '07, which is 1a; and  
12 one that's dated March the 12th of '09, which  
13 would have pre-dated your first examination as  
14 well. I just ask you to review those and...

15 A. Okay.

16 Q. Do those appear to be consistent with your  
17 recollection of the radiological studies that were  
18 done prior to your examination?

19 A. Yes.

20 Q. And if you would refer to the December 19th of '07  
21 MRI on page 1, in the "Findings." It says at T10  
22 and 11 a mild central disc bulge is present with  
23 minimal flattening of the anterior margin of the  
24 thoracic cord?

25 A. Correct.

1 Q. And at T11-12, a disc bulge is present, mildly  
2 asymmetric towards the right with minimal  
3 flattening of the anterior margin of the cord?

4 A. Correct.

5 Q. Is there any change, based on your examination, of  
6 the reports from the December 19, '07, to the  
7 March 12th of '09, in those two areas?

8 A. The reports are different, but because these were  
9 -- were these read by the same person? Please  
10 excuse me while I look. Being read by different  
11 people -- and, please, if I'm missing this. Was  
12 the one -- was there any reference in the one on 2  
13 -- 2009 refer back to the one from 2007? And the  
14 reason I'm asking that, is that sometimes  
15 different radiologists will look at the same film  
16 and read it slightly -- read it different or read  
17 it the same. To see if there's truly a  
18 difference, having the same physician read both  
19 films or review both films is very helpful. The  
20 -- there are findings in both cases which are  
21 abnormal, both were -- both referring to the same  
22 levels of change. And to see if there was a  
23 difference, it would be useful to get the same  
24 radiologist to look at both of them.

25 Q. Would you agree with me that they're very similar?



1 MR. KALE: Object to the leading.

2 THE DEPONENT:

3 A. They refer to changes present in the same levels  
4 and the same sorts of changes.

5 EXAMINATION BY MS. MEREDITH RESUMES:

6 Q. As far as the stenosis at T10-11, there's not an  
7 actual description in the December '07; but if you  
8 compare the two, would you believe that they were  
9 describing the same area with minimal change?

10 A. They're describing the same area, but they do not  
11 give any formal measurements. And so -- and that  
12 would be one way to help resolve it. They're  
13 describing a similar phenomenon.

14 Q. Okay. March of '09, describes a mildly compressed  
15 cord; is that correct?

16 A. Correct.

17 Q. And December of '07, states that there's minimal  
18 flattening of the anterior margin of the cord; is  
19 that --

20 A. Correct.

21 Q. -- correct? As far as the treatment that you  
22 rendered in '09, this would have been the  
23 information that you had at that time; correct?

24 A. Yes.

25 Q. And as far as your physical exam, you found that

1 he had full range of motion in the lumbar area?

2 MR. KALE: What date are you referring to?

3 MS. MEREDITH: June 4th, '09.

4 MR. KALE: Okay, okay.

5 THE DEPONENT:

6 A. Yes.

7 EXAMINATION BY MS. MEREDITH RESUMES:

8 Q. But that he was tender over the midline?

9 A. Correct.

10 Q. From T5 to T11?

11 A. Correct.

12 Q. And in the right paraspinals, thoracic  
13 paraspinals?

14 A. Correct.

15 Q. And that neurologically his sensation was intact?

16 A. Correct.

17 Q. And reflexes were fine?

18 A. Reflexes were brisk, and that's important to note  
19 because of the possible compression of the cord;  
20 but they were not pathologically brisk.

21 Q. Okay. And it was your impression at that time  
22 that he had a muscular thoracic sprain  
23 superimposed on the herniated disc and mild  
24 fracture?

25 A. Correct.

1 Q. And that -- and you would agree with that he was  
2 not surgical and that --

3 A. Correct.

4 Q. -- and that you believed that he could be managed  
5 with medication?

6 A. Correct.

7 Q. And I believe at that time you recommended  
8 Tramadol, Zanaflex, and a TENS unit?

9 A. Correct.

10 Q. I believe the -- the next time you would have seen  
11 him would have been approximately a month later,  
12 on July the 6th. He had been to some physical  
13 therapy at that point. Based on your exam on July  
14 the 6th, did the therapy appear to be of any  
15 benefit to him?

16 A. He said that it had helped with range of motion,  
17 but the pain was about the same.

18 Q. And what --

19 A. He was using a hunting bow at that point, but it  
20 hurt afterwards.

21 Q. What about the TENS unit? Did it appear to be  
22 helping?

23 A. He says it gives him some relief but still has  
24 discomfort, and there was probably a couple of  
25 words about that.

1 Q. Okay. And on exam he still had a lot of  
2 tenderness in the right thoracic facet region?

3 A. Correct.

4 Q. And at that point, he was prescribed some Lidoderm  
5 patches?

6 A. Correct.

7 Q. And there was a discussion of whether he would  
8 benefit from an injection?

9 A. Correct.

10 Q. Okay. He had the injection, trigger point, on  
11 July the 30th?

12 A. And Dr. Keffer saw him on that date and performed  
13 trigger-point injections, yes.

14 Q. Okay. And then he was back again August of '09,  
15 and it looks like you saw him on that date.

16 A. Correct.

17 Q. Did he relate to you that the trigger-point  
18 injections had helped any?

19 A. He said they helped some with muscular pain but  
20 not with that deeper, dull ache.

21 Q. All right. And, I believe, at that point you  
22 decided to do some facet injections.

23 A. Correct.

24 Q. And then, those were performed on what date?

25 A. I am not sure, let's see. When I saw him -- the

- 1           next note that I have is from October. Oh, here  
2           we go, okay. Facet injections on 9/1/09.
- 3   Q.   And you followed up with him approximately a month  
4           later?
- 5   A.   Yes.
- 6   Q.   And at that point, did it appear that the facet  
7           had -- facet-joint injections had helped at all?
- 8   A.   No. He had temporary relief but not long-lasting  
9           relief.
- 10   Q.   And at that point, he was still on the Zanaflex,  
11           Naprosyn and the Tramadol, but only in the evening  
12           on the Tramadol?
- 13   A.   Right. And the Naprosyn only occasionally.
- 14   Q.   Okay.
- 15   A.   And the Zanaflex only occasionally.
- 16   Q.   And there's a note in here again. You must have  
17           reviewed the chart again and seen his MRI. I'm  
18           looking at the middle of the first paragraph where  
19           you state that you reviewed the chart and saw that  
20           he'd suffered a mild compression fracture, as well  
21           as had a bulging disc which flattened but did not  
22           displace or damage the spinal cord.
- 23   A.   What that means is, that I went back through my  
24           own chart --
- 25   Q.   Okay.

1 A. -- to review my own notes in terms of making an  
2 impairment rating.

3 Q. Okay. And at that point, you found him to be at  
4 maximum medical improvement and assigned him a 25  
5 percent to the spine --

6 A. Correct.

7 Q. -- and released him but for medication management?

8 A. Correct.

9 Q. Okay. And he was at that point still prescribed  
10 the TENS unit?

11 A. Correct.

12 Q. Zanaflex, the Naprosyn, and the Tramadol?

13 A. Correct.

14 Q. Okay. And the next note that I have is April the  
15 16th of '10. Am I missing some?

16 A. I think that's the next one I have too.

17 Q. Okay. So the next time you saw him was four  
18 months later, approximately, a little longer than  
19 that, six months.

20 A. From October, yes, six months.

21 Q. What was -- what were his complaints at that  
22 point?

23 A. He had some pain in the posterior right lower  
24 extremity, burning in nature, told me on a daily  
25 basis one to two hours at a time, and that was

- 1           especially if his back was hurting him.
- 2   Q.   And on exam did you see any changes?
- 3   A.   I did not. I was concerned, of course, because he
- 4           had problems in his mid-thoracic spine and worried
- 5           that perhaps the leg problems were coming from the
- 6           mid-thoracic spine, but I saw no evidence of that.
- 7   Q.   Okay. And, I believe, you did say he had quite
- 8           brisk reflexes at the patellar tendon but normal
- 9           reflexes at the Achilles.
- 10   A.   Correct.
- 11   Q.   And the -- again, the brisk reflexes is
- 12           significant for what?
- 13   A.   They were at normal. They were not pathologically
- 14           brisk.
- 15   Q.   Okay.
- 16   A.   But very brisk reflexes can go along with spinal-
- 17           cord injury.
- 18   Q.   Okay. But at that point, you still felt like it
- 19           was primarily mechanical without any true
- 20           radiculopathy?
- 21   A.   Correct.
- 22   Q.   You said he needed to be watched very carefully.
- 23           And why would you state that he needed to be
- 24           watched very carefully?
- 25   A.   I said carefully and not very carefully.

1 Q. I'm sorry.

2 A. And simply because there's a risk of spinal-cord  
3 injury in somebody who's had an injury to their  
4 spine.

5 Q. Is it the case that compression fractures are  
6 progressive?

7 A. No, not necessarily.

8 Q. Well, why would they be or not be progressive?

9 A. If bone is weak, for instance, in somebody who's  
10 osteoporotic, bone could continue to deteriorate  
11 and there can be a progressive fracture, putting  
12 pressure on the spinal cord.

13 Q. Well, in someone who's not osteoporotic, is it not  
14 true that compression fractures can continue to  
15 deteriorate?

16 A. They can, but I would not expect one in somebody  
17 whose fracture was as long ago as his; but let me  
18 help you with this. The more concern is of the  
19 discs which are bulging out between the fractures  
20 and not the fractures themselves.

21 Q. Okay. All right. On April the 16th, you put him  
22 back to the Tramadol four times a day and then to  
23 follow up in two months?

24 A. Correct.

25 Q. And that was -- I don't know that I see the -- the



1           dosage and the frequency for the previous, the six  
2           months prior. It looks like there was a -- it was  
3           a change if you said that you switched him. What  
4           did --

5   A.   He had only been using the medicines at night or  
6           after work --

7   Q.   Okay.

8   A.   -- and the others only occasionally.

9   Q.   Okay. So it's the same dosage amount, just the  
10          frequency was increased?

11   A.   Correct.

12   Q.   Okay. And then in May of 2010, May the 27th, he  
13          came in with an MRI of the thoracic spine?

14   A.   Correct.

15   Q.   What was the finding on the -- on the MRI at that  
16          point?

17   A.   The findings, again, by report -- and I don't know  
18          if I saw the films myself or just saw the report  
19          -- showed disc protrusions at T10-11 and T12, T11-  
20          12, with no cord compression. And the findings  
21          were very similar to what he had had before.

22   Q.   Okay. You made a note in your report that he had  
23          had an episode of worsening pain, which looks like  
24          it caused him to be unable to work for some period  
25          of time. What did he relate to you about that

1 episode?

2 A. All I can remember is what's here and recorded.

3 Q. Okay.

4 A. He went to the emergency room and got some pain  
5 medicines, including Ativan and Lortab.

6 Q. Okay. And did he relate to you that he'd been to  
7 his family doctor before he went to the --

8 A. If he did, I simply didn't record it; and I don't  
9 remember.

10 Q. Okay. What did you find on his physical exam that  
11 day?

12 A. Very similar findings to what we had in the past,  
13 specifically looking at a thoracic kyphosis to be  
14 sure there wasn't any evidence of further damage  
15 to the bones. He was walking well, and he had  
16 tenderness in the back. I didn't see anything  
17 really different.

18 Q. Okay. All right. And you prescribed Pennsaid  
19 four times a day. And was that a step up from the  
20 Zanaflex?

21 A. No. Pennsaid is an anti-inflammatory compound  
22 which can be applied directly over a sore area.

23 Q. Okay.

24 A. It helps avoid any stomach upset that could come  
25 from taking something -- similar medicine by

1           mouth.

2       Q.    Okay.  And that was in place of the Tramadol or in  
3           addition to the Tramadol?

4       A.    That would have been in place of -- I believe, we  
5           had him on an anti-inflammatory, Naprosyn.

6       Q.    Okay.  And you prescribed additionally a dozen  
7           Lortab to supplement the Tramadol as well?

8       A.    Right.  To be used at night.

9       Q.    Okay.  And to follow up in two months.  And then,  
10          I believe, he was next seen in September 21st of  
11          '10.  Is that right?

12               MR. KALE:  Have you done July 26?

13               THE DEPONENT:  You didn't do July 26.

14               MS. MEREDITH:  I don't have that one.

15               Evidently, they didn't send it, unless it's  
16               out of order.

17               THE DEPONENT:  Can we break just a second  
18               while I get something to drink?  Do you want  
19               to read the note on my computer here?

20               MS. MEREDITH:  Sure.  And it looks like they  
21               skipped that one --

22               THE DEPONENT:  Okay.

23               MR. KALE:  I can -- I can give her one.

24               MS. MEREDITH:  -- when they sent it to me.

25               MR. KALE:  I'll give her one.

1 (Off the record from 4:36 p.m.  
2 until 4:38 p.m.)

3 EXAMINATION BY MS. MEREDITH RESUMES:

4 Q. Mr. Kale was kind enough to give me a copy. It  
5 looks like that one didn't get copied in my set.  
6 July the 26th of '10, he was back for medication.  
7 And, I believe, Dr. LeBlond saw him or April --

8 A. April Smith, physician assistant, and talked to  
9 Dr. LeBlond about him.

10 Q. Okay. On that date his pain was an eight and a  
11 half out of a ten, and he'd had some pain that  
12 shot through his back down -- down his leg and  
13 into his foot?

14 A. Correct.

15 Q. Had numbness in his toes on the right, especially  
16 when driving, and was unable to tell the  
17 difference in his pain level with the Pennsaid.  
18 And he was taking the Tramadol, Zanaflex, and  
19 Lortab and reporting some sedation with the  
20 Lortab, causing him to have to leave early from  
21 work?

22 A. Right.

23 Q. You helped him fill out -- well, April or someone  
24 in the office had helped him fill out some FMLA  
25 paperwork at that point, and he was trying to quit

1 smoking. And at that point, they added Neurontin.  
2 Is it -- do you believe that was appropriate,  
3 adding --

4 A. It's worth a try.

5 Q. And they were considering a thoracic epidural  
6 steroid injection. Did it look like he ever had  
7 that?

8 A. I don't think so.

9 Q. At that point he didn't have a new MRI, and there  
10 was some relative central canal stenosis but  
11 without cord compression? That's from the May  
12 2010 --

13 A. Correct.

14 Q. -- report. So at that point, we have added the  
15 Pennsaid. We've added back the Lortab and then  
16 added the Neurontin. Then on his -- next visit  
17 was -- and just to make sure I'm not missing  
18 anything else, would that have been September 21  
19 of '10?

20 A. That's the next one I have.

21 Q. Okay. And you saw him on that date?

22 A. Yes.

23 Q. Okay. And what did he say? What did he tell you  
24 had gone on?

25 A. At that time he said he had a couple of episodes

1           where pain shot through his back, forcing him to  
2           feel weak at the knees. He was seen by a local  
3           neurologist. The neurologist put him on Valium  
4           and Avinza; and while on those medicines, they  
5           told him not to come to work. And at the date  
6           that I was seeing him, he was on Zanaflex, which  
7           is a muscle relaxer; Tramadol, which is pain  
8           reliever; Neurontin, which helps pain if it comes  
9           from damaged nerves. And he was worried that the  
10          Lortab made him sleepy. He had been in physical  
11          therapy and had been there for a couple of weeks.  
12          He was out of work during that time. He was  
13          getting constipated, and again the examination was  
14          very similar to previous examination.

15       Q.    Okay. He did have some hesitancy of urination on  
16           that visit?

17       A.    Right.

18       Q.    And, I believe, at that point you put him out of  
19           work for a month until follow-up could be done.

20       A.    Correct.

21       Q.    He was complaining of increased pain, but in your  
22           note you said you didn't think you could see any  
23           true worsening of his condition?

24       A.    Correct.

25       Q.    Have you had the opportunity to review the August

1 17th, 2010, MRI?

2 A. No.

3 Q. It's --

4 A. I don't know. And if I didn't mention it there,  
5 then I probably didn't.

6 Q. Okay. It's been previously marked with what's in  
7 front of you as an additional copy.

8 A. Okay.

9 Q. Based on your comparison of the August 2010 MRI  
10 and the March 2009 MRI, does it look like there's  
11 any additional cord compression?

12 MR. KALE: I'm going to object. Dr.  
13 Shallcross admitted MRI's by different  
14 physicians can have different readings, and  
15 to compare three different MRI's that were  
16 done by three -- three different doctors is  
17 like comparing apples to oranges.

18 THE DEPONENT:

19 A. And my -- what -- what I would say is this, we  
20 have three different MRI's, three different  
21 reading people, this one done at a different place  
22 than the first one was. In order to truly say if  
23 there was any change, reading radiologist or  
24 neuroimaging specialist would have to put them  
25 side by side and make that decision. These are

1           all -- these describe similar sorts of things to  
2           what was there before.

3       EXAMINATION BY MS. MEREDITH RESUMES:

4       Q.    Do you often have the luxury of having an MRI that  
5           has been done by the -- interpreted by the same  
6           radiologist?

7       A.    Yes.  And if that -- and if I have a question,  
8           I'll put -- get them all together and ask a  
9           radiologist to read them.

10      Q.    The 2010 MRI you would agree with me, though, says  
11           that it appears that there is moderate stenosis at  
12           T10-11 where it had been minimal before?

13      A.    That's what it says.

14      Q.    Would you believe to a reasonable degree of  
15           medical certainty that before you could say  
16           whether there had been any change that you would  
17           need to have the films themselves?

18      A.    Are we talking about change in the films or  
19           clinical change?

20      Q.    Both.

21      A.    If you want to know if there's change in the -- in  
22           the films, you would need to see the films.  If  
23           you want to know if there's a clinical change,  
24           then get a clinical evaluation.  My clinical  
25           evaluation did not show any difference.



1 Q. Well, you've got a patient who's complaining over  
2 a five-month period of time of increased pain --

3 A. Correct.

4 Q. -- and complaining of episodes where he has pain  
5 that shoots from his back down into his extremity,  
6 based on your history.

7 A. Correct.

8 Q. And the history of Dr. LeBlond.

9 A. Correct.

10 Q. And it appears, at least based on an MRI from a  
11 different provider, that there may be some change  
12 on the MRI. Is there anything that you could  
13 review that would help you determine whether or  
14 not there might be some spinal-cord compromise?

15 A. If I wanted -- if I was interested in whether I  
16 thought there was spinal-cord compromise by MRI  
17 criteria, I -- and especially if there was a  
18 change in compromise, then I would get a  
19 radiologist to look at all three of them and get  
20 that person's opinion; and I would certainly take  
21 that person's opinion.

22 Q. Do you --

23 A. But if I wanted to know if there was a change in  
24 somebody's clinical examination, I would do an  
25 examination.

1 Q. Well, you'd agree with me that over that five-  
2 month period of time that his medications had been  
3 repetitively increased?

4 MR. KALE: Object to the leading.

5 THE DEPONENT:

6 A. They had been increased and then decreased.

7 EXAMINATION BY MS. MEREDITH RESUMES:

8 Q. Decreased when?

9 A. He -- somebody had put him on Valium and Avinza;  
10 and by the time he came to see me, he was not on  
11 that.

12 Q. And do you -- have you had any conversation with  
13 that physician or his practice --

14 A. Have not.

15 Q. -- regarding --

16 A. Have not.

17 Q. Have you reviewed their reports?

18 A. No.

19 Q. Do you know whether or not it was a short-term  
20 course for, you know, acute symptoms?

21 A. According to my note, all I have is that he was  
22 placed on Valium and temporarily Avinza; so I  
23 would assume it was short term.

24 Q. Okay. Do you think it's warranted for you to have  
25 a radiologist look at this new MRI, to compare it

1 to the previous two?

2 A. If I thought that there was a change in somebody's  
3 clinical condition, that would be of interest to  
4 me.

5 Q. Okay. And explain to me why you don't think  
6 there's a change in his clinical condition.

7 A. The examination wasn't any different, especially  
8 looking at strength, reflexes, etcetera. And one  
9 of the things that I do if I have a question, is  
10 to send somebody to physical therapy and figure  
11 out what they see. The reason being, quite often  
12 they'll see people in more challenging situations  
13 than I will. They'll put them through exercise  
14 routines, etcetera, and I can get a lot of  
15 information out of the physical therapists about  
16 the clinical situation.

17 Q. Okay. Are we speaking more of the clinical  
18 picture of his mechanical back pain or of his  
19 neurological pain?

20 A. Physical therapists are very trained at looking  
21 for neurological problems. Nobody can see pain,  
22 not me, not a physical therapist.

23 Q. In your September 21st, 2010, note, you again  
24 noted he had brisk reflexes at the knees?

25 A. Correct.

1 Q. And you didn't feel that that was any change from  
2 his previous exam?

3 A. No.

4 Q. Okay. And it looks like that the next note that I  
5 have is April the 22nd of '10.

6 MR. KALE: '10? We've already been through  
7 July.

8 MS. MEREDITH: I'm sorry. October 22nd.

9 THE DEPONENT: October 22nd.

10 MR. KALE: Okay.

11 THE DEPONENT: Yes.

12 MS. MEREDITH: Multitaskers ADD strikes  
13 again.

14 EXAMINATION BY MS. MEREDITH RESUMES:

15 Q. All right. On that date he was no longer  
16 receiving physical therapy but had not yet had an  
17 FCE?

18 A. Correct.

19 Q. Still taking Lortab 10, twelve for 30 days;  
20 Tramadol 50-milligrams, four times a day;  
21 Zanaflex 4-milligrams, twice a day.

22 A. Three times a day.

23 Q. Three times a day, does complain of some sedation.  
24 Is it possible that those medications would in  
25 combination cause some mild sedation?

1 A. It can.

2 Q. Would that be something that you would caution a  
3 patient against if they're working around high-  
4 voltage equipment or around particularly dangerous  
5 situations?

6 A. I would. If it was important for them to be in  
7 that situation, I would try to change the  
8 medicines.

9 Q. And had you -- I noted in the report that you said  
10 that his safety manager wanted more information  
11 about his medications. Did you write to them or  
12 speak with someone?

13 A. I think, I did write a letter at some point. Let  
14 me see if I can find it here. And I have a note  
15 of a letter to benefit specialist, written on 2/2  
16 -- it said '01, but it's obviously '11. And do  
17 you have a copy of that? Do you want to go  
18 through that?

19 Q. That would have been to Ms. Helen Strobali  
20 (phonetic)?

21 A. Yes.

22 Q. I guess, in the first paragraph, you went through  
23 what he got, the Tramadol, the Lortab, Zanaflex  
24 and that it could make him sleepy; but you felt  
25 that it was generally safe for use in the

1 workplace?

2 A. It generally is, yes.

3 Q. Did you review a job description from them  
4 specifically to address any questions that they  
5 had?

6 A. I -- I don't remember.

7 Q. And then you stated at that point he was no longer  
8 on the Neurontin, but that he received medicines  
9 through Dr. Hill and Dr. Sida. You had  
10 information that he was still receiving medicine  
11 from Dr. Sida at that point?

12 A. I believe that he had told me at some point that  
13 he was. And I'm not sure that I have a -- or at  
14 that point even had a total list of what he was  
15 on. And I might even have been incorrect in  
16 saying that at some point he had told me he had.

17 Q. And have you received any requests from Advanced  
18 Technology Services for any additional  
19 clarification in response to your letter of  
20 February the 2nd of '11?

21 A. I don't believe so. I don't see one showing up  
22 here. I don't think so.

23 Q. Okay. And the next date he was seen I have a --  
24 it looks like a questionnaire, dated 11/23 of '10;  
25 but I don't have a corresponding note, so I'm not

1           sure if that's --

2   A.   Typically, that would simply be what we call a  
3       medication-refill visit. In other words, one of  
4       my medical assistants would see the patient and  
5       simply see if he was okay on his medications and  
6       not a clinical evaluation except, perhaps, asking  
7       one of the physicians about it. We -- he was  
8       actually seen by -- I can't read the signature.  
9       Basically the pain level, staying on the  
10      medicines, and waiting for the functional capacity  
11      evaluation.

12   Q.   Okay. It looks like based on the report that I  
13       have that -- the questionnaire that I have that --

14   A.   Yes.

15   Q.   -- he indicated that -- and this is the patient  
16       indicating to the physician's assistant that he  
17       was having some impairment of judgement,  
18       coordination, or the ability to drive right after  
19       taking the medicine.

20   A.   Correct.

21   Q.   That he made him sleepy; that before taking the  
22       medication, he was a seven and after he was a  
23       five; that he was not working at that point. And  
24       the note that I have is, "Patient having  
25       difficulty sleeping. Okay to use over-the-counter

1 Benadryl, continue meds. Patient" -- it looks  
2 like "refills given."  
3 A. Yes.  
4 Q. "Patient at MMI, waiting for FCE."  
5 A. Correct.  
6 Q. And then I can't read. "The patient to decrease  
7 meds if possible." Does that --  
8 A. Right.  
9 Q. Does that look right?  
10 A. Yes.  
11 Q. Okay. I'm sorry. And the only reason I wanted to  
12 go through that one, was I wasn't sure if I could  
13 read it.  
14 A. That's fine.  
15 Q. And then you saw him again on December 16th?  
16 A. Correct.  
17 Q. At that point he's still on the Zanaflex, the  
18 Tramadol, the Lortab, was off the Neurontin,  
19 Lexapro. And you hadn't prescribed the Lexapro?  
20 A. No.  
21 Q. That was from another provider?  
22 A. Right.  
23 Q. His -- was his physical exam changed at that  
24 point?  
25 A. No. I did a very brief examination at that point



1           and mainly looking at painful areas, and I didn't  
2           see anything different. He was tender in the  
3           thoracic region and did not have much tenderness  
4           in the lumbar region.

5   Q.   And in your plan, you said he had had an  
6           aggravation of the mid-thoracic pain and that it  
7           needed to be brought to a conclusion?

8   A.   Correct.

9   Q.   You stated in an earlier note that you didn't feel  
10          he'd had a change of condition, but this note  
11          appears to state that he had. Could you clarify  
12          that for me?

13   A.   Yes.

14               MR. KALE: Object to the leading.

15   THE DEPONENT:

16   A.   He had had an increase in pain without any  
17          clinical worsening that I could see.

18   EXAMINATION BY MS. MEREDITH RESUMES:

19   Q.   Okay. Well, as far as your clinical exam, what  
20          would you say -- what are you looking for as far  
21          as a change on his clinical exam in order to  
22          determine if he's had a change of condition?

23   A.   A change in posture, a change in gait, and a  
24          change in the way he presents himself, a change in  
25          the way his affect of his -- his -- comes across

1 in his facial expressions and his words, a change  
2 in muscular tone when I touch him, whether he has  
3 spasms, whether one side of his back sticks out or  
4 another, whether there is a change in his  
5 strength, whether there is a change in muscle  
6 bulk, whether there's a change in reflexes or  
7 sensation.

8 Q. Okay.

9 A. These are the main things that I look for.

10 Q. Okay. And at that point, his medications were  
11 refilled. And he came back to see you on January  
12 the 27th?

13 A. I believe that's -- is it February -- no --  
14 January 27th, yes.

15 Q. And at that point, he completed the functional  
16 capacity evaluation you'd been asking for, for  
17 several months?

18 A. Correct.

19 Q. And did you actually speak with the physical  
20 therapist regarding his exam or just review the  
21 report?

22 A. I can't remember.

23 Q. And you didn't actually perform any of the exam;  
24 that was all done elsewhere?

25 A. Correct.

1 Q. The appointment on that date was attended by a  
2 nurse case manager; is that correct?

3 A. If I remember, so, because somebody gave me a --  
4 something from the fire house, and I think the  
5 case manager was there. I don't think he brought  
6 that in.

7 Q. Okay. And is a copy of that contained in your  
8 chart anywhere?

9 A. I don't know.

10 Q. And basically, without having the note, what you  
11 recall of it is that there was a note that he'd  
12 been out on a couple of fire calls but had  
13 primarily been the safety officer --

14 A. Here -- here's a note here from -- it was dated  
15 10/19/10. It says, "Captain John B. Leopard  
16 responded to the following incidents," and it  
17 gives five different dates. What was going on, is  
18 that Captain Leopard responded to each incident as  
19 a safety officer, was on scene to ensure the  
20 safety of the fire fighters, other emergency  
21 personnel, and to make command decisions regarding  
22 safety issues and concerns. He has not and does  
23 not perform any strenuous activities since he  
24 became a member of Station 90. And it doesn't  
25 give me the date of when he became a member of

1           Station 90. I don't know when that would be.

2   Q.   And was that prepared at your request?

3   A.   I don't recall making that request.

4   Q.   And are you aware of whether it was provided to  
5           his attorney prior to your appointment?

6   A.   I am not.

7   Q.   Have you had any conversation with Chief Temple  
8           regarding the job description or the requirements  
9           of his position with the fire house?

10  A.   No, I have not.

11  Q.   Have you had any discussion with anyone with ATS  
12           regarding his requirements on his maintenance job?

13  A.   No, I have not had any conversation. But -- well,  
14           I don't recall any. I'm really not sure, but I  
15           don't recall any.

16  Q.   Did Ms. Moore provide you with a job description  
17           from ATS?

18  A.   I have a letter from ATS on September 14th, 2010.  
19           It says, "To Whom This May Concern: This letter  
20           will confirm that John Leopard has been taken off  
21           work indefinitely at our Eaton facility. He has  
22           been prescribed as taking several medicines." And  
23           they describe Lortab, Lexapro, Valium, and  
24           Zanaflex, that makes it unsafe for him to work  
25           around equipment or perform his normal job duties.

1           His job includes climbing ladders, operating power  
2           tools, operating something man-lift, operating  
3           forklift, working all types of presses and punch  
4           machines, working around and on high-voltage  
5           equipment, working around and repairing mechanical  
6           moving platforms and equipment.

7   Q.   And does that look to be in connection with the  
8           "Family Medical Leave Act" paperwork that was  
9           being filled out for him through your office, that  
10          was brought in by the patient?

11   A.   I'm not sure. The last paragraph says, "John was  
12          injured while on duty serving as a volunteer fire  
13          fighter. This activity is an exclusion under the  
14          Advanced Technology Services short-term disability  
15          benefit; and therefore, John has received no  
16          compensation while he was away from his normal  
17          job. Also, John was not covered under the company  
18          healthcare plan for any injuries or treatment  
19          required as a result of his injury as a fire  
20          fighter." And so I -- I don't know what that was  
21          in reference to.

22   Q.   In your July 26, 2010, note, you reference Family  
23          Medical Leave paperwork that was brought in by the  
24          patient. And the plan -- I'm sorry -- "The  
25          patient may submit FMLA paperwork, and this will

1 be discussed with Dr. Shallcross at that time."

2 That's Dr. LeBlond's note.

3 A. Uh-huh.

4 Q. And does it look like the ATS letter is in  
5 response to that discussion?

6 A. I don't know. Let me see if I can find anything  
7 about the FMLA paperwork here. I don't really see  
8 anything from the FMLA paperwork here.

9 Q. Are you familiar with what his position with the  
10 fire department was at the time of Benny's injury?

11 A. No. I had the impression that he was going into  
12 fires and wearing heavy gear and putting himself  
13 in harm's way.

14 Q. And do you have any understanding of how that may  
15 or may not have changed as his -- as your  
16 treatment has progressed?

17 A. Well, I have the most -- that note that we read  
18 just a few minutes ago.

19 Q. Have you discussed it with the patient?

20 A. I don't recall. I don't think that that letter  
21 was given to me in secret. I think it was given  
22 to me while the patient was there, but I really  
23 don't recall. I think we did agree that he was  
24 doing heavy work at that time.

25 Q. But as far as the requirements of his ATS job,

1           have you discussed any of those requirements with  
2           the patient?

3    A.    I think when we went over the results of the FCE,  
4           we went over some of that. Well, according to the  
5           note on January 27th, he said his current job  
6           required him to lift 100 pounds.

7    Q.    Do you have anything from the ATS employer to  
8           dispute that or --

9    A.    No, I don't.

10   Q.    -- confirm it?

11   A.    I don't.

12   Q.    If, in fact, he does have a disc causing  
13           compression on the cord at T11 -- at T10-T11 and  
14           moderate stenosis at T11-T12 with a herniation at  
15           that level, would that be a change from his  
16           previous studies?

17   A.    No. They all -- without having a radiologist go  
18           over all three studies together and say this is  
19           what I see there, this has changed or this is the  
20           same, I really wouldn't feel qualified to make  
21           that call.

22   Q.    Okay. For the sake of the deposition, since I  
23           really only get one shot at it, if, in fact, there  
24           is for the sake of just hypothetical a change on  
25           his MRI, do you have a belief whether that would

1 account for the pain and the radiculopathy that he  
2 has explained to you that he's experienced?

3 MR. KALE: Well, let me, let me pose an  
4 objection, if I may, Doctor. That calls for  
5 speculation. It's leading.

6 MS. MEREDITH: I can rephrase it. I'll be  
7 happy to.

8 MR. KALE: Fine, but it's a little bit  
9 speculation on his part if he doesn't know  
10 some fact and you're asking for a medical  
11 opinion.

12 EXAMINATION BY MS. MEREDITH RESUMES:

13 Q. Doctor, is it -- is it your assertion today that  
14 you have to have the same radiologist look at all  
15 three MRI's before you can tell whether there is  
16 additional stenosis in August of '10?

17 A. Yes.

18 Q. Okay. And you cannot give me an answer as to  
19 whether the report that you have received would be  
20 reliable or not? Is that your assertion?

21 A. I can only say that in order to say whether there  
22 is a change, one radiologist would have to look at  
23 both of the -- the studies.

24 Q. And what do we do in situations or in -- in your  
25 practice, what do you do when that's not possible?



1 A. To me the most important thing is the physical  
2 examination, in the clinical examination.

3 Q. Okay. And it's your assertion today that there is  
4 no change in the clinical findings upon your  
5 physical examination over this period of time?

6 A. That's correct.

7 Q. Have you spoken with anyone prior to your  
8 deposition today in preparation?

9 A. No.

10 Q. Have you received any reports from anyone prior to  
11 your deposition in preparation?

12 A. No.

13 Q. Have you had any conversations with any insurance  
14 adjusters, nurse case managers, or other people in  
15 preparation for your deposition today?

16 A. No.

17 Q. Have you had any conversation with any nurse case  
18 managers, adjusters, or any other personnel  
19 associated with the workers' comp carrier prior to  
20 your deposition but outside of the presence of --  
21 of Mr. Leopard?

22 A. No.

23 Q. The most recent exam that you've had is January  
24 the 27th. And at that point, you found that he  
25 was at MMI and had sustained no additional

1           impairment, but you began Relafen on a PRN basis.  
2           What was the reason for that addition?

3   A.   He had, actually, been on Relafen a year earlier.  
4           This was a medicine we had been using on a  
5           intermittent basis. He didn't like the topical  
6           anti-inflammatory preparation. It didn't help  
7           him, so we switched back.

8   Q.   Okay. So discontinued the Pennsaid and began the  
9           Relafen?

10   A.   Correct.

11   Q.   And the dosage on the Relafen?

12   A.   It's -- typically, in my hands it's 750-  
13           milligrams, twice a day, on an as-needed basis.  
14           Let me look at this. And that's what we did, yes.

15   Q.   And again, would you feel competent to review the  
16           films yourself to determine if there's been a  
17           change?

18   A.   No. I would prefer the radiologist look at them.

19   Q.   In your everyday practice, do you commonly review  
20           films?

21   A.   Yes.

22   Q.   You just don't feel competent in this particular  
23           instance?

24   A.   This is a -- a question that should be answered by  
25           a radiologist.

1 Q. Okay. And again, you haven't actually reviewed  
2 his job description for ATS to determine if his  
3 FCE would qualify him to return to that position?

4 A. No. According to him, he would have to lift 100  
5 pounds. On the FCE, it showed he could only lift  
6 60, but I have not reviewed formally what their  
7 lifting restrictions are.

8 Q. Had he had a previous FCE?

9 A. He had not.

10 Q. So there are no comparisons that can be made  
11 between a previous FCE. Is there a physical-  
12 therapy report from anyone that you trust that had  
13 given any type of limitations previously?

14 A. I don't think I have one in my notes.

15 Q. Okay. So the only period of time that you  
16 actually gave him out of work that you would say  
17 that's related to the aggravation of this  
18 condition, would have been the month that would  
19 have been approximately September of 2010?

20 MR. KALE: Object to the leading.

21 THE DEPONENT:

22 A. Yes.

23 EXAMINATION BY MS. MEREDITH RESUMES:

24 Q. Do you have an opinion to a reasonable degree of  
25 medical certainty whether this patient will need

1           ongoing pain management?

2   A.    I think it's quite likely he's going to have  
3           ongoing pain.

4   Q.    In your experience with the condition that he has,  
5           is he likely to improve, stay the same, get worse,  
6           if you can say?

7                   MR. KALE: Object to the speculation.

8   THE DEPONENT:

9   A.    Really could not say.

10   EXAMINATION BY MS. MEREDITH RESUMES:

11   Q.    And again, the medications that he's on at this  
12           point, you believe he would be -- he would not be  
13           restricted by the medications that he's presently  
14           on, on his job at ATS?

15   A.    I can only say that the medications prescribed  
16           through here are typically safe; that most people  
17           are able to work with them, but nobody can  
18           guarantee that an individual is not going to have  
19           a side effect of them.

20   Q.    And the most common side effects of the  
21           medications that he would be on?

22   A.    The most common side effect of Tramadol is  
23           probably upset stomach. Secondly, when people  
24           first start on it, they may get some  
25           lightheadedness. Typically, when people are on it

1 long term, they do quite well and don't notice any  
2 side effects. Zanaflex makes many people sleepy.

3 Q. Without a detailed job description from ATS, do  
4 you feel comfortable giving an opinion as to  
5 whether or not his medications would create any  
6 hazard for them in his --

7 MR. KALE: Asked and answered.

8 THE DEPONENT:

9 A. Again, only -- and I can only say that most people  
10 do not get significant side effects from them.  
11 And if I am not mistaken, he actually was on these  
12 medicines for a while before he had his temporary  
13 worsening and that he functioned okay while he was  
14 on them.

15 EXAMINATION BY MS. MEREDITH RESUMES:

16 Q. I don't have any other questions. Thank you, Dr.  
17 Shallcross.

18 A. You're welcome.

19 EXAMINATION BY MR. KALE:

20 Q. Dr. Shallcross, I've got a few, but it's not going  
21 to be nearly as long as Ms. Meredith's. When you  
22 first saw him on June 4th of 2009, in your history  
23 the second sentence you said, "He is a previously  
24 healthy individual."

25 A. Correct.

1 Q. But at that time, was he not already scheduled to  
2 have cervical surgery?

3 A. I think he'd already had cervical surgery.

4 Q. If you look midway down, it says, "He has been  
5 awaiting surgery at the time of his back injury.  
6 He went ahead and had cervical depression and  
7 fusion."

8 A. That's kind of confusing.

9 Q. Okay. But --

10 A. I don't know.

11 Q. Okay.

12 A. I could be wrong.

13 Q. As far as being healthy, he had had some back  
14 problems prior to your seeing him on June 4th of  
15 2009?

16 A. Yes, he had.

17 Q. And one of the things that was shown on the MRI  
18 was Schmorl's nodes. What is that?

19 A. Schmorl's nodes are evidence of prior degenerative  
20 changes, pressure in the thoracic spine. It's  
21 often a condition which develops in teenage years.

22 Q. And that would be a pre-existing condition, then?

23 A. Yes.

24 Q. Now, when you saw him on June 4th, you noted that  
25 he had a slight compression fracture.

1 A. Yes.

2 Q. And when you say "slight," what percentage  
3 compression would that be?

4 A. I would have to go back to the notes and look.  
5 Typically, when I say the word "slight," it's 25  
6 percent or less.

7 Q. Okay. And you did not believe he was a surgical  
8 candidate; is that correct?

9 A. That's correct.

10 Q. And is that still your opinion?

11 A. Yes.

12 Q. I'm curious because you rated him as having a 25  
13 percentage impairment to the spine, I believe, on  
14 October 8th of 2009. What did you -- did you use  
15 the DRE to come up with that rating?

16 A. Typically, I would have gone to the AMA Guides. I  
17 can't remember.

18 Q. Okay. Did you use the DRE, the diagnostic rating  
19 --

20 A. I would have, yes.

21 Q. Twenty-five percent would put him in Category 5;  
22 would that not?

23 A. Yes.

24 Q. And to get in that category, you would have to  
25 have an impairment of the lower extremity as

1 defined in thoracic columnar Category 3. That  
2 would be radiculopathy; would it not?

3 A. Correct.

4 Q. He didn't have that?

5 A. No.

6 Q. And to get -- the other category would be a 50  
7 percent compression of the vertebral body.

8 A. Correct.

9 Q. He didn't have that?

10 A. No.

11 Q. How did you get him in 25 percent?

12 A. These are guidelines.

13 Q. Okay.

14 A. These are not something which you're firmly held  
15 by. He was somebody who had a significant injury.  
16 It involved more than one level; in fact, it  
17 wasn't simply a single level. He could not move  
18 his back as well as other people, and he had a  
19 compression fracture. I thought it was a very  
20 fair --

21 Q. Okay.

22 A. -- assessment.

23 Q. But it was not done in strict accordance with the  
24 AMA Guides?

25 A. No.



1 Q. Okay. If you had done a rating in the AMA Guides,  
2 what category would you have put him in?

3 A. Strictly by AMA Guides, he would be in DRE  
4 Category 4.

5 Q. And why is that?

6 A. Because he had a minor compression fracture. He  
7 didn't have normal movement in his spine, and he  
8 had -- and that's the main thing, the alteration  
9 of movement segment.

10 Q. But in Category 4, doesn't he have to have  
11 radiculopathy or a 50 percent compression fracture  
12 also?

13 A. No. He can alteration of movement segment  
14 integrity or multilevel radiculopathy.

15 Q. Okay. Well, what alteration of movement segment  
16 did he have, because didn't you find he had full  
17 range of motion?

18 A. In the lumbar spine --

19 Q. Okay.

20 A. -- not in the thoracic.

21 Q. What did he have in the thoracic spine?

22 A. I didn't measure it, but he presented with a very  
23 stiff spine; and it's very difficult to get exact  
24 measurement.

25 Q. Ms. Meredith had asked you to compare a number of

1 different MRI's.

2 A. Correct.

3 Q. The last MRI of August 13th, 2010, it appears --  
4 have you got that in front of you? I can give it  
5 to you if you don't have --

6 A. No. Just this here.

7 Q. Okay. Well, I'm going to hand you that one. That  
8 says lumbar spine; does it not?

9 A. No. There are -- the vertebrae T10, T11 and L1,  
10 those two thoracic and one is lumbar.

11 Q. Okay. But up at the top it says, "MRI Lumbar  
12 Without Contrast"; does it not?

13 A. Correct.

14 Q. And, in fact, it doesn't go up to the C6-7 level  
15 that the other MRI's went to?

16 A. That's correct.

17 Q. So is it an MRI done lower in the spine than the  
18 thoracic MRI's?

19 A. Correct.

20 Q. Okay. Now, some questions were asked about some  
21 type of note that came from the fire chief. Do  
22 you recall that?

23 A. Yes, I do.

24 Q. Isn't what that note is saying is that he doesn't  
25 fight fires; he's acting as a safety officer?

1 A. During that time period that was reported, that  
2 was all that -- that it was reported that he was  
3 working as a safety officer.

4 Q. Do you know who gave you that note?

5 A. I believe that that was handed to me by the case  
6 manager, who accompanied him. I don't know.

7 Q. Are you sure about that or --

8 A. I'm fairly certain.

9 Q. -- do you think that the claimant may have given  
10 it you?

11 A. I -- I do not remember for sure.

12 Q. Okay. Is pain a subjective complaint?

13 A. Yes.

14 Q. Is there any way to measure it?

15 A. No.

16 Q. Is there any way that you can determine whether  
17 somebody is suffering more pain than not?

18 A. In acute-pain situation, we can often look at  
19 vital signs and etcetera. In a chronic-pain  
20 situation, it's extremely difficult.

21 Q. In Mr. Leopard's situation, it would be difficult?

22 A. Yes.

23 Q. That's all the questions I have.

24 RE-EXAMINATION BY MS. MEREDITH:

25 Q. Just a few follow-up. In the first two MRI's, is

1           there any actual measurement of the -- either in  
2           the December of '07 or the March of '09, any  
3           measurement of the actual compression --

4   A.   No.

5   Q.   -- fracture itself?

6   A.   No.

7   Q.   And so when you're categorizing it as mild with a  
8           25 percent or less compression, what are you  
9           basing that on?

10   A.   Their statements. Most people when they say  
11           "mild," they're talking 25 percent or less.

12   Q.   But there's no actual measurement to that degree  
13           or --

14   A.   No.

15   Q.   Okay. And to follow up again on the MRI of August  
16           the 17th, do you know whether both a C-spine and a  
17           T-spine were done at the same time?

18   A.   I do not.

19   Q.   Okay. The one that I have has, "Exam: MRI T-  
20           spine Without Contrast."

21           MR. KALE: Can I see what you're looking at?

22           MS. MEREDITH: Yes.

23           MR. KALE: Which date is this?

24           MS. MEREDITH: August of '10.

25           MR. KALE: Okay. That's --

1 THE DEPONENT: Is that the same date?

2 MR. KALE: No. This is August 13th of 2010.

3 This is the one that was done at Self

4 Regional. Is that the one you gave him

5 before?

6 MS. MEREDITH: No. The one I gave him is the

7 one I gave you earlier.

8 MR. KALE: Okay. I didn't get that one. I

9 have an August 13th one.

10 MS. MEREDITH: It's August the 17th.

11 MR. KALE: Okay. Can I see it?

12 MS. MEREDITH: Sure.

13 RE-EXAMINATION BY MS. MEREDITH RESUMES:

14 Q. Just to make sure we're discussing the same film,  
15 it looks like we do have and you have reviewed,  
16 that I provided to you, a thoracic MRI?

17 A. Yes.

18 Q. Would the Schmorl's nodes, if they're a pre-  
19 existing condition prior to his original injury,  
20 would they cause any -- let me rephrase that. Do  
21 you have an opinion whether the Schmorl's nodes  
22 are, in fact, a pre-existing condition for Mr.  
23 Leopard prior to his '07 injury?

24 A. My -- I would assume that an MRI scan taken prior  
25 to these would show Schmorl's nodes were present,

1           yes.

2   Q.   All right. With a superimposed compression  
3       fracture, is he going to be predisposed to any  
4       accelerated degenerative changes?

5   A.   He may be.

6   Q.   I think that's all I have. Thank you so much.

7           MR. KALE: Nothing further. Thank you,  
8       Doctor.

9                               (Whereupon, there being no further  
10                              questions, the deposition was  
11                              concluded at 5:30 p.m.)

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## OUTSIDE STUDY INTERPRETATION

**GREENVILLE  
RADIOLOGY**

1210 W. Fair's Rd. Greenville, SC 29606 864-295-4410

CHARLES GRAY, MD  
102 GREGOR MENDEL CIR  
LAKELANDS ORTHO  
GREENWOOD, SC 29646-

In reference to your recent referral of:

JOHN B. LEOPARD                      MRN:  
712 STILLWELL RD  
GREENWOOD, SC 29646-  
DOB: 08-17-70

LAKELANDS ORTHOPAEDIC  
MRI Spine Thoracic w/o Contrast

Date Of Service: 12-19-07

**REPORT:****MRI THORACIC SPINE 12/19/07:**

**CLINICAL HISTORY:** Thoracic pain in a 37 year old male. Assess for fracture.

**TECHNICAL:** Sagittal T1 weighted, sagittal fast spin echo T2 weighted images, sagittal inversion recovery images of the entire thoracic spine. Axial T1 weighted, sagittal inversion recovery, sagittal fast spin echo T2 weighted images of the entire thoracic spine. Axial T1 weighted images of T6-7 and T10 to L1.

**FINDINGS:** Endplate irregularity is present throughout the entire thoracic spine, particularly noted distally where multiple Schmorl's nodes are evident. Changes of desiccation are present at all levels.

T6-7, a small central HNP is present which lies up against the anterior margin of the cord. The foramina are patent.

At T10-11, mild central disc bulge is present with minimal flattening of the anterior margin of the thoracic cord. Foramina are patent.

At T11-12, a disc bulge is present, mildly asymmetric towards the right with minimal flattening of the anterior margin of the cord. The foramina are patent.

There is no evidence for an occult fracture and no malalignment.

No definite abnormal MR signal changes within the cord.

Page #: 1 Of 2 (JOHN B LEOPARD)



OUTSIDE STUDY INTERPRETATION



**GREENVILLE  
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**IMPRESSION:**

1. MULTILEVEL SCHMORL'S NODES, PARTICULARLY DISTALLY, SUPERIMPOSED EARLY DEGENERATIVE CHANGES AT MULTIPLE LEVELS. AT T10-11, THERE IS BORDERLINE IMPINGEMENT UPON THE ANTERIOR ASPECT OF THE CORD. AT T11-12, ASYMMETRIC DISC BULGES TOWARDS THE RIGHT WITH BORDERLINE IMPINGEMENT UPON THE CORD. AT T6-7, THERE IS ALSO MINIMAL DISC BULGE LYING UP AGAINST THE ANTERIOR MARGIN OF THE CORD.

*Kathleen Oxner, M.D.*

KATHLEEN OXNER MD, MD

TRANSCRIBED: 12-19-2007 04:48:52 PM

DICTATED BY: KATHLEEN OXNER MD 12-19-2007 04:48:52 PM

RELEASED BY: KATHLEEN OXNER MD 12-19-2007 04:58:17 PM

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GREENVILLE  
RADIOLOGY

1210 W. Farris Rd. Greenville, SC 29605 864-295-4410

STEPHEN GARDNER, MD  
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In reference to your recent referral of:

JOHN B LEOPARD  
712 STILLWELL RD  
GREENWOOD, SC 29646-  
DOB: 09-17-70 \*

GREENVILLE RADIOLOGY

MRI Spine Thoracic w/o Contrast

Date of Service: 03-12-09

REPORT:

HISTORY: 38-year-old male approximately 18 months following back injury presents with mid back pain and reported muscle spasm.

MRI THORACIC SPINE 3/12/09

Sagittal and axial images were obtained using multiple pulse sequences. No prior studies are presently available for direct comparison.

Relatively subtle thoracic scoliosis is noted. Mild, chronic endplate compression is identified involving the superior and inferior aspect of the T5 vertebral body. Multiple Schmorl's nodes are identified throughout the mid and lower thoracic spine and mild, chronic anterior wedge deformity is identified at the T10, T11, and T12 levels. No marrow signal to suggest an acute osseous abnormality is noted. Multilevel disc degeneration is present with mild disc space narrowing.

At the T4-5 level, shallow central disc herniation is identified which subtly effaces the anterior aspect of the cervical cord. No central canal stenosis or cord compression is identified.

At the T6-7 level, a shallow central disc herniation is identified producing subtle flattening of the anterior surface of the cervical cord. No evidence of central canal stenosis, cord compression, or foraminal narrowing is identified.

At the T10-11 level, central disc herniation and spondylosis are present which produces central canal stenosis which mildly compresses the distal thoracic cord. No evidence of significant foraminal stenosis is noted.

At the T11-12 level, central and left posterolateral disc herniation and spondylosis are present which efface and rotate the distal thoracic cord. No foraminal stenosis is noted.



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No intrinsic abnormality of the thoracic cord is noted. The visualized paravertebral soft tissues demonstrate no significant abnormality.

**IMPRESSION:**

1. MINOR THORACIC SCOLIOSIS. CONSIDERING PATIENT AGE, FINDINGS ARE PRESENT WHICH STRONGLY SUGGEST THE PRESENCE OF SCHEUERMANN'S DISEASE. NO ACUTE OSSEOUS ABNORMALITY IS NOTED.
2. A COMBINATION OF DISC HERNIATION AND SPONDYLOSIS PRODUCES CENTRAL CANAL STENOSIS AT THE T10-T11 LEVEL AND MILDLY COMPRESSES THE THORACIC CORD. SIMILAR CHANGES TO A SOMEWHAT LESSER DEGREE ARE PRESENT AT T11-T12 AND THIS EFFACES AND ROTATES THE THORACIC CORD WITHOUT OBVIOUS COMPRESSION. NO INTRINSIC ABNORMALITY OF THE THORACIC CORD IS NOTED.
3. NO EVIDENCE OF FORAMINAL STENOSIS IS VISUALIZED WITHIN THE THORACIC SPINE.

/tr

*L. Chase Allen Jr MD*  
L CHASE ALLEN JR MD, MD

TRANSCRIBED: 03-13-2009 09:15:38 AM  
DICTATED BY: L CHASE ALLEN JR MD 03-13-2009 09:15:38 AM  
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LCA/TR



Approved by the American Arbitration Association

**Piedmont Health Group L.L.C.**  
**Diagnostic and Imaging Center**  
**105 Vine Crest Court**  
**Greenwood, SC 29646**  
**Ph: (864)943-4800 Fax: (864)943-0939**

**Patient Name: Leopard, John B**  
**Patient Acct #: 235030**  
**Physician: Sida, Wayne**

**Date of Exam: 08/17/2010**  
**Patient DOB: 09/17/1970**

**Exam: MRI T-Spine Without Contrast**

**CLINICAL:** 39-year-old male with acute onset back pain, urinary difficulty, lower extremity pain and leg weakness.

**TECHNIQUE:** Sagittal T1, T2, STIR, and selective axial T1 and T2 images of the thoracic spine were acquired in multiple planes without contrast. He has a history of thoracic compression fractures on a traumatic basis several years ago.

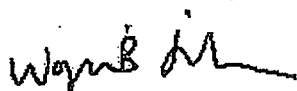
**FINDINGS:** Images were adequate for diagnostic purposes. Patient appears to be status post anterior cervical discectomy with fusion at C6-7. Multiple Schmorl's nodes are noted. Loss of ventral vertebral body height at T10 and T11 consistent with chronic compression fractures. Modest loss of some ventral vertebral body height at T8. Spinal cord appears to terminate normally at L1. Multilevel intervertebral disc desiccation noted. STIR images show no acute fracture lines. Type II endplate changes noted along the inferior endplate of T8 ventrally. Thoracic epidural fat planes and neural foramina are patent. No significant subluxations or listhesis noted. Spinal cord caliber and signal is normal. T10-11 broad-based disc bulge and endplate hypertrophy produces ventral impression upon the distal cord. Posterior element hypertrophy contributes to produce moderate spinal canal stenosis. Neural foramina are patent. T11-12 broad-based disc bulge and endplate hypertrophy with focal herniation to the left of midline producing anterolateral impression upon the distal cord without cord signal change. Posterior element hypertrophy present. Neural foramina are patent. Small focal, central disc protrusion at T4-5 producing deflection of the thecal sac.

**IMPRESSION:**

1. Multilevel Schmorl's nodes with chronic compression fractures noted at T10, T11, and possibly T8 of the anterior wedge type.
2. T10-11 broad-based disc bulge and endplate hypertrophy with ventral impression upon the distal cord. Posterior element hypertrophy contributes to produce moderate spinal canal stenosis.
3. T11-12 broad-based disc bulge and endplate hypertrophy with focal herniation to the left of midline producing anterolateral impression upon the distal cord without cord signal change.
4. Incidental note is made of previous anterior cervical discectomy with fusion at C6-7. This would be better investigated by dedicated images of the cervical spine. Small T4-5 central disc



protrusion with ventral impression upon the thecal sac and cord.



Wayne B. Sida, M. D.

*Certified in MRI & CT, American Society of Neuroimaging  
Diplomate, American Board of Psychiatry & Neurology*

Signed: 2010-08-17 09:45:18.980000000

DD: 08/17/2010/DT: 08/17/2010

## Billie Miller

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**From:** Billie Miller  
**Sent:** Monday, March 21, 2011 11:22 AM  
**To:** bcheeseboro@wcc.sc.gov  
**Cc:** rbkale@wjlaw.net  
**Subject:** John Leopard, SCWCC File No 0724852

Barbara: Lena Meredith would like to withdraw her hearing request for the above claimant at this time. The hearing is currently scheduled for April 13<sup>th</sup> at 11:30 in Newberry. She will re-file at a later date. Thank you for your attention.

*Billie Miller*

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Nicholson & Anderson  
109 West Court Avenue, Greenwood, SC 29646  
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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.

November 20, 2012

  
/s/ Lena Y. Meredith  
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